

R E C E I V E D

JUL 28 2016

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

July 28, 2016

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 establish a new 7 station dialysis facility in the King 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 7 station dialysis facility. This facility will provide incenter hemodialysis, home hemodialysis training, peritoneal dialysis training, an isolation space and a permanent bed station.

2. Estimated Cost of the Proposed Project:

The capital expenditure for the project is estimated at \$2.1 million.

3. Description of the Service Area:

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

Thank you for your support in this matter.

Sincerely,



Richard Petrich,
Vice President, Planning and Business Development

RECEIVED

JUL 28 2016

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

July 28, 2016

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 establish a new 7 station dialysis facility in the King 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 7 station dialysis facility. This facility will provide incenter hemodialysis, home hemodialysis training, peritoneal dialysis training, an isolation space and a permanent bed station.

2. Estimated Cost of the Proposed Project:

The capital expenditure for the project is estimated at \$2.5 million.

3. Description of the Service Area:

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

Thank you for your support in this matter.

Sincerely,



Richard Petrich,
Vice President, Planning and Business Development



Our best care. Your best health.™

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

P 253.426.4101
chifranciscan.org

RECEIVED

JUL 28 2016

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

July 28, 2016

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 establish a new 7 station dialysis facility in the King 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 7 station dialysis facility. This facility will provide incenter hemodialysis, home hemodialysis training, peritoneal dialysis training, an isolation space and a permanent bed station.

2. Estimated Cost of the Proposed Project:

The capital expenditure for the project is estimated at \$1.75 million.

3. Description of the Service Area:

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

Thank you for your support in this matter.

Sincerely,

Richard Petrich,
Vice President, Planning and Business Development