

LEE L. JOHNSON  
TREASURER  
SYMBOL HEALTHCARE, INC.

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June 6, 2023

**Via Email to FSLCON@doh.wa.gov**

Eric Hernandez, Program Manager  
Certificate of Need Program  
Department of Health  
111 Israel Road SE  
Tumwater, WA 98501

Dear Mr. Hernandez:

In accordance with WAC 246-310-080, **Symbol Healthcare, Inc.**, hereby submits a letter of intent proposing to establish a Medicare certified/Medicaid eligible home health agency. In conformance with the requirements of WAC, the following information is provided:

1. A Description of the Extent of Services Proposed:

**Symbol Healthcare, Inc.**, is proposing to establish a Medicare certified/Medicaid eligible home health agency in **Thurston County**, including all required home health services.

2. Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated at \$15,500.

3. Description of the Service Area:

The primary service area for the hospice agency will be **Thurston County**.

Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,

**Symbol Healthcare, Inc.**

By:



**Lee L. Johnson, Treasurer**

Direct office line: (208) 401-1369