RECEIVED
SEP 30 2015
CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Olympic Hospice & Care, LLC
170 S Lincoln St., STE 100
Spokane, Washington 99201

September 30, 2015

Janis Sigman, Manager
Certificate of Need Program
Washington State Department of Health
111 Israel Rd. S.E.
Tumwater, WA 98501

Dear Ms. Sigman,

This letter is written to notify the Department of Health that Olympic Hospice & Care, LLC, intends to seek Certificate of Need approval to establish a Medicare-certified hospice to serve residents of Grays Harbor County, Washington.

On receipt of a Certificate of Need, Olympic Hospice & Care, LLC will provide hospice services to residents of Grays Harbor County, Washington.

Our current estimate of capital costs is $63,500.

Will you please provide us with all criteria and standards by which you will evaluate our application?

Thank you very much,

Sherie Stewart
Manager

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Janis Sigman, Manager
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Washington State Department of Health
111 Israel Rd. S.E.
Tumwater, WA 98501

Dear Ms. Sigman,

This letter is written to notify the Department of Health that Olympic Hospice & Care, LLC, intends to seek Certificate of Need approval to establish a Medicare-certified hospice to serve residents of Clallam County, Washington.

On receipt of a Certificate of Need, Olympic Hospice & Care, LLC will provide hospice services to residents of Clallam County, Washington.

Our current estimate of capital costs is $63,500.

Will you please provide us with all criteria and standards by which you will evaluate our application?

Thank you very much,

Sherie Stewart
Manager