



3900 Capital Mall Drive SW
Olympia WA 98502
360-956-2550

June 11, 2013

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

R E C E I V E D

JUN 13 2013

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

Capital Medical Center intends to establish a hospital outpatient surgery facility. We understand that for CN purposes the facility is considered an Ambulatory Surgery Center (ASC) and is subject to prior review and approval. Per WAC 246-310-080, please consider this our Letter of Intent:

(a) A description of the services proposed:

Capital Medical Center proposes to construct and operate a hospital outpatient surgery center on our hospital campus, but not physically attached to the Hospital. Even though the Center will be operated as a hospital outpatient department, we understand that for CN purposes it is considered an ASC.

(b) The estimated cost of the proposed project:

The estimated capital expenditure is \$3.5 million.

(c) An identification of the service area:

The primary service area will be the Thurston County Secondary Health Services Planning Area.

Thank you for your assistance in this matter. Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Jim Geist".

Jim Geist,
Chief Executive Officer