
Franciscan Health System

October 31, 2012

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

OCT 31 2012

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

Please accept this Letter of Intent for Franciscan Health System (FHS) to add 4 stations in the Pierce Four Dialysis Planning Area. In accordance with WAC 246-310-080, the following information is provided:

1. A Description of the Extent of Services Proposed:

On April 27, 2010, Franciscan Health System/St. Joseph Medical Center was issued CN #1421 to establish a 12-station dialysis facility (by relocating stations from the existing unit at St. Joseph Medical Center). This new facility, to be known as Franciscan Dialysis Center Eastside, is scheduled to open in March 2012 and is located in the Pierce Four Dialysis Planning Area. With this Letter of Intent we propose to add 4 additional stations to Franciscan Dialysis Center Eastside.

2. Estimated Cost of the Proposed Project:

The capital expenditure is estimated at \$20,000.

3. Description of the Service Area:

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

Thank you for your support in this matter.

Sincerely,



Richard Petrich,
Vice President, Planning and Business Development

Franciscan Health System

October 31, 2012

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

OCT 31 2012

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

Please accept this Letter of Intent for Franciscan Health System (FHS) to add 4 stations in the Pierce Four Dialysis Planning Area. In accordance with WAC 246-310-080, the following information is provided:

1. A Description of the Extent of Services Proposed:

On April 27, 2010, Franciscan Health System/St. Joseph Medical Center was issued CN #1421 to establish a 12-station dialysis facility (by relocating stations from the existing unit at St. Joseph Medical Center). This new facility, to be known as Franciscan Dialysis Center Eastside, is scheduled to open in March 2012 and is located in the Pierce Four Dialysis Planning Area. With this Letter of Intent we propose to add 4 additional stations to Franciscan Dialysis Center Eastside.

2. Estimated Cost of the Proposed Project:

The capital expenditure is estimated at \$25,000.

3. Description of the Service Area:

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

Thank you for your support in this matter.

Sincerely,



Richard Petrich,
Vice President, Planning and Business Development

Franciscan Health System

October 31, 2012

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
OCT 31 2012
CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

Please accept this Letter of Intent for Franciscan Health System (FHS) to add 4 stations in the Pierce Four Dialysis Planning Area. In accordance with WAC 246-310-080, the following information is provided:

1. A Description of the Extent of Services Proposed:

On April 27, 2010, Franciscan Health System/St. Joseph Medical Center was issued CN #1421 to establish a 12-station dialysis facility (by relocating stations from the existing unit at St. Joseph Medical Center). This new facility, to be known as Franciscan Dialysis Center Eastside, is scheduled to open in March 2012 and is located in the Pierce Four Dialysis Planning Area. With this Letter of Intent we propose to add 4 additional stations to Franciscan Dialysis Center Eastside.

2. Estimated Cost of the Proposed Project:

The capital expenditure is estimated at \$17,000.

3. Description of the Service Area:

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

Thank you for your support in this matter.

Sincerely,



Richard Petrich,
Vice President, Planning and Business Development

Franciscan Health System

October 31, 2012

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

OCT 31 2012

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

Please accept this Letter of Intent for Franciscan Health System (FHS) to add 4 stations in the Pierce Four Dialysis Planning Area. In accordance with WAC 246-310-080, the following information is provided:

1. A Description of the Extent of Services Proposed:

FHS proposes to add 4 stations to the existing dialysis unit at St. Joseph Medical Center in the Pierce Four Dialysis Planning Area.

2. Estimated Cost of the Proposed Project:

The capital expenditure is estimated at \$20,000.

3. Description of the Service Area:

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

Thank you for your support in this matter.

Sincerely,



Richard Petrich,
Vice President, Planning and Business Development

Franciscan Health System

October 31, 2012

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

OCT 31 2012

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

Please accept this Letter of Intent for Franciscan Health System (FHS) to add 6 stations in the Pierce Four Dialysis Planning Area. In accordance with WAC 246-310-080, the following information is provided:

1. A Description of the Extent of Services Proposed:

FHS proposes to add 6 stations to the existing dialysis unit at St. Joseph Medical Center in the Pierce Four Dialysis Planning Area.

2. Estimated Cost of the Proposed Project:

The capital expenditure is estimated at \$20,000.

3. Description of the Service Area:

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

Thank you for your support in this matter.

Sincerely,



Richard Petrich,
Vice President, Planning and Business Development