

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:

In accordance with WAC 246-310-080, Mason Dialysis, LLC hereby submits this letter of intent to establish a 5 station dialysis facility in Mason County. In conformance with the requirements of WAC, the following information is provided:

1. A Description of the Extent of Services Proposed:

Mason Dialysis, LLC proposes to establish a 5-station dialysis facility in Mason County. This facility will offer all modalities of dialysis services.

2. Estimated Cost of the Proposed Project:

The estimated capital expenditure associated with this expansion project is \$3.4million.

3. Description of the Service Area:

The facility will provide service to Mason County dialysis patients.

Please contact me with any questions.

Sincerely,



Jean Stevens,

October 31, 2012

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Certificate of Need Program
Department of Health
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1. A Description of the Extent of Services Proposed:

Mason Dialysis, LLC proposes to establish a 5-station dialysis facility in Mason County. This facility will offer all modalities of dialysis services.

2. Estimated Cost of the Proposed Project:

The estimated capital expenditure associated with this expansion project is \$2.6million.

3. Description of the Service Area:

The facility will provide service to Mason County dialysis patients.

Please contact me with any questions.

Sincerely,



Jean Stevens