



# Certificate of Need Application

FOR

## ST. LUKE'S RAYUS RADIOLOGY – ADDITIONAL MRI AT ST. PETERS

On Behalf Of

St. Luke's Center for Diagnostic Imaging, LLC d/b/a St.  
Luke's RAYUS Radiology

Project No. 6084 HS

Additional MRI Unit

Submitted to:

Missouri Health Facilities Review Committee

February 23, 2024

Submitted by:

Richard Hill

Victoria Cheyne

Attorneys 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 RAYUS Radiology - Additional MRI at St. Peters

Project No: 6084 HS

Project Description: Additional MRI 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)
- ✓ 6-7 3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

**Divider II. Proposal Description:**

- ✓ 9, 11-54 1. Provide a complete detailed project description and include equipment bid quotes.
- ✓ 9 2. Provide a timeline of events for the project, from CON issuance through project competition.
- ✓ 55 3. Provide a legible city or county map showing the exact location of the project.
- ✓ 9 4. Define the community to be served and provide the geographic service area for the equipment.
- ✓ 9 5. Provide other statistics to document the size and validity of any user-defined geographic service area.
- ✓ 9 6. Identify specific community problems or unmet needs the proposal would address.
- ✓ 9-10 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.
- ✓ 10 8. Provide the methods and assumptions used to project utilization.
- ✓ 10 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 10. Provide copies of any petitions, letters of support or opposition received.
- ✓ 56 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.
- ✓ 57-60 12. Document that providers of all affected facilities in the proposed service area were addressed letters regarding the application.

**Divider III. Service Specific Criteria and Standards:**

- ✓ 1. For new units, address the minimum annual utilization standard for the proposed geographic service area.
- ✓ 2. For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit.
- ✓ 62 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:**

- ✓ 65 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.
- ✓ 66-67 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
- ✓ 64 3. Document how patient charges are derived.
- ✓ 68-123 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 St. Luke's RAYUS Radiology - Additional MRI at St. Peters	Project Number 6084 HS
Project Address (Street/City/State/Zip Code) 5200 Executive Centre Parkway, Suite 400, St. Peters, MO 63376	County Saint Charles

**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 Center for Diagnostic Imaging, LLC d/b/a St. Luke's RAYUS Radiology	6 McBride & Son Center Drive, Suite 101, Chesterfield, MO 63005	636-519-7865

List All Operator(s): (List entity to be licensed or certified.)	Address (Street/City/State/Zip Code)	Telephone Number
St. Luke's Center for Diagnostic Imaging, LLC d/b/a St. Luke's RAYUS Radiology	6 McBride & Son Center Drive, Suite 101, Chesterfield, MO 63005	636-519-7865

**3. Ownership** (Check applicable category.)

Nonprofit Corporation     
  Individual     
  City     
  District  
 Partnership     
  Corporation     
  County     
 Other LLC

**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 Richard Hill	Title Attorney
Telephone Number 314-621-2939	Fax Number 314-621-6844
Signature of Contact Person 	E-mail Address rhill@lashlybaer.com
	Date of Signature 2/20/24





Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name St. Luke's RAYUS Radiology - Additional MRI at St. Peters	Number 6084 HS
---	-------------------

(Please type or print legibly.)

Name of Representative Richard Hill	Title Attorney
--	-------------------

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

Address (Street/City/State/Zip Code)  
714 Locust Street, St. 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 St. Luke's Center for Diagnostic Imaging, LLC d/b/a St. Luke's RAYUS Radiology	Telephone Number 636-519-7865
--	----------------------------------

Address (Street/City/State/Zip Code)  
6 McBride & Son Center Drive, Suite 101, Chesterfield, MO 63005

- 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 2/20/24
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Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name St. Luke's RAYUS Radiology - Additional MRI at St. Peters	Number 6084 HS
---	-------------------

(Please type or print legibly.)

Name of Representative Victoria Cheyne	Title Attorney
---	-------------------

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

Address (Street/City/State/Zip Code) 714 Locust Street, St. Louis, MO 63101
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--	----------------------------------

Address (Street/City/State/Zip Code) 6 McBride & Son enter Drive, Suite 101, Chesterfield, MO 63005
--

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 2-20-24
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Certificate of Need Program

**PROPOSED PROJECT BUDGET**

**Description**

**Dollars**

**COSTS:\***

*(Fill in every line, even if the amount is "\$0".)*

1. New Construction Costs ***	\$0
2. Renovation Costs ***	\$441,359
<b>3. Subtotal Construction Costs</b> (#1 plus #2)	<b>\$441,359</b>
4. Architectural/Engineering Fees	\$42,900
5. Other Equipment (not in construction contract)	\$0
6. Major Medical Equipment	\$2,094,027
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$0
9. Interest During Construction (net of interest earned) ***	\$0
10. Other Costs ***	\$0
<b>11. Subtotal Non-Construction Costs</b> (sum of #4 through #10)	<b>\$2,136,927</b>
<b>12. Total Project Development Costs</b> (#3 plus #11)	<b>\$2,578,286 **</b>

**FINANCING:**

13. Unrestricted Funds	\$0
14. Bonds	\$0
15. Loans	\$2,578,286
16. Other Methods (specify)	\$0
<b>17. Total Project Financing</b> (sum of #13 through #16)	<b>\$2,578,286 **</b>

18. New Construction Total Square Footage	0
19. New Construction Costs Per Square Foot *****	\$0
20. Renovated Space Total Square Footage	740
21. Renovated Space Costs Per Square Foot *****	\$596

\* 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.



Rayus  
 Additional MRI  
 St. Peters Missouri  
 Budget Detail

	A	B	C	D	E
	Description	Gross Amount	Include in CON Budget?	CON Cost Category	CON Budget Amount
1	Siemens Equipment Quote	\$1,997,316.00	Yes	Major Medical	\$1,997,316.00
2	Braden Shielding Quote	\$96,711.00	Yes	Major Medical	\$96,711.00
3	ArchImages Architecture Quote	\$16,900.00	Yes	A&E	\$16,900.00
	Horner Shifrin Architecture Quote	\$26,000.00	Yes	A&E	\$26,000.00
4	ICS Renovation Quote	\$441,359.00	Yes	Renovation	\$441,359.00
5	<b>Total</b>	<b>\$2,578,286.00</b>			<b>\$2,578,286.00</b>

**DIVIDER II**

**PROPOSAL DESCRIPTION**

## **DIVIDER II. PROPOSAL DESCRIPTION**

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

The Applicant seeks to add an additional MAGNETOM Lumina MRI unit at its St. Peters, Missouri location. Please see attached bid quotes.

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

May 6, 2024 – CON approval;  
June 2024 – Begin renovation;  
July 2024 – Install shielding; and,  
September 2024 – Install unit and first use.

**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 additional MRI will be located in St. Peters, Missouri and serve patient populations in St. Charles, St. Louis, Warren, and Lincoln counties.

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

The Applicant already provides MRI services at this location, and its utilization exceeds the CON threshold for additional units. Those patients originate in the service area described in Divider II, Item 4. Further, Warren and Lincoln counties do not have a 3T MRI services available.

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

See Divider II, Item 5 and Divider II, Item 7.

**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 existing MRI unit at the St. Peters location was installed in August of 2022. That unit has been utilized as follows:

2022 – 1,865 scans;  
2023 – 5,076 scans; and  
2024 – 467 scans in January 2024.

The Applicant expects both MRI units at the St. Peters location to generate the following utilization in the next three (3) years:

Year 1 – 7,458 scans;  
Year 2 – 8,459 scans; and,  
Year 3 – 8,592 scans;

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

The Applicant examined its existing utilization and wait list in determining its estimated utilization going forward.

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

Consumers were provided notice of the project to add an additional MRI unit at the St. Peters location in the St. Louis Post-Dispatch, as per Divider II, Item 11.

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

There have been no letters of support or opposition submitted to date. The Applicant will provide any such letters as it receives them.

**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.**

See attached.

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

See attached Form Letter, Facility List, and Certificate of Compliance.

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

**SIEMENS REPRESENTATIVE**  
 Jordan Lee NL  
 jlee@deltamed.net

Customer Number: 0000005147

Date: 09/30/2023

**RAYUS RADIOLOGY**  
 5775 WAYZATA BLVD STE 400  
 SAINT LOUIS PARK, MN 55416

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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MAGNETOM Lumina - System (Quote Nr. CPQ-963446 Rev. 0).....	3
OPTIONS for MAGNETOM Lumina - System (Quote Nr. CPQ-963446 Rev. 0) .....	11
General Terms and Conditions .....	13
Software License Schedule .....	20
Trade-In Equipment Requirements.....	23
Warranty Information .....	24

**Contract Total: \$ 1,997,316**  
*(total does not include any Optional or Alternate components which may be selected)*

Proposal valid until 09/30/2023

Estimated Delivery Date: 06/15/2024

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.

The pricing contained on the Quotation herein is contingent upon Customer identifying a trade-in to Siemens prior to the date of Notice to Manufacture which shall meet the following requirements: i) for non-Siemens supplied MR scanners utilize a minimum bore size of 60cm, be in working order and currently utilized in clinical operation or ii) for Siemens supplied MR scanners be a MAGNETOM series Avanto, Symphony, Espree, Skyra, Verio or Aera. Customer shall provide Siemens with the serial number and allow Siemens the opportunity to inspect and work with a broker to provide an estimate for the trade in value which shall include any deinstallation costs. The trade-in value shall be incorporated into the pricing contained in this Quotation via change order.

This offer is only valid if a firm, non-contingent order is placed with Siemens and a signed POS contract must accompany the equipment order.

Factory recommended applications training has been modified at Purchaser’s request. Purchaser takes responsibility for the system’s proper use and application. The Customer will be required to purchase any unordered training classes that have been options and/or removed at the purchaser’s request, should the need arise.

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,





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

SIEMENS REPRESENTATIVE  
Jordan Lee NL  
jlee@deltamed.net

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.

This Quotation is specific to Rayus Radiology, and contains information which is confidential and proprietary to Siemens, including but not limited to discounts and pricing. The Customer may not distribute or disclose this quotation or any portion hereof to, or discuss any of the information (including pricing) contained herein with, any other customer or consultant, buying group, or other third party.

Accepted and Agreed to by:

**Siemens Medical Solutions USA Inc.**

**RAYUS RADIOLOGY**

By (sign): \_\_\_\_\_  
Name: Jordan Lee NL  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

By (sign): jeff jahn  
Name: jeff jahn  
Title: VP safety, research and engineering  
Date: 9-29-2023

***By signing below, signor certifies that no modifications or additions have been made to the Quotation. Any such modifications or additions will be void.***

By (Sign): jj

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

SIEMENS REPRESENTATIVE  
Jordan Lee NL  
jlee@deltamed.net

**Quote Nr:** CPQ-963446 Rev. 0

**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-963446

Customer certifies, and Siemens relies upon such certification, that : (a) VIZIENT MRI XR0885 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.

**MAGNETOM Lumina - System**

All items listed below are included for this system:

Qty	Part No.	Item Description
1	14461710	<p><b>MAGNETOM Lumina - System</b> MAGNETOM Lumina leverages the intelligent combination of Tim 4G and the Siemens unique BioMatrix technology to be ready to embrace the unique set of challenges that each and every patient brings to the MRI exam.</p> <p>System Design</p> <ul style="list-style-type: none"> <li>- Short and open appearance (186 cm total system length cover-to-cover and 70 cm Open Bore Design) to reduce patient anxiety and claustrophobia</li> <li>- Whole-body superconductive Zero Helium Boil-Off 3T magnet</li> <li>- Weight-optimized magnet technology based on high performance 7T magnet design</li> <li>- Actively Shielded water-cooled Siemens gradient system for maximum performance</li> <li>- Tim 4G (Total imaging matrix in the 4th generation) for excellent image quality and speed with Siemens unique DirectRX technology enabling all digital-in/digital-out design and Dual-Density Signal Transfer Technology</li> </ul> <p>Push-button exams with GO technologies</p> <ul style="list-style-type: none"> <li>Select&amp;GO</li> <li>DotGO/ myExam Companion</li> <li>Recon&amp;GO</li> <li>MR View&amp;GO</li> </ul> <p>Tim Application Suite allowing excellent head-to-toe imaging for</p> <ul style="list-style-type: none"> <li>- Neuro</li> <li>- Angio</li> <li>- Cardiac</li> <li>- Body</li> <li>- Onco</li> <li>- Breast</li> <li>- Ortho</li> <li>- Pediatric</li> <li>- Scientific</li> </ul>

Qty	Part No.	Item Description
		<p>Further included</p> <ul style="list-style-type: none"> <li>- High performance host computer and measurement and reconstruction system</li> <li>- Patient communication including headphones</li> <li>- syngo MR software including:               <ul style="list-style-type: none"> <li>- Turbo Suite Essential</li> <li>- 1D/2D PACE</li> <li>- BLADE</li> <li>- Phoenix</li> <li>- Inline Diffusion</li> <li>- MDDW (Multiple Direction Diffusion Weighting)</li> <li>- CISS</li> <li>- DESS</li> <li>- TGSE</li> <li>- Offline Composing</li> </ul> </li> </ul>
1	14460161	<p><b>MR General Engine #Vi</b></p> <p>syngo.MR General Engine extends Numaris/X by adding dedicated workflows and tools for routine and advanced reading of MR examinations. A generic MR Basic workflow is provided, as well as specific MR Neurology, MR Prostate Reading, MR Breast Reading, and MR Cardio-Vascular workflows.</p>
1	14475308	<p><b>myExam Brain Assist</b></p> <p>myExam Brain Assist provides guided and flexible workflows. Optimized scan strategies are provided and can be selected based on the patient's condition, which allows for reproducible, high image quality and time efficient exams. The built-in flexibility allows users to change predefined strategies at any time during the brain workflow, and to personalize to the individual patient's condition and clinical need. myExam Brain Assist is customizable to the site-specific standards of care.</p>
1	14475309	<p><b>myExam Spine Assist</b></p> <p>myExam Spine Assist provides guided and flexible workflows for cervical, thoracic and lumbar spine. Optimized scan strategies are provided and can be selected based on the patient's condition, which allows for reproducible, high image quality and time efficient exams. The built-in flexibility allows users to change predefined strategies at any time during the spine workflow, and to personalize to the individual patient's condition and clinical need. myExam Spine Assist is customizable to the site-specific standards of care.</p>
1	14475310	<p><b>myExam Large Joint Assist</b></p> <p>myExam Large Joint Assist provides guided and flexible workflows for knee, hip and shoulder. Optimized scan strategies are provided and can be selected based on the patient's condition, which allows for reproducible, high image quality and time efficient exams. The built-in flexibility allows users to change predefined strategies at any time during the scan workflow, and to personalize to the individual patient's condition and clinical need. myExam Large Joint Assist is customizable to the site-specific standards of care.</p>
1	14441748	<p><b>Quiet Suite #T+D</b></p> <p>Quiet Suite enables complete, quiet examinations for neurology and orthopedics with at least 70% reduction in sound pressure levels.</p>
1	14460162	<p><b>Tim Whole Body Suite #Vi</b></p> <p>Tim Whole Body Suite puts it all together. This suite enables table movement for imaging of up to 205 cm (6' 9") FoV without compromise. In combination with Tim's newly designed ultra-high density array higher spatial and temporal resolution can be achieved along with unmatched flexibility of any coverage up to Whole Body. For faster exams and greater diagnostic confidence.</p>
1	14460227	<p><b>Tim Planning Suite #Vi</b></p> <p>With the Tim Planning Suite, multiple regions in the entire body can be examined in a minimum of time through measurement planning on a single FoV of any desired size.</p>
1	14456329	<p><b>syngo TimCT FastView #Vi</b></p>

Qty	Part No.	Item Description
1	14460160	<p>TimCT FastView is the "one go" localizer for the whole body or large body regions such as the whole spine or the whole abdomen. It acquires the complete extended Field of View in one volume with isotropic resolution. Transverse, coronal and sagittal reformats of the volume are calculated Inline and displayed for planning subsequent exams.</p> <ul style="list-style-type: none"> <li>- Inline reconstruction of the localizer images during the scan.</li> <li>- Localizing images in three planes over the maximum Field of View available for subsequent planning in all orientations.</li> <li>- TimCT FastView runs without laser light positioning to further streamline the workflow for several indications.</li> </ul> <p><b>Advanced Diffusion #Vi</b> QuietX DWI and RESOLVE together make up the Advanced Diffusion package.</p> <p>QuietX DWI enables quieter diffusion-weighted imaging of the brain with up to 70% reduction in sound pressure relative to conventional diffusion-weighted imaging. RESOLVE (Readout Segmentation Of Long Variable Echo-trains) is a multi-shot, readout segmented EPI sequence for high-resolution, low-distortion diffusion-weighted imaging (DWI). This technique is largely insensitive to susceptibility effects, providing anatomically accurate diffusion imaging for the brain, spine, breast and prostate. In combination with syngo.MR Tractography, RESOLVE enables excellent white-matter tract imaging even in regions of high susceptibility, such as the spine.</p>
1	14456327	<p><b>WARP &amp; Advanced WARP #Vi</b> WARP and Advanced WARP (SEMAC) integrates different techniques tailored to reduce susceptibility artifacts caused by orthopedic MR-conditional metal implants.</p>
1	14456323	<p><b>Inline Composing syngo #Se</b> Automatic anatomical or angiographic composing of multiple adjacent coronal or sagittal images for presentation and further evaluation. Composed images can be automatically loaded into Graphical Slice Positioning for scan planning purposes.</p>
1	14475447	<p><b>syngo Expert-i XA50/XA51</b> This software application enables remote access to the system (connected via local area network) for planning and processing.</p>
1	14461711	<p><b>Tim [180x32] XK-Gradient #Lu</b> Tim [180x32] XK-gradients performance level</p> <p>Tim 4G's RF system and innovative coil architecture enables high resolution imaging and increased throughput. The system provides a maximum number of 180 channels (coil elements) that can be connected simultaneously. Flexible parallel imaging is achieved by 32 independent receiver channels that can be used simultaneously in one single scan and in one single FOV, each generating an independent partial image.</p> <p>XK - gradients The XK 36/200 gradients are designed for high performance and linearity to support clinical whole body imaging at 3T. The XK gradients combine 36 mT/m peak amplitude with a slew rate of 200 T/m/s. The force compensated gradient system minimizes vibration levels and acoustic noise.</p> <p>High-performance measurement and reconstruction system</p>
1	14468981	<p><b>Coil Package Tim [180x32] #3T</b> This package includes (if not exchanged with different variants via respective quote items):</p> <ul style="list-style-type: none"> <li>- Head/Neck 16 DirectConnect</li> <li>- BioMatrix Spine 24</li> <li>- BioMatrix Body 12</li> <li>- Flex Large 4</li> <li>- Flex Small 4</li> </ul>

Qty	Part No.	Item Description
		- Flex Coil Interface
1	14468946	<b>BioMatrix Technology #AI,Lu</b> The new and unique BioMatrix technology addresses different aspects of patient bio-variability.
1	14470794	<b>BioMatrix SliceAdjust #BM</b> BioMatrix SliceAdjust helps to avoid station boundaries and apparent broken spine artifacts as well as to preserve the SNR for whole-body diffusion.
1	14461712	<b>BioMatrix Table #Lu</b> The new BioMatrix Table is designed for smooth patient preparation, high patient comfort and easy cleanability. The unique design of the BioMatrix table can support up to 250 kg (550 lbs) without restricting the vertical or horizontal movement.
1	14470796	<b>BioMatrix Select &amp; GO #AI,Lu</b> Select&GO The Select&GO interface enables fast and easy single-touch patient positioning. Correct positioning saves unnecessary wasted time for repositioning and additional adjustments, therefore shortening the total room time. The ergonomically designed Select&GO touch panel is integrated into the front cover on the left-hand side of the patient tunnel for controlling table movement, guidance for patient setup and comfort features. The Select&GO panel is well illuminated for easy visual recognition.  The BioMatrix Select&GO interface enables fast and easy single-touch patient positioning. The interface is integrated left-hand side of the patient into the front covers. Correct positioning saves unnecessary wasted time for repositioning and additional adjustments, therefore shortening the total room time.
1	14461715	<b>2nd Select&amp;GO #Lu</b> The 2nd Select&GO interface enables fast and easy single-touch patient positioning from both sides of the patient table. The interfaces are integrated left and right into the front covers. Correct positioning saves unnecessary wasted time for repositioning and additional adjustments, therefore shortening the total room time.
1	14461716	<b>Pure White Design #Lu</b> MAGNETOM Lumina is available in an appealing design which perfectly integrate into different environments. The Pure White Design comprises a brilliant white front design ring with integrated unique Select&GO panels. The table cover is presented also in the same color and material selection.
1	14456270	<b>PC Keyboard US English #Vi</b> Standard PC keyboard with 105 keys.
1	14456238	<b>Peripheral Pulse Unit #Vi</b> Peripheral Pulse Unit for Pulse Triggering
1	14475335	<b>SW syngo MR XA50A</b> syngo MR XA50A is the new software platform, bringing the latest features and functionality for daily clinical excellence. syngo MR XA50A guides and enables the user throughout the entire workflow: from patient registration; patient set up with guided workflows on the Select&GO; protocol management and selection; image acquisition and viewing; data handling; and post processing and reporting. This software together with the hardware enables diagnostic excellence for your daily clinical needs.  The syngo MR XA50A platform offers myExam Companion which introduces a new MRI operation philosophy by providing built-in expertise and automation for users and clinical questions. myExam Companion provides different workflow modes for tailored assistance: myExam Assist and myExam Cockpit. No matter the user or patient, myExam Companion helps generate consistent, comprehensive results.
1	14461619	<b>Turbo Suite Essential #BM</b>



Qty	Part No.	Item Description
1	14475529	<p>Turbo Suite Essential comprises established acceleration techniques to maximize productivity for all contrasts, orientations and all routine imaging applications from head-to-toe.</p> <p><b>Deep Resolve Swift Brain as Add-on</b> Deep Resolve Swift Brain offers a set of highly accelerated clinical protocols for T1, T2, T2*, FLAIR and DWI contrasts for routine brain examinations. The acquisition uses, among others, a novel multi-shot EPI sequence including an image reconstruction in which Deep Learning-based algorithms are applied. The total acquisition time of all contrasts allows a drastically reduced table time for routine brain examinations including AutoAlign and the typical contrasts.</p>
1	14470739	<p><b>Turbo Suite Excelerate</b> Turbo Suite Excelerate comprises access to cutting edge acceleration techniques such as Simultaneous Multi-Slice, and Compressed Sensing for static 2D and static 3D imaging applications in Neuro, MSK and Body MRI</p>
1	14482972	<p><b>Deep Resolve Pro Package</b> The Deep Resolve Pro Package combines the three applications Deep Resolve Gain, Deep Resolve Sharp and Deep Resolve Boost which use intelligent reconstruction algorithms and Deep Learning networks to reconstruct accelerated images with higher signal to noise ratio and better image sharpness.</p>
1	14483015	<p><b>High-End Computing</b> This upgrade brings a high-end image reconstruction computer to the Tim configuration for highly intensive computational calculations.</p>
1	14461543	<p><b>Tx/Rx Knee 18</b> New 18-channel transmit/receive coil optimized for knee imaging. The spacious design with a flared opening towards the thigh allows scanning even of large and swollen knees with exceptional image quality and signal to noise ratio. Main features : - 18-element design (3x6 coil elements) with 18 integrated preamplifiers - iPAT-compatible - SlideConnect Technology</p>
1	14402527	<p><b>SWI #Tim</b> Susceptibility Weighted Imaging is a high-resolution 3D imaging technique for the brain with ultra-high sensitivity for microscopic magnetic field inhomogeneities caused by deoxygenated blood, products of blood decomposition and microscopic iron deposits. Among other things, the method allows for the highly sensitive proof of cerebral hemorrhages and the high-resolution display of venous cerebral blood vessels.</p>
1	14475452	<p><b>myExam LiverLab Assist</b> myExam LiverLab Assist is a system guided workflow to examine the hepatic fat and iron status.</p>
1	14409198	<p><b>Native syngo #Tim</b> Integrated software package with sequences and protocols for non-contrast-enhanced 3D MRA with high spatial resolution. syngo NATIVE particularly enables imaging of abdominal and peripheral vessels and is an alternative to MR angiography techniques with contrast medium, especially for patients with severe renal insufficiency.</p>
1	14405328	<p><b>TWIST syngo #Tim</b> This package contains a Siemens unique sequence and protocols for time-resolved (4D) MR angiographic and dynamic imaging in general with high spatial and temporal resolution. syngo TWIST supports comprehensive dynamic MR angio exams in all body regions. It offers temporal information of vessel filling in addition to conventional static MR angiography, which can be beneficial in detecting or evaluating malformations such as shunts. In case of general dynamic imaging, for example an increase in spatial resolution by a factor of up to 2 at 60 seconds temporal resolution (compared to conventional dynamic imaging) is possible due to intelligent k-space sampling strategies. Alternatively, increased temporal resolution</p>

Qty	Part No.	Item Description
		at constant spatial resolution is possible.
1	08464740	<b>Flow Quantification #Tim</b> Special sequences for quantitative assessment of flow i
1	14456221	<b>Shoulder Shape 16 #Vi</b> The Shoulder Shape 16 combines the known benefits of Tim 4G coil technology with new highly flexible materials, resulting in unmatched image quality, high patient comfort and easy handling. The Shoulder Shape 16 for examinations of the left or right shoulder consists of an iPAT-compatible 16-channel shoulder coil in a flexible shoulder cup that can be shaped around small and large shoulders. An L-shaped cushion for easy positioning of the patient is included. The 16-element coil with 16 integrated pre-amplifiers ensures maximum signal-to-noise ratio. Shoulder Shape 16 will be connected via a SlideConnect plug for fast and easy coil set-up and patient preparation.
1	14418513	<b>Hand/Wrist 16 #Sk</b> The new Tim 4G coil technology with Dual Density Signal Transfer and SlideConnect Technology combines key imaging benefits: excellent image quality, high patient comfort, and unmatched flexibility.  Hand/Wrist 16 for examinations of the left or right hand and wrist region consists of a base plate and an iPAT compatible 16-channel coil and allows high-resolution imaging of the wrist and the hand within one examination. Hand/Wrist 16 will be connected via a SlideConnect plug for fast and easy patient preparation.
1	14418514	<b>Foot/Ankle 16 #Sk</b> The new Tim 4G coil technology with Dual Density Signal Transfer and DirectConnect Technology combines key imaging benefits: excellent image quality, high patient comfort, and unmatched flexibility. Foot/Ankle 16 for examinations of the left or right foot and ankle region consists of a base plate and an iPAT compatible 16-channel coil and allows high-resolution imaging of the foot and ankle within one examination. Foot/Ankle 16 is a cable-less coil and will be connected via DirectConnect for fast and easy patient preparation.
1	14460428	<b>ACR Phantom Holder</b>
1	14456241	<b>Separator 60kW/75kW #Vi</b> The SEP (Separation cabinet) has to be used if a central hospital chilled water supply is available or if a chiller of any brand/type is already available. The SEP is the interface between the on-site water chiller (of any brand or type) or the interface to the central hospital cooling water supply. For the above-mentioned cases the SEP is mandatory!  In these cases, the primary water specifications must fulfill the requirements: XJ: 45kW; water temperature: 6 - 14°C XQ: 60kW; water temperature: 6 - 14°C XT: 75kW; water temperature: 6 - 12°C  For all gradient systems: Flow: 100+-10l/min; pH value 6-8; max working pressure 6 bar.  Dimensions: 1950mm x 650mm x 650mm (height x width x depth) Weight: approx. 350kg
1	14456228	<b>System Start Timer #Vi</b> Timer clock that can be installed together with the MAGNETOM MR system to start the system automatically at user-definable times, eliminating waiting times during system boot up.
1	MR_STD_RIG_I NST	<b>MR Standard Rigging and Installation</b> MR Standard Rigging and Installation

Qty	Part No.	Item Description
		<p>This quotation includes standard rigging and installation of your new MAGNETOM system</p> <p>Standard rigging into a room on ground floor level of the building during standard working hours (Mon. – Fri./ 8 a.m. to 5 p.m.) It remains the responsibility of the Customer to prepare the room in accordance with the SIEMENS planning documents Any rigging requiring a crane over 80 tons and/or special site requirements (e.g. removal of existing systems, etc.) is an incremental cost and the responsibility of the Customer. All other "out of scope" charges (not covered by the standard rigging and installation) will be identified during the site assessment and remain the responsibility of the Customer.</p>
1	MR_BTL_INSTALL	<b>MR Standard Rigging &amp; Install</b>
1	MR_PREINST_FIXED	<b>T+D Preinstall kit for fixed table</b>
1	MR_CRYO	<b>Standard Cryogens</b>
1	MR_PM	<p><b>MR Project Management</b></p> <p>A Siemens Project Manager (PM) will be the single point of contact for the implementation of your Siemen's equipment. The assigned PM will work with the customer's facilities management, architect or building contractor to assist you in ensuring that your site is ready for installation. Your PM will provide initial and final drawings and will coordinate the scheduling of the equipment, installation, and rigging, as well as the initiation of on-site clinical education.</p>
1	HASKRISFG23041	<p><b>Haskris OPC24 Chiller- 63kW</b></p> <p>The Haskris outdoor, air-cooled, water/glycol chiller has been specially designed for medical applications to provide stable, fully dedicated cooling to a single MR system.</p> <p>The Haskris chiller must be used in combination with a Siemens SEP cabinet.</p> <p>The Haskris chiller is suitable for use in all siting conditions: normal, coastal, low-ambient, and/or OSHPD-compliant locations.</p> <p>Specifications Cooling Capacity: 63kW Fluid Supply Temp: 43°F (6°C) to 59°F (15°C) Pump Capacity: 32 GPM (120 LPM) Condenser: Air-cooled (heat dissipated into ambient air) Outdoor ambient air temperature: -40°F (-40°C) to 122°F (50°C) Electrical: 460V-3Ø-60Hz Dimensions: 77"W x 40"D x 74"H (196cm x 102cm x 188cm)</p> <p>Siemens' Pricing Also Includes: Delivery Chiller Start-Up (Post Installation) 1x Preventative Maintenance Service Visit Remote Monitoring Panel with 1-Year Cellular Connectivity and Cloud Service</p> <p>Installation: Customer is responsible for the rigging and installation of the chiller. Customer is responsible for providing a 35% solution of propylene glycol with water; 25 gal (95 L) for the chiller plus 1 gal (3.8 L) per 10 ft (3m) external pipe run assuming 1 ½" pipe diameter.</p> <p>Warranty:</p>

Qty	Part No.	Item Description
		12 months from date of Start-Up
1	HASKRIS_STAR TUP	<b>Haskris Chiller Start-Up</b> Chiller start-up by Haskris vendor after installation of chiller and completion of paperwork.
1	MR_GOBRAIN	<b>GOBrain</b> GOBrain delivers reliable quality at exceptional speed. It enables clinically validated, push-button brain exams, with multiple orientations and all relevant contrasts. This fast exam is more tolerable for patients, and helps reduce motion-related artifacts and the need for rescans and sedation. As a result, GOBrain potentially doubles throughput and reduces costs per scan. Supported by our Tim 4G technology and DotGO, it delivers consistently high quality and maximizes the productivity of your MRI scanner - while improving patient care.
1	MRIMAB_100	<b>MRI Armboard w/ Pad</b>
1	MR_BUDG_AD DL_RIG	<b>Budgetary Add'l/Out of Scope Rigging: \$15,000</b>
1	MR_EP2_28	<b>Essential Training PH 2 (Onsite-28) MR</b> Up to (28) 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
1	MR_GREEN_PK G	<b>MR Green Package</b> MRI Green Package Enhances environmental sustainability of equipment by reducing emissions. Eco Power Mode reduces power consumption by up to 12% with Eco Power Mode alone. Eco Gradient Mode reduces scope 2 emissions by up to 7%. System Start-Up Timer reduce scope 2 emissions in non-productive times. Zero Helium Boil-Off technology - No helium refill for a lifetime and up to 37 % reduction in helium inventory compared to the previous scanner generation. Environmental Product Declaration provides environmental relevant information of product and packaging material, operating, cleaning and disposal data as well as life cycle impact information. Results were achieved by Siemens Healthineers using both standard and optional features. There can be no 'typical' hospital setting (case mix, system type, etc.) and so results by users may vary with no guarantee that the same results can be achieved.

**System Total \$ 1,997,316**

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

SIEMENS REPRESENTATIVE  
 Jordan Lee NL  
 jlee@deltamed.net

**OPTIONS on Quote Nr : CPQ-963446 Rev. 0**

**OPTIONS for MAGNETOM Lumina - System**

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	Initial to Accept
1	14441849	<b>Diffusion Tensor Imaging #T+D</b> Diffusion Tensor Imaging provides a Single Shot EPI sequence for measuring diffusion-weighted data sets with up to 256 directions of diffusion weighting. Based on these data sets, the diffusion tensor itself and parametric maps derived from it (e.g. fractional anisotropy) are calculated automatically and in real-time. The package supports both clinical applications regarding diseases of the white matter (e.g. multiple sclerosis, brain maturation disorders, or displacement of nerve fiber tracts through masses) and advanced research applications. Diffusion spectrum imaging (DSI), an extension of diffusion tensor imaging, is included in this package. DSI expands on the DTI acquisition capabilities by providing the ability to resolve white matter fiber crossings.	<b>+ \$ 16,640</b>	_____
1	14456250	<b>syngo.MR Tractography #1</b> syngo.MR Tractography enables the representation of diffusion paths of the human brain based on diffusion tensor imaging. syngo.MR Tractography supports surgery planning and is suitable for neurophysiological research in relation to cortical networking and pathologies of the white matter.	<b>+ \$ 21,965</b>	_____





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

**SIEMENS REPRESENTATIVE**  
Jordan Lee NL  
jlee@deltamed.net

**FINANCING:** The equipment listed above may be financed through Siemens. 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.

**ACCESSORIES:** Don't forget to ask us about our line of OEM imaging accessories to complete your purchase. All accessories can be purchased or financed as part of this order. To purchase accessories directly or to receive our accessories catalog, please call us directly at 1-888-222-9944 or contact your local Sales Representative.

**COMPLIANCE:** Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our communication channel "Let Us Know".

## Siemens Medical Solutions USA, Inc. General Terms and Conditions

### 1. GENERAL

**1.1 Contract Terms and Acceptance.** These terms and conditions constitute an integral part of any contract between Seller and Purchaser identified on the first page hereof and shall govern the sale of the products identified in such contract ("Products"). Purchaser acknowledges that this is a commercial and not a consumer transaction. Purchaser shall be deemed to have assented to, and to have waived any objection to, this Agreement upon the earliest to occur of any of the following: Purchaser's completion or execution of this Agreement; Purchaser's acceptance of all or any part of the Products; Purchaser's issuance of a purchase order for any Products identified on Seller's quotation or proposal; or delivery of the Products to the common carrier for shipment pursuant hereto.

**1.2 Refurbished/Used Products.** For Products identified on this Agreement as used or refurbished Products, these Products have been previously owned and used. When delivered to Purchaser, such Products will perform in accordance with the manufacturer's specifications. Since pre-owned Products may be offered simultaneously to several customers, the availability of such Products to Purchaser cannot be guaranteed. If the Products are no longer available, Seller will use its best efforts to identify other suitable products in its inventory. If substitute products are not acceptable to Purchaser, then Seller will cancel the order and refund to Purchaser any deposits previously paid. The warranty period for any used or refurbished Products will be separately stated on the quotation.

**1.3 Third Party Products.** If this Agreement includes the sale of third party products not manufactured by Seller, then Purchaser agrees and acknowledges that (a) Purchaser has made the selection of these products on its own, (b) the products are being acquired by Seller solely at the request of and for the benefit and convenience of Purchaser, (c) no representation, warranty or guarantee has been made by Seller with respect to the products, (d) the obligation of Purchaser to pay Seller for the products is absolute and unconditional, (e) use of the products may be subject to Purchaser's agreement to comply with any software licensing terms imposed by the manufacturer; and (f) unless otherwise indicated by Seller in writing, Seller is

not responsible for any required installation, validation, product recall, warranty service, maintenance, complaint handling, or any other applicable FDA regulatory requirements, and the Purchaser will look solely to the manufacturer regarding these services and will assert no claim against Seller with respect to these products.

### 2. PRICES

**2.1 Quotations.** Unless otherwise agreed to in writing or set forth in the quotation, all prices quoted by Seller and amounts payable by Purchaser are in U.S. dollars, and include Seller's standard packaging. The prices quoted to Seller assume that the Seller is located in, and will use the Products in, the U.S. If not, such quotation will be void. Unless otherwise stated, the quotation shall only be valid for forty-five (45) days from the date of the quotation.

**2.2 Delay in Acceptance of Delivery.** Should the agreed delivery date be postponed by Purchaser, Seller shall have the right to deliver the Products to storage at Purchaser's risk and expense, and payments due upon delivery shall become due when Seller is ready to deliver.

### 3. TAXES

**3.1** Any sales, use or manufacturer's tax which may be imposed upon the sale or use of Products, or any property tax levied after readiness to ship, or any excise tax, license or similar fee (excluding the Medical Device Excise Tax as set forth in Section 4191 of the Internal Revenue Code of 1986, as amended) required under this transaction, shall be in addition to the quoted prices and shall be paid by Purchaser. Notwithstanding the foregoing, Seller agrees to honor any valid exemption certificate provided by Purchaser.

### 4. TERMS OF PAYMENT; DEFAULT

**4.1 Payments; Due Date.** Unless otherwise set forth in the quotation, Purchaser shall pay Seller as follows: an initial deposit of 10% of the purchase price for each Product is due upon submission of the purchase order, an additional 80% of the purchase price is due upon delivery of each Product, and the final 10% of the purchase price is due upon completion of installation or when the Products are available for first patient use, whichever occurs first. Unless otherwise agreed, all payments other than the initial deposit are due net thirty

(30) days from the date of invoice. Seller shall have no obligation to complete installation until the payment due upon delivery is received. Partial shipments shall be billed as made, and payments for such shipments will be made in accordance with the foregoing payment terms.**4.2 Late Payment.** A service charge of 1½% per month, not to exceed the maximum rate allowed by law, shall be made on any portion of Purchaser's outstanding balance which is not paid when due. Payment of such service charge shall not excuse or cure Purchaser's breach or default for late payment.**4.3 Payment of Lesser Amount.** If Purchaser pays, or Seller otherwise receives, a lesser amount than the full amount provided for under this Agreement, such payment shall not constitute or be construed other than as on account of the earliest amount due Seller. No endorsement or statement on any check or payment or elsewhere shall constitute or be construed as an accord or satisfaction. **4.4 Where Payment Due Upon Installation or Completion.** Should any terms of payment provide for either full or partial payment upon completion of installation or thereafter, and completion of installation is delayed for any reason for which Seller is not responsible beyond the installation date set forth in the Notice to Manufacture Letter issued by Seller, as applicable, then the balance of payments shall be due on the day following such installation date.**4.5 Default; Termination.** Each of the following shall constitute an event of default under this Agreement: (i) a failure by Purchaser to make any payment when due; (ii) a failure by Purchaser to perform any other obligation under this Agreement within thirty (30) days of receipt of written notice from Seller; or (iii) the commencement of any insolvency, bankruptcy or similar proceedings by or against Purchaser. Upon the occurrence of any event of default, at Seller's election: (a) the entire amount of any indebtedness and obligation due Seller under this Agreement and interest thereon shall become immediately due and payable; (b) Seller may suspend the performance of any of Seller's obligations hereunder, including, but not limited to, obligations relating to delivery, installation and warranty services; (c) Purchaser shall put Seller in possession of the Products upon demand; (d) Seller may sell or otherwise dispose of all or any part of the Products and apply the proceeds thereof against any indebtedness or obligation of Purchaser under this Agreement; (e) if this Agreement or any indebtedness or obligation of Purchaser under this Agreement is referred to an attorney for collection or realization, Purchaser shall

pay to Seller all costs of collection and realization (including, without limitation, a reasonable sum for attorneys' fees); and Purchaser shall pay any deficiency remaining after collection of or realization by Seller on the Products. In addition, Seller may terminate this Agreement upon written notice to Purchaser in the event that Purchaser is not approved for credit or upon the occurrence of any material adverse change in the financial condition or business operations of Purchaser.**4.6 Financing.** Notwithstanding any arrangement that Purchaser may make for the financing of the purchase price of the Products, the parties agree that any such financing arrangement shall have no effect on the Purchaser's payment obligations under this Agreement, including but not limited to Sections 4.1 and 4.2 above.

#### 5. EXPORT TERMS

**5.1** Unless other arrangements have been made, payment on export orders shall be made by irrevocable confirmed letter of credit, payable in U.S. dollars against Seller's invoice and standard shipping documents. Such letter of credit shall be in an amount equal to the full purchase price of the Products and shall be established in a U.S. bank acceptable to Seller. Purchaser shall have sole responsibility to procure all necessary permits and licenses for shipment and compliance with any governmental regulations concerning control of final destination of Products.**5.2** Purchaser agrees that Products shall not at any time directly or indirectly be used, exported, sold, transferred, assigned or otherwise disposed of in a manner which will result in non-compliance with applicable export Control and US Sanction laws and regulations. If Purchaser purchases a Product at the domestic price and exports such Product, or transfers such Product to a third party for export, outside of the U.S., Purchaser shall pay to Seller the difference between the domestic price and the international retail price of such Product. Purchaser shall deliver to Seller, upon Seller's request, written assurance regarding compliance with this Section in form and content acceptable to Seller.

#### 6. DELIVERY, RISK OF LOSS

**6.1 Delivery Date.** Delivery and installation dates will be established by mutual agreement of the parties as set forth in the Notice to Manufacture Letter issued by the Seller, as applicable. Seller shall make reasonable efforts to meet such delivery date(s).**6.2 Risk of Loss;**

**Title Transfer.** Unless otherwise agreed to in writing, the following shall apply: (a) For Products that do not require installation by Seller, and for options and add-on products purchased subsequent to delivery and installation of Products purchased under this Agreement, delivery shall be complete upon transfer of possession to common carrier, F.O.B. Shipping Point, whereupon title to and all risk of loss, damage to or destruction of the Products shall pass to Purchaser. (b) For Products that require installation by Seller, delivery shall be complete upon delivery of the Products to Purchaser's designated site, F.O.B. Destination; whereupon title to and all risk of loss, damage to or destruction of such Products shall pass to Purchaser upon completion of delivery. (c) All freight charges and other transportation, packing and insurance costs, license fees, custom duties and other similar charges shall be the sole responsibility of Purchaser unless included in the purchase price or otherwise agreed to in writing by Seller. In the event of any loss or damage to any of the Products during shipment, Seller and Purchaser shall cooperate in making any insurance claim.

#### 7. SECURITY INTEREST/FILING

**7.1** Purchaser grants to Seller a security interest in the Products until payment in full by Purchaser. Purchaser shall sign any financing statements or other documents necessary to perfect Seller's security interests in the Products. Purchaser further represents and covenants that (a) it will keep the Products in good order and repair until the purchase price has been paid in full, (b) it will promptly pay all taxes and assessments upon the Products or the use thereof, (c) it will not attempt to transfer any interest in the Products until the purchase price has been paid in full, and (d) it is solvent and financially capable of paying the full purchase price for the Products.

#### 8. CHANGES, CANCELLATION, AND RETURN

**8.1** Orders accepted by Seller are not subject to change except upon Seller's written agreement. **8.2** Orders accepted by Seller are non-cancellable by Purchaser except upon Seller's written consent and payment by Purchaser of a cancellation charge equal to 10% of the price of the affected Products, plus any shipping, insurance, inspection and refurbishment charges; the cost of providing any training, education, site evaluation or other services completed by Seller; and any return, cancellation or restocking fees with

respect to any Third Party Products ordered by Seller on behalf of Purchaser. Seller may retain any payments received from Purchaser up to the amount of the cancellation charge. In no event can an order be cancelled by Purchaser or Products be returned to Seller after shipment. **8.3** Seller reserves the right to change the manufacture and/or design of its Products if, in the judgment of Seller, such change does not alter the general function of the Products.

#### 9. FORCE MAJEURE

**9.1** Seller shall not be liable for any loss or damage for delay in delivery, inability to install or any other failure to perform due to causes beyond its reasonable control including, but not limited to, acts of God or the public, war, civil commotion, blockades, embargoes, calamities, floods, fires, earthquakes, explosions, storms, strikes, lockouts, labor disputes, or unavailability of labor, raw materials, power or supplies. Should such a delay occur, Seller may reasonably extend delivery or production schedules or, at its option, cancel the order in whole or part without liability other than to return any unearned deposit or prepayment.

#### 10. WARRANTY

**10.1** Seller warrants that the Products manufactured by Seller and sold hereunder shall be free from defects in material or workmanship under normal use and service for the warranty period. The final assembled Products shall be new although they may include certain used, reworked or refurbished parts and components (e.g., circuit boards) that comply with performance and reliability specifications and controls. Seller's obligation under this warranty is limited, at Seller's option, to the repair or replacement of the Product or any part thereof. Unless otherwise set forth in the Product Warranty attached hereto and incorporated herein by reference ("Product Warranty"), the warranty period shall commence upon the earlier of the date that the Products have been installed in accordance with Section 12.5 hereof (which date shall be confirmed in writing by Seller) or first patient use, and shall continue for twelve (12) consecutive months. Seller makes no warranty for any Products made by persons other than Seller or its affiliates, and Purchaser's sole warranty therefor, if any, is the original manufacturer's warranty, which Seller agrees to pass on to Purchaser, as applicable. The warranty provided by Seller under this Section 10 extends only to the original Purchaser,

unless the Purchaser obtains the Seller's prior written consent with respect to any sale or other transfer of the Products during the term of the warranty. **10.2** No warranty extended by Seller shall apply to any Products which have been damaged by fire, accident, misuse, abuse, negligence, improper application or alteration or by a force majeure occurrence as described in Section 9 hereof or by the Purchaser's failure to operate the Products in accordance with the manufacturer's instructions or to maintain the recommended operating environment and line conditions; which are defective due to unauthorized attempts to repair, relocate, maintain, service, add to or modify the Products by the Purchaser or any third party or due to the attachment and/or use of non-Seller supplied parts, equipment or software without Seller's prior written approval; which failed due to causes from within non-Seller supplied equipment, parts or software including, but not limited to, problems with the Purchaser's network; or which have been damaged from the use of operating supplies or consumable parts not approved by Seller. In addition, there is no warranty coverage for any transducer or probe failure due to events such as cracking from high impact drops, cable rupture from rolling equipment over the cable, delamination from cleaning with inappropriate solutions, or TEE bite marks. Seller may effectuate any repairs at Purchaser's facility, and Purchaser shall furnish Seller safe and sufficient access for such repair. Repair or replacement may be with parts or products that are new, used or refurbished. Repairs or replacements shall not interrupt, extend or prolong the term of the warranty. Purchaser shall, upon Seller's request, return the non-complying Product or part to Seller with all transportation charges prepaid, but shall not return any Product or part to Seller without Seller's prior written authorization. Purchaser shall pay Seller its normal charges for service and parts for any inspection, repair or replacement that falls outside of Seller's warranty. Seller's warranty does not apply to consumable materials, disposables, supplies, accessories and collateral equipment, except as specifically stated in writing or as otherwise set forth in the Product Warranty. **10.3** This warranty is made on condition that immediate written notice of any noncompliance be given to Seller and Seller's inspection reveals that Purchaser's claim is covered under the terms of the warranty (i.e., that the noncompliance is due to traceable defects in original materials and/or workmanship). **10.4** Purchaser shall provide Seller with

both on-site and remote access to the Products. The remote access shall be provided through the Purchaser's network as is reasonably necessary for Seller to provide warranty services under this Agreement. Remote access will be established through a broadband internet-based connection to either a Purchaser owned or Seller provided secure end-point. The method of connection will be a Peer-to-Peer VPN IPsec tunnel (non-client based) with specific inbound and outbound port requirements. **10.5** Warranty service will be provided without charge during Seller's regular working hours (8:30-5:00), Monday through Friday, except Seller's recognized holidays. If Purchaser requires that service be performed outside these hours, such service can be made available at an additional charge, at Seller's then current rates. The obligations of Seller described in this Section are Seller's only obligations and Purchaser's sole and exclusive remedy for a breach of product warranty. **10.6 SELLER MAKES NO WARRANTY OTHER THAN THE ONE SET FORTH HEREIN AND IN THE PRODUCT WARRANTY. SUCH WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY EXPRESS OR IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSES, AND SUCH CONSTITUTES THE SOLE AND EXCLUSIVE WARRANTY MADE WITH RESPECT TO THE PRODUCTS, SERVICE OR OTHER ITEM FURNISHED UNDER THIS AGREEMENT.** **10.7** In the event of any inconsistencies between the terms of this Section 10 and the terms of the Product Warranty, the terms of the Product Warranty shall prevail.

#### 11. LIMITATION OF LIABILITY

**11.1** In no event shall Seller's liability hereunder exceed the actual loss or damage sustained by Purchaser, up to the purchase price of the Products. The foregoing limitation of liability shall not apply to claims for bodily injury or damages to real property or tangible personal property to the extent arising from Seller's negligence or a product defect. **11.2 SELLER SHALL NOT BE LIABLE FOR ANY LOSS OF USE, REVENUE OR ANTICIPATED PROFITS; COST OF SUBSTITUTE PRODUCTS OR SERVICES; LOSS OF STORED, TRANSMITTED OR RECORDED DATA; OR FOR ANY INDIRECT, INCIDENTAL, UNFORESEEN, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES WHETHER BASED ON CONTRACT, TORT, STRICT LIABILITY OR ANY**



**OTHER THEORY OR FORM OF ACTION, EVEN IF SELLER HAS BEEN ADVISED OF THE POSSIBILITY THEREOF, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SALE OR USE OF THE PRODUCTS. THE FOREGOING IS A SEPARATE, ESSENTIAL TERM OF THIS AGREEMENT AND SHALL BE EFFECTIVE UPON THE FAILURE OF ANY REMEDY, EXCLUSIVE OR NOT.**

**12. INSTALLATION - ADDITIONAL CHARGES**

**12.1 General.** Unless otherwise expressly stipulated in writing, the Products shall be installed by and at the expense of Seller except that Seller shall not provide rigging or site preparation services unless otherwise agreed to in writing by Seller for an additional charge. Seller will not install accessory items such as cabinets, illuminators, darkroom equipment or processors for X-Ray and CT equipment, unless otherwise agreed to in writing by Seller. **12.2 Installation by Seller.** If Seller specifies it will install the Products, the following applies: subject to fulfillment of the obligations set forth in Section 12.3 below, Seller shall install the Products and connect them to the requisite safety switches and power lines to be installed by Purchaser. Except as otherwise specified below, if such installation and connection are performed by Seller's technical personnel, prices shown include the cost thereof, provided that the installation and connection can be performed within the Continental United States or Puerto Rico and during normal business hours. Any overtime charges or other special expenses shall be additional charges to the prices shown. **12.3 Purchaser's Obligations.** Purchaser shall, at its expense, provide all proper and necessary labor and materials for plumbing service, carpentry work, conduit wiring, and other preparations required for such installation and connection. All such labor and materials shall be completed and available at the time of delivery of the Products by Seller. Additionally, Purchaser shall provide free access to the installation site and, if necessary, safe and secure space for storage of Products and equipment prior to installation by Seller. Purchaser shall be responsible, at its sole cost and expense, for obtaining all permits, licenses and approvals required by any federal, state or local authorities in connection with the installation and operation of the Products, including but not limited to any certificate of need and zoning variances. Purchaser shall provide a suitable environment for the Products

and shall ensure that its premises are free of hazardous conditions and any concealed or dangerous conditions and that all site requirements are met. Seller shall delay its work until Purchaser has completed the removal of any hazardous materials or has taken any other precautions and completed any other work required by applicable regulations. Purchaser shall reimburse Seller for any increased costs and expenses incurred by Seller that are the result of or are caused by any such delay. In the event that Seller is requested to supervise the installation of the Products, it remains the Purchaser's responsibility to comply with local regulations. Seller is not an architect and all drawings furnished by Seller are not construction drawings. If local labor conditions, including a requirement to use union labor, require the use of non-Seller employees to participate in the installation of the Product or otherwise causes delays or any additional expenses, then any such additional costs shall be at Purchaser's expense. **12.4 Regulatory Reporting.** In the event that any regulatory activity is performed by anyone other than Seller's authorized personnel, then Purchaser shall be responsible for fulfilling any and all reporting requirements. **12.5 Completion of Installation.** Installation shall be complete upon the conclusion of final calibration and checkout under Seller's standard procedures to verify that the Products meet applicable written performance specifications. Notwithstanding the foregoing, first use of the Products by Purchaser, its agents or employees for any purpose after delivery shall constitute completion of installation.

**13. PATENT, COPYRIGHT AND OTHER INFRINGEMENT CLAIMS**

**13.1 Infringement by Seller.** Seller warrants that the Products manufactured by Seller and sold hereunder do not infringe any U.S. patent or copyright. If Purchaser receives a claim that any such Products, or parts thereof, infringe upon the rights of others under any U.S. patent or copyright, Purchaser shall notify Seller immediately in writing. Provided that Purchaser gives Seller information, assistance and exclusive authority to evaluate, defend and settle such claims, Seller shall at its own expense and option: indemnify and defend Purchaser against such claims; settle such claims; procure for Purchaser the right to use the Products; or remove or modify them to avoid infringement. If none of these alternatives is available on terms reasonable to Seller, then Purchaser shall return the Products to Seller and Seller shall refund to

Purchaser the purchase price paid by Purchaser less reasonable depreciation for Purchaser's use of the Products. The foregoing states Seller's entire obligation and liability, and Purchaser's sole remedy, for claims of infringement. **13.2 Infringement by Purchaser.** If some or all of the Products sold hereunder are made by Seller pursuant to drawings or specifications furnished by Purchaser, or if Purchaser modifies or combines, operates or uses the Products other than as specified by Seller or with any product, data, software, apparatus or program not provided or approved by Seller, then the indemnity obligation of Seller under Section 13.1 shall be null and void.

**14. DESIGNS AND TRADE SECRETS; LICENSE; CONFIDENTIALITY**

**14.1** Any drawings, data, designs, software programs or other technical information supplied by Seller to Purchaser in connection with the sale of the Products shall remain Seller's property and shall at all times be held in confidence by Purchaser. **14.2** For all Products which utilize software for their operation, such "Applications Software" shall be licensed to Purchaser under the terms of Seller's Software License Schedule attached hereto. **14.3** Seller and Purchaser shall maintain the confidentiality of any information provided or disclosed to the other party relating to the business, customers and/or patients of the disclosing party, as well as this Agreement and its terms (including the pricing and other financial terms under which the Purchaser will be purchasing the Products). Each party shall use reasonable care to protect the confidentiality of the information disclosed, but no less than the degree of care it would use to protect its own confidential information, and shall only disclose the other party's confidential information to its employees and agents having a need to know this information. The obligations of confidentiality set forth herein shall not apply to any information in the public domain at the time of disclosure or that is required to be disclosed by court order or by law.

**15. ASSIGNMENT**

**15.1** Neither party may assign any rights or obligations under this Agreement without the prior written consent of the other, which shall not be unreasonably withheld. Any attempt to do so shall be void, except that Seller may assign this Agreement without consent to any subsidiary or affiliated company, and may delegate to authorized subcontractors or service suppliers any work to be performed under this Agreement so long as

Seller remains liable for the performance of its obligations under this Agreement. This Agreement shall inure to and be binding upon the parties and their respective successors, permitted assigns and legal representatives.

**16. COSTS AND FEES**

**16.1** In the event that any dispute or difference is brought arising from or relating to this Agreement or the breach, termination or validity thereof, the prevailing party shall be entitled to recover from the other party all reasonable attorneys' fees incurred, together with such other expenses, costs and disbursements as may be allowed by law.

**17. MODIFICATION**

**17.1** This Agreement may not be changed, modified or amended except in writing signed by duly authorized representatives of the parties.

**18. GOVERNING LAW; WAIVER OF JURY TRIAL**

**18.1** This Agreement shall be governed by the laws of the state where the Product(s) will be installed, without regard to that state's choice of law principles. **18.2 EACH OF THE PARTIES EXPRESSLY WAIVES ALL RIGHTS TO A JURY TRIAL IN CONNECTION WITH ANY DISPUTE UNDER THIS AGREEMENT.**

**19. COST REPORTING**

**19.1** Purchaser agrees that it must fully and accurately report prices paid under this Agreement, net of all discounts, as required by applicable law and contract, including without limitation 42 CFR §1001.952(h), in all applicable Medicare, Medicaid and state agency cost reports. Purchaser shall retain a copy of this Agreement and all other communications regarding this Agreement, together with the invoices for purchase and permit agents of the U.S. Department of Health and Human Services or any state agency access to such records upon request.

**20. INTEGRATION**

**20.1** These terms and conditions, including any attachments or other documents incorporated by reference herein, constitute the entire, complete and exclusive statement of agreement with respect to the subject matter hereof, and supersede any and all prior agreements, understandings and communications between the parties with respect to the Products. Purchaser's additional or different terms and conditions stated in a purchase order, bid documents or any other



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40 Liberty Boulevard, Malvern, PA 19355

document issued by Purchaser are specifically rejected and shall not apply to the transactions contemplated under this Agreement.

**21. SEVERABILITY; HEADINGS**

**21.1** No provision of this Agreement which may be deemed unenforceable will in any way invalidate any other portion or provision of this Agreement. Section headings are for convenience only and have no substantive effect.

**22. WAIVER**

**22.1** No failure and no delay in exercising, on the part of any party, any right under this Agreement will operate as a waiver thereof, nor will any single or partial exercise of any right preclude the further exercise of any other right.

**23. NOTICES**

**23.1** Any notice or other communication under this Agreement shall be deemed properly given if in writing and delivered in person or mailed, properly addressed and stamped with the required postage, to the intended recipient at its address specified on the face hereof.

**24. RIGHTS CUMULATIVE**

**24.1** The rights and remedies afforded to Seller under this Agreement are in addition to, and do not in any way limit, any other rights or remedies afforded to Seller by any other agreement, by law or otherwise.

**25. END USER CERTIFICATION**

**25.1** Purchaser represents, warrants and covenants that it is acquiring the Products for its own end use and not for reselling, leasing or transferring to a third party (except for lease-back financings).

**26. ACCESS TO BOOKS AND RECORDS**

**26.1** To the extent required by Section 1861(v)(1)(I) of the Social Security Act and the regulations promulgated thereunder, until the expiration of four (4) years after the furnishing of any Product or service pursuant to this Agreement, Seller shall make available, upon written request by the Secretary of Health and Human Services (the "Secretary"), or upon request by the Comptroller General (the "Comptroller"), or any of their duly authorized representatives, copies of this Agreement and any books, documents, records or other data of Seller that are necessary to certify the nature and extent of any costs incurred by Purchaser for such Products and services. If Seller carries out any

of its duties under this Agreement through a subcontract with a related organization involving a value or cost of ten thousand dollars (\$10,000) or more over a twelve (12) month period, Seller will cause such subcontract to contain a clause to the effect that, until the expiration of four (4) years after the furnishing of any Product or service pursuant to said contract, the related organization will make available upon the written request of the Secretary or the Comptroller, or any of their duly authorized representatives, copies of records of said related organization that are necessary to certify the nature and extent of cost incurred by Purchaser for such Product or service.

**27. DISPOSITION OF PRODUCTS**

**27.1** Purchaser expressly agrees that should Purchaser sell, transfer or otherwise dispose of the Products, Purchaser shall notify Seller in writing and give Seller the opportunity to purchase such Products. With Purchaser's notice, Purchaser shall provide Seller with a copy of the third party's binding offer to purchase the Products and Seller shall have seven (7) days to notify the Purchaser of an offer to purchase the Products.  
05/15 Rev.

## Software License Schedule to the Siemens Medical Solutions USA, Inc General Terms and Conditions

**1. DEFINITIONS:** The following definitions apply to this Schedule:

**“Agreement”** shall mean the attached (i) Quotation for Products and/or Services including the Terms and Conditions of Sale and applicable schedules; and/or (ii) Software License Agreement describing the software licensed herein and the specific system for which the license is issued.

**“Licensor”** shall mean Siemens Medical Solutions USA, Inc.

**“Licensee”** shall mean the end-user to whom Licensor provides Software or Documentation for its internal use under the Agreement.

**“Software”** shall mean the software described in the attached Agreement, including the following as contained therein: (i) software programs consisting of a series of statements or instructions to be used directly or indirectly in a programmable controller or computer to bring about a certain result and (ii) databases consisting of systemized collections of data to be used or referenced directly or indirectly by a programmed controller or computer. Notwithstanding the foregoing, “Software” does not include “firmware” as such term is conventionally understood. Diagnostic/Maintenance Software also is not included within the scope of the Software licensed under this Schedule, and is available only as a special option under a separate Diagnostic Materials License Agreement and may be subject to a separate licensing fee.

**“Documentation”** shall mean the documents and other supporting materials which are intended to support the use of an associated product, including (but not limited to) instructions, descriptions, flow charts, logic diagrams and listings of the Software, in text or graphic form, on machine readable or printed media.

**“Designated Unit”** shall mean a single control unit or computer identified on the first page of the Agreement, on which Software licensed hereunder may be used by Licensee.

**2. SCOPE:** The following terms and conditions shall apply to all Software and Documentation provided by Licensor to Licensee under the Agreement (whether included with other products listed in the Agreement or listed separately in the Agreement), together with any updates or revisions thereto which Licensor may provide to Licensee, and all copies thereof, except any Software and/or Documentation licensed directly by Licensor’s supplier under a separate end-user license agreement accompanying the Software or the Documentation, in which case Licensee agrees to be bound by that license agreement as a condition to using the Software and/or Documentation. Except as expressly provided herein, and provided that in no event shall the warranties or other obligations of Licensor with respect to such Software or Documentation exceed those set forth in this Schedule, this Schedule shall be subject to the liability limitations and exclusions and other terms and conditions set forth in the Agreement. **ANY USE OF THE SOFTWARE, INCLUDING BUT NOT LIMITED TO USE ON THE DESIGNATED UNIT, WILL CONSTITUTE LICENSEE’S AGREEMENT TO THIS SOFTWARE LICENSE SCHEDULE (OR RATIFICATION OF ANY PREVIOUS CONSENT).**

**3. SOFTWARE AND DOCUMENTATION LICENSE:** Subject to the payment of any applicable annual license fee(s), whether stated separately or included in the purchase price of another product, and to Licensee’s acceptance of all of the obligations set forth herein and to the fulfillment of those obligations, Licensor or, if applicable, its licensor or supplier, hereby grants to Licensee a paid-up, nonexclusive and nontransferable (except as expressly provided in this Schedule) limited license to use the Software provided by Licensor under the Agreement solely for Licensee’s own use on the Designated Unit and to use the Documentation in support of Licensee’s authorized use of the Software, for the purpose of operating the Designated Unit in accordance with the instructions set forth in the user’s manual supplied with the Designated Unit and for no other purpose whatsoever. A separate license is required for each Designated Unit on which the Software is to be used. Licensee may obtain from Licensor one copy of the Software licensed hereunder for backup and archival purposes only as is necessary to support Licensee’s own authorized use of the Software, provided that Licensee includes on or in all copies (in any form) all copyright, trade secret or other proprietary notices contained on or in the Software as provided by Licensor. Additional copies of the Documentation may be licensed from Licensor at its then applicable charges. Licensee may

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**5. UPDATES AND REVISIONS:** During the warranty period or under a separate service contract or software update subscription, revised or updated versions of the Software licensed under this Schedule may be made available, at Licensor’s option, to Licensee to use or to test while Licensee continues use of a previous version. Licensee has the right to decide whether to install any such revised or updated versions or to continue use of the previous version after giving due regard to the United States Food and Drug Administration rules and regulations. However, Licensee shall pay Licensor for any services necessitated by any modifications of the Software by Licensee or by Licensee’s failure to utilize the current non-investigational version of the Software provided by Licensor. Software updates that provide new features or capabilities or that require hardware changes will be offered to Licensee at purchase prices established by Licensor. Licensor retains the sole right to determine whether an update represents an enhancement of a previously purchased capability or

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Jordan Lee NL  
jlee@deltamed.net

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Licensor may terminate the license hereunder and require the immediate discontinuance of all use of the Software and Documentation and all copies thereof in any form, including modified versions and updated works. Within five (5) days after the termination of the license, Licensee shall, at Licensor's option either: (i) return to Licensor the Software and Documentation, and all copies, in any form, including updated versions, along with any computer media provided by Licensor; or (ii) destroy the affected Software and Documentation, and all copies, in any form, including updated versions, and certify such return or destruction in writing to Licensor.

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**11. ADDITIONAL PROVISIONS RELATING TO THIRD-PARTY SOFTWARE:** If the Software includes software licensed by Licensor from third parties, the following additional provisions shall apply:

(a) If Software is provided by Licensor on separate media and labeled "Recovery Media," Licensee may use the Recovery Media solely to restore or reinstall the Software and/or Documentation originally installed on the Designated Unit.

(b) Licensee is licensed to use the Software to provide only the limited functionality (specific tasks or processes) for which the Designated Unit has been designed and marketed by Licensor. This license specifically prohibits any other use of the software programs or functions, or inclusion of additional software programs or functions that do not directly support the limited functionality, on the Designated Unit. If Licensee uses the Designated Unit to access or utilize the services or functionality of Microsoft Windows Server products (such as Microsoft Windows NT Server 4.0 (all editions) or Microsoft Windows 2000 Server (all editions)), or uses the Designated Unit to permit workstation or computing devices to access or utilize the services or functionality of Microsoft Windows Server products, Licensee may be required to obtain a Client Access License for the Designated Unit and/or each such workstation or computing device. Licensee should refer to the end user license agreement for its Microsoft Windows Server product for additional information.

(c) The Software may contain support for programs written in Java. Java technology is not fault tolerant and is not designed, manufactured, or intended for use or resale as online control equipment in hazardous environments requiring fail-safe performance, such as in the operation of nuclear facilities, aircraft navigation or communication systems, air traffic control, direct life support machines, or weapons systems, in which the failure of Java technology could lead directly to death, personal injury, or severe physical or environmental damage. Sun Microsystems, Inc. has contractually obligated Licensor's supplier to make this disclaimer.

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Revised 03/15/05

## TRADE-IN EQUIPMENT REQUIREMENTS

### TRADE-IN EQUIPMENT REQUIREMENTS

**THE FOLLOWING APPLIES ONLY TO THE EXTENT THAT THE QUOTATION INCLUDES AN EQUIPMENT TRADE IN OR IF A TRADE-IN IS LATER ADDED TO THIS QUOTATION VIA A CHANGE ORDER. THESE REQUIREMENTS ARE IN ADDITION TO ANY OTHER REFERENCED TERMS AND CONDITIONS OF THE QUOTATION AND SHALL REMAIN IN EFFECT REGARDLESS OF ANY CONTRARY LANGUAGE IN THE QUOTATION.**

This Quotation includes the trade-in equipment described herein and referenced by either the Project Number identified in the Quotation hereof (non-Ultrasound) or the Trade In Part Number (Ultrasound) as further described in the associated Trade Sheet which is incorporated herein by reference. Purchaser certifies that the description of the trade-in equipment as set forth on the Trade Sheet is a true and accurate representation of the equipment, and that the equipment is in good working condition unless otherwise noted on the Trade Sheet.

The trade-in equipment must be made available for removal no later than turnover of the new equipment. Purchaser must vacate the room of all items not listed on the Trade Sheet, or otherwise clearly identify all items listed on the Trade Sheet, prior to the start of the de-installation. If this is not done, Seller will have no liability for items which are subsequently removed or scrapped. If the de-installation or return of the trade-in equipment is delayed by Purchaser for reasons other than a force majeure event, or if upon inspection by Seller it is determined that the equipment does not meet the manufacturer's operating specifications, or if any items listed as included on the Trade Sheet are not made available at the time of de-installation, then trade-in value will be re-evaluated and any loss in value or additional costs incurred by Seller shall be deducted from the established trade-in value and the pricing set forth on this Quotation will be adjusted by change order. In the event that access to the non-ultrasound trade-in equipment is denied past 14 days from turnover, or access to ultrasound trade-in equipment is denied past 30 days from turnover, then Purchaser shall pay to Seller a rental fee in the amount 3.5% of the total trade-in value plus any additional value provided by an Elevate/Promotional program included in this quotation (no less than \$1000) for each month, or part thereof, that access is denied. In addition, if the purchase and installation of the new equipment covered by this Quotation is not completed, then Seller shall invoice Purchaser for all costs and expenses incurred by Seller in connection with the de-installation and removal of the trade-in equipment, including but not limited to labor, materials, rigging out, and transportation, which costs shall be paid by Purchaser within thirty (30) days of the invoice date.

Purchaser further acknowledges and agrees that (i) the trade-in equipment will be free and clear of all liens and encumbrances including, but not limited to, unpaid leases and loans, and that upon request, it will execute a bill of sale or other documents reasonably satisfactory to Siemens to transfer title and ownership of the

equipment to Seller, (ii) it is Purchaser's sole responsibility to delete all protected health information and any other confidential information from the equipment prior to de-installation, without damaging or cannibalizing the equipment or otherwise affecting the operation of the equipment in accordance with its specifications, (iii) the equipment, including all updates, upgrades, modifications, enhancements, revisions, software, S/W disks and manuals, shall be returned to Siemens in good operating condition, reasonable wear and tear excepted, and (iv) to the extent not prohibited by applicable law, Purchaser shall indemnify and hold Seller harmless from and against any and all claims, demands, causes of action, damages, liability, costs and expenses (including reasonable attorney's fees) resulting or arising from Purchaser's failure to comply with item (i) above.

FOR MR SYSTEMS: cryogen levels must be least 65% upon time of de-installation. FOR MOBILE SYSTEMS: system must be road worthy and a state issued title transferring ownership to Seller (or Designee) must be received prior to the removal of the mobile system. FOR MODALITY TRADE SYSTEMS (non-ultrasound): The trade-in equipment must be available for inspection within two weeks of the scheduled de-installation date. In addition, Purchaser must provide a clear path for the removal of the trade-in equipment and on the date of de-installation after final inspection and test by the Seller (or Designee) has occurred, the Purchaser must supply licensed tradespeople to disconnect the power and plumbing (including draining and removing and disposing of any hazardous materials including, but not limited to glycol from the chiller and oil from the transformer, as examples.) Any additional costs due to the need to use a larger rig (other than a standard 80 ton rig), as well as any construction activities, street closings, permits, etc., required to de-install/remove the equipment are out-of-scope costs and will be the responsibility of Purchaser. FOR ULTRASOUND SYSTEMS – Purchaser may provide transducers with the ultrasound unit being traded in, but will not receive additional credit for such transducers.



MR Warranty Information

Product	Period of Warranty <sup>1</sup>	Coverage	Note
New Systems and "ECO" Refurbished Systems Only  (Not including consumables)	12 months	Full Warranty (parts & labor) <sup>1</sup>  Principal Coverage Period 8am-5pm Monday through Friday <sup>2</sup>	1. MAGNETOM Semptra/Free.MAX/Free.STAR requires Smart Remote Services (SRS) Connection prior to system installation or requires purchase of "No SRS" option.
FIT Upgrades – MAGNETOM_Avanto/Skyra_Fit_BioMatrix, MAGNETOM_Sola/Vida_Fit  (Not including consumables)			1. Fit Upgrade warranty excludes Magnet, Magnet Refrigeration System (CryoCare), Liquid Helium Refills and Gradient Coil (if the Gradient Coil is not replaced with the Fit upgrade). These coverages can be purchased separately.

Post-Warranty (after expiration of system warranty) – Replacement of parts prorated only. Does not include labor.			
Magnet	12 months	Parts only	
Spare Parts	6 months	Parts only	
Consumables	Refer to warranty of consumable item		

DNA Warranty Information for On-premise perpetual Applications only

Product	Period of Warranty	Coverage	
syngo plaza, syngo workflow, syngo Dynamics, syngo Carbon	6 months Software	Remote Phone Support, Remote Software Upgrades & Updates, Remote Education	Requires Smart Remote Services (SRS) Connection prior to system installation
Upgrades related to syngo Dynamics, syngo Carbon, Medicalis Workflow Orchestrator, Medicalis Clinical Decision Support, Medicalis Referral Management	No Additional Warranty Included for upgrades	Remote Phone Support, Remote Software Upgrades & Updates, Remote Education	Upgrades via the ESA are a contract component and do not have a separate warranty.

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

SIEMENS REPRESENTATIVE  
Jordan Lee NL  
jlee@deltamed.net

Hardware	OEM Warranty for Hardware	Parts & Labor (Not Applicable)	
Spare Parts & Consumables	Not Applicable	Not Applicable	
<b>Post-Warranty (after expiration of system warranty) – Replacement of parts prorated only. Does not include labor.</b>			
Spare Parts & Consumables	Not Applicable	Not Applicable	

**DNA Warranty Information for On-premise term licenses/Subscriptions & Cloud based Applications**

Product	Period of Warranty	Coverage	
syngo Virtual Cockpit, teamplay, AI-Rad Companion	No warranty	Remote Phone Support, Remote Software Upgrades & Updates, Remote Education	
Incremental purchases on Applications, Upgrades related to syngo Virtual Cockpit, teamplay, AI-Rad Companion	No Warranty	Remote Phone Support, Remote Software Upgrades & Updates, Remote Education	Upgrades and incremental purchases on Applications do not have a separate warranty
Hardware	OEM Warranty for Hardware	Parts & Labor (Not Applicable)	
Spare Parts & Consumables	Not Applicable	Not Applicable	



January 24, 2024

Mr. Brian Harrison  
 Rayus  
 5775 Wayzata Blvd., Suite 540  
 St. Louis Park, Minnesota 55416

RE: Rayus  
 MRI Addition  
 5200 Executive Centre Parkway  
 Suite 400  
 St. Peters, MO 63376  
**Revision #1**

Dear Brian:

Per the preliminary drawings and our walk through, we propose to furnish the necessary labor, materials and equipment to complete the following sections of work on the above referenced project.

Carpentry, Door, Frame, Hardware & Casework...	\$ 31,640.00
Acoustical Ceilings...	\$ 5,888.00
Drywall...	\$ 31,750.00
Glass / Glazing...	\$ 8,975.00
Painting...	\$ 3,988.00
Floorcovering...	\$ 11,598.00
Blinds...	\$ 7,920.00
Sprinklers...	\$ 13,754.00
HVAC...	\$ 168,751.00
Electrical...	\$ 93,835.00
General Conditions...	\$ <u>63,260.00</u>
<b>Total...</b>	<b>\$ 441,359.00</b>

**Exclusions/Clarifications:**

- No RF shielding
- New MRI door and control window by others
- No overtime
- No plumbing
- No tele/data wiring
- No repairs to existing HVAC equipment
- No concrete work
- No X-raying of the existing floor slab

- No Kenell lights
- No lead lined drywall
- Pricing assumes existing 400 amp panel has sufficient spare capacity
- No new medical equipment or installation of the same
- No roof equipment screens for HVAC equipment

Thank you for the opportunity to bid this project. Should you have any questions, please feel free to call.

Sincerely,

Michael G. Zavaglia  
Senior Vice President

MGZ:llb

cc: Nick Woerther, Rayus

Accepted by: \_\_\_\_\_

Date: \_\_\_\_\_

Terms: 30 days from date of invoice  
Quotation is valid for 30 days from bid date



---

Date: 10/12/23

To: RAYUS Radiology  
Brian Harrison  
Phone: (612) 760-9587  
E-Mail: [Brian.Harrison@rayusradiology.com](mailto:Brian.Harrison@rayusradiology.com)

From: Braden Shielding Systems LLC  
Tony Steffens  
Phone: (918) 624-2888 Ext:1003  
Direct: (918) 359-2831  
E-Mail: [tsteffens@bradenshielding.com](mailto:tsteffens@bradenshielding.com)

Pages: 1 of 7

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Reference: RAYUS Radiology

Subject: RF Shielding Quotation #SS43364M

Dear Brian,

Please find attached the Braden Quotation #SS43364M for RAYUS Radiology located in St Peters, MO. Please call or write if you have any questions.

Best Regards,



Tony Steffens  
Sales Manager Medical Products



**QUOTATION**

**DATE: October 12, 2023 SHEET: 1 of 5 SS43364M**

**TO:** RAYUS Radiology  
5775 Wayzata Blvd  
St Louis Park, MN 55416

**ATTN:** Mr. Brian Harrison

**SUBJECT:** RAYUS Radiology  
Siemens Lumina 3.0T  
St Peters, MO

Dear Brian,

Braden Shielding Systems is in receipt of your request to bid on the Radio Frequency shielded enclosure for the above-mentioned project. This Quotation is predicated on the following:

- o Ryan A+E Inc drawings dated 10/17/2021.
- o Siemens Medical Systems Typical drawings.
- o Previous Siemens Installations.
- o Braden Shielding Systems SCM 228 Series Galvanized Shield.
- o Labor bid as NON-UNION and NON-PREVAILING WAGE.
- o Second Test & Return Trip included.
- o Items listed in this quotation.

Therefore, Braden Shielding Systems proposes to design, manufacture, deliver, install, test, and warrant the following:

- o ONE (1) RF SHIELDED ENCLOSURE SYSTEM:

<b>TOTAL BASE PRICE</b>	<b>\$93,119.00</b>
<b>ADD ESTIMATED USE TAX (5.950%) IF REQUIRED</b>	<b>\$3,592.00</b>
<b>TOTAL PRICE</b>	<b>\$96,711.00</b>

See last page of this Quotation for available Options and Accessories.

\* If exempt from sales / use tax, an executed exemption, resale certificate, or direct pay permit must be returned.  
THE MATERIAL PORTION OF THE ABOVE PRICE IS: \$60,373.00

## *QUOTATION*

**DATE:**           **October 12, 2023**

**SHEET: 2 of 5 SS43364M**

This total price is based upon:

- Braden will have clear and free access to the sites with at least one standard flat bed/semi-trailer. All unloading will be by forklift truck.
- The site conditions do not require the use of a crane. Should a crane be necessary this will be at additional charge.
- The only documentation provided to Braden is that stated above.
- The general contractor supplies all necessary temporary electrical power to the job site. The general contractor provides adequate temporary lighting, as necessary.
- Braden is to be given free and clear access to the site of our work.
- Work stoppages caused by site readiness, trade union activity or other conflicts that will impede our orderly completion of work will be considered as an extra cost outside our scope of work. The cost relative to work stoppages and re-mobilization will be submitted as a change order.
- Braden will not be responsible for shoring of any portion of the structure should it be necessary to accept the added weights of shielding materials or equipment. The RF ceiling system will be supported from the structure above in approximately twenty (20) places. The weight of the RF ceiling system is six (6) pounds per square foot.
- The General contractor provides adequate refuge containers for the removal of waste crating materials. Waste to be removed from the site by the general contractor.

INCLUSIVE WITHIN THE QUOTED BASE PRICE FOR THE SYSTEM ARE THESE ITEMS:

**o       Basic RF Enclosure:**

Approximately 2018 square feet of interior surface area. (18'-0" x 25'-0" x 13'-2 5/8" H)  
The basic RF enclosure shall be comprised of dual skin, structural, modular, RF panels.

**o       RF Doors:**

One (1) "MIRAGE AED35" Acoustical RF shielded (finger) door, single leaf 4'-0" x 7'-0".  
Door finish: Wilsonart "Valley Forge" 8231K-79.  
Standard hardware: Ramp block with integral cam follower, Schlage B660P 626 Deadbolt lock.

**o       Windows:**

One (1) 4'-0"W x 4'-0"H Control Room window. (Glazing by Braden)  
Four (4) 2'-6"W x 8'-1"H Exterior RF view windows. (Glazing by Braden)  
RF View windows will be constructed of two layers (2) high visibility screen mesh with a flat black finish for optimal visibility. The control room window will have two (2) layers of 1/4" tempered glass. The exterior RF view windows will have one (1) layer of 1/4" tempered glass.

**o       Pipe Penetrations:**

One (1) - 6" diameter Stainless Steel waveguide for Cryogen vent.  
One (1) - 1 1/2" diameter waveguide for Sprinkler.

## *QUOTATION*

**DATE:**           **October 12, 2023**

**SHEET: 3 of 5 SS43364M**

- o HVAC:** (Exact sizes to be verified)  
3/16" HEX cell waveguide material for HVAC system consisting of:  
Five (5) - SF of HVAC material allotted for supply / return air.  
One (1) - 24" x 24" screen waveguide for Pressure relief vent.
- o Electrical:**  
Electrical filters for LED Lighting. (Exact requirement to be determined)  
One (1) - 2 x 30 AMP filter for Receptacle circuit.  
One (1) - 4 x 1 AMP filter for EPO UPS, Under-voltage trip.  
One (1) - 2 x 1 AMP filter for Smoke detector.
- o Special Construction Items:**

  - Siemens Lumina Penetration panel interface.
  - RF floor recess for Siemens supplied table mounting plate.
  - Install one (1) Guerbet supplied injector filter.
  - One (1) - 24" x 24" Miniature Pressure Relief RF Door (OUTSWING)
  - Interior furring track mounted to RF floor and ceiling. (Studs not by Braden)
  - Suspended ceiling attachment devices on a 4'-0"x 4'-0" grid pattern.
  - Magnet entry located in wall – recommended.
  - All thread hanger rod for cable tray. (Cable tray not by Braden)
  - Grounding Alarm supplied and installed by Braden. (Monitored by customer)
- o RF Testing:**  
Testing procedure per Siemens Specifications.  
First & Second Test - Included in price.
- o Exclusions and Items not Included:**

  - Interior framing and finishes except as noted above.
  - Seismic RF support system.
  - PE stamped drawings and calculations.
  - Payment and performance bonds.
  - Leveling of concrete substrate.
  - Weekly jobsite meetings.
  - Magnetic shielding.

**QUOTATION**

**DATE:**           **October 12, 2023**

**SHEET: 4 of 5 SS43364M**

Unless specifically stated otherwise, prices quoted or stated do not include Fees, Permits, Federal, State, or municipal sales, use, excise, or other taxes measured, in whole or in part, by gross receipts. Any such taxes applicable to the sale, processing, assembling, installing, use or consumption of any goods or materials and/or any services or labor shall be an obligation of the customer and will be invoiced to the customer.

NOTE: Any applicable exemptions to the above stated taxes should be made available to Braden prior to invoicing or sales tax will be charged to the state of destination. Sales tax exemption certificate must correlate with state of destination.

**WARRANTY:** The enclosure is guaranteed to retain the specified RF shielding characteristics for a period of Five (5) years from the date of final acceptance test. All moving parts such as doors or purchased components such as electrical filters, waveguides and patient couch anchor bolts shall carry a one (1) year warranty. THE FOREGOING WARRANTY IS BRADEN SHIELDING'S SOLE WARRANTY WITH RESPECT TO THE GOODS AND SERVICES PURCHASED HEREIN. ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, ARE HEREBY DISCLAIMED. BRADEN SHIELDING'S LIABILITY FOR BREACH OF WARRANTY HEREUNDER IS LIMITED SOLELY TO THE REPLACEMENT OF THE DEFECTIVE GOOD OR SERVICE. THE FOREGOING SHALL CONSTITUTE THE SOLE REMEDY OF BUYER AND THE SOLE LIABILITY OF BRADEN SHIELDING UNDER THIS WARRANTY.

**LIMITATION OF LIABILITY:** BRADEN SHIELDING'S LIABILITY TO BUYER, WHETHER IN CONTRACT, IN TORT, UNDER ANY WARRANTY, IN NEGLIGENCE OR OTHERWISE, SHALL NOT EXCEED IN ANY CASE THE RETURN OF THE AMOUNT OF THE PURCHASE PRICE PAID BY BUYER AND UNDER NO CIRCUMSTANCES SHALL BRADEN SHIELDING BE LIABLE FOR SPECIAL, INDIRECT OR CONSEQUENTIAL DAMAGES, LOSS OF PROFITS, LOSS OF GOODWILL, OR ANY OTHER VARIETY OF DAMAGES FOR THE GOODS AND SERVICES SOLD HEREUNDER. THE PRICE STATED FOR THE GOODS IS CONSIDERATION FOR LIMITING BRADEN SHIELDING'S LIABILITY.

**PAYMENTS:**           Invoice for materials upon shipment.  
                          Invoice for installation upon completion enclosure.  
                          Invoice for return trip and final test after MRI delivery.

**TERMS:**                Net due thirty (30) days from date of invoice. If payment is not made as provided herein, Braden may (1) withhold completion of work hereunder; (2) cancel this Quotation as accepted and agreed to; and/or (3) assess penalties, late fees, and/or interest in an amount not to exceed the maximum amount permitted by the laws of the State of Oklahoma.

**SCHEDULE:**           From time of award of contract to proceed.  
(Standard)               Two (2) weeks for Approval drawings.  
                              Four (4) weeks for delivery after receipt of Approved drawings.

**INSTALLATION:**   Included

**RETURN TRIP:**       Included



***QUOTATION***

**DATE: October 12, 2023**

**SHEET: 5 of 5 SS43364M**

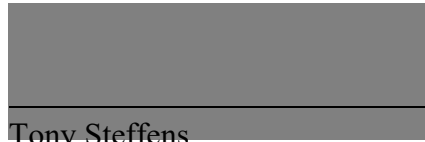
**ATTENTION:** This Quotation shall be valid for 30 days. Execution of this Quotation shall constitute acceptance of the terms and conditions cited herein and bind the parties and their respective successors, heirs, representatives, and assigns. The terms and conditions shall be governed by and interpreted in accordance with the laws of the State of Oklahoma, and any civil suit hereunder shall be instituted in the courts of Tulsa County, State of Oklahoma.

Pricing assumes material delivery during fiscal 2024.

ACCEPTED:

\_\_\_\_\_

\_\_\_\_\_  
Title



\_\_\_\_\_  
Tony Steffens  
Sales Manager Medical Products  
Braden Shielding Systems

## 2023 Available Options and Accessories

### o Standard RF Shielded Door Laminate Options:

Description	Price Each	Y or N
Formica "Finnish Oak" 118-58	Included	
Formica "Hazel Walnut" 5788-NG	Included	
Formica "White" 949-58	Included	
Wilsonart "Wild Cherry" 7054-60	Included	
Wilsonart "Zanzibar" 7957-78	Included	
Wilsonart "Monticello Maple" 7925-38	Included	
Wilsonart "Huntington Maple" 7929-38	Included	
Wilsonart "Tuscan Walnut" 7921-38	Included	
Wilsonart "Columbian Walnut" 7943-07	Included	
Wilsonart "Natural Pearl" 7061-60	Included	

Non-standard laminates may result in additional charges and material delivery delays.

### o RF Shielded Door Options:

Description	Price Each	Y or N
Upgrade "Mirage" to "Mirage AED35" Acoustical RF (finger) door	\$5,000.00	
Upgrade "Mirage" to "Air-RF" Pneumatic RF (fingerless) door. Air Compressor supplied by limited by original manufactures warranty.	\$6,600.00	
Upgrade "Mirage" to "Oasis" Pneumatic RF (fingerless) door. Air Compressor supplied by limited by original manufactures warranty.	\$13,100.00	

### o RF Shielded Door Accessories:

Description	Price Each	Y or N
Upgrade Schlage Lockset on standard "Mirage" to AlarmLock Trilogy DL2700 T2 lockset	\$300.00	
Upgrade Schlage Lockset on standard "Mirage" to AlarmLock Trilogy PDL3000 T2 lockset	\$1,000.00	
Add EMlock with keypad or card reader on "Mirage AED35"	\$2,600.00	
Add IV Pass through to any Braden RF shielded door assembly (Not available on Oasis)	\$2,500.00	
Add Automatic operator to Braden Oasis RF shielded door assembly.	\$9,500.00	

### o RF Shielded Electrical filters:

Description	Price Each	Y or N
Ethernet filter, RJ-45, 10/100/1000Base-T/TX (Gigabit), IEEE802.3ab, SE 100db @ 10KHz-10GHz	\$1,000.00	
Ethernet filter POE, RJ-45, 10/100/1000Base-T/TX, IEEE802.3ab, SE 100db @ 10KHz-10GHz	\$1,200.00	
Nurse Call, RJ-45, 8 wire x .5A, 125VAC, pass band 0-300KHz, SE 100db @ 1.5MHz to 18GHz	\$1,500.00	

### o Ferrous Metal Detectors:

Description	Price Each	Y or N
Kopp - Ferralert "Solo" S700 Single pole screener	\$19,000.00	
Kopp - Ferralert "Halo II Plus" Ferromagnetic Portal detector	\$32,000.00	
Kopp - Ferralert "Halo II Plus" Ferromagnetic Portal detector with F.I.L.M. Incident Detector	\$38,000.00	
Kopp - Encompass LE Ferromagnetic Portal detector with Advanced F.I.L.M Incident Detector	\$40,000.00	
Metrasens Ferroguard "Screener" Single pole screener	\$16,000.00	
Metrasens Ferroguard "Centurion" Entry Control system	\$26,000.00	
Metrasens Ferroguard "Assure" Entry Control system with Safety manager tablet	\$33,000.00	

### o MRI LED Lighting:

Description	Website
Nova Automation, LED 4", 6", 8" round, 1'x4', 2'x2' flat panel, Cove lighting, Graphic ceiling	<a href="http://novaautomation.net">http://novaautomation.net</a>

NOTE: The above prices do not include any applicable taxes.

October 11, 2023

Rayus Radiology  
5775 Wayzata Blvd. Suite 190  
St. Louis Park, Mn. 55416  
Attn: Brian Harrison

**RE: Rayus/St. Luke's 3T MRI  
St. Peters, Mo  
Architect Project No. 23142**

Dear Brian,

Enclosed is our proposal for Architectural services for the for the addition of a new MRI within the existing shell space in the St. Peter's building. Work will be focused on this room and no other adjacent spaces require any work. The scope of work is outlined below.

## SERVICES

1. Field Measurement and verification of existing conditions.
2. Architectural code review and documentation.
3. MEP/FP services to be supplied by design-build contractors. Archimages will supply them with AutoCAD background drawings. A scope of their work will be outlined on the Architectural drawings.
4. Bae plans of the building will be supplied to us .
5. Perform schematic design and design development on the sketch plan sent by CDI.
6. Perform construction document services. Drawings will be completed for permit, bid, and construction. Work with and incorporate the site specific equipment drawings from your vendor into the construction documents.
7. Work with your shielding vendor to reflect the work required for installation of the shield around the MRI room.
8. We assume that interior finishes will match the existing suite.
9. Submit drawings for permit review during the bidding process.
10. Assist with contractor bidding. Review submitted shop drawings and other submittals. We will answer all contractor request for information requests during bidding and construction.
11. Perform final punch list of the project.
12. Provide as built Architectural drawings at project completion.
13. Incorporate and coordinate Tenant supplied equipment within the drawing set.

14. Document all work required by your I.T. representative.
15. Attend bi weekly construction meetings.
16. We have included a structural fee. It is unclear if we will need to remove and pour a new slab. This work can be billed against on an hourly basis.
17. We do not have included any work associated with furniture or artwork selection.
18. We do not include project scheduling or estimating.

**FEE STRUCTURE:**

Archimages proposes to perform the Architectural & structural services outlined in this proposal under a lump sum fee format.

**FEES:**

<b>Architectural Fee:</b>	<b>\$ 14,500.00</b>
<b>Structural Fee:</b>	<b>\$ 2,000.00</b>
<b>Reimbursable Budget</b>	<b>\$ 400.00</b>

Reimbursable expenses will be an additional charge of cost plus 10% and include but are not limited to printing, mileage, transportation and accommodations, long distance phone calls, photographs, courier, plots and artist renderings. Invoices are sent monthly and due upon receipt.

While the fee may be incorporated into a future contract, should the project not proceed or should a more comprehensive contract not be achieved, this agreement will be valid for work performed until the delivery of written notice of termination by either party.

Charges will be due within thirty (30) days of the invoice date. Interest will be charged on unpaid balances at the rate of one and one-half percent (1-1/2%) per month compounded monthly.

**OWNER:**

**Center for Diagnostic Imaging**  
5775 Wayzata Blvd. Suite  
St. Louis Park, Mn. 55416

**ARCHITECT:**

**Archimages, Inc.**  
143 West Clinton Place  
St. Louis, MO 63122

\_\_\_\_\_  
**By:**

\_\_\_\_\_  
**By: Jim Huber**  
**Principal**

\_\_\_\_\_  
**Date:**

10-11-23  
\_\_\_\_\_  
**Date: October 11, 2023**

February 21, 2021

Jim Huber  
Principal  
**Archimages**  
143 W Clinton Place  
Kirkwood, MO 63122

Re: **St. Luke's MRI Infill**  
**P240091**  
**Proposal to Provide Professional Engineering Services**

Dear Jim,

Horner & Shifrin, Inc. (Engineer) is pleased to submit our proposal to Archimages (Architect) to provide mechanical, electrical, plumbing, low voltage and fire protection (MEPFP) professional engineering services for the proposed St. Luke's MRI Infill at St. Peters ASC and Clinic. We understand the scope of the project includes installation of an MRI machine into one existing MRI shell space.

**MEPFP Scope of Work:**

1. Modify the existing mechanical ductwork as needed to accommodate new MRI machine loads.
2. Assume MRI manufacturer will provide new chiller for imaging equipment. Mechanical plans to show location of chiller and piping requirements.
3. Add new quench vent for MRI machine.
4. Add emergency exhaust for MRI room for cryogen gas purge.
5. Provide power to new equipment.
6. Provide lighting design in MRI room.
7. Assume no plumbing work.
8. Assume no medical gas.
9. Modify sprinkler piping as needed to accommodate new/revised ceiling layout in MRI rooms.

**SUMMARY OF BASIC SERVICES**

Our professional engineering services shall include the following phases:

**Construction Documents Phase** - This phase includes:

1. Attend 4 virtual meetings with Owner and Architect to review work progress. This meeting will be attended by one or more representatives of Engineer, depending on the agenda.
2. Perform field survey to verify existing conditions.
3. Perform a code analysis relative to MEPFP systems.
4. Attend one end user meeting to obtain final locations of low voltage devices.



5. Prepare final MEPFP engineering documents and specifications for competitive bidding.
6. Work with the Owner or end user facility engineers on the final head-end equipment selection.
7. Perform internal quality control reviews (by department managers).
8. Issue a progress set of drawings and specifications for Owner and Architect to review.
9. Attend one final review meeting with Owner and Architect.
10. Issue Construction Documents to Architect.

**Bidding and Negotiation Phase** - This phase includes:

1. Technical assistance during bidding and issuing clarifications to the bid documents by addenda through the Architect.
2. Review and respond to AHJ comments as they relate to MEPFP systems.

**Construction Phase** - This phase includes:

1. Review Contractor submittals (shop drawings).
2. Provide technical assistance to the Contractor in dealing with unforeseen conditions and respond to Contractor's Requests for Information and/or interpretations of design intent.
3. Perform a final field observation for MEPFP construction work at project completion and prepare a punch list of items found not to be in conformance with the Contract Documents.

**Post Construction Phase** - This phase includes:

1. Review Contractor-supplied record drawings, air and water balance reports, and operation and maintenance manuals.

**DELIVERABLES**

The following documents, in the following quantities, will be provided by Engineer at the end of each phase:

**Construction Documents Phase** -- One set of reproducible drawings and specifications in PDF format

**ASSUMPTIONS**

1. The Architect will provide electronic format background drawings for our use.
2. Existing power is adequate for new MRI.
3. Owner's vendor will prepare site specific plans of equipment in new location and will include all utility rough-in and heat dissipation information. Assume UPS will be provided with MRI equipment and not designed by Horner & Shifrin.
4. Revit 2023 will be utilized for project drawings.
5. Front-end specifications will be prepared by the Architect.
6. MasterSpec will be used for project specifications. Horner & Shifrin, Inc. will prepare Divisions 21 through 28 for insertion into the project manuals.
7. Fire protection design will consist of showing sprinkler head types on a reflected ceiling plan and provide design specifications describing the system design criteria.
8. Documents will include full design for fire alarm.
9. We assume a 4-month construction period for construction administration services.



### **ADDITIONAL SERVICES**

The following services are not included in Engineer's scope of work for this project, unless specifically otherwise indicated herein:

1. Owner-initiated changes to previously approved documents.
2. Issuing of early and separate bid packages in addition to the 100% Construction Document issues for bidding purposes.
3. Responding to questions from contractors and/or construction managers prior to the issuance of final bid documents.
4. Unanticipated construction administration services resulting from lengthened construction period or poor Contractor performance.
5. Preparation of detailed descriptions of alternate bids.
6. Regular site visits during construction, beyond those observation visits previously identified.
7. Preparation of Change Orders resulting from Owner- or Architect-initiated changes.
8. Fit out of the shell spaces not defined.
9. Preparation of detailed phasing plans.

### **SERVICES SPECIFICALLY NOT INCLUDED**

The following services are specifically not included in Engineer's scope of work for this project:

1. Construction cost estimating.
2. Responsibility for uncovering and correcting existing asbestos or other hazardous materials.
3. Preparation of construction contracts or review of Contractor's Pay Requests during construction.
4. Preparation of construction schedules.
5. Commissioning Services.
6. Structural Engineering Services.

### **SCHEDULE**

We are prepared to start our work on this project immediately following our signed contract. We fully expect to be able to provide our work to you within mutually agreeable time schedule.

### **ARCHITECT'S RESPONSIBILITIES**

The Architect agrees that it is their responsibility to:

1. Review documents submitted by Engineer to Architect for review, and to make decisions which affect Engineer's design work in a timely manner to avoid schedule delays.
2. Provide full information regarding requirements for the project.
3. Designate a representative authorized to act on the Architect's behalf with respect to the project.





**FEES**

Horner & Shifrin, Inc. proposes to perform the above scope of work for a total lump sum fee of Twenty-Six Thousand Dollars (\$26,000.00).

Project fee is valid until proposal is approved or until **June 30, 2024**, whichever occurs first.

Once design has commenced, the project may not be put on hold for more than 2 months without reevaluating unbilled fees.

**REIMBURSABLE EXPENSES**

Engineer shall be compensated for reimbursable expenses incurred in performance of the services described herein, over and above the lump sum fee amount stated above. Reimbursable expenses shall be invoiced at Engineer's actual cost. Reimbursable expenses include the following:

1. Reproduction of plans, specifications and other documents in quantities greater than those previously stated to be included in this Proposal as Deliverables.
2. Postage and expedited delivery services.


Engineer's fee is based on known or assumed conditions at the time of authorization. Client will be contacted for additional approval if unforeseen circumstances are encountered requiring additional work. Client will be responsible for fees up to the time of work stoppage.

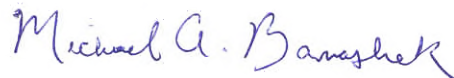
**ATTACHMENTS**

1. **Horner & Shifrin Terms & Conditions:** This document is incorporated by reference and included as part of this Letter Agreement.

We have structured this proposal in the form of a Letter Agreement, such that if this proposal is acceptable, you could retain our services for this project by executing this document and signing in the appropriate space. Please return one signed **original** to our office. We greatly appreciate the opportunity to provide this proposal and look forward to working with Archimages toward the successful completion of the project.

Respectfully Submitted,

  
 Casey Wilson, PE  
 Business Unit Leader

  
 Mike Banashek  
 Vice President

**ACCEPTED FOR Archimages:**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## **HORNER & SHIFRIN, INC. TERMS AND CONDITIONS FOR PROFESSIONAL SERVICES**

### **1. SCOPE OF SERVICES**

- A. Horner & Shifrin, Inc. (“Engineer”) will perform the services set forth in the Agreement, of which these terms and conditions are hereby made a part.

### **2. PAYMENTS TO ENGINEER**

- A. Compensation will be as stated in the attached Agreement. Statements (invoices) are payable upon receipt. A late payment charge will be added to all amounts not paid within 30 days of statement date; calculated at 1.5 percent per month from statement date. Any costs incurred by Engineer in collecting and delinquent amount, including reasonable attorney’s fees, shall be reimbursed by Client. If a portion of Engineer’s statement is disputed, the undisputed portion shall be paid by Client by the due date. Client shall advise Engineer in writing of the basis for any disputed portion of any statement.
- B. Taxes as may be imposed by Federal, state and local authorities (other than Federal and state income tax, and City of St. Louis Earnings Tax) shall be in addition to the payments due Engineer that are stated in the Agreement.

### **3. INSURANCE**

- A. During the course of performance of its services, Engineer will maintain Worker’s Compensation insurance with limits as required by statute, Professional Liability insurance with \$3,000,000 per claim and annual aggregate limit of \$3,000,000, and Commercial General Liability of \$1,000,000 each occurrence and \$2,000,000 general aggregate. Automobile Liability insurance with a combined single limits of \$1,000,000 per occurrence.
- B. If the Project involves on-site construction-phase services by the Engineer, construction contractors shall be required to provide (or Client may provide) Owner’s Protective Liability Insurance naming the Client as a Named Insured and the Engineer as an additional insured or to endorse Client and Engineer as additional insured’s on construction contractor’s liability insurance policies covering claims for personal injuries and property damage. Construction contractors shall be required to provide certificates evidencing such insurance.

### **4. INDEMNIFICATION**

- A. Client agrees to indemnify and hold harmless Engineer, Owner, and their officers, directors, members, partners, agents, consultants, and employees from reasonable claims, costs, losses, and damages arising out of or relating to the Project, provided that any such claim, cost, loss, or damage is attributable to bodily injury, sickness, disease, or death, or to damage to or destruction of tangible property, including the loss of use resulting therefrom, but only to the extent caused by any negligent act or omission of Client, its Subconsultants, or their officers, directors, members, partners, agents, or employees
- B. Engineer shall indemnify and hold harmless Client and its officers, directors, members, partners, agents, employees, and Subconsultants as required by Laws and Regulations from reasonable claims, costs, losses, and damages arising out of or relating to the Project, provided that any such claim, cost, loss, or damage is attributable to bodily injury, sickness, disease, or death, or to



damage to or destruction of tangible property, including the loss of use resulting therefrom, but only to the extent caused by any negligent act or omission of Engineer, its Subconsultants, or their officers, directors, members, partners, agents, or employees

- C. If this project involves construction, and Engineer does not provide engineering services during construction (including, but not limited to, on-site monitoring, site visits, shop drawing review and design clarifications), Client agrees to indemnify and hold harmless Engineer from any liability arising from construction of this Project or Contractor legal actions against Client.

## **5. PROFESSIONAL RESPONSIBILITY**

- A. Engineer will exercise reasonable skill, care and diligence in the performance of its services and will carry out its responsibilities in accordance with customarily accepted good professional engineering practices. No warranty, expressed or implied, is included in this Agreement or in any drawing, specification or opinion produced pursuant to this Agreement.
- B. In no event will Engineer be liable for any special, indirect or consequential damages; including, without limitation, damages or losses in the nature of increased Project costs, loss of revenue or profit, lost production, or governmental fines or penalties.
- C. The Engineer's aggregate liability for all damages connected with its services for the Project, not excluded by the preceding subparagraph, will not exceed the compensation paid for services.
- D. The obligations and remedies stated in this Paragraph 5. Professional Responsibility, are the sole and exclusive obligations of Engineer and remedies of Client, whether liability of the Engineer is based on contract, warranty, strict liability, tort (including negligence), indemnity or otherwise.

## **6. ACCESS**

- A. Client will provide access (right of entry) for Engineer's staff, its agents, sub-consultants, and others, as appropriate for this Project; and Client will be responsible for the time, place, and manner of entry upon all property where Engineer is to provide services under this Agreement. Client agrees to hold Engineer harmless from any and all liability or claims arising from such entry onto property by Engineer. Engineer will take reasonable precautions to minimize property damage; however, it is understood that some minor damage may occur; for which Engineer shall not be held responsible.

## **7. HIDDEN CONDITIONS & HAZARDOUS MATERIALS**

- A. A condition is hidden if concealed by existing finishes or if it cannot be investigated by reasonable visual observation. If the Engineer has reason to believe that such a condition may exist, the Engineer shall notify the Client who shall authorize and pay for all costs associated with the investigation of such a condition and, if necessary, all costs necessary to correct said condition. If (1) the Client fails to authorize such investigation or correction after due notification, or (2) the Engineer has no reason to believe that such a condition exists, the Client is responsible for all risks associated with this condition, and the Engineer shall not be responsible for the existing condition nor any resulting damages to persons or property. Engineer shall have no responsibility for the discovery, presence, handling, removal, disposal or exposure of persons to hazardous materials of any form.

## **8. ENVIRONMENTAL CONDITIONS**

- A. Nothing in this Agreement shall impose any responsibility or liability on Engineer for expenses, claims, or damages arising from, or in any manner related to, the presence of constituents of



environmental concern (such as, but not limited to, lead, asbestos, PCB's, RCRA-regulated substances, petroleum products, radioactive materials, or toxic substances).

## **9. ESTIMATES AND PROJECTIONS**

- A. Engineer's estimates and projections of construction costs and/or schedules, operation and maintenance costs, equipment characteristics and performance, and operating results are based on Engineer's experience, qualifications and judgment. Since Engineer has no control over weather, cost and availability of labor, material and equipment, labor productivity, construction contractor's procedures and methods, and other factors, Engineer cannot and does not guarantee the accuracy of any of Engineer's estimates and projections related to this Project.

## **10. ON-SITE SERVICES**

- A. On-site visits by Engineer during construction or equipment installation for Project, or the furnishing of on-site Project representatives, shall not make Engineer responsible for construction means, methods, techniques, sequences or procedures; for construction safety precautions or programs; or for any failure by construction contractor(s) to perform their work in accordance with the Contract Documents. To the extent required by a Proposal, Engineer will visit the site at intervals appropriate to the stage and progress of construction to observe and become generally familiar with the progress and quality of the portion of the Work completed, and to determine, generally, if the Work observed is being performed in a manner indicating that the Work, when fully completed, will be in accordance with the Contract Documents. Engineer is not providing inspections or exhaustive or continuous on-site observations or investigations to check the quality or quantity of the Work.

## **11. CHANGES**

- A. Client shall have the right to make changes within the general scope of Engineer's services, with an appropriate change in compensation, upon execution of a mutually acceptable contract amendment signed by an authorized representative of the Client and an Officer of the Engineer.

## **12. TERMINATION OR SUSPENSION**

- A. Services may be terminated by the Client or Engineer by seven (7) days' written notice in the event of substantial failure to perform in accordance with the terms hereof by the other party through no fault of the terminating party. If so terminated, Client shall pay Engineer all amounts due Engineer for all services properly rendered and expenses incurred to the date of receipt of notice of termination, plus reasonable costs incurred by Engineer in terminating the services. In addition, Client may terminate the services for Client's convenience upon payment of twenty percent of the yet unearned and unpaid lump sum or not-to-exceed fee.
- B. The provisions of this Contract have been agreed upon with the expectation of any orderly progression of the project to completion. In the event of project suspension by the Client for a period in excess of three (3) months, Engineer may (at Engineer's sole discretion) perform activities necessary to complete critical calculations, organize project files, or otherwise prepare for an orderly cessation of work; and Engineer shall be entitled to invoice Client for reasonable labor and reimbursable expenses incurred in performing such activities.

## **13. DISPUTE RESOLUTION**

- A. In an effort to resolve any conflicts that arise during the design or construction, or following completion of the Project, Client and Engineer agree that all disputes between them arising out of, or relating to, this Contract shall be submitted to non-binding mediation (unless the parties



mutually agree otherwise), thereby providing for mediation as the primary method for dispute resolution between Client and Engineer.

**14. PRINTED OR ELECTRONIC MEDIA**

- A. Client shall not make, or permit to be made, any modifications to any documents, including drawings and specifications, furnished by Engineer pursuant to this Contract, without the prior written authorization of Engineer. Client shall indemnify and hold harmless Engineer from all claims, damages, losses, and expenses (including attorney fees) arising from any modification of such documents.
- B. Electronic files transmitted by Engineer are submitted for an acceptance period of fourteen (14) calendar days. Any defects which Client discovers during this period will be reported to Engineer, and subsequently corrected by Engineer. Any corrections of defects reported after the acceptance period will be at Client's cost.
- C. Only data or work products delivered by Engineer as instruments of service with respect to this Contract in the form of hard copies may be relied upon by Client. Any electronic files furnished in respect to Engineer's services are supplied for the convenience of the Client or others. Any conclusions or information derived from such electronic files shall be at Client's sole risk, because such files can be modified by others or inadvertently corrupted.

**15. OWNERSHIP AND USE OF DOCUMENTS**

- A. All documents, including drawings and specifications, furnished by Engineer pursuant to this Contract are instruments of service; and shall remain the property of Engineer. Such documents are not intended, or represented, to be suitable for reuse by Client or others, on extensions of this Project or any other work. Any reuse without the written permission of, or adaptation by, Engineer shall be at Client's sole risk and without liability to Engineer; and Engineer shall be entitled to further compensation, at rates to be mutually agreed between Client and Engineer. The Client shall indemnify and hold harmless Engineer from all claims, damages, and expenses (including attorney fees) arising out of any unauthorized reuse.

**16. RIGHTS AND BENEFITS**

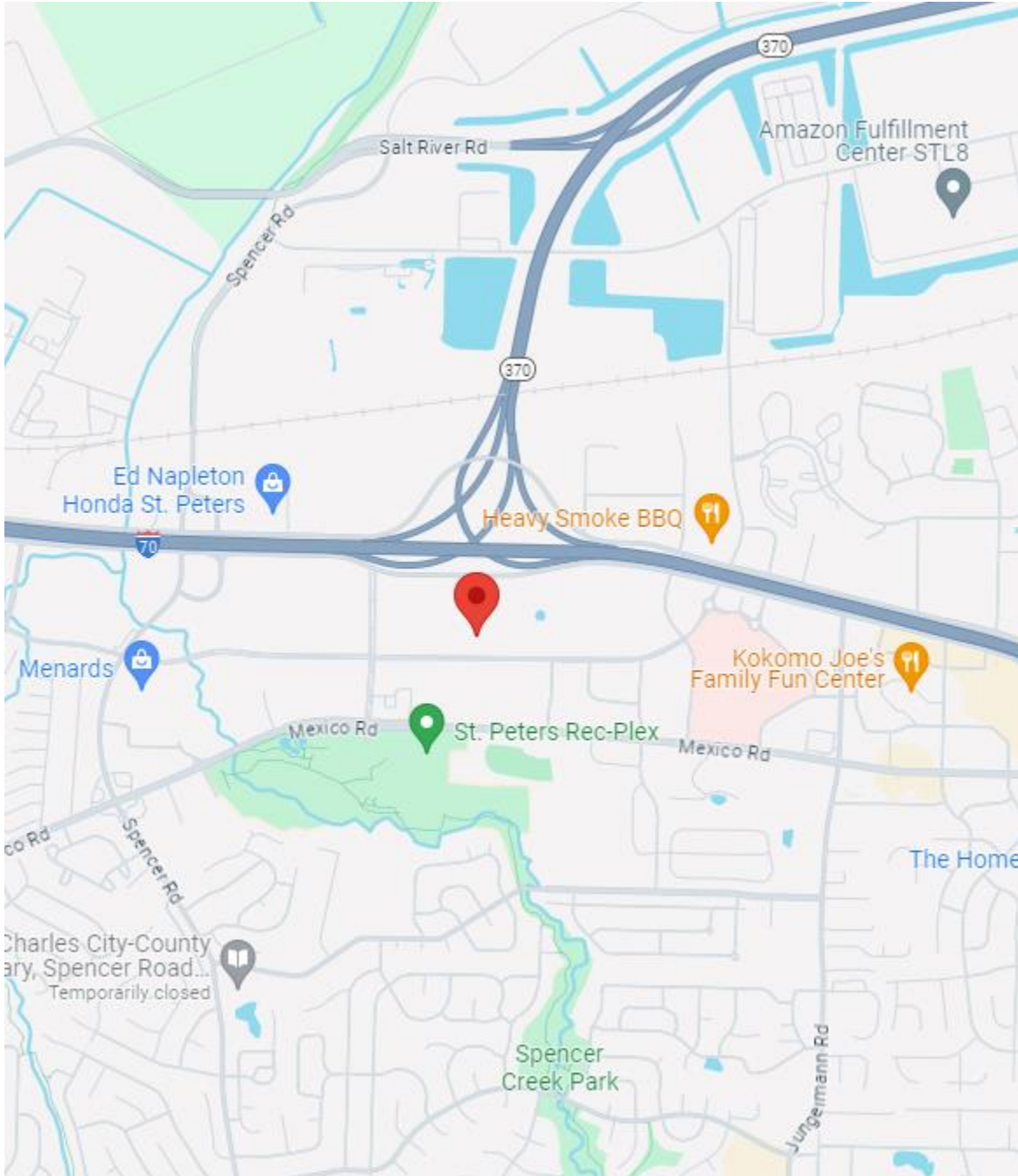
- A. Engineer's services under this Contract will be performed solely for the benefit of the Client, and not for use of other parties.

**17. ENTIRE CONTRACT**

- A. These Terms and Conditions and the related Agreement constitute the entire Contract between the Engineer and Client relative to the Engineer's services for this Project. All previous or contemporaneous agreements, representations, promises, or conditions pertaining to the Engineer's services for this project are hereby superseded.
- B. Since terms contained in purchase orders do not generally apply to professional services, in the event the Client issues to Engineer a purchase order, no preprinted terms thereon shall become part of this Contract. Said purchase order document, whether or not signed by Engineer, shall be considered solely as a document for Client's internal management purposes.
- C. This Contract may be amended, in writing, by mutual agreement between the Engineer and Client.

**END OF DOCUMENT**

**Location Map**







# ST. LOUIS POST-DISPATCH

## AFFIDAVIT OF PUBLICATION

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

Ad Number – 126278 – PO# Brown, Katrina A. – Description: St. Luke’s Center for Diagnostic Imaging, LLC

THE ATTACHED ADVERTISEMENT WAS PUBLISHED

In the St. Louis Post-Dispatch on the following date(s): 2/7/2024

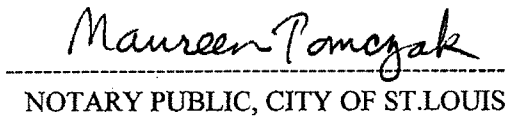
A version of the ad also appeared on STLtoday.com Starting: 2/7/2024

  
COMPANY REPRESENTATIVE

St. Luke's Center for Diagnostic Imaging, LLC d/b/a St. Luke's RAYUS Radiology has filed a Certificate of Need application seeking to add an additional MRI Unit at 5200 Executive Centre Parkway, Suite 400, St. Peters, MO 63376. Please direct any comments or questions to Richard Hill at rhill@lashlybaer.com or at 314-621-2939.

SWORN TO AND SUBSCRIBED BEFORE ME  
THIS Feb. 19, 2024

**MAUREEN TOMCZAK**  
Notary Public Notary Seal  
STATE OF MISSOURI  
St. Louis City  
My Commission Expires: Aug. 14, 2025  
Commission # 13834980

  
NOTARY PUBLIC, CITY OF ST. LOUIS

901 N. TENTH ST., ST LOUIS MO 63101

PHONE 314-340-8000





**LASHLY & BAER, P.C.**  
ATTORNEYS AT LAW

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

**MISSOURI**  
714 Locust Street  
St. Louis, MO 63101-1699  
**TEL:** 314 621.2939  
**FAX:** 314 621.6844  
*www.lashlybaer.com*

**ILLINOIS**  
20 East Main Street  
Belleville, IL 62220-1602  
**TEL:** 618 233.5587  
By Appointment Only

February 20, 2024

Mercy Hospital - Lincoln  
Attn: Administrator  
1000 East Cherry  
Troy, MO 63379

**Re: Additional MRI Unit - St. Peters - Project 6084 HS**

To Whom it May Concern:

Please be advised that St. Luke's Center for Diagnostic Imaging, LLC d/b/a St. Luke's RAYUS Radiology will submit and/or have submitted a Certificate of Need application to place an additional MRI unit at 5200 Executive Centre Parkway, Suite 400, St. Peters, MO 63376.

Sincerely,

Richard W. Hill

RWH/

**Rayus**  
**Additional MRI**  
**St. Peters Missouri**  
Facility Notice List

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
	<b>Facility Name</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>
1	Mercy Hospital - Lincoln	1000 East Cherry	Troy	63379
2	Barnes-Jewish St. Peters Hospital	10 Hospital Drive	St. Peters	63376
3	Mercy Hospital St. Louis	300 Winding Woods Drive	O'Fallon	63366
4	Open MRI of MO at St. Peters	5650 Mexico Road	St. Peters	63376
5	Open MRI of St. Charles County	4215 S. Services Road	St. Peters	63376
6	Progress West Hospital	2 Progress Point Parkway	O'Fallon	63368
7	SSM Health St. Joseph Hospital - St. Charles	300 First Capitol Drive	St. Charles	63301
8	SSM Health St. Joseph Hospital - Lake St. Louis	100 Medical Plaza	Lake St. Louis	63367
9	SSM St. Jos. Hlth. Ctr.-Wentzville	500 Medical Drive	Wentzville	63385
10	St. John's Mercy O'Fallon Imaging Ctr.	310 Winding Woods Drive	O'Fallon	63366
11	St. Joseph Medical Park	1475 Kisker Road	St. Charles	63304
12	St. Luke's Center for Diagnostic Imaging, LLC	200 Executive Centre	Parkway	63376
13	Advanced Imaging	11756 Olive Boulevard	St. Louis	63141
14	Advanced Imaging	777 N. Ballas Road, Suite 121E	St. Louis	63131
15	Advanced Imaging Ctr.	3825 S. Lindbergh Boulevard	Sunset Hills	63127
16	Arch medical Services, Inc.	12855 N. Outer 40	St. Louis	63141
17	Barnes-Jewish West Co. Hospital	12634 Olive Boulevard	Creve Coeur	63141
18	Center for Diagnostic Imaging	10333 Clayton Road	St. Louis	63131
19	Christian Hospital NE	11133 Dunn Road	St. Louis	63136
20	Christian Hospital NW Healthcare	1225 Graham Road	Florissant	63031
21	Diagnostic Health Corp.	637 Dunn Road	Hazelwood	63042
22	Florissant Open MRI	11944 New Halls Ferry Road	Florissant	63033
23	HealthSouth Diagnostic Ctr.	1001 S. Kirkwood Road	Kirkwood	63122
24	Imaging Center	235 Dunn Road	Florissant	63301
25	Imaging Partners of MO	14825 N. Outer 40 #120	Chesterfield	63017
26	Kirkwood MRI & Imaging	473 S. Kirkwood Road	Kirkwood	63122
27	Mercy Hospital South	10010 Kennerly Road	St. Louis	63128
28	Mercy Hospital - St. Louis	15945 Clayton Road	Ballwin	63011
29	Mercy Hospital St. Louis	615 S. New Ballas Road	St. Louis	63141
30	Missouri Baptist Medical Ctr.	3015 N. Ballas Road	Town & Country	63131
31	Missouri Bone & Joint Ctr.	12680 Olive Boulevard	Creve Coeur	63141
32	MRI Center of Bridgeton	12121 St. Charles Rock Road	Bridgeton	63044
33	Nydic Medical Ventures, Inc. LLC	1934 Brentwood Boulevard	St. Louis	63117
34	OpenSided MRI of St. Louis	450 N. New Ballas Road	Creve Coeur	63141
35	Ortho Sport and Spine Physicians	845 N. New Ballas Court #LL10	Creve Coeur	63141
36	Radiologic Imaging Consultants	13271 Tesson Ferry Road	St. Louis	63128
37	Signature Health Service MRI	633 Emerson Road	St. Louis	63141
38	South County Open MRI	12152 Tesson Ferry Road	St. Louis	63128
39	SpecialT MRI, LLC	1823 Smizer Station Road	Fenton	63026
40	SSM Health DePaul Hospital	12303 DePaul Drive	Bridgeton	63044
41	SSM Health St. Clare Hospital - Fenton	1015 Bowles Avenue	Fenton	63026
42	SSM Health St. Mary's - St. Louis	6420 Clayton Road	Richmond Heights	63117
43	St. John's Mercy Health System	1176 Town & Country Com.	Chesterfield	63017
44	St. John's Mercy-Hazelwood Rad	801 Hazel W. Drive, Suite 400	Hazelwood	63042
45	St. John's Mercy-Old Tesson Ferry	12348 Old Tesson Ferry Road	St. Louis	63128
46	St. Louis Children's Hospital	13001 North Outer Forty	St. Louis	63131
47	St. Louis Children's Hospital	5114 Midamerica Plaza	St. Louis	63129
48	St. Louis Diagnostics	1308 Brentwood	Richmond Heights	63117

**Rayus**  
**Additional MRI**  
**St. Peters Missouri**  
 Facility Notice List

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
	<b>Facility Name</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>
<b>49</b>	St. Luke's Ctr. for Diag. Imaging	#6 McBride & Sons Corp. Ctr. Dr	Chesterfield	63005
<b>50</b>	St. Luke's Des Peres Hospital	2345 Dougherty Ferry Road	St. Louis	63122
<b>51</b>	St. Luke's Hospital	232 S. Woods Mill Road	Chesterfield	63017
<b>52</b>	St. Luke's Outpatient Center	121 St. Luke's Center Drive	Chesterfield	63017
<b>53</b>	Sunset Hills MRI	3555 Sunset Office Drive	Sunset Hills	63633
<b>54</b>	Town & Country Open MRI	1083 Woods Mill Road	Chesterfield	63017
<b>55</b>	Vet Affairs Med. Ctr. - St. Louis	915 North Grand	St. Louis	63125
<b>56</b>	Yates Imaging, Inc.	15409 Clayton Road	Ballwin	63011

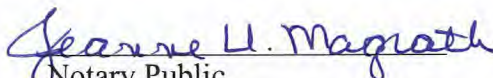
**Attestation of Compliance**

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 applications submitted to the Missouri Health Facilities Review Committee by St. Luke's Center for Diagnostic Imaging, LLC d/b/a St. Luke's RAYUS Radiology for the addition of a MRI unit at its existing St. Peters location by letter dated February 20, 2024.

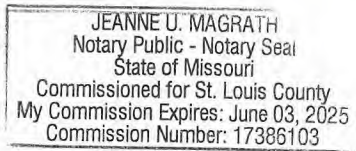
Signature: 

Date: 2/20/24

I, Jeanne Magrath, 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.

  
Notary Public

Date: 2/20/24



**DIVIDER III**

**COMMUNITY NEED CRITERIA AND STANDARDS**

### **DIVIDER III. COMMUNITY NEED CRITERIA AND STANDARDS**

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

Not applicable.

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

Not applicable.

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

The optimal utilization standard for MRI units is 3,000 scans per year. Accordingly, the CON regulations anticipate a unit that is utilized 9,000 times in the most recent three years is sufficiently utilized. The initial MRI unit at the St. Peters location was first used in August of 2022. Since that time, the Applicant has completed 7,408 scans (just 1,595 shy of the three-year requirement), as follows:

2022 – 1,865 scans;  
2023 – 5,076 scans; and  
2024 – 467 scans in January 2024.

The Applicant anticipates its monthly utilization in 2024 to at least reflect its January 2024 utilization (i.e., ~450 scans per month). Accordingly, the Applicant anticipates that it will meet the 9,000 scan, three-year standard by mid-May, 2024. That is, the Applicant anticipates that it will meet the three-year standard in approximately 22 months.

- 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.**

Not applicable.

**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 are determined in the same manner as charges for the existing MRI unit. Generally, the Applicant reviews existing payor policies for imaging and the competitive market, and then structures its charges accordingly.

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

See attached Financial Assistance Policy.

February 9, 2024

*Mike Siurek  
Senior Vice President  
Banc of America Public Capital Corp  
Phone: 872-222-3212  
Michael.siurek@baml.com*

Missouri Certificate of Need Program  
920 Wildwood Drive  
Jefferson City, MO 65109

Re: St. Luke's Center for Diagnostic Imaging, LLC

To whom it may concern:

Banc of America Public Capital Corp ("BAPCC"), on behalf of Banc of America Leasing & Capital, LLC ("BALCAP") is pleased to continue our equipment/imaging center financing program and provide this letter for the St. Luke's Center for Diagnostic Imaging, LLC (the "Borrower"). Total project/financing of \$2,600,000, which includes the financing of a Siemens Magnetom Lumina MRI system and miscellaneous equipment. The financing would be via five (5) year loan utilizing an existing Master Financing Agreement.

This letter includes only a brief description of the principal terms of the proposed transaction, are intended for discussion purposes only, and are subject to the satisfactory completion of BALCAP's credit, legal and investment approval process.

Very truly yours,  
**BANC OF AMERICA PUBLIC CAPITAL CORP**

*Michael Siurek*

Michael Siurek

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Project Title:** St. Luke's RAYUS Radiology - Addition **Project #:** 6084 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.

	<b>Year</b>		
	<u>2022</u>	<u>2023</u>	<u>0</u>
<b>Amount of Utilization:*</b>	1,865	5,076	0
<b>Revenue:</b>			
Average Charge**	\$435	\$435	\$0
Gross Revenue	\$811,275	\$2,208,060	\$0
Revenue Deductions	51,573	128,953	0
Operating Revenue	759,703	2,079,107	0
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$759,703</b>	<b>\$2,079,107</b>	<b>\$0</b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	85,280	204,672	0
Fees	114,915	317,141	0
Supplies	30,642	83,399	0
Other	8,904	22,344	0
<b>TOTAL DIRECT</b>	<b>\$239,741</b>	<b>\$627,556</b>	<b>\$0</b>
Indirect Expenses			
Depreciation	52,550	126,120	0
Interest***	12,377	86,180	0
Rent/Lease	93,210	223,703	0
Overhead****	1,766	4,239	0
<b>TOTAL INDIRECT</b>	<b>\$159,903</b>	<b>\$440,242</b>	<b>\$0</b>
<b>TOTAL EXPENSES</b>	<b>\$399,644</b>	<b>\$1,067,798</b>	<b>\$0</b>
<b>NET INCOME (LOSS):</b>	<b>\$360,059</b>	<b>\$1,011,309</b>	<b>\$0</b>

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

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

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

\*\*\*\*Indicate how overhead was calculated.

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Project Title:** St. Luke's RAYUS Radiology - Addition **Project #:** 6084 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.

	<b>Year</b>		
	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
<b>Amount of Utilization:*</b>	7,458	8,459	8,592
<b>Revenue:</b>			
Average Charge**	\$435	\$435	\$435
Gross Revenue	\$3,244,230	\$3,679,665	\$3,737,520
Revenue Deductions	168,953	193,953	196,953
Operating Revenue	3,075,277	3,485,712	3,540,567
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$3,075,277</b>	<b>\$3,485,712</b>	<b>\$3,540,567</b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	413,988	426,448	434,978
Fees	486,018	624,023	656,640
Supplies	122,535	138,981	141,167
Other	21,752	23,043	23,457
<b>TOTAL DIRECT</b>	<b>\$1,044,293</b>	<b>\$1,212,496</b>	<b>\$1,256,242</b>
Indirect Expenses			
Depreciation	492,120	492,120	492,120
Interest***	146,180	134,180	121,180
Rent/Lease	282,872	282,872	282,872
Overhead****	17,439	14,439	14,643
<b>TOTAL INDIRECT</b>	<b>\$938,611</b>	<b>\$923,611</b>	<b>\$910,815</b>
<b>TOTAL EXPENSES</b>	<b>\$1,982,904</b>	<b>\$2,136,107</b>	<b>\$2,167,057</b>
<b>NET INCOME (LOSS):</b>	<b>\$1,092,373</b>	<b>\$1,349,605</b>	<b>\$1,373,510</b>

\*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.

***PATIENT FINANCIAL SERVICES***

***Policy and Procedure Manual***  
***Self-Pay Collections***

***Charity (Financial Assistance)***

**Financial Reporting Assertion:** Valuation, Completeness, and Existence

**Financial Reporting Control:** Authorization  
Exception/Edit Report  
Management Review  
Key Performance Indicator

**Policy Number:** 5.

**Effective Date:** 2/03

**Approval:** Marti Klutho

**Date Reviewed/Revised:** 11/2023

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**Objective:** To provide financial assistance on medical bills to residents of the community who are uninsured or underinsured and do not have adequate financial resources to pay for necessary healthcare services provided by St. Luke's Hospital

**Description of Internal Control:** Charity is defined as the demonstrated inability of a patient to pay, versus bad debt, which is defined as the unwillingness of the patient to pay. The financial status of a patient is determined through the financial assistance application process and/or from results obtained from Experian to distinguish between charity and bad debt.

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, co-insurance or copayments.
- Persons whose income is sufficient to pay for basic living costs but not medical care, and also, 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 on the basis of 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 and 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.

To review a list of physicians who are covered under St. Luke's Hospital's Financial Assistance policy, refer to Exhibit #21. To review a list of physicians on St. Luke's Medical Staff who are not covered under St. Luke's Hospital's financial Assistance policy, refer to Exhibit #22.

Hospital personnel are expected to keep all information contained in the financial assistance application/Experian results confidential. Information obtained is considered "protected health information" under HIPAA.

Charity care discounts will not be applied to patient convenience items, cosmetic procedures or services provided that are not medically necessary. This includes patients who are eligible for Medicaid or other indigent care programs. ***(Ovarian tissue freezing and ovarian tissue transplants are covered for cancer patients only.)***

Determination 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. Patients may apply for Financial Assistance at any time before, during or after their care and up to 240 days after their initial bill.

A family member or estate executor may apply for financial assistance on behalf of a deceased patient.

If there is a change in financial circumstances within a six-month period, an updated or new financial 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 or 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.

St. Luke's Hospital limits the amount charged for emergency and medically necessary care provided to patients who are eligible for financial assistance under this policy. Patients without insurance will automatically receive a discount of 40% on billed charges and are eligible for financial assistance.

### **Applications:**

Patients may request an application for financial assistance through Social Services, Customer Service 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. Applications are available free of charge by mail, phone or on our website. Applications are also available in Spanish, Bosnian, Korean and Chinese and interpreters are available free of charge.

Applications should be submitted complete and accurate. The application requires proof of income such as tax return, SSI, paycheck stubs, etc. for all adults in the household. Depending on the circumstances, additional documentation such as, but not limited to, household bills, child support, alimony, declaration of income/supporter or other evidence to support financial need may be requested. 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.

Patients who express their inability to pay their hospital bills can verbally communicate their responses to the application over the phone with a Financial Counselor or face to face with Social Services. The patient will verify the responses as documented on the application and will attest to the accuracy of the information documented. Patients are expected to submit the required documentation to support the application. Balances between \$1,500 and \$2,500 will require a completed application with supporting documentation to assess the patient's income and assets.



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 children in uninsured and low- income households.

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 hospital 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 [www.stlukes-stl.com](http://www.stlukes-stl.com).

#### Verification of Need:

Verification of income must be provided and included with the financial assistance application (Exhibit #1) or Experian response indicating income, HCS score and family size. Acceptable verification includes the prior year's tax return and one of the following: three months of current pay stubs, written verification of wages from the employer, an unemployment letter, a social security check, or a disability check. Patients may be required to submit a signed Form 4506-T (Request for Transcript of Tax Return) which will allow St. Luke's Hospital the ability to verify that the tax return that was submitted with the financial assistance application was filed with the IRS. If upon receipt of the application, all the required documentation is not received, a follow-up letter will be mailed requesting the additional information needed to complete the processing of the application (Exhibit #2). Undocumented patients who are unable to provide a tax return, must be able to provide proof of residency, i.e.: lease/mortgage statement, copy of utility bill in their name or property tax receipt along with a non-UW passport or immigration card and proof of income such as three-consecutive months paycheck stubs and/or W2's for all adults in the household.

In the event the materials provided by a patient for financial assistance require a deeper, less objective review, a committee of St. Luke's staff from Finance, Ethics and Social Services will convene to discuss the individual case. This committee will meet as necessary, and the decision of the committee will be final unless the patient's circumstances change and warrant further discussion.

There are instances when a patient may appear eligible for financial assistance, but there is no application or supporting documentation on file. In these instances, patients may be eligible for presumptive financial assistance. St. Luke's Hospital may also use outside agencies in determining estimated income amounts for the basis of determining charity care eligibility. If the patient's balance is \$10,000 or more, charity discounts may be awarded per management discretion.

Determination:

The following factors will be considered when determining the amount of financial assistance for which a patient will be eligible:

- Results obtained from Experian
- Consider individual or family net worth including all liquid and non-liquid assets owned less liabilities and claims against assets.
- Consider employment status along with future earning potential.
- Consider family size.
- Evaluate other financial obligations including living expenses and other items of a reasonable and necessary nature.
- Consider the frequency of hospital and other healthcare/medication related bill(s).
- May include a review of the patient’s outstanding accounts receivable for prior services rendered and the patient’s payment history.
- If a person lives with a family, determination will include the income of all family members/adults living in the household.
- If a patient does not have Medicaid but might qualify, he/she must cooperate with the application process and apply for Medicaid (Exhibit #3). If Medicaid is denied, the application will then be considered for financial assistance.
- If the patient has Medicare but no secondary coverage and income is at or below the (FPG) Federal Poverty Guideline, the patient must apply for Medicaid before a financial assistance determination can be made.
- To qualify for financial assistance, gross income generally should be at or below 400% of the FPG with consideration to family size and geographic location. Information regarding FPG can be found on the Federal Register website: <https://aspe.hhs.gov/poverty-guidelines>.

2023 Federal Poverty Guidelines

<u>Family Size</u>	<u>2023 Maintenance Need – 100%</u>
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280

Add \$5,140 for each additional family member

Patients with a balance due greater than \$10,000 may be considered for financial assistance if their income exceeds 400% of the FPG, at the discretion of management.

- The dollar amount of financial assistance granted is normally based on a sliding scale from 25% to 100% of the total balance due, based on income as a percentage of FPG and the total balance owed compared to income. (Refer to the Financial Assistance Matrix for St. Luke's Hospital, Exhibit #18.)
- If the patient discloses assets that show an ability to pay for patient share owed, the percentage of financial assistance of the patient qualifies for on the St. Luke's Charity Matrix may be reduced, based on the availability of resources that could be used to pay for their bills.

Presumptive Financial Assistance Eligibility:

There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file or a 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. To assist in making an eligibility determination, St. Luke's may rely on results from screening software that reports the patient's financial details and demographic data. St. Luke's Hospital may also use outside agencies in determining estimate income amounts for the basis of determining charity care eligibility and potential discount amounts.

1. State-funded prescription programs
2. Homeless or received care from a homeless clinic
3. Participation in Women, Infants and Children programs (WIC)
4. Food Stamp eligibility
5. Subsidized school lunch program eligibility
6. Eligibility for other state or local assistance programs that are unfounded (e.g., Medicaid spend-down)
7. Low income/subsidized housing is provided as a valid address
8. Patient is deceased with no known estate

Patient balances that remain unpaid/unresolved, will be screened for presumptive financial assistance eligibility at the time they are flagged for bad debt. Balances of \$1,500 to \$2,500 will not be screened and will require an application to determine financial assistance eligibility.

Surrey Place Patients:

All Surrey Place residents occupy a licensed skilled bed and may or may not receive FAP-eligible services during their stay. Therefore, the determination of eligibility of services that qualify for financial assistance will be determined by the Director of Nursing and/or Social Worker, the Executive Director of Surrey Place, and the St. Luke's Hospital, SR VP/NETWORK CNO based on a thorough review of services rendered. All residents meeting minimum qualifications that submit an application for financial assistance will be referred to the Executive Director no less than monthly for review.

### Adjustment Codes:

Financial Assistance adjustments will be adjusted to the appropriate Charity Adjustment codes.  
(Exhibit #19)

### Follow-up:

Patients approved for financial assistance will receive the charity percentage awarded for a period of 6 months after the determination. At the time a patient is approved for financial assistance, the month when the patient is approved, and the % of award are entered in the user-defined fields called "Charity Determination". Accounts are then adjusted with an adjustment code that identifies that the adjustment is done based on a previous financial assistance approval. This is tracked and identified on the monthly Charity report. Patients who are awarded a discount with an application or through presumptive financial assistance are sent a letter letting them know of the adjustment. A patient's eligibility may be re-evaluated when any of the following occur:

- Subsequent rendering of services after the six-month period.
- Income change
- Family size change
- When any portion of the patient's account is written off as a bad debt or is in collections.

Upon sending a financial assistance application to a patient, all outstanding accounts for the application will be placed on the charity follow-up cycle to allow adequate time for the application to be processed.

Financial Assistance applications will be reviewed, and a determination will be made within fourteen business days from receipt of all appropriate information.

Patient Financial Services (PFS) will be responsible for retaining approved applications for seven years and notifying patients in writing, regarding approval (Exhibits #4-#9 or #11 - #16) or denial (Exhibit #10). The above documentation will be scanned and retained into Cerner. This information is accessible by the Business Analyst and/or management staff in the Patient Financial Services Department only.

A denial may be appealed if the patient provides supporting documents proving an inability to pay that were not part of the initial consideration.

In some circumstances, usually when disposable income is limited or when a patient is on a low fixed income, a patient may be given a 100% discount but will be asked to make a "token payment". This amount will be based

on the size of the patient's bill and what St. Luke's Hospital feels the patient can afford to pay. The manager or Director of PFS will determine the amount of the token payment.

### Uninsured Patients Billing Practices

The first statement sent to an uninsured patient will reflect a self pay discount in the amount of 40%). 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. The primary collection agencies will return accounts after 18 months with no collection activity. The secondary collection agencies will return accounts after 36 months with no collection activity.

**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.**

### Communication of Financial Assistance Policy:

All staff, including registration, support, clinical, and professional, will be informed of the financial assistance and discount policies and should be able to discuss basic information about the policies with the patient. Additional information or questions can be directed to PFS. The Hospital Website Financial Assistance Policy (Exhibit #17) and Hospital Information Booklet have been updated to include information regarding the Financial Assistance Policy.

### Medicare Cost Report:

The following adjustment codes are used when an account is returned from the collection agency for Medicare bad debt accounts and are excluded from Medicare charity care reporting. Balances will be reviewed to ensure that only coinsurance/deductibles are included on the report.

3905 – Bad Debt Adjustment (Medicare BD uncollectible)

3514 – Medicaid Crossover

3304 – Charity App Previously Approved AR

3315 – Charity App Previously Approved BD

3302 – Charity App AR

3312 – Charity App BD

**Frequency of Control:** Daily as applications are received

Monthly - Management review of reports compiled by the Business Analyst that indicate the total number of accounts and dollars awarded and denied financial assistance.

**Who is control performed by:** Business Analyst with assistance from Manager as needed

**Who has overall responsibility:** Director, Patient Financial Services

**Evidence of Review:** This policy will be re-evaluated each calendar year. An annual audit will be performed to determine if the policy is appropriate. The audit will include patients who were denied financial assistance and sent to Bad Debt to ensure we are identifying and assisting as many under-resourced patients as possible prior to their accounts being referred to Bad Debt.

**Exceptions:**

None

**Attachments:**

Exhibit #1: Financial Assistance Application – Patient Requesting Application

Exhibit #2: Letter needing additional information

Exhibit #3: Letter to patient re: Medicaid

Exhibit #4: Letter approving a 100% charity discount

Exhibit #5: Letter approving a 90% charity discount

Exhibit #6: Letter approving a 75% charity discount

Exhibit #7: Letter approving a 50% charity discount

- Exhibit #8: Letter approving a 40% charity discount
- Exhibit #9: Letter approving a 25% charity discount
- Exhibit #10: Letter denying financial assistance
- Exhibit #11: Letter approving a 100% charity discount through Experian
- Exhibit #12: Letter approving a 25% charity discount through Experian
- Exhibit #13: Letter approving a 40% charity discount through Experian
- Exhibit #14: Letter approving a 50% charity discount through Experian
- Exhibit #15: Letter approving a 75% charity discount through Experian
- Exhibit #16: Letter approving a 90% charity discount through Experian
- Exhibit #17: Hospital Website Financial Policy for St. Luke's Hospital
- Exhibit #18: Financial Assistance Matrix
- Exhibit #19: Charity Adjustment Codes
- Exhibit #20: Financial Assistance Application worksheet
- Exhibit #21: List of providers covered under St. Luke's Financial Assistance Policy
- Exhibit #22: List of providers not covered under St. Luke's Financial Assistance Policy



**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 within 14 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**

<b>PATIENT NAME</b>	
<b>DOB</b>	
<b>CURRENT STREET ADDRESS</b>	
<b>CITY/STATE/ZIP</b>	
<b>TELEPHONE #</b>	
<b>SOCIAL SECURITY NUMBER/ITIN</b>	

**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.

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

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**APPLICATION FORM cont'd**

**SECTION 3: BANKING, NON-RETIREMENT INVESTMENTS, AND OTHER ASSETS**

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

**St. Luke's  
HOSPITAL**

232 S. Woods Mill Road  
Chesterfield, MO 63017

Exhibit #2

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Dear Mr./Mrs. \_\_\_\_\_ :

Re:	Account	Date of	
<u>Patient Name</u>	<u>Number</u>	<u>Service</u>	<u>Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

We are in receipt of your request for financial assistance. However, we are unable to make a determination based on the limited information that you have provided us. For us to make an informed decision, the following information **must be returned within (10) business days**.

- A complete, **signed** copy of your Federal Income Tax Return for all adults living in the household from the previous year including all schedules, forms and W-2s.
- Proof of non-filing needs to be obtained by calling the IRS at 1-800-829-1040 and requesting Form 4506-T if taxes if you are not required to file a Federal tax return.
- Proof of income: include copies of two paycheck stubs, proof of amounts paid out from pension, IRA or annuities from previous year.
- Proof of benefits from Social Security, Disability, Welfare, etc.
- A copy of your divorce decree or proof of legal separation - showing proof of alimony and/or child support
- How are your housing needs met – proof of food stamps, temporary assistance, etc

**Your application for Financial Assistance cannot be processed unless all information requested has been provided. Document provided to St. Luke's Hospital will not be returned, so please do not send originals.** This information will be kept confidential and will allow us to do an initial assessment of your qualifications. We will notify you in writing within 30 days with a determination or if additional information is needed. If financial assistance is granted, please be advised that we may share information with other health care providers regarding total charges and the percentage of discount that has been awarded.

If you have any questions, please call our Customer Service Department at 314-576-8100 or toll free at 1-888-924-9200, Monday–Friday, 8:30 A.M.– 5:00 P.M. An addressed envelope is enclosed for your convenience.

Very truly yours,  
Financial Assistance Committee

# St. Luke's HOSPITAL

232 S. Woods Mill Road  
Chesterfield, MO 63017

Exhibit #3

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Dear Mr./Mrs. \_\_\_\_\_:

Re:	<u>Account</u> <u>Number</u>	<u>Date of</u> <u>Service</u>	<u>Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

St. Luke's Hospital's Financial Assistance Program is designed to cover hospital services that cannot be covered by any other payor. We have reason to believe that your services may be covered under the Medicaid Program.

Attached, you will find an application for Medicaid and an Authorized Representative Form which allows St. Luke's to contact the State of Missouri on your behalf and to assist you with the application process.

If you choose not to apply for Medicaid, your application for financial assistance will not be processed, and you will need to remit payment for your services.

Please call the Customer Service Department at 314-576-8100 or toll free at 1-888-924-9200, Monday-Friday, 8:30 A.M.- 5:00 P.M., if you have any further questions or need to set up a payment plan.

Very truly yours,

Financial Assistance Committee



232 S. Woods Mill Road  
Chesterfield, MO 63017

Exhibit #4

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

Re:

<u>Patient Name</u>	<u>Account Number</u>	<u>Date of Service</u>	<u>Previous Balance</u>	<u>Current Balance</u>
_____	_____	_____	\$ _____	\$00.00
_____	_____	_____	_____	00.00

We have carefully reviewed your application for financial assistance and have determined that you meet St. Luke's Hospital's established guidelines for a discount of 100%. Your account(s) has been adjusted to a zero balance. Determinations for eligibility of full or partial financial assistance will remain valid for six months from the date of determination. Discounts will be applied to all necessary hospital services, as well as to current episodes of care and unpaid balances.

If you have any questions, please call the Customer Service Department at 314-576-8100 or toll free at 1-888-924-9200, Monday-Friday, 8:30 A.M.- 5:00 P.M.

Very truly yours,

Financial Assistance Committee



232 S. Woods Mill Road  
Chesterfield, MO 63017

Exhibit #5

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

Re:	Account	Date of	Previous		Current
<u>Patient Name</u>	<u>Number</u>	<u>Service</u>	<u>Balance</u>	<u>Adjustment</u>	<u>Balance</u>

We have carefully reviewed your application for financial assistance and have determined that you meet St. Luke’s Hospital’s established guidelines for a discount of 90%.

The remaining balance may be paid as follows: Cash, personal check or money order. Major credit cards: American Express, Discover, MasterCard, or Visa.

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

If you have any questions, or would like to set up a payment plan, please call our Customer Service Department, at 314-576-8100 or toll free at 1-888-924-9200, Monday–Friday, 8:30 A.M.– 5:00 P.M. If you pay by check or money order, please include your account number on the check or money order.

Very truly yours,

Financial Assistance Committee



232 S. Woods Mill Road  
Chesterfield, MO 63017

*Exhibit 6*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

Re:	Account	Date of	Previous		Current
<u>Patient Name</u>	<u>Number</u>	<u>Service</u>	<u>Balance</u>	<u>Adjustment</u>	<u>Balance</u>

We have carefully reviewed your application for financial assistance and have determined that you meet St. Luke's Hospital's established guidelines for a discount of 75%.

The remaining balance may be paid as follows: Cash, personal check or money order. Major credit cards: American Express, Discover, MasterCard, or Visa.

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

If you have any questions, or would like to set up a payment plan, please call our Customer Service Department, at 314-576-8100 or toll free at 1-888-924-9200, Monday–Friday, 8:30 A.M.– 5:00 P.M. If you pay by check or money order, please include your account number on the check or money order.

Very truly yours,

Financial Assistance Committee





232 S. Woods Mill Road  
Chesterfield, MO 63017

*Exhibit #7*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

Re:	Account	Date of	Previous		Current
<u>Patient Name</u>	<u>Number</u>	<u>Service</u>	<u>Balance</u>	<u>Adjustment</u>	<u>Balance</u>

We have carefully reviewed your application for financial assistance and have determined that you meet St. Luke’s Hospital’s established guidelines for a discount of 50%.

The remaining balance may be paid as follows: Cash, personal check or money order. Major credit cards: American Express, Discover, MasterCard, or Visa.

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

If you have any questions or would like to set up a payment plan, please call our Customer Service Department, at 314-576-8100 or toll free at 1-888-924-9200, Monday–Friday, 8:30 A.M.– 5:00 P.M. If you pay by check or money order, please include your account number on the check or money order.

Very truly yours,

Financial Assistance Committee



232 S. Woods Mill Road  
Chesterfield, MO 63017

*Exhibit #8*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

Re:	Account	Date of	Previous		Current
<u>Patient Name</u>	<u>Number</u>	<u>Service</u>	<u>Balance</u>	<u>Adjustment</u>	<u>Balance</u>

We have carefully reviewed your application for financial assistance and have determined that you meet St. Luke's Hospital's established guidelines for a discount of 40%.

The remaining balance may be paid as follows: Cash, personal check or money order. Major credit cards: American Express, Discover, MasterCard, or Visa.

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

If you have any questions or would like to set up a payment plan, please call our Customer Service Department, at 314-576-8100 or toll free at 1-888-924-9200, Monday–Friday, 8:30 A.M.– 5:00 P.M. If you pay by check or money order, please include your account number on the check or money order.

Very truly yours,

Financial Assistance Committee



232 S. Woods Mill Road  
Chesterfield, MO 63017

*Exhibit # 9*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

Re:	Account	Date of	Previous		Current
<u>Patient Name</u>	<u>Number</u>	<u>Service</u>	<u>Balance</u>	<u>Adjustment</u>	<u>Balance</u>

We have carefully reviewed your application for financial assistance and have determined that you meet St. Luke's Hospital's established guidelines for a discount of 25%.

The remaining balance may be paid as follows: Cash, personal check or money order. Major credit cards: American Express, Discover, MasterCard, or Visa.

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

If you have any questions or would like to set up a payment plan, please call our Customer Service Department, at 314-576-8100 or toll free at 1-888-924-9200, Monday–Friday, 8:30 A.M.– 5:00 P.M. If you pay by check or money order, please include your account number on the check or money order.

Very truly yours,

Financial Assistance Committee



232 S. Woods Mill Road  
Chesterfield, MO 63017

Exhibit #10

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Dear Mr./Mrs. \_\_\_\_\_:

Re:	<u>Account</u>	<u>Date of</u>	
<u>Patient Name</u>	<u>Number</u>	<u>Service</u>	<u>Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

We have carefully reviewed your application for financial assistance and have determined that you do not meet St. Luke's Hospital's established guidelines for a discount because your income and/or resources exceed the Federal Poverty Guidelines.

The balance may be paid by cash, check or credit card. We accept Visa, MasterCard, Discover and American Express. To pay by phone, please call Customer Service at 314-576-8100 between the hours of 8:30-a.m. and 5:00 p.m. Monday through Friday.

For your convenience, pay online by clicking "Pay your Bill" at: [www.stlukes-stl.com/pay](http://www.stlukes-stl.com/pay)

Make checks payable and remit payment to: St. Luke's Hospital, P.O. Box 505463, St. Louis, MO 63150-5463.

Very truly yours,  
Financial Assistance Committee



232 S. Woods Mill Road  
Chesterfield, MO 63017

Exhibit 11

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

Re:	Account	Date of	Previous		Current
<u>Patient Name</u>	<u>Number</u>	<u>Service</u>	<u>Balance</u>	<u>Adjustment</u>	<u>Balance</u>

As a part of St. Luke's Hospital's mission, our Financial Assistance Committee is reaching out to help eligible persons receive health care at no charge or at a reduced rate. St. Luke's Hospital has implemented a screening process that identifies patients who are likely to qualify for financial assistance. The screening process is information obtained from a third party and takes into consideration household income, family size, and the Federal Poverty Guidelines. As a result, we have determined that you are eligible for 100% assistance. Your account balance has been adjusted to reflect this discount. Determinations for eligibility for full or partial financial assistance will remain valid for six months from the date of determination for all necessary hospital services and will be applied to current episodes of care and unpaid balances.

If you have any questions, please call our Customer Service Department at 314-576-8100 or toll free at 1-888-924-9200 Monday-Friday, 8:30 A.M. - 5:00 P.M.

Very truly yours,

Patient Financial Services



232 S. Woods Mill Road  
Chesterfield, MO 63017

Exhibit 12

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

Re:	Account	Date of	Previous		Current
<u>Patient Name</u>	<u>Number</u>	<u>Service</u>	<u>Balance</u>	<u>Adjustment</u>	<u>Balance</u>

As part of St. Luke's Hospital's mission, our Financial Assistance Committee is reaching out to help eligible persons receive health care at no charge or at a reduced rate. St. Luke's Hospital has implemented a screening process that identifies patients who are likely to qualify for financial assistance. The screening process is information obtained from a third party and takes into consideration household income, family size, and the Federal Poverty Guidelines. As a result, we have determined that you are eligible for 25% assistance. Your account balance has been adjusted to reflect this discount. Determinations for eligibility for full or partial financial assistance will remain valid for six months from the date of determination for all necessary hospital services and will be applied to current episodes of care and unpaid balances. If you would like to be considered for a larger discount, please complete the enclosed application for financial assistance within the next 30 days.

If you have any questions, please call our Customer Service Department, at 314-576-8100 or toll free at 1-888-924-9200, Monday-Friday, 8:30 A.M. - 5:00 P.M.

Very truly yours,

Patient Financial Services



232 S. Woods Mill Road  
Chesterfield, MO 63017

Exhibit 13

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dear \_\_\_\_\_:

Re:	Account	Date of	Previous		Current
<u>Patient Name</u>	<u>Number</u>	<u>Service</u>	<u>Balance</u>	<u>Adjustment</u>	<u>Balance</u>

As part of St. Luke's Hospital's mission, our Financial Assistance Committee is reaching out to help eligible persons receive health care at no charge or at a reduced rate. St. Luke's Hospital has implemented a screening process that identifies patients who are likely to qualify for financial assistance. The screening process is information obtained from a third party and takes into consideration household income, family size, and the Federal Poverty Guidelines. As a result, we have determined that you are eligible for 40% assistance. Your account balance has been adjusted to reflect this discount. Determinations for eligibility for full or partial financial assistance will remain valid for six months from the date of the determination for all necessary hospital services and will be applied to current episodes of care and unpaid balances. If you would like to be considered for a larger discount, please complete the enclosed application for financial assistance within the next 30 days.

If you have any questions, please call our Customer Service Department, at 314-576-8100 or toll free at 1-888-924-9200, Monday-Friday, 8:30 A.M. - 5:00 P.M.

Very truly yours,

Patient Financial Services



232 S. Woods Mill Road  
Chesterfield, MO 63017

Exhibit 14

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

Re:	Account	Date of	Previous		Current
<u>Patient Name</u>	<u>Number</u>	<u>Service</u>	<u>Balance</u>	<u>Adjustment</u>	<u>Balance</u>

As part of St. Luke's Hospital's mission, our Financial Assistance Committee is reaching out to help eligible persons receive health care at no charge or at a reduced rate. St. Luke's Hospital has implemented a screening process that identifies patients who are likely to qualify for financial assistance. The screening process is information obtained from a third party and takes into consideration household income, family size, and the Federal Poverty Guidelines. As a result, we have determined that you are eligible for 50% assistance. Your account balance has been adjusted to reflect this discount. Determinations for eligibility for full or partial financial assistance will remain valid for six months from the date of the determination for all necessary hospital services and will be applied to current episodes of care and unpaid balances. If you would like to be considered for a larger discount, please complete the enclosed application for financial assistance within the next 30 days.

If you have any questions, please call our Customer Service Department, at 314-576-8100 or toll free at 1-888-924-9200, Monday-Friday, 8:30 A.M. - 5:00 P.M.

Very truly yours,

Patient Financial Services





232 S. Woods Mill Road  
Chesterfield, MO 63017

Exhibit 15

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

Re:	Account	Date of	Previous		Current
<u>Patient Name</u>	<u>Number</u>	<u>Service</u>	<u>Balance</u>	<u>Adjustment</u>	<u>Balance</u>

As part of St. Luke's Hospital's mission, our Financial Assistance Committee is reaching out to help eligible persons receive health care at no charge or at a reduced rate. St. Luke's Hospital has implemented a screening process that identifies patients who are likely to qualify for financial assistance. The screening process is information obtained from a third party and takes into consideration household income, family size, and the Federal Poverty Guidelines. As a result, we have determined that you are eligible for 75% assistance. Your account balance has been adjusted to reflect this discount. Determinations for eligibility for full or partial financial assistance will remain valid for six months from the date of the determination for all necessary hospital services and will be applied to current episodes of care and unpaid balances. If you would like to be considered for a larger discount, please complete the enclosed application for financial assistance within the next 30 days.

If you have any questions, please call our Customer Service Department, at 314-576-8100 or toll free at 1-888-924-9200, Monday-Friday, 8:30 A.M. - 5:00 P.M.

Very truly yours,

Patient Financial Services



232 S. Woods Mill Road  
Chesterfield, MO 63017

Exhibit 16

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

Re:	Account	Date of	Previous		Current
<u>Patient Name</u>	<u>Number</u>	<u>Service</u>	<u>Balance</u>	<u>Adjustment</u>	<u>Balance</u>

Dear <<Guarantor.FirstName>> <<Guarantor.LastName>>

As part of St. Luke's Hospital's mission, our Financial Assistance Committee is reaching out to help eligible persons receive health care at no charge or at a reduced rate. St. Luke's Hospital has implemented a screening process that identifies patients who are likely to qualify for financial assistance. The screening process is information obtained from a third party and takes into consideration household income, family size, and the Federal Poverty Guidelines. As a result, we have determined that you are eligible for 90% assistance. Your account balance has been adjusted to reflect this discount. Determinations for eligibility for full or partial financial assistance will remain valid for six months from the date of the determination for all necessary hospital services and will be applied to current episodes of care and unpaid balances. If you would like to be considered for a larger discount, please complete the enclosed application for financial assistance within the next 30 days.

If you have any questions, please call our Customer Service Department, at 314-576-8100 or toll free at 1-888-924-9200, Monday-Friday, 8:30 A.M. - 5:00 P.M.

Very truly yours,

Patient Financial Services

## ST. LUKE'S HOSPITAL WEBSITE FINANCIAL ASSISTANCE POLICY

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 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.

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 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, co-insurance or copayments
- Persons whose income is sufficient to pay for basic living costs but not medical care, and also, 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 on the basis of 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 6 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 and up to 240 days after their initial bill. The application requires proof of income such as a tax return, SSI,

paycheck stubs, etc., for all adults in the household. Depending on the circumstances, additional documents such as, but not limited to, household bills, child support, alimony, declaration of

income/supporter or other evidence to support financial need may be requested. 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 there is a change in financial circumstances within a 6-month period, 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. 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. Patients who elect to receive care at St. Luke's Hospital and are considered out of network with their insurance plan and do not qualify for financial assistance.

St. Luke's Hospital limits the amount charged for emergency and medically care provided to patients who are eligible for financial assistance under this policy. Patients without insurance will automatically be eligible for financial assistance and will receive a 40% discount on billed charges.

#### 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: <http://www.stlukes-stl.com/pay/faq-assistance-financial.html> Applications can also be obtained free of charge by mail or by calling 314-576-8100. Applications are available in Spanish and interpreters are available free of charge. Patients who need assistance completing an application can call 314-576-8100.

Completed applications are processed within fourteen days of receipt and a letter of determination is mailed to all patients who apply. 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. 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 needs and catastrophic costs. Financial assistance ranges 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.

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.

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.

Click [here \(insert link\)](#) to review a list of physicians who are covered under St. Luke's Hospital's Financial Assistance policy. Click [here \(insert link\)](#) to review a list of physicians on St. Luke's Medical staff who are not covered under St. Luke's Hospital's Financial Assistance policy.

#### 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 consider 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.

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.
- 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

Family Size		1	2	3	4	5	6
% of Federal Poverty Guidelines	Discount	Total Family Income					
		200%	100%	\$29,160	\$39,440	\$49,720	\$60,000
250%	75%	\$36,450	\$49,300	\$62,150	\$75,000	\$87,850	\$100,700
300%	50%	\$43,740	\$59,160	\$74,580	\$90,000	\$105,420	\$120,840
350%	40%	\$51,130	\$69,020	\$87,010	\$105,000	\$122,990	\$140,980
400%	25%	\$58,320	\$78,880	\$99,440	\$120,000	\$140,560	\$161,120
<i>*Add \$5,140 for each family member after 6</i>							

**ST. LUKE'S HOSPITAL**  
**FINANCIAL ASSISTANCE MATRIX**

	<u>&lt;\$5,000</u>	<u>\$5,001- \$10,000</u>	<u>\$10,001- \$25,000</u>	<u>&gt;\$25,000</u>
<b>Family Income As a % of Federal Poverty Guidelines (FPG)</b>				
<b>0-200%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>201-250%</b>	<b>75%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>
<b>251-300%</b>	<b>50%</b>	<b>75%</b>	<b>90%</b>	<b>90%</b>
<b>301-350%</b>	<b>40%</b>	<b>50%</b>	<b>75%</b>	<b>90%</b>
<b>351-400%</b>	<b>25%</b>	<b>40%</b>	<b>50%</b>	<b>75%</b>
<b>&gt;400%</b>	<b>Over Resourced</b>	<b>Over Resourced</b>	<b>Mgmt Discretion</b>	<b>Mgmt Discretion</b>



<b>Exhibit 19</b>	
<b>CHARITY ADJUSTMENT CODES</b>	
<b>NON BAD DEBT BALANCES:</b>	
3302	Charity Approved AR (credit)
3303	Charity Approved AR (debit)
<b>BAD DEBT BALANCES:</b>	
3320	Charity Approved BD (credit)

Patient Name: \_\_\_\_\_ Year of Tax Return: \_\_\_\_\_

**AR Accounts:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BD Accounts:**

\_\_\_\_\_  
 \_\_\_\_\_

Total Balance AR/BD accounts: \_\_\_ <\$5,001 \_\_\_ \$5,001 - \$10,000 \_\_\_ \$10,001 - \$25,000 \_\_\_ >\$25,001

**Income:**

Patient Income: \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Spouse Income: \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Other Income: \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Total Income: \$ \_\_\_\_\_

**Charity Matrix**

	< \$5,001	\$5,001 - \$10,001	\$10,001 - \$25,000	>\$25,000
0 – 200%	100%	100%	100%	100%
201 – 250%	75%	75%	75%	90%
251 – 300%	50%	75%	75%	75%
301 – 350%	40%	50%	50%	75%
351 – 400%	25%	40%	50%	75%
>\$400%	Over-resourced	Over-resourced	Over-resourced	Mgmt Discretion

**Family Size**

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>Each Addl</u>
2022	\$13,590	\$18,31	\$23,030	\$27,750	\$32,470	\$37,190	\$4,720
2023	\$14,580	\$19,720	\$24,860	\$30,000	\$35,140	\$40,280	\$5,140

FPG %: \_\_\_\_\_ Approval %: \_\_\_\_\_ AP/EX Over-Resourced: \_\_\_\_\_

\_\_\_\_ Patient did not provide all necessary information. Run account through Experian and process if income is < \$50K. If patient does not qualify for 100%, request the following information from the patient.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Covered Providers

<b>Practice</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Title</b>
Bone & Joint Specialists of Chesterfield, LLC	Rachel	V	Sachs	DO
Cardiac Cath Lab, LLC	Siddhesh		Gowda	MD
Cardiac Specialists of St. Luke's, LLC	Glenn	E	Davison	MD
Cardiac Specialists of St. Luke's, LLC	Maged		Haikal	MD
Cardio-Pulmonary Affiliates, LLC	Jorge	M	Alegre	MD
Cardio-Pulmonary Affiliates, LLC	William		Phillips	MD
Cardio-Pulmonary Associates, LLC	James	N	Ellison	MD
Cardio-Pulmonary Associates, LLC	Neil	A	Ettinger	MD
Cardio-Pulmonary Associates, LLC	Kristen	E	Fisher	MD
Cardio-Pulmonary Associates, LLC	Farris		Jackson	MD
Cardio-Pulmonary Associates, LLC	Daryl	L	Jacobs	MD
Cardio-Pulmonary Associates, LLC	Meena		Murugappan	MD
Cardio-Pulmonary Associates, LLC	Bobby	H	Shah	MD
Cardiothoracic Surgery, LLC	Jeremy	E	Leidenfrost	MD
Cardiothoracic Surgery, LLC	Ronald	D	Leidenfrost	MD
Cardiothoracic Surgery, LLC	Michael	R	Reidy	MD
Cardiothoracic Surgery, LLC	Brittany	M	Zeller	ACNP
Chesterfield Cardiology Care, LLC	Sara	Z	Baig	MD
Chesterfield Cardiology Care, LLC	Edward	J	Hurley	MD
Chesterfield Cardiology Care, LLC	Morton	R	Rinder	MD
Chesterfield Internal Medicine & Rheumatology, LLC	Kelly		Beck	ANP
Chesterfield Internal Medicine & Rheumatology, LLC	Daniela	D	Blum Morales	MD
Chesterfield Internal Medicine & Rheumatology, LLC	Faye	C	Cohen	MD
Chesterfield Internal Medicine & Rheumatology, LLC	James	H	Esther	MD
Chesterfield Internal Medicine & Rheumatology, LLC	Darren	R	Haskell	MD
Chesterfield Internal Medicine & Rheumatology, LLC	Nicole	F	Hawatmeh	MD
Chesterfield Internal Medicine & Rheumatology, LLC	Veronica	D	Kim	MD
Chesterfield Internal Medicine & Rheumatology, LLC	Richard	J	Kozeny	MD
Chesterfield Internal Medicine & Rheumatology, LLC	Surajit		Majumdar	MD
Chesterfield Internal Medicine & Rheumatology, LLC	Kaitlin		Thorson	ANP
Chesterfield Internal Medicine & Rheumatology, LLC	Scott		Thouvenot	FNP
Chesterfield Plastic & Reconstructive Surgery, LLC	Scott	E	Geiger	MD
Chesterfield Plastic & Reconstructive Surgery, LLC	John	H	Hulsen III	MD
Chesterfield Rehabilitation Physicians, LLC	Ronald	L	Fischer	MD
Clinic of Internal Medicine, LLC	Mohammad	M	Ahmed	MD
Clinic of Internal Medicine, LLC	Randa		Sawaf-Hajji	MD
Clinic of Internal Medicine, LLC	Rand	W	Sommer	MD
Conway Internists, LLC	Daniel	M	Marion	MD
Conway Internists, LLC	Kevin	L	Threlkeld	MD
Creve Coeur Family Medicine, LLC	Allison		Flammang	DO
Creve Coeur Family Medicine, LLC	Lindsey		Duncan	FNP

Creve Coeur Family Medicine, LLC	Delene	P	Musielak	MD
Digestive Consultants, LLC	Elie	J	Chahla	MD
Digestive Consultants, LLC	Kishore		Maganty	MD
Digestive Consultants, LLC	Jason	R	Taylor	MD
Digestive Consultants, LLC	Sajid	M	Zafar	MD
Digestive Health Care, LLC	Tariq		Hassan	MD
Dr. Genova, LLC	Gregory	P	Genova	MD
Drs Mera, Boesch, Kumar, LLC	Jeffrey	L	Boesch	MD
Drs Mera, Boesch, Kumar, LLC	Shanthi	S	Kumar	MD
Drs Mera, Boesch, Kumar, LLC	Ronald	L	Mera	MD
Endocrine Associates, LLC	Karen	J	Chang-Chen	MD
Endocrine Associates, LLC	Mireille		El Hayek	MD
Endocrine Associates, LLC	Soumya		Nadella	MD
Fenton Family Physicians, LLC	Abigail	A	Frochtzwaig	DO
Fenton Family Physicians, LLC	Annamarie		Goldstein	DO
Fenton Family Physicians, LLC	Ashlyn		Patterson	DO
Fenton Family Physicians, LLC	Kristina		Potts	FNP-BC
Heart Care Specialists, LLC	Brendan	F	Caprio	MD
Heart Care Specialists, LLC	Patricia	L	Cole	MD
Heart Care Specialists, LLC	Joseph	A	Craft III	MD
Heart Care Specialists, LLC	Carrie	J	Johanns	ACNP
Heart Care Specialists, LLC	Clark	R	McKenzie	MD
Heart Care Specialists, LLC	Stephen	J	Pieper	MD
Heart Care Specialists, LLC	Paul	A	Robiolio	MD
Heart Care Specialists, LLC	Jose	M	Sanchez	MD
Heart Care Specialists, LLC	Allen	D	Soffer	MD
Heart Care Specialists, LLC	William	F	Southworth	MD
Heart Health Specialists, LLC	Keith		Mankowitz	MD
Heart Health Specialists, LLC	Craig	K	Reiss	MD
Heart Health Specialists, LLC	Anupama	K	Rao	MD
Internal Medicine at WingHaven, LLC	Gary	D	Gray	MD
Internal Medicine of Chesterfield, LLC	Nadya	A	Ajanee	MD
Internal Medicine of Chesterfield, LLC	Chantal	G	Berez	MD
Internal Medicine of Chesterfield, LLC	Kanwal	M	Khan	MD
Internal Medicine of St Luke's, LLC	Diane	M	Hood	MD
Internal Medicine of St Luke's, LLC	Sara	A	Lander	MD
Internal Medicine of St Luke's, LLC	Sarah	A	Lord	MD
Internal Medicine of St Luke's, LLC	Annu	A	Terkonda	MD
Medical Associates of Chesterfield, LLC	Xiaoling		Wu	MD
Medical Specialists of St. Luke's, LLC	Donica	L	Baker	MD
Medical Specialists of St. Luke's, LLC	J. William		Campbell	MD
Medical Specialists of St. Luke's, LLC	Pablo	D	Dayer	MD
Medical Specialists of St. Luke's, LLC	Matthew	L	German	MD
Medical Specialists of St. Luke's, LLC	Anibal		Melo	MD

Medical Specialists of St. Luke's, LLC	Nirmol	P	Philip	MD
Medical Specialists of St. Luke's, LLC	Thomas		Pohlman	MD
Medical Specialists of St. Luke's, LLC	Susan	B	Schneider	MD
Medical Specialists of St. Luke's, LLC	Sadaf	N	Sheikh	MD
Medical Weight Management Specialists, LLC	Hani	C	Soudah	MD, PHD
Medical Weight Management Specialists, LLC	Veronica		Kim	MD
Neurosurgery & Neurology, LLC	Zaheer		Ahmed	MD
Neurosurgery & Neurology, LLC	Wegdan	W	Andrews	MD
Neurosurgery & Neurology, LLC	Michael	F	Boland	MD
Neurosurgery & Neurology, LLC	Leah	D	Brancheck	MD
Neurosurgery & Neurology, LLC	Ayman	A	Daoud	MD
Neurosurgery & Neurology, LLC	Sarah	J	Fouke	MD
Neurosurgery & Neurology, LLC	Stephen	J	Johans	MD
Neurosurgery & Neurology, LLC	Michael	N	Polinsky	MD
Neurosurgery & Neurology, LLC	Scott	H	Purvines	MD
Neurosurgery & Neurology, LLC	Todd	B	Silverman	MD
Neurosurgery & Neurology, LLC	Christian		Sikorski	MD
Neurosurgery & Neurology, LLC	Andrew	S	Youkilis	MD
Obstetrical Associates of St. Luke's, LLC	William	E	Houck	MD
Obstetrical Associates of St. Luke's, LLC	Paul	G	LaPoint	MD
Obstetrical Associates of St. Luke's, LLC	Jeffrey	B	Thompson	MD
Obstetrical Associates of St. Luke's, LLC	Daniel	G	Wagner	MD
Open Heart Anesthesiology, LLC	Heidi	A	Coco	DO
Open Heart Anesthesiology, LLC	Phillip	L	Copper	MD
Open Heart Anesthesiology, LLC	Julianne	E	Donnelly	MD
Open Heart Anesthesiology, LLC	Narasimha	R	Gondipalli	MD
Open Heart Anesthesiology, LLC	Keelara	T	Gopalan	MD
Open Heart Anesthesiology, LLC	Esad		Kiveric	DO
Open Heart Anesthesiology, LLC	Michael	A	Kopec	MD
Premier Medical Physicians, LLC	Annamarie	E	Goldstien	DO
Premier Medical Physicians, LLC - Crestwood	Anahit		Danielyan	MD
Premier Medical Physicians, LLC - Crestwood	Annamarie		Goldstien	DO
Premier Medical Physicians, LLC - Crestwood	David	N	Kantor	DO
Premier Medical Physicians, LLC - Fenton	Brenda	L	Buckley	MD
Premier Medical Physicians, LLC - St Louis Hills	Vincent	P	Fortunato	MD
Premier Pain Consultants, LLC	Armin		Rahimi	DO
Primary Care of Cedar Hill, LLC	Dale		Brewer	DO
Primary Care of Cedar Hill, LLC	Deborah	A	Depew	DO
Primary Care of Cedar Hill, LLC	Joseph	F	Eickmeyer	DO
Primary Care of Cedar Hill, LLC	Nicholas	J	Faron	DO
Primary Care of Cedar Hill, LLC	Brittany		Herrin	DO
Primary Care of Cedar Hill, LLC	Paul	A	Metcalf	DO

Primary Care of Cedar Hill, LLC	Robert	M	Patterson	DO
Primary Care of Cedar Hill, LLC	Kyle	D	Toti	DO
Primary Care of Eureka, LLC	Heather	D	Gjorgjievski	DO
Primary Care of Imperial, LLC	Nicole	E	Baker	DO
Primary Care of Imperial, LLC	Melissa		Muench	DO
Primary Care of Imperial, LLC	Michael	A	Patterson	DO
Rheumatology Associates, LLC	Linda	M	Hunt	MD
St. Louis Electrophysiology Associates, LLC	Jonas	A	Cooper	MD
St. Louis Electrophysiology Associates, LLC	Konstantinos		Kossidas	MD
St. Luke's Sleep Medicine & Research Center	Hasan Ali	H	Ahmed	MD
St. Luke's Sleep Medicine & Research Center	Beth	A	Ward	MD
St. Luke's Des Peres Hospital	Kenneth		Bentley	MD
St. Luke's Des Peres Hospital	Richard	A	Bligh	MD
St. Luke's Des Peres Hospital	Deborah	K	Connon	MD
St. Luke's Des Peres Hospital	Guy	W	Felder	MD
St. Luke's Des Peres Hospital	Joseph	H	Gatewood	MD
St. Luke's Des Peres Hospital	Wahied	A	Gendi	MD
St. Luke's Des Peres Hospital	Emily	J	Glover	MD
St. Luke's Des Peres Hospital	Robert		Hibbard	MD
St. Luke's Des Peres Hospital	Mollie	M	James	DO
St. Luke's Des Peres Hospital	Rucha	D	Karajgikar	MD
St. Luke's Des Peres Hospital	Mark		Kowalski	DO
St. Luke's Des Peres Hospital	Waleska		Larice	MD
St. Luke's Des Peres Hospital	Tammy	L	Martin	MD
St. Luke's Des Peres Hospital	Antonella		Quattromani	MD
St. Luke's Des Peres Hospital	Ethan	E	Reynolds	MD
St. Luke's Des Peres Hospital	Lauren	M	Sturtevant	DO
St. Luke's Des Peres Hospital	Steven	W	Thiel	MD
St. Luke's Des Peres Hospital	Meghan	M	Henningsen	DO
Tri-County Family Practice, LLC	Katherine	E	Huhn-Usry	MD
Tri-County Family Practice, LLC	Nelson	G	Usry	MD
Tri-County Family Practice, LLC	Alexander	Z	Weber	DO
Urology Specialists of St. Luke's, LLC	Cathy	K	Naughton	MD
Urology Specialists of St. Luke's, LLC	Thomas	F	Scully	MD
Van Amburg & Busiek, MDs, LLC	Elliot	E	Abbey	MD
Van Amburg & Busiek, MDs, LLC	Helen	L	Adams	A-GNP
Van Amburg & Busiek, MDs, LLC	Donald	F	Busiek	MD
Van Amburg & Busiek, MDs, LLC	Mark	J	Fesler	MD
Van Amburg & Busiek, MDs, LLC	Jill	E	Oberle	MD
Van Amburg & Busiek, MDs, LLC	Michael	T	Ogawa	MD
Van Amburg & Busiek, MDs, LLC	Meera	R	Rana	MD
Van Amburg & Busiek, MDs, LLC	Joseph	G	Sokhn	MD
Van Amburg & Busiek, MDs, LLC	Albert	L	Van Amburg III	MD
Van Amburg & Busiek, MDs, LLC	Jing		Xi	MD

West County Adult Medicine, LLC	Joseph	M	Fritz	MD
West County Adult Medicine, LLC	David	O	McCrary	MD
West County Adult Medicine, LLC	Corinna	H	Warren	MD
West County Women's Healthcare, LLC	Jessica	L	Baldetti	DO
West County Women's Healthcare, LLC	Julie	A	Gould	DO
West County Women's Healthcare, LLC	Jennifer		McDonald	DO
West County Women's Healthcare, LLC	Caroline	A	Morgan	MD
West County Women's Healthcare, LLC	Murphy		Pettis	MD
Westglen Family Physicians, LLC	Bryan	C	Duepner	DO
Westglen Family Physicians, LLC	William	M	Koeppel	DO
Westglen Family Physicians, LLC	Barbara	A	O'Brien	DO
Women's Care of St. Luke's, LLC	Andrea	L	Stephens	MD
Woods Mill Medical Associates, LLC	Kae	P	Chang	MD
Woods Mill Medical Associates, LLC	Mark		Novack	MD
Woods Mill Medical Associates, LLC	Hana	L	Tepper	MD
Woods Mill Medical Associates, LLC	Gary		Vickers	DO
Groups/Services				
Breast Care Center of St. Luke's, LLC	Mari Anne	M	Fahrner	MD
Breast Care Center of St. Luke's, LLC	Tonya	M	Martin-Dunlap	MD
Breast Care Center of St. Luke's, LLC	Nanette		Wendel	MD
Department of Pediatrics	Alison	T	Bedell	MD
Department of Pediatrics	Aleen		Chin	MD
Department of Pediatrics	Erica	J	Dickerson	MD
Department of Pediatrics	Samuel	J	Flanders	MD
Department of Pediatrics	William	C	Hollifield Jr	MD
Department of Pediatrics	Zulekha	S	Jalal	MD
Department of Pediatrics	Janet	M	Ruzycki	MD
Department of Pediatrics	Sherri	M	Sprehe	MD
Hospitalists	Muneeb		Ahmad	DO
Hospitalists	Yamini		Banerjee	MD
Hospitalists	Megan	H	Blackburne	MD
Hospitalists	Shilpa		Bodhanampati	MD
Hospitalists	Svetha		Chunduri	MD
Hospitalists	Sushma		Dangi	MD
Hospitalists	Suresh		Dhital	MD
Hospitalists	Ravi	K	Donepudi	MD
Hospitalists	Deepika		Donepudi	MD
Hospitalists	Eric	M	Guenther	DO
Hospitalists	Imran		Haider	MD
Hospitalists	Reza	T	Jalal	MD
Hospitalists	Salma	Q	Kazmi	MD
Hospitalists	Mehreen	B	Khann	MD
Hospitalists	Igor	I	Krits	MD
Hospitalists	Huilin		Li	MD
Hospitalists	Geetha	S	Maddukuri	MD

Hospitalists	JingJuan		Min	MD
Hospitalists	Brian	J	Moore	DO
Hospitalists	Armine		Nadiryan	MD
Hospitalists	Aaliya		Najib	MD
Hospitalists	Muhammad		Naseeruddin	MD
Hospitalists	Talat	M	Nawas	MD
Hospitalists	Sanjay	A	Patwardhan	MD
Hospitalists	Rajeshwar		Peddi	MD
Hospitalists	Nighat	S	Qadri	MD
Hospitalists	Vijayakumari		Reddy	MD
Hospitalists	Rajesh	K	Singh	MD
Hospitalists	Jeremy	W	Stewart	MD
Hospitalists	Manirul	H	Tamal	MD
Hospitalists	Ashfaq		Ullah	MD
Hospitalists	Philip	B	Vaidyan	MD
Hospitalists	Daniel	W	Whitehead Jr	MD
St Luke's Hospital Surrey Place	Sabiha	T	Siddiqui	MD
St. Luke's Emergency Department	Brandon	M	Barth	MD
St. Luke's Emergency Department	Jacqueline	M	Block	FNP
St. Luke's Emergency Department	William	C	Carr Jr	MD
St. Luke's Emergency Department	Vijai	V	Chauhan	MD
St. Luke's Emergency Department	Michael	E	Fritsche	DO
St. Luke's Emergency Department	John	F	Fuller	MD
St. Luke's Emergency Department	Netali		Ginsbeg	MD
St. Luke's Emergency Department	Bradley	R	Gregg	MD
St. Luke's Emergency Department	Jonas	V	Grybinas	MD
St. Luke's Emergency Department	Tobey	B	Harris Jr	MD
St. Luke's Emergency Department	Brett	E	Haugen	MD
St. Luke's Emergency Department	Raghu		Kanumuri	MD
St. Luke's Emergency Department	Michael	J	Klevens	MD, MBA
St. Luke's Emergency Department	Sonia	J	Levy	MD
St. Luke's Emergency Department	Lisa	P	Maier	MD
St. Luke's Emergency Department	Alan	J	Martin	MD
St. Luke's Emergency Department	Mark	A	Mason	MD
St. Luke's Emergency Department	Abdul		Moheet	MD
St. Luke's Emergency Department	John	T	Oldham	MD
St. Luke's Emergency Department	Alexander	J	Rachmiel	MD
St. Luke's Emergency Department	Mahmoud	A	Saleh	MD
St. Luke's Emergency Department	Mark	A	Scheperle	MD
St. Luke's Emergency Department	Jonathan	L	Schonert	MD
St. Luke's Emergency Department	George	R	Shuert	DO
St. Luke's Emergency Department	Scott	R	Soerries	MD
St. Luke's Emergency Department	John	E	Sparks	DO
St. Luke's Emergency Department	Kenneth	A	Stein	MD
St. Luke's Emergency Department	Matthew	R	Treaster	MD



St. Luke's Emergency Department	Lindsey	M	Van Sambeek	MD
St. Luke's Emergency Department	Cara	N	Watson	MD
St. Luke's Hospital ICU	Sangita		Aradhyula	MD
St. Luke's Hospital ICU	John	E	Frattini	MD
St. Luke's Hospital ICU	Barry	L	Hendrickson	MD
St. Luke's Hospital ICU	Vera		Lynskey	MD
St. Luke's Hospital ICU	Farid	G	Sadaka	MD
St. Luke's Hospital ICU	Brian	A	Taylor	MD
St. Luke's Pediatric Care Center (Department of Pediatrics)	E. Patrice		Colbert	MD
St. Luke's Pediatric Care Center (Department of Pediatrics)	Daniel	H	Wachsstock	MD
St. Luke's Urgent Care Centers	Christy	M	Bauer	MD
St. Luke's Urgent Care Centers	Jacqueline	M	Block	FNP
St. Luke's Urgent Care Centers	Bradley	A	Breeden	DO
St. Luke's Urgent Care Centers	Pamela	L	Buchanan	MD
St. Luke's Urgent Care Centers	Jessee	L	Crane	MD
St. Luke's Urgent Care Centers	Joseph	A	DeLucia	DO
St. Luke's Urgent Care Centers	Shannon	D	Dobsch	FNP
St. Luke's Urgent Care Centers	Barbara	A	Ellzey	MD
St. Luke's Urgent Care Centers	Christopher	G	Graves	DO
St. Luke's Urgent Care Centers	Nneka	U	Ichoku	DO
St. Luke's Urgent Care Centers	Alicia	D	King	DO
St. Luke's Urgent Care Centers	Chereka	S	Kluttz	DO
St. Luke's Urgent Care Centers	Lisa	P	Maier	MD
St. Luke's Urgent Care Centers	Nancy	E	Noel	MD
St. Luke's Urgent Care Centers	Robert	J	Paino	MD
St. Luke's Urgent Care Centers	Jonathan	J	Rill	MD
St. Luke's Urgent Care Centers	Timothy	R	Soncasie	MD
St. Luke's Urgent Care Centers	Dushyant	T	Soorya	MD
St. Luke's Urgent Care Centers	Bessevelyn	M	Tables	MD
St. Luke's Urgent Care Centers	John	W	Turk	MD
St. Luke's Urgent Care Centers	Sreelatha	C	Varma	MD
St. Luke's Urgent Care Centers	Patricia	A	Williams	MD

## Non-Covered Providers

Practice	First Name	MI	Last Name	Title
A Care, LLC	Naeem		Aslam	MD
Advanced Bone & Joint	Anthony	M	Lombardo	DPM
Advanced Heart Care, LLC	Omar		Almousalli	MD
Advanced Heart Care, LLC	John	J	Lehman	MD
Aesthetic & Reconstructive Surg Assoc	Richard	E	Crandall	MD
Aesthetic and Hand Surgery Institute	Michele	D	Koo	MD
Agility Orthopedics, LLC	Joshua	P	Nadaud	MD
Agility Orthopedics, LLC	Jason	D	Rabenold	MD
Ahmad B Ardekani, MD	Ahmad	B	Ardekani	MD
Ahmed A Karadaghy, MD	Ahmad	A	Karadaghy	MD
Allergy & Asthma Care of St Louis, PC	Douglas	R	Berson	MD
Allergy And Asthma Consultants, PC	Robert	F	Onder	MD
Allergy, Asthma & Immunology Institute Of St Louis Inc	Elyra	D	Figueroa	MD
Allied Associates in OB/GYN, Inc	Michael	J	DeRosa	MD
Allied Associates in OB/GYN, Inc	Joseph	G	Herrmann	MD
Anthony P Friedrich, MD	Anthony	P	Friedrich	MD
Archway Oral Surgery & Dental Implants	Tyman	P	Loveless	DMD, MD
Archway Orthopedics And Hand Surgery	Shawn	M	Kutnik	MD
Associates in Behavioral Health	Thomas	J	Nowotny	MD
Associates in Dermatology & Cutaneous Surgery	Richard	C	Bell	MD
Associates in Dermatology & Cutaneous Surgery	Emily	G	Goeller	MD
Associates in Women's Health Care, LLC	Angela	L	Cartwright	DO
Associates in Women's Health Care, LLC	Mary	T	Grimm	MD
Bistate Cardiovascular Consultants PC	Zia	M	Ahmad	MD
BK Podiatry Centers	Brian	G	Broadhead	DPM
Bloomsdale Medical Center	Srinivasan		Raghavan	MD
Bodyaesthetic Plastic Surgery	Craig	B	Boswell	MD
Boris Khariton, MD	Boris		Khariton	MD
Bradley Breeden, DO	Bradley	A	Breeden	DO
Brooking Park Rehab	Shailaja		Pulisetty	MD
Cabbabe Plastic Surgery	Samer	W	Cabbabe	MD
Cardinal Neurosurgery And Spine, Inc	Daniel	L	Kitchens	MD
Cardiothoracic Anesthesia	Esad		Kiveric	DO
Ccare, LLC	Imran		Chishti	MD
Center for Advanced Medicine	Craig	A	Buchman	MD
Center for Balance & Hearing Disorders	Jacques	A	Herzog	MD
Centers for Reproductive Medicine & Wellness	Amber	R	Cooper	MD
Central Orthopedics & Sports Medicine PC	Jerome	G	Piontek	MD
Central Orthopedics & Sports Medicine PC	Frank	V	Thomas	MD
Central Orthopedics & Sports Medicine PC	Andrew	W	Brown	MD

Central Radiology Group	Paula	Y	George	MD
Central Radiology Group	Valerie	C	Reichert	MD
Children's EndoCare of St Louis	Myrto		Frangos	MD
Children's Heart Center of St Louis	Dharam	P	Goel	MD
Chowdary V Tarigopula, MD	Chowdary	V	Tarigopula	MD
Christopher M Perry, DO, PC	Christopher	M	Perry	DO
Clarkson Eyecare	Robert	L	Lamberg	MD
Clayton Medical Center	Piotr		Kulikowski	MD
Cohen Eye Associates, Ltd	Nancy	M	Buchser	MD
Cohen Eye Associates, Ltd	Bruce	H	Cohen	MD
Comprehensive Anesthesia Care, PC	Mohammad	F	Bashiti	MD
Comprehensive Anesthesia Care, PC	Roy	A	Doerhoff	MD
Comprehensive Anesthesia Care, PC	David	B	Kaericher	MD
Comprehensive Anesthesia Care, PC	Johanna	J	Kang	MD
Comprehensive Anesthesia Care, PC	Keith	S	Krummenacher	MD
Comprehensive Anesthesia Care, PC	Roselyn	D	Lampkins	MD
Comprehensive Anesthesia Care, PC	Frederick	C	Lewis Jr	MD
Comprehensive Anesthesia Care, PC	George	H	Niesen	MD
Comprehensive Anesthesia Care, PC	Mace	A	Nosovitch	MD
Comprehensive Anesthesia Care, PC	Colby	L	Parks	MD
Comprehensive Anesthesia Care, PC	Cindy	M	Regan	MD
Comprehensive Anesthesia Care, PC	Richard	A	Sargent	MD
Comprehensive Anesthesia Care, PC	William	J	Settle	MD
Comprehensive Anesthesia Care, PC	Kumiko	T	Shimoda	MD
Comprehensive Anesthesia Care, PC	Jeffrey	B	Small	MD
Comprehensive Anesthesia Care, PC	Ellis	R	Taylor	MD
Comprehensive Anesthesia Care, PC	Rosalie	M	Truong	MD
Comprehensive Cardiovascular Consultants, Inc	Raffi	K	Krikorian	MD
County Cardiology, Inc	Paul	H	Gibson	MD
County Medical Specialists	Venkata	R	Pante	MD
Critical Care Medicine	Yashaswi		Belvadi	MD
Critical Care Medicine	Argun	D	Can	MD
Critical Care Medicine	Mahmoud	M	El-Sayed	MD
Critical Care Medicine	Clinton	J	Ezekiel	MD
Critical Care Medicine	Ayesha		Farrukh	MD
Critical Care Medicine	Melinda	D	Miller	MD
Critical Care Medicine	Jimmy	L	Moss	MD
Critical Care Medicine	Michael	S	Plisco	MD
Critical Care Medicine	Furqaan		Sadiq	MD
Critical Care Medicine	Vedica		Sharma	MD
Critical Care Medicine	Barry	K	Stoll	DO
Critical Care Medicine	Leslie	M	Terrell	DO
Critical Care Medicine	David	G	Uhls	DO
Darin M Minkin Inc	Darin		Minkin	DO
David J Stansfield, DO, LLC	David	J	Stansfield	DO

Deer Creek Footcare	Warren	R	Trampe	DPM
Department Of Emergency Medicine	Michelle	M	Ong	MD
Department Of Emergency Medicine	Leah	C	Silver	DO
Department of OB/GYN	Richard	G	Bolanos	MD
Diabetes and Endocrinology Spec, Inc	Norman		Fishman	MD
Diabetes and Endocrinology Spec, Inc	Ralph		Oiknine	MD
Diagnostic Imaging Associates, Ltd	Catherine	M	Appleton	MD
Diagnostic Imaging Associates, Ltd	Inta	S	Berzins	MD
Diagnostic Imaging Associates, Ltd	George	W	Brown	MD
Diagnostic Imaging Associates, Ltd	Jennifer	L	Demertzis	MD
Diagnostic Imaging Associates, Ltd	Gabriel	P	DeSimon	MD
Diagnostic Imaging Associates, Ltd	Charles	F	Garvin	MD
Diagnostic Imaging Associates, Ltd	Alexandra	F	Georges	MD
Diagnostic Imaging Associates, Ltd	Gregory	A	Jamroz	MD
Diagnostic Imaging Associates, Ltd	Robert	Y	Kanterman	MD
Diagnostic Imaging Associates, Ltd	Carl	A	Mazzola	MD
Diagnostic Imaging Associates, Ltd	Randall	V	Olsen	MD
Diagnostic Imaging Associates, Ltd	Alex	L	Pederson	DO
Diagnostic Imaging Associates, Ltd	Robert	W	Ryerson Jr	MD
Diagnostic Imaging Associates, Ltd	Thomas	A	Watson	MD
Diagnostic Imaging Associates, Ltd	Kishan	D	Yalavarthi	MD
Donald A de Grange, MD , LLC	Donald	A	deGrange	MD
Dr Allen Jacobs	Allen	M	Jacobs	DPM
Dr Otha Myles & Associates	Otha		Myles	MD
Dr Peter I Angelin, LLC	Rebekah	S	Allen	DO
Dr Peter I Angelin, LLC	Peter	I	Angelin	MD
Dr Peter I Angelin, LLC	Scott	M	Dembiec	MD
Ear, Head and Neck Specialists	Sheldon	L	Davis	MD
Ear, Nose and Throat Center	Nedim		Durakovic	MD
Ear, Nose, Throat And Plastic Surgery, Inc	Richard	L	Barnes	DO
Ear, Nose, Throat And Plastic Surgery, Inc	Christopher	D	Bell	DO
Ear, Nose, Throat And Plastic Surgery, Inc	Paul	E	Burk	DO
Ear, Nose, Throat And Plastic Surgery, Inc	Anthony	J	D'Angelo	DO
Elisabeth Huelskoetter, MD, LLC	Elisabeth	J	Huelskoetter	MD
Elliot L Korn, MD, Inc	Elliot	L	Korn	MD
Emergency Medicine	Matthew	J	Kiblinger	MD
Emergency Medicine	Anah	J	Ali	MD
ENT Associates, Inc	John	D	Dahm	MD
ENT Associates, Inc	Norman	S	Druck	MD
ENT Associates, Inc	Roberta	A	Lima	MD
ENT Associates, Inc	Matthew	A	Marino	MD
ENT Associates, Inc	John	Y	Park	MD
ENT Associates, Inc/Synergi Facial Surgery	Richard	W	Maack	MD
Esse Health	W. Stuart		Adams	MD
Esse Health	Lora	P	Collier	MD

Esse Health	Michael	E	Danter	MD
Esse Health	David	P	Guss	MD
Esse Health	David	E	Hartenbach	MD
Esse Health	Karla	B	Keaney	MD
Esse Health	Randall	S	Sterkel	MD
Esse Health - Mid County Urology	Kent	L	Adkins	MD
Esse Health - Office of Ladonna Finch, MD	LaDonna	T	Finch	MD
Esse Health - Office of Thomas F Hasting, MD	Paul	R	Ganninger	MD
Esse Health - Office of Thomas F Hasting, MD	Thomas	F	Hastings	MD
Esse Health - Physicians At St Clare	David Todd		Hammond	MD
Esse Health - Physicians At St Clare	Janelle		Roethemeyer	MD
Esse Health - South County Internal Medicine	Kathleen	M	Cizek	MD
Esse Health - South County Internal Medicine	Gary	A	Maassen	MD
Esse Health - South County Internal Medicine	Marc	O	Merbaum	MD
Esse Health - Southroads Internal Medicine	Herman	K	Beebe	DO
Esse Health - Southroads Internal Medicine	Robert	F	Curtin	MD
Esse Health - Southroads Internal Medicine	Howard	B	Hsu	MD
Esse Health - Southroads Internal Medicine	Daina		Zhang	MD
Esse Health - Tesson Ferry Internal Medicine	Elizabeth	A	Remus	MD
Esse Health St Louis GI Consultants	James	W	Dimitroff	MD
Excel Imaging	David	A	Dusek	MD
Excel Imaging	Matthew	S	Ruyle	MD
Excel Imaging	James	D	Schoen	MD
Excel Imaging	David	W	Wu	MD
Excel Orthopedics	Christopher	J	Lenarz	MD
Excel Orthopedics	David	P	Minges	MD
Excel Orthopedics	Matthew	T	Winterton	MD
Exceptional Healthcare, LLC	Loria	A	Lindsey	MD
First Capitol Oral & Maxillofacial Surgery	Kenneth	C	Priddy	DDS
First Capitol Oral & Maxillofacial Surgery	Kelsey	C	Smith	DDS
Foot Healers	Constantine	S	Kyramarios	DPM
Frederick Peet, DPM	Frederick	J	Peet	DPM
Gateway Cardiology, PC	Yousef		Abdulnabi	MD
Gateway Cardiology, PC	Bassam		Al-Joundi	MD
Gateway Cardiology, PC	Tammam		Al-Joundi	MD
Gateway Cardiology, PC	Nizar	A	Assi	MD
Gateway Cardiology, PC	Liwa	T	Younis	MD
Gateway Gastroenterology, Inc	Jason	M	Haas	DO
Gateway Gastroenterology, Inc	Jeffrey	T	Kreikemeier	MD
Gateway Gastroenterology, Inc	Jeffrey	E	Mathews	MD
Gateway Gastroenterology, Inc	Brian	C	McMorrow	MD
Gateway Gastroenterology, Inc	Rajeev		Ramgopal	MD
Gateway Gastroenterology, Inc	Richard	T	Riegel	MD
Gateway Gastroenterology, Inc	Fred	H	Williams	MD
Gateway Health Care Ltd	Mahrukh	M	Khan	MD

Gateway Hospitalists	Mohammed	M	Haque	MD
Gateway Midwest Healthcare	Harmeeta	K	Singh	MD
Gateway Spine & Joint, LLC	Eric	H	Sincoff	MD
Gero Med LLC	Chantri		Trinh	MD
Geromed, LLC	Tony	T	Tang	MD
				MD,
Glaucoma Consultants of St Louis, LLC	Paul	M	Tesser	PhD
Gregory R Galakatos, MD, LLC	Gregory	R	Galakatos	MD
Heart And Vascular Associates, LLC	Bryan	D	Piotrowski	MD
Hematology & Oncology Associates at St Luke's, LLC	Jason	M	Edwards	MD
Infertility Center of St Louis	Sherman	J	Silber	MD
Inner Wellnes, LLC	Christina	A	Sigman	MD
InternaCare, LLC	Christina	B	Skale	MD
Internal Medicine	Amy	S	Beck	DO
Internal Medicine Associates of W County	Tinna	P	King	MD
Internal Medicine Associates, Ltd	Keith	A	Bernstein	MD
Internal Medicine Associates, Ltd	Barbara	C	Jost	MD
Internal Medicine Associates, Ltd	Charlotte	J	Kennedy	MD
Internal Medicine Associates, Ltd	Tariq	S	Tanoli	MD
Internal Medicine Associates, Ltd	John	A	Wood	MD
James C Bobrow, Inc	James	C	Bobrow	MD
James J Coyle, MD, LLC	James	J	Coyle	MD
Jane E Loitman, MD	Jane	E	Loitman	MD
Jeffrey Zohner, MD, LLC	Jeffrey	R	Zohner	MD
Jill Baer, MD, Practice of Pediatrics	Kristen	M	Mennemeier	MD
John B Costello, MD	John	B	Costello	MD
John F McAtee, Jr, MD	John	F	McAtee Jr	MD
KDB Enterprise	Kent	D	Branson	MD
Kennerly Internal Medicine	Charles	J	Willey	MD
Kenneth Ross, DO, LLC	Kenneth	E	Ross	DO
Kirkwood Diagnostic And Orthopedic Associates, LLC	Steven	D	Stahle	MD
Kirkwood Podiatry, Inc	Christian		Wunderlich	DPM
Lakshmi V Dundoo, MD	Lakshmi	V	Dundoo	MD
Laser & Dermatologic Surgery Center, Inc	George	J	Hruza	MD
Lawrence E Samuels, MD, Inc	Lawrence	E	Samuels	MD
Malik A Ahmed, MD	Malik	I	Ahmed	MD
Manzoor A Tariq, MD	Manzoor	A	Tariq	MD
Mary K O'Dowd, MD	Mary	K	O'Dowd	MD
Maryland Heights Family And Acute Care	Galina		Rivkin	MD
Matthew Ricks, DO, LLC	Matthew	T	Ricks	DO
MCRM Fertility	Mira		Aubuchon	MD
Medical Oncology/Hematology Consultants	William	J	Moriconi	MD
Mercy Clinic - Women's Health	Amy	H	Ruggeri	MD
Mercy Clinic Children's Heart Center	Manoj	K	Parimi	MD
Mercy Clinic Minimally Invasive Gyn	David	J	Levine	MD

Mercy Clinic Pediatrics	Thomas	J	Kasper	MD
Mercy Clinic Surgical Specialists, Inc	Scott	G	Westfall	MD
Mercy Clinic Women's Health	Wendi	M	Carns	MD
Mercy Clinic Women's Health	Sheila	E	Drnec	DO
Mercy Clinic Women's Health	Jamie	C	Joyce	MD
Mercy Clinic Women's Health	Jodi	M	Smith	DO
Mercy Clinic Women's Health	Sarah	J	Tilling	DO
Mercy Medical Group	Kent	L	Killian	MD
Mercy Medical Group	Gerald	S	Lowther	MD
Mercy Neonatal Intensive Care Follow-Up - Olive-Mason	Rohit		Aswani	MD
Metro St Louis Renal Svc, Inc	Bhajanlal	S	Dara	MD
Metro West Anesthesia Group, Inc	Ajay		Chalasan	MD
Metro West Anesthesia Group, Inc	Willard	L	Chamberlin	DO
Metro West Anesthesia Group, Inc	Susan	L	Dando	DO
Metro West Anesthesia Group, Inc	Joshua	A	Ferguson	DO
Metro West Anesthesia Group, Inc	John	L	Fontana	MD
Metro West Anesthesia Group, Inc	John	D	Gisi	DO
Metro West Anesthesia Group, Inc	Steven	L	Hahn	MD
Metro West Anesthesia Group, Inc	Christopher	W	Hamlin	MD
Metro West Anesthesia Group, Inc	Chance		Juenger	MD
Metro West Anesthesia Group, Inc	Krishna	M	Kanakadandila	MD
Metro West Anesthesia Group, Inc	Barry	L	Miller	DO
Metro West Anesthesia Group, Inc	Gregory	P	Ross	DO
Metro West Anesthesia Group, Inc	Luke	T	Sehy	MD
Metro West Anesthesia Group, Inc	Thomas	J	Shaw	DO
Metro West Anesthesia Group, Inc	Bruce		Sheade	MD
Metro West Anesthesia Group, Inc	William	H	Shultz	MD
Metropolitan OB-GYN	Richard	A	Hartman	MD
Metropolitan Urological Specialists, PC	Steven	W	Bigg	MD
Metropolitan Urological Specialists, PC	James	P	Lovinggood	MD
Metropolitan Urological Specialists, PC	Michael	D	Marcus	MD
Michael J Spezia, DO, Inc	Michael	J	Spezia	DO
Michael Yankowitz, DPM, LLC	Michael		Yankowitz	DPM
Mid America Psychiatric Consultants	Arif		Habib	MD
Mid America Psychiatric Consultants	Asif		Habib	MD
MidAmerica Skin Health & Vitality Center	Joseph	A	Muccini Jr	MD
Mid-County Orthopedics	Scott		Zehnder	MD
Midwest Bone And Joint Surgery	Felix	F	Ungacta	MD
Midwest Health Professionals, PC	Tshiswaka	B	Kayembe	MD
Midwest Heart Rhythm	Carey	S	Fredman	Md
Midwest Medical Associates Inc	Alexander		Rudo	MD
Midwest Medicine Group, LLC	Sanjay	A	Patwardhan	MD
Mid-West Podiatry & Associates	Robert	K	Duddy	DPM
Mid-West Podiatry & Associates	Harry	J	Visser	DPM
Midwest Pulmonary And Critical Care Consultants, Inc	Nadeem		Ahmed	MD

Midwest Radiological Associates, PC	Randall	L	Heller III	MD
Midwest Radiological Associates, PC	Vincent	Q	Joe	MD
Midwest Therapeutic Endoscopy, LLC	Giuseppe		Aliperti	MD
Midwest Vascular & Endovascular Surgery, LLC	Ayaz	A	Malik	MD
Midwest Vascular and General Surgery Inc	Ricardo		Rao	MD
Missouri Bone And Joint Center, Inc	Leo	A	Whiteside	MD
Missouri Endocrine and Diabetes Center	Amin		Radparvar	MD
Missouri Medical Partners, LLC	Sreenu		Ada	MD
Missouri Medical Partners, LLC	Vladimir		Milo	MD
Missouri Orthopedic And Arthroscopic Surgery Inc	Thomas	M	Hawk	MD
Mohammad Ghani, MD	Mohammad		Ghani	MD
Motion Orthopaedics	Donald	R	Bassman	MD
Motion Orthopaedics	Timothy	D	Farley	MD
Motion Orthopaedics	Tyler	R	Krummenacher	MD
Motion Orthopaedics	Nathan	A	Mall	MD
Motion Orthopaedics	Thomas	J	Sylvester	MD
Motion Orthopaedics	Scott	W	Zehnder	MD
Multi Care Medical, PC	Melvin	B	Saltzman	DO
Multi-Care Medical PC	Robyn	L	Haithcock	DO
Nayak Plastic Surgery And Skin Enhancement Center	Laxmeesh	D	Nayak	MD
Neil S Snyder, DPM, PC	Neil	S	Snyder	DPM
Neil S Snyder, DPM, PC	Meredith	B	Stuart	DPM
Nephrology And Hypertension Specialists LLC	Alejandro	C	Alvarez	MD
Nephrology And Hypertension Specialists LLC	Juan	C	Garcia	MD
Nephrology And Hypertension Specialists LLC	Nicholas		Gourtzelis	MD
Nephrology And Hypertension Specialists LLC	Heidi	E	Joist	MD
Nephrology And Hypertension Specialists, LLC	Alexis	C	Argoudelis	MD
Nephrology And Hypertension Specialists, LLC	Lissa	M	Lopez-Concagh	MD
Nephrology And Hypertension Specialists, LLC	Danijela		Mataic	MD
Nephrology And Hypertension Specialists, LLC	John	G	Mellas	MD
Nephrology Care of St Louis, LLC	Svetha		Chunduri	MD
Nephrology Care of St Louis, LLC	Anibal	G	Melo	MD
Neurospinal Surgery, PC	J. Alexendar		Marchosky	MD
New You Surgical Weight Loss, LLC	Matthew	A	Lange	DO
Next Step Foot And Ankle Centers, Inc	Ellen	H	Colgan	DPM
Next Step Foot And Ankle Centers, Inc	Jacob	W	Lamb	DPM
Next Step Foot And Ankle Centers, Inc	Krista	N	Nelson	DPM
Next Step Foot And Ankle Centers, Inc	Daniel	J	Thouvenot	DPM
Northwest Oral Surgeons	Stephen	W	Hiatt	DDS
Northwest Oral Surgeons	Maryann	L	Udy	DMD
Obstetrics Associates of St Louis, Inc	Laura	I	Moore	MD
Olympic Rehab, Wellness And Pain Center	Alexander	D	Beyzer	MD
Ophthalmology Associates	Gregg	J	Berdy	MD
Ophthalmology West, Inc	Barry	D	Milder	MD
Oral & Maxillofacial Surgeons, Inc	Kenneth	E	Kram	DMD



Orthopedic & Sports Medicine, Inc	Russell	C	Cantrell	MD
Orthopedic Associates, LLC	R.	R	Aaranson	DPM
Orthopedic Associates, LLC	William	K	Feinstein	MD
Orthopedic Associates, LLC	Richard	E	Hulsey	MD
Orthopedic Associates, LLC	Robert	S	Kramer	MD
Orthopedic Associates, LLC	Christopher		Mudd	MD
Orthopedic Associates, LLC	Michael	P	Nogalski	MD
Orthopedic Associates, LLC	Ryan	T	Pitts	MD
Orthopedic Associates, LLC	Gary	J	Schmidt	MD
Orthopedic Associates, LLC	Patrick	T	Sweeney	MD
Orthopedic Center Of St Louis	Mahesh	R	Bagwe	MD
Orthopedic Specialists, PC	Michael	C	Chabot	DO
Orthopedic Specialists, PC	Matthew	D	Collard	DO
Orthopedic Specialists, PC	Richard	F	Howard	DO
Orthopedic Specialists, PC	Kevin	D	Rutz	MD
Orthopedic Sports Medicine & Spine Care Institute	David	S	Raskas	MD
Orthopedic Sports Medicine & Spine Care Institute	Corey	G	Solman	MD
Pain And Rehabilitation Specialists Of St Louis	Helen		Blake	MD
Pain And Rehabilitation Specialists Of St Louis	Thomas	K	Lee	MD
Parkcrest Orthopedics	James	P	Emanuel	MD
Parkcrest Plastic Surgery	David	A	Caplin	MD
Paul D Rottler, MD, PC	Paul	D	Rottler	MD
Pediatrics	Katherine	A	Podgorski	MD
Pediatrics	Mohammed	A	Siddiqui	DO
Pediatrix Medical Group of Missouri	Mohamad		Al-Hosni	MD
Pediatrix Medical Group of Missouri	Gregory	R	Booth	MD
Pediatrix Medical Group of Missouri	Jay	A	Brenner	MD
Pediatrix Medical Group of Missouri	William	T	Chao	MD
Pediatrix Medical Group of Missouri	Gary	L	Dreyer	MD
Pediatrix Medical Group of Missouri	Heather	D	Hall	MD
Pediatrix Medical Group of Missouri	Erzsebet		Jung	MD
Pediatrix Medical Group of Missouri	Cassandra	B	Orellana	DO
Pediatrix Medical Group of Missouri	Amjad		Taha	MD
Pediatrix Medical Group of Missouri	Sandy	M	Thakadiyil	MD
Pepose Vision Institute, PC	Nancy	M	Holekamp	MD
Pepose Vision Institute, PC	Anthony	M	de Beus	MD
Performance Rehabilitation	Ravi		Yadava	DO
Precision Plastic Surgery, PC	Gerald	T	Lionelli	MD
Premier Care Orthopedics & Sports Medicine	Coles	E	L'Hommedieu	MD
Premier Heart Group	Leslie	E	Mezei	MD
Probst, Behm And Clancy OB/GYN Services, PC	James	R	Probst	MD
Professional Athletic Orthopedics, LLC	Andrew	W	Brown	MD
Professional Athletic Orthopedics, LLC	Richard	C	Lehman	MD
Professionals in OB-GYN	Jeffrey	S	Mormol	MD
Psych Care Consultants, LLC	M. Javed		Qasim	MD

Psych Solutions	Zafar		Rehmani	MD
Radiation Oncology Consultants of W County	David	F	Butler	MD
Rajiv L Yadava, DO	Rajiv	L	Yadava	DO
Rectal Diagnostics And Treatment Center	Steven	M	Abbadessa	DO
Retina Associates of St Louis, Inc	Blonie	W	Dudney	MD
Retina Associates of St Louis, Inc	David	A	Glaser	MD
Retina Associates of St Louis, Inc	Clayton	G	Scanlon	MD
Retina Associates of St Louis, Inc	Carla		Territo	MD
Retina Consultants, Ltd dba The Retina Institute	Kevin	J	Blinder	MD
Retina Consultants, Ltd dba The Retina Institute	Sabin		Dang	MD
Retina Consultants, Ltd dba The Retina Institute	Alia	K	Durrani	MD
Retina Consultants, Ltd dba The Retina Institute	Nicholas	E	Engelbrecht	MD
Retina Consultants, Ltd dba The Retina Institute	Daniel	P	Joseph	MD, PHD
Retina Consultants, Ltd dba The Retina Institute	Thomas	K	Krummenacher	MD
Retina Consultants, Ltd dba The Retina Institute	Richard	J	Rothman	MD
Retina Consultants, Ltd dba The Retina Institute	Bradley	T	Smith	MD
Robert D Craig, MD	Robert	D	Craig	MD
Robert West LC	Robert	M	West	DO
Saint Louis Orthopedics and Sports Medicine	Glen	E	Johnson	MD
St. Luke's Department of OB/GYN	Sara	I	Kennedy	MD
St. Luke's Department of OB/GYN	Jena	L	Swingle	MD
Sam Hawatmeh, MD, PC	Sara	I	Hawatmeh	MD
Schmid Adult Health and Wellness, Inc	Tania	L	Schmid	MD
Scott Radiological Group	Jason	A	Kayser	MD
Shari L Kaminsky, DPM, PC	Shari	L	Kaminsky	DPM
Shawn L Berkin, DO	Shawn	L	Berkin	DO
Signature Health Services	Benjamin	P	Crane	MD
Signature Health Services	Brian	A	Fissel	MD
Signature Health Services	Rhoderic	P	Mirkin	MD
Signature Health Services	Christopher	P	O'Boynick	MD
Signature Health Services	Craig	R	Ruble	MD
Signature Medical Group , Inc	Christopher	p	O'Boynick	MD
Signature Medical Group , Inc	Sridhar		Pinnamaneni	MD
Signature Medical Group , Inc	Kenneth	S	Smith	MD
Signature Medical Group , Inc	Qasim	H	Zaidi	MD
SLUCare	Sandeep		Dhindsa	MD
SLUCare	Randall	K	Gibb	MD
SLUCare	Gerald	M	Mahon	MD
SLUCare	Ravi	P	Nayak	MD
SLUCare	Steven	M	Pincus	MD
SLUCare	Katie	S	Schroeder	MD
SLUCare	Alan	B	Silverberg	MD
SLUCare	Andrew	C	Steele	MD
SLUCare	Thanh-Mai	N	Vo	MD

SLUCare	Pericles		Xynos	MD
SLUCare Dept of OB, GYN & Women's Health	Jennifer	A	Bickhaus	MD
SLUCare Dept of OB, GYN & Women's Health	Amy	C	Bilyeu	MD
SLUCare Dept of OB, GYN & Women's Health	Alan		Buchbinder	MD
SLUCare Dept of OB, GYN & Women's Health	Eugen	C	Campian	MD
SLUCare Dept of OB, GYN & Women's Health	Allan	J	Fisher	MD
SLUCare Dept of OB, GYN & Women's Health	Shannon	M	Grabosch	MD
SLUCare Dept of OB, GYN & Women's Health	John	T	Hoff	MD
SLUCare Dept of OB, GYN & Women's Health	Leslie	A	McCloskey	MD
SLUCare Dept of OB, GYN & Women's Health	Diane	M	Petersen	MD
SLUCare Dept of OB, GYN & Women's Health	Amy	J	Ravin	MD
SLUCare Dept of OB, GYN & Women's Health	Melissa	A	Schwartz	MD
SLUCare Dept of OB, GYN & Women's Health	Mitul	B	Shah	MD
SLUCare Gynecologic Oncology	Jason	T	Ricciuti	MD
Sound Health Services, PC	Randall	A	Clary	MD
Sound Health Services, PC	Robert	T	Cristel	MD
Sound Health Services, PC	James	W	Forsen	MD
Southwest Oral Surgery	Robert	A	Reti	DDS
Southwest Women's Health	Chadwick	T	Caudill	MD
SSM Medical Group At Cross Keys	David	K	Bean	DO
St Louis Cancer Care, LLP	J. Daniel		Cuevas	MD
St Louis Cancer Care, LLP	Craig	R	Hildreth	MD
St Louis Cancer Care, LLP	Giancarlo	A	Pillot	MD
St. Louis Center for Preventive Longevity Medicine	Richard	A	Bligh	MD
St Louis Cardiology Center, PC	Jerome	V	Dwyer	MD
St Louis Cardiovascular Center	William	R	Reilly	MD
St Louis Children's Specialty Care Center	Mark	L	Miller	MD
St Louis Comestic Surgery, Inc	Herluf	G	Lund	MD
St Louis Comestic Surgery, Inc	Charles	R	Nathan	MD
St Louis County Nephrology	Nabil	H	Tauk	MD
St Louis County Oral & Maxillofacial Surgery, Inc, PC	Bradley	R	Carn	DMD, MD
St Louis County Oral & Maxillofacial Surgery, Inc, PC	Brent	L	Kincaid	DDS
St Louis County Oral & Maxillofacial Surgery, Inc, PC	Timothy	M	Weber	MD, DMD
St Louis County Oral & Maxillofacial Surgery, Inc, PC	Richard	W	Weber Jr	MD, DDS
St Louis Eye Care Specialists; LLC	Andrew	N	Blatt	MD
St Louis Eye Institute	Adam	R	Fedyk	MD
St Louis Heart and Vascular, PC	Robert	A	Armbruster	MD
St Louis Heart and Vascular, PC	Pradeep	A	Chandra	DO
St Louis Heart And Vascular, PC	Sundeep		Das	MD
St Louis Heart and Vascular, PC	Dennis	N	Glascock	DO
St Louis Heart and Vascular, PC	Saulius		Kalvaitis	MD
St Louis Heart and Vascular, PC	Alok		Katyal	MD

St Louis Heart and Vascular, PC	George	M	Kichura	MD
St Louis Heart and Vascular, PC	Usman		Qayyum	MD
St Louis Heart and Vascular, PC	Rafiq	P	Ramadan	MD
St Louis Heart and Vascular, PC	Sanjaya	N	Saheta	MD
St Louis Heart and Vascular, PC	Harvey		Serota	MD
St Louis Heart and Vascular, PC	Mohammad		Tahir	MD
St Louis Heart and Vascular, PC	Gil	M	Vardi	MD
St Louis Heart Institute	Gordon	C	Knight	DO
St Louis Medical Professionals, LLC	Hany	S	Salama	MD
St Louis Nephrology Associates, LLC	Karth	A	Antony	MD
St Louis Nephrology Associates, LLC	Gopal		Krishnan	MD
St Louis Nephrology Associates, LLC	Meher	S	Mallick	MD
St Louis Orthopedic Surgeons, Inc	Daniel	J	Schwarze	MD
St Louis Pain Consultants, LLC	Anne	T	Christopher	MD
St Louis Sports Health, LLC	Christopher	R	Rothrock	MD
St Louis Surgical Consultants, Ltd	Nicholas	A	Boston	MD
St Louis Surgical Consultants, Ltd	Christopher	S	Cronin	MD
St Louis Surgical Consultants, Ltd	Hannah-Ngoc	T	Ha	MD
St Louis Surgical Consultants, Ltd	John	E	Mason	MD
St Louis Surgical Consultants, Ltd	Thomas	E	Niesen	MD
St Louis Urological Surgeons, Inc	Andrew	T	Blackburne	MD
St Louis Urological Surgeons, Inc	David	E	Bryan	MD
St Louis Urological Surgeons, Inc	Travis	W	Dum	MD
St Louis Urological Surgeons, Inc	Christopher	D	Jaeger	MD
St Louis Urological Surgeons, Inc	Ronan	Y	Lev	MD
St Louis Urological Surgeons, Inc	Joseph		Levy	MD
St Louis Urological Surgeons, Inc	John	F	McCarthy	MD
St Louis Urological Surgeons, Inc	Jamie	A	Moravec	PA-C
St Louis Urological Surgeons, Inc	Asim		Razzaq	MD
St Louis Urological Surgeons, Inc	Steven	A	Schneider	MD
St Louis West Oral/Max Surgery	David	M	Ivey	DDS
St Louis Women's Health Care	Jennifer	K	McDonald	DO
St. Luke's Occupational Medicine	Scott	C	Jones	DO
St. Luke's Residency Program	Scott	J	Anderson	MD
Occupational Medicine	Joseph	F	Karre	DO
Stacy G Blum, DO	Stacy	G	Blum	DO
Stephen Schuman, MD	Stephen		Schuman	MD
STL Orthopedics, Ltd	Anthony	J	Berni	MD
STL Orthopedics, Ltd	Kirsten	A	Jansen	MD
STL Orthopedics, Ltd	Robert	A	Sciortino	MD
StLouis Medical Professionals LLC	Max	H	David	MD
Suburban Surgical Associates, Inc	Brent	T	Allen	MD
Suburban Surgical Associates, Inc	Eric	D	Lederman	MD
Suburban Surgical Associates, Inc	Lawrence	G	Mendelow	MD
Suburban Surgical Associates, Inc	Jack	R	Oak	MD

Surgical Arts of St Louis, Ltd	Thomas	B	Charles	MD
SW Orthopedics, Ltd	Peter	J	Anderson	MD
Tague Family Practice	Robert	D	Tague	MD
Telegraph Road Family Practice	Daniel	J	Meshoto	DO
Tesson Ferry Foot And Ankle, Inc	Lindsay	D	Barth	DPM
The Doctor's Office, Inc	Russell	K	Won	MD
The Orthopedic Center Of St Louis	David	M	Brown	MD
The Orthopedic Center Of St Louis	Mark	D	Miller	MD
The Osteoporosis Center of St Luke's, LLC	Katharine	H	Mikulec	MD
The Retina Group Ltd, PC	Eric	S	Mann	MD
The Retina Institue	M. Gilbert		Grand	MD
Thyroid and Endocrine Surgical, Inc	Ruth	A	Decker	MD
Travis and Nolen Oral and Maxillofacial Surgery	Hiran	R	Fernando	DDS
Travis and Nolen Oral and Maxillofacial Surgery	Scott	F	Nolen	DMD
Turlington Podiatry	Keith	A	Turlington	DPM
Urology	Randall	E	Dooley	MD
Urology	Jeffrey	S	Glaser	MD
Urology	Maung	H	Thu	MD
Urology of St Louis	Jacob	T	Ark	MD
Urology of St Louis	Travis	L	Bullock	MD
Urology of St Louis	William	A	Critchlow	MD
Urology of St Louis	Majdee	m	Islam	MD
Urology of St. Louis	Brad	C	White	MD
Urology of St. Louis	Elizabeth	R	Williams	MD
Urology of St. Louis	Uwais	B	Zaid	MD
Urgent Care Center	Patricia	A	Williams	MD
Vadim Baram Inc	Vadim	Y	Baram	MD
Vascular Access Ctr of Frontenac Grove	Steven	J	Bander	MD
Virtual Radiologic Professionals, LLC	Marissa	A	Fiore	MD
Virtual Radiologic Professionals, LLC	Noal	I	Hart	MD
Washington University Dept of Otolaryngology	Cameron	C	Wick	MD
Washington University School of Medicine	James	A	Davis	MD
WCP Laboratories, Inc	Stephen	E	Godfrey	MD
WCP Laboratories, Inc	Weigang	J	Zhu	MD
West County Diabetes And Endocrinology Center, PC,	Gurkiran		Dhindsa	MD
West County Infectious Disease	Polly	K	David	MD
West County Ophthalmology, Inc	Whitney	B	Brothers	MD
West County Ophthalmology, Inc	Farheen	N	Raja	MD
West County Ophthalmology, Inc	Scott	G	Sagett	MD
West County Ophthalmology, Inc	Steven	M	Shields	MD
West County Ophthalmology, Inc	Stephen	G	Slocum	MD
West County Pathologists, Inc	Anmaar	M	Abdul-Nabi	MD
West County Pathologists, Inc	Ann	M	Leathersich	MD
West County Pathologists, Inc	Dongsi		Lu	MD
West County Pathologists, Inc	Jeffrey	R	Melnick	MD

West County Pathologists, Inc	Jonathan	L	Vitsky	MD
West County Pediatric Associates	Christie	A	Bayer	MD
West County Pediatric Associates	Michael	J	Carney	MD
West County Radiological Group, Inc	Robert	C	Frazier	MD
Westbury Pediatrics, Ltd	Nuzhat		Nisar	MD
Westside Pediatrics	Richard	A	Felkel	MD
Westside Pediatrics	Nareshkumar	J	Solanki	MD
Wildwood Internal Medicine	John	F	Wiedner	MD
Winghaven Women's Care, INC.	Kirsten	M	McDaniel	DO
Women's Care Specialists, LLC	Janet		Matuszek	DO
Women's Care Specialists, LLC	Megan	M	Mohrman	MD
Women's Care Specialists, LLC	Kelly	S	Ott	MD
Women's Health Care, Inc	Frederick	B	Durer	MD
Women's Health Care, Inc	Caren	P	Schaecher	MD
Women's Health Care, Inc	Karen	A	Voegtle	MD
Woodlake Podiatry	Sheryl	L	Hanawalt	DPM
Woods Mill Orthopedics, Ltd	Timothy	G	Lang	MD
Woods Mill Orthopedics, Ltd	Richard	D	Rames	MD
Woods Mill Orthopedics, Ltd	Adam	J	Rammacher	DPM
Woods Mill Orthopedics, Ltd	Andrew	C	Spitzfaden	MD
Woods Mill Orthopedics, Ltd	Brian	M	Wegman	MD
Woods Mill Pediatric & Adolescent Medicine, LLC	Katherine	L	Komendowski	MD
Woods Mill Pediatric & Adolescent Medicine, LLC	Kenneth	C	Levy	MD
WUCA - Purely Pediatrics	Kristen	I	Bruno	MD
WUCA - Westside Pediatrics	Krishnan	A	Roberts	DO
WUCA Woods Mill Pediatrics	Albert	D	Brooks	MD
WUCA Woods Mill Pediatrics	Francisco		Pherez	MD
WUCA Woods Mill Pediatrics	Renuka		Sodhi	MD