CHI Franciscan Health
Our best care. Your best health.℠

1717 South J Street
PO Box 2197
Tacoma, WA 98401-2197

P 253.426.4101
chifranciscan.org

RECEIVED
OCT 30 2015
CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

October 30, 2015

Janis Sigman, Manager
Certificate of Need Program
Department of Health
P.O. Box 47852
Olympia, WA 98504-7852

Dear Ms. Sigman:

Please accept this Letter of Intent for Franciscan Health System (CHI Franciscan Health) to add 35 stations in the Pierce 5 Dialysis Planning Area. In accordance with WAC 246-310-080, the following information is provided:

1. A Description of the Extent of Services Proposed:

CHI Franciscan Health proposes to establish a 35 station dialysis facility. This facility will provide incenter hemodialysis, home hemodialysis training, and peritoneal dialysis training.

2. Estimated Cost of the Proposed Project:

The capital expenditure is estimated at $4.8million.

3. Description of the Service Area:

Per WAC 246-310-280, the service area is the Pierce 5 Dialysis Planning Area.

Thank you for your support in this matter.

Sincerely,

Richard Petrich

Richard Petrich,
Vice President, Planning and Business Development

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1. A Description of the Extent of Services Proposed:

CHI Franciscan Health proposes to establish a 35 station dialysis facility. This facility will provide incenter hemodialysis, home hemodialysis training, and peritoneal dialysis training.

2. Estimated Cost of the Proposed Project:

The capital expenditure is estimated at $5.5million.

3. Description of the Service Area:

Per WAC 246-310-280, the service area is the Pierce 5 Dialysis Planning Area.

Thank you for your support in this matter.

Sincerely,

Richard Petrich

Richard Petrich,
Vice President, Planning and Business Development