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CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH



May 20, 2013

Janis Sigman, Manager
Washington State Department of Health
Office of Certification and Technical Support
Certificate of Need Program
P.O. Box 47852
Olympia, WA 98504-7852

RE: Letter of Intent: Providence Health Care Ambulatory Surgery Facility

Dear Ms. Sigman:

In accordance with WAC 246-310-080, Providence Health and Services-Washington dba Providence Health Care respectfully submits this Letter of Intent to construct and operate an ambulatory surgery facility at Providence Medical Park, located in Spokane Valley.

1. Description of proposed service

Providence Health and Services-Washington dba Providence Health Care requests certificate of need approval to operate an ambulatory surgery facility at Providence Medical Park.

2. Estimated cost of the project

Estimated capital expenditures are \$8.4 million.

3. Identification of the service area

This facility is within the Spokane County secondary health services planning area, as identified in WAC 246-310-270(3).

Thank you for your attention to this matter. If you have any questions, please contact me at (509) 474-4898.

Yours truly,

A handwritten signature in blue ink that reads "Elaine Couture".

Elaine Couture
Regional Chief Executive

Hospitals

Providence Sacred Heart Medical Center
Sacred Heart Children's Hospital
Providence Holy Family Hospital
Providence Mount Carmel Hospital
Providence St. Joseph's Hospital

Care Facilities

Providence Emilie Court
Assisted Living
Providence Adult Day Health
Providence St. Joseph Care Center
& Transitional Care Unit

Home Services

Providence VNA Home Health
Providence DominiCare

Other Medical Services

Providence Physician Services
PAML (Providence Associates
Medical Laboratories)