

LETTER OF INTENT



**State of Tennessee
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

hsda.staff@tn.gov

LETTER OF INTENT

The Publication of Intent is to be published in The Daily Times which is a newspaper of general circulation in Blount County, Tennessee, on or before 02/12/2026 for one day.

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Prisma Health Imaging Center - Fairview, a/an Outpatient Diagnostic Center owned by Prisma Health Imaging Centers, LLC with an ownership type of Limited Liability Company and to be managed by itself intends to file an application for a Certificate of Need for the establishment of an outpatient diagnostic center in Blount County, Tennessee, offering various imaging services, including MRI, CT, X-Ray, Ultrasound, and Mammography. The address of the project will be an unaddressed site located on Hwy 411, adjacent to 2409 and 2441 Hwy 411, Maryville, Blount County, Tennessee, 37801. The estimated project cost will be \$7,007,732.

The anticipated date of filing the application is 03/01/2026

The contact person for this project is Director of Planning Services Jolene McAbee who may be reached at Prisma Health - 300 E Mcbee Avenue, Suite 500, Greenville, South Carolina 29601 – Contact No. 864-417-9865.

Jolene McAbee

02/10/2026

jolene.mcabee@prismahealth.org

Signature of Contact

Date

Contact's Email Address

The Letter of Intent must be received between the first and the fifteenth day of the month. If the last day for filing is a Saturday, Sunday, or State Holiday, filing must occur on the next business day. Applicants seeking simultaneous review must publish between the sixteenth day and the last day of the month of publication by the original applicant.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or

prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov .

HF 51 (Revised 6/1/2023)

RDA 1651



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Health Facilities Commission**

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PUBLICATION OF INTENT

The following shall be published in the “Legal Notices” section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

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CRITERIA AND **STANDARDS**

Attachment 1N: Project Specific Criteria and Standards for Outpatient Diagnostic Centers

In December 2024, Blount Memorial Hospital, Blount County's 304-bed nonprofit community hospital, became a part of Prisma Health, forming Prisma Health Blount Memorial Hospital ("Blount Memorial"). Blount Memorial is Blount County's only safety net hospital, a fully accredited, comprehensive short-term health care facility providing diagnosis, treatment, acute care, skilled care, wellness and education in hospital, outpatient, work site, and community settings. Blount Memorial has been caring for residents in Blount County since 1947, delivering compassionate, high-quality care. The hospital and campus specialize in a range of inpatient and outpatient services including heart, stroke, orthopedics, and women's care. Blount Memorial also offers a host of community-based services. Blount Memorial operates more than 25 facilities in Blount and Monroe Counties. Prisma Health ("Prisma") is a private, nonprofit health company based in South Carolina, serving more than 1.6 million unique patients annually through its comprehensive, clinically integrated network of healthcare providers, including but not limited to hospitals, outpatient facilities, and physician practices. Blount Memorial is the first hospital outside South Carolina to join Prisma's expansive provider network.

The partnership was unanimously approved by the Blount Memorial Hospital Board, the Blount County Commission, and the Tennessee Attorney General, marking a significant milestone in the delivery of high-quality, innovative care to East Tennesseans. Through the integration, Prisma committed to leveraging its scale, innovative technologies, and operational efficiencies, while continuing Blount Memorial's longstanding legacy of delivering high-quality, innovative care to residents of Blount County and surrounding communities.

Prisma brings substantial experience in strengthening local markets by establishing a strong primary care foundation and aligning it with a well-coordinated network of specialty providers. This integrated approach ensures that patients receive timely access to comprehensive care, supported by seamless referral pathways that enhance quality, continuity, and outcomes. Over the last three years, Prisma has consistently increased its ability to deliver coordinated primary and specialty care through investments in new medical parks, expanded specialty practices and hospital campuses. This ongoing expansion strengthens the clinical integrated network's ability to manage population health and improve quality through aligned providers, shared infrastructure, and integrated service offerings. Prisma is making this same commitment to the East Tennessee market.

Since coming together, Prisma has begun working to advance health care quality, safety, and access for patients across East Tennessee. This includes expanding clinical capacity through the addition of new providers and practices and by enhancing support for existing teams. Prisma is implementing a focused and strategic recruitment plan designed to attract high-quality physicians and advanced practice providers to East Tennessee. These efforts will result in an 8% increase of provider Evaluation and Management (E&M) visits between 2026 and 2028. This number includes the medical office component of this project which will include 13 primary and specialty care providers in the first phase of development with an additional 13 providers planned for phase two. Growth will be centered on improving patient access, supporting continuity of care, and ensuring that communities across the region benefit from a broader, more coordinated network of services. Prisma's long-term commitment to the region includes continued investment in people, programs, and partnerships that enhance the delivery of care and meet the evolving needs of East Tennessee residents.

Prisma Budgeted E&M Visits (Service Area Provider Growth)			
	2026	2028	Growth
Provider E&M Visits	428,004	462,929	8%

As Prisma anticipates substantial growth in its primary and specialty care services over the next few years, it is imperative to strategically plan for the supporting infrastructure required to sustain this expansion. This includes ensuring the availability of essential ancillary services such as diagnostic imaging, physical therapy and rehabilitation, pharmacy services, behavioral health, urgent care, outpatient endoscopy and surgical capabilities, as well as care navigation and chronic disease management programs. Collectively, these service lines constitute critical components of a comprehensive, integrated system of care and are fundamental to maintaining high-quality, coordinated, and accessible health services across the region.

The establishment of an outpatient diagnostic center in a service area that currently does not have access to non-hospital-based imaging services is the next significant investment and commitment Prisma is making to this community. This will fill a much-needed gap in care for the residents of Blount and Monroe Counties and is the next logical step in building a comprehensive system of care in East Tennessee. The project removes common barriers to diagnostic services, providing easily accessible parking and simplified wayfinding, reducing time spent navigating large hospital campuses and supporting a streamlined patient experience.

Importantly, the project will deliver high-quality imaging services at a lower cost compared to hospital-based settings, supporting greater patient affordability while maintaining the same standard of diagnostic excellence. This approach aligns with contemporary healthcare delivery priorities emphasizing value, cost-efficiency, and patient access. Prisma knows this firsthand through the strong utilization and positive patient feedback it has received at its existing outpatient imaging centers.

Prisma has a well-established track record in the successful development, implementation, and operation of outpatient imaging centers, reflecting the organization’s capacity to deliver high-quality, accessible diagnostic services across a regional footprint, like the proposed service area. Over the past several years, Prisma has planned, constructed, and opened five outpatient imaging centers across South Carolina, each designed to enhance access to advanced imaging technologies while improving patient convenience, efficiency, and overall experience. Given this proven history of designing, implementing, and operating high-performing ODCs, Prisma is well-positioned to establish a comparable facility in Tennessee, ensuring access to advanced imaging services that are efficient, high-quality, and responsive to patient needs.

Like Prisma’s imaging centers in South Carolina, the proposed ODC project will be developed to support a strategic shift of routine diagnostic services from Blount Memorial’s outpatient imaging department to a modern, patient-focused outpatient environment. The project will be equipped with current-generation imaging technologies, enabling high clinical accuracy and timely diagnostic results consistent with national best practices. Prisma’s operational model emphasizes workflow efficiency, adherence to quality and safety standards, and integration with referring providers to support coordinated patient care. The project enhances service area patients’

continuum of care, optimizing coordination with Blount Memorial and community providers, resulting in greater efficiency and more seamless experience for patients and providers.

The Emergency Department at Blount Memorial has experienced steady growth in patient volumes over the past several years, with ED visits increasing by approximately 4% between 2022 and 2024. As demand for emergent imaging continues to rise, transitioning routine imaging studies out of the hospital setting will help preserve critical capacity for emergency cases. Relocating these routine exams also creates the opportunity for Blount Memorial to expand its portfolio of advanced and specialized imaging services within the hospital. These higher-complexity studies such as cardiac MRI, diagnostic mammography, and image-guided biopsies require longer appointment times and more intensive resources, making dedicated hospital capacity essential to supporting their delivery.

ED Utilization Trends at Blount Memorial				
	2022	2023	2024	2022-2024 Growth
ED Visits	44,378	44,150	46,080	4%

Source: Annual JAR Report

1. The need for outpatient diagnostic services shall be determined on a county by county basis (with data presented for contiguous counties for comparative purposes) and should be projected four years into the future using available population figures.

Response: The need for this Outpatient Diagnostic Center (ODC) is driven by Blount Memorial’s obligation to provide accessible, cost-effective, high-quality outpatient diagnostic services to residents of its service area. Establishing a licensed, accredited, off-campus ODC at a convenient community location will improve overall patient access while supporting appropriate site-of-service utilization. The project will serve patients from Blount County and Monroe County. This proposed service area makes up approximately 80% to 90% of the patient population Prisma sees across its various sites in these two counties.

Specifically, within the two hospital-based imaging care sites, approximately 80% of patients reside in Blount County, with an additional 10% from Monroe County. The remaining 10% is comprised of patients from a variety of other counties. The proposed project site located off Highway 411 is conveniently located for residents of both Blount and Monroe counties.

Demographic Variable/Geographic Area	Tennessee State Data Center							Census Bureau			TennCare		
	Total Population 2026	Total Population 2030	Total Population % Change	*Target Population 2026	*Target Population 2030	*Target Population Change	*Target Population Projected Year as % of Total	Median Age	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of total
Blount County	145,681	150,249	3%	121,940	125,857	3%	80.8%	43.0	\$77,365	13,403	9.2%	20,260	13.9%
Monroe County	49,239	49,983	2%	41,161	41,900	2%	81.2%	45.2	\$56,895	6,204	12.6%	11,258	22.9%
Service Area Total	194,920	200,232	3%	163,101	167,757	3%	83.8%	44.1	\$67,130	19,607	10.1%	31,518	16.2%
State of TN Total	7,300,003	7,513,757	3%	5,971,045	6,148,143	3%	81.8%	39.1	\$69,595	985,500	13.5%	1,379,309	18.9%

Sources: Tennessee State Data Center Population Projections, 2026-2030, U.S. Census QuickFacts; TennCare Bureau (Jan 2026)

*target population is 20-

Person Below Poverty Level was determined by applying the percentage found on QuickFacts to the estimated 2026 population. The Service Area Total was summed for this indicator and divided by 2026 population to determine percentage.

Averages were used where appropriate to determine Service Area Total for Median Age & Median HH Income

According to Tennessee State Data Center population projections, Blount County is poised to grow by approximately 3% and Monroe County by 2% between 2026 and 2030, representing an additional 5,300 residents. The median ages of 43.0 and 45.2, respectively, are moderately higher than the state average of 39.1. An older population generates substantially higher utilization of imaging services due to the greater prevalence of chronic disease, orthopedic conditions, cancer screening needs, and age-related diagnostic evaluations.

65+ Population Growth, 2026-2030			
Demographic Variable/Geographic Area	Total Population 2026	Total Population 2030	Total Population % Change
Blount County	33,164	35,644	7%
Monroe County	11,755	12,647	8%
Service Area Total	44,919	48,291	8%
State of TN Total	1,341,027	1,426,059	6%

Sources: Tennessee State Data Center Population Projections, 2026-2030

Another key demographic is the rapidly growing 65+ population. This group already accounts for nearly one quarter of the service area and is projected to grow by an additional 8% between 2026 and 2030. Recent data from Vizient indicate that adults over 65 comprise roughly half of all inpatient stays and will continue to drive utilization across inpatient, outpatient, emergency, and post-acute settings in the coming decade. As this growth accelerates, hospitals will face mounting pressure on capacity and resources, reinforcing the need to shift appropriate lower-acuity services into outpatient environments.¹

- 2. Approval of additional outpatient diagnostic services will be made only when it is demonstrated that existing services in the applicant's geographical service area are not adequate and/or there are special circumstances that require additional services.**

Response:

Prisma Health currently offers diagnostic imaging at two locations in Blount County: Blount Memorial in Maryville and Medical Park–Alcoa (f/k/a East Tennessee Medical Group/ETMG). Blount Memorial offers CT, MRI, Mammography, and X-ray and Medical Park-Alcoa offers MRI, CT, and X-ray services. Although Prisma will continue delivering outpatient diagnostic services in these locations, there is a need to shift routine exams out of the hospital to preserve capacity for inpatient and emergency needs. This also creates an opportunity to provide more lengthy specialized exams like diagnostic mammograms, cardiac MRI, and image-guided biopsies. Additionally, Prisma’s need, as Blount County’s only safety net hospital, is to expand service area residents’ access to comprehensive, cost-effective, diagnostic imaging services. The project enhances Prisma’s existing imaging services by offering the full range of MRI, CT, mammogram, ultrasound, and X-ray services in a more accessible non-hospital based, outpatient setting. Establishing a licensed, accredited, off-campus ODC at a convenient community location will improve the overall patient access while supporting appropriate site-of-service utilization.

As demonstrated in the following table, there has been significant growth in utilization for multiple imaging modalities at Prisma Health’s two facilities. The combined growth in CT procedures from

2022 to 2024 exceeded 15%, with over 56,000 CT procedures in 2024, representing more than 7,500 additional procedures. Mammography had a similar increase in growth, with close to 14,000 total mammograms in 2024 representing a 17% increase from 2022. MRI procedures experienced a more modest 6% increase over this period but still grew by more than 600 procedures over these two years.

Prisma Health Utilization Trends Across All Modalities				
	2022	2023	2024	Growth
CT	48,993	52,181	56,548	15%
MRI	10,114	11,073	10,716	6%
Mammogram	11,891	12,502	13,862	17%
Ultrasound	14,819	14,111	13,805	-7%
X-Ray	89,493	85,626	84,764	-5%
Total	175,310	175,493	179,695	3%

Source: Combined BMH & ETMG CT & MRI volumes as reported in the Medical Equipment Registry - 10/17/2025
Mammogram volumes as reported on JARs
All other volumes provided by internal reporting system
BMH reports 3 CTs, one is used solely for cancer studies
MRI machine at Med Park down for repairs Jan-Feb FY24

As the tables below show, for the last three years, CT and MRI volumes for other imaging providers in the proposed service area have also grown. Across the proposed service area, there has been a 21% increase in CT utilization and a 4.7% increase in MRI utilization.

Facility	County	Type	# of CTs	2022 Procedures	2023 Procedures	2024 Procedures	% Change, 2022-2024	2024 Procedures per Machine
Prisma Blount Memorial	Blount	HOSP	2	36,893	41,299	45,037	22.1%	22,519
*Prisma Health Med. Park-Alcoa	Blount	H-Imaging	1	12,100	10,882	11,511	-4.9%	11,511
Allergy, Asthma, and Sinus Ctr	Blount	PO	1	377	519	395	4.8%	395
Sweetwater Hospital Assoc.	Monroe	HOSP	1	8,481	9,390	13,014	53.4%	13,014
TOTAL:			5	57,851	62,090	69,957	20.9%	13,991

*Formerly known as East Tennessee Medical Group
Source: HFC Tennessee Medical Equipment Registry
Note: 'H-Imaging' in this chart represents Hospital Imaging

Facility	County	Type	# of MRIs	2022 Procedures	2023 Procedures	2024 Procedures	% Change, 2022-2024	2024 Procedures per Machine
Prisma Blount Memorial	Blount	HOSP	1	5,950	6,396	6,468	8.7%	6,468
*Prisma Health Med. Park-Alcoa	Blount	H-Imaging	1	4,164	4,677	4,248	2.0%	4,248
Sweetwater Hospital Assoc.	Monroe	HOSP	1	1,917	1,744	1,882	-1.8%	1,882
TOTAL:			3	12,031	12,817	12,598	4.7%	4,199

*Formerly known as East Tennessee Medical Group
Source: HFC Tennessee Medical Equipment Registry
Note: 'H-Imaging' in this chart represents Hospital Imaging

Increased utilization of both inpatient and outpatient imaging at Prisma's hospital-based locations and other service area providers is likely to create capacity constraints. Imaging utilization typically rises during predictable seasonal patterns, most notable at year-end when many patients have met their deductibles, and during flu season when acute illness drives additional diagnostic needs. These cyclical increases place added pressure on Prisma's hospital-based imaging services. The one MRI unit at BMH is scheduled to be replaced this year, which should moderately increase efficiency in the hospital setting. However, establishing an ODC that offers MRI services at an off-campus setting will ease potential capacity constraints and provide patients with a more accessible, lower cost

imaging option. With rising patient cost-sharing and less favorable insurance coverage for many patients, offering additional, affordable sites-of-service is essential.² In the event CMS (or other regulatory agencies) stipulate that reimbursement amounts will be irrespective of the site of service, this ODC Imaging infrastructure will remain economically viable.

Currently, there are no existing or approved ODCs in the proposed service area. All existing imaging locations in the proposed service area, including Prisma’s two facilities, Blount Memorial and Medical Park-Alcoa, are hospital-based settings. The exception is one CT scanner located within the Allergy, Asthma, and Sinus Center. This CT is limited in scope to patients of this practice. According to the HFC Medical Equipment Registry, 9,530 MRI procedures (54%) and 20,523 CT procedures (32%) performed on Blount County residents take place outside of Blount County. In Monroe County, 4,775 MRIs (82%) and 16,168 CTs (79%) are provided outside the county (roughly 25% of these procedures are performed at a Prisma location in Blount County). This illustrates a significant gap in access to diagnostic imaging services in the proposed service area and the strong need for greater access to high-quality imaging services closer to where patients live. When patients must leave the service area to obtain routine imaging services, it creates unnecessary barriers that can delay care, increase costs, and disproportionately affect vulnerable populations. The project represents another option for residents of Blount and Monroe counties to receive care more conveniently and closer to home, reducing the travel distance and time requirements for accessing high quality, comprehensive imaging services that are more cost-effective and offer an enhanced experience in comparison to hospital-based care.

2024 Procedures by Patient and Provider Origin						
	# of MRI procedures performed on patients from this county	# of MRI procedures for patients from this county, performed by a provider within this county	Procedures performed outside the county	# of CT procedures performed on patients from this county	# of CT procedures for patients from this county, performed by a provider within this county	Procedures performed outside the county
Blount County	17,713	8,183	9,530 (54%)	64,811	44,288	20,523 (32%)
Monroe County	5,793	1,018	4,775 (82%)	20,573	4,405	16,168 (79%)

Source: Medical Equipment Registry provided by HFC on 2.4.26

From a community health perspective, the limited outpatient imaging capacity in the proposed service area contributes to fragmentation of care and places unnecessary strain on hospital-based imaging services, which are often reserved for higher-acuity or emergent needs. Retaining routine imaging services within the proposed service area ensures that patients have access to timely, affordable and convenient care, supports better adherence to recommended screening guidelines, and strengthens the overall health infrastructure of the community. The proposed project addresses these gaps by allowing patients to access convenient and cost-effective, non-hospital-based outpatient diagnostic care without leaving the proposed service area.

3. Any special needs and circumstances:

- a. The needs of both medical and outpatient diagnostic facilities and services must be analyzed.**

Response: This application demonstrates a clear need for expanded outpatient diagnostic imaging capacity to serve patients within this service area. The response to Question 2 above describes the historical growth in imaging volume at Prisma’s two existing facilities in Blount

County. The utilization growth at Blount Memorial and Medical Park-Alcoa demonstrates the increasing demand for hospital services and physician care in the proposed service area. The project will support the growth and development of Prisma's existing facilities and offer service area providers and patients a new, much-needed more affordable choice for outpatient imaging services. As the hospital's inpatient and outpatient volumes grow and its affiliated physician network expands, the demand for convenient, affordable diagnostic imaging will continue to increase.

In evaluating the need for services within the proposed service area, the ODC is positioned to address several key drivers of demand:

- Site of Care shifts – the project will facilitate transitioning of appropriate imaging services from the hospital setting to a more convenient, low-cost outpatient environment. For example, within the proposed service area, mammography services are currently only available in the hospital setting.
- Population growth – as discussed in responses to Question 1 above and Question 3N, this service area will grow by 3% between 2026 and 2030, creating a rising demand for diagnostic imaging.
- Expanded physician access to imaging services – the project will be accessible to all referring providers, regardless of affiliation. In addition, to better serve the East Tennessee region, Prisma continues to expand its clinically integrated network of providers. Thus, the proposed project will assist in meeting growing community needs for timely imaging services.
- Recapturing outmigration – as noted previously, in the response to Question 2 above, a significant portion of service area patients leave their home county to obtain imaging services. The addition of this project will provide a convenient outpatient option for imaging services and is expected to reduce the number of patients leaving the service area for less convenient imaging services.

For a detailed discussion of the key service area factors supporting the need for Prisma's project, see the response to Question 6N.

b. Other special needs and circumstances, which might be pertinent, must be analyzed.

Response: As discussed in the response to Question 2 above, the increasing utilization of CT and MRI services at Prisma's existing facilities cannot be sustained without adding sites of care to maintain timely access for patients.

C. The applicant must provide evidence that the proposed diagnostic outpatient services will meet the needs of the potential clientele to be served.

Response: The proposed ODC expands patient choice by providing an additional, convenient imaging location and a more affordable site of service for routine diagnostic imaging. The project will be located in Maryville off a major thoroughfare, US-411, which provides convenient access to Blount County residents, as well as residents of Monroe County, particularly those in the northeastern part of the county.

The project will provide the same high-quality imaging services currently offered by Prisma at a lower, more affordable cost to patients. ODCs/Independent Diagnostic Testing Facilities (IDTFs) offer significantly lower costs for imaging services compared to Hospital Outpatient Departments (HOPDs), with payments often two to four times lower for the same procedures. HOPD imaging prices for MRI and CT scans are typically higher due to higher overhead.³

1. The applicant must demonstrate how emergencies within the outpatient diagnostic facility will be managed in conformity with accepted medical practice.

Response: The project, like all Prisma Health facilities, will adhere to a comprehensive enterprise-wide Emergency Management Plan. The Emergency Management Plan provides the necessary guidance to organize and direct operations throughout the four phases of emergency management: mitigation, preparedness, response, and recovery. Policies and procedures will address rapid response, stabilization, and emergency transfers. Formal transfer agreements with service area hospital facilities, including but not limited to Blount Memorial, will ensure patient safety remains the highest priority.

2. The applicant must establish protocols that will assure that all clinical procedures performed are medically necessary and will not unnecessarily duplicate other services.

Response: All imaging studies will be performed only upon the order of a licensed physician, who attests to the medical necessity of each exam. Additionally, most commercial insurers and health plans require prior authorization, particularly for MRI exams, providing an additional safeguard to ensure medical necessity and prevent unnecessary duplication of services.

In accordance with Tennessee state regulations for ODCs, the facility will maintain continuous physician oversight. The physician oversight includes:

- Ensuring that all diagnostic procedures performed are clinically appropriate and medically necessary
- Overseeing protocols and clinical processes that safeguard against unnecessary or duplicative imaging
- Providing ongoing clinical governance and coordination of the facility's medical programs as mandated by the Tennessee Health Facilities Commission

These combined measures for physician ordering, payer prior authorization, and state-mandated physician medical program direction ensure full compliance with Tennessee regulatory requirements and adherence to high standards of medical necessity review.

¹ <https://www.vizientinc.com/insights/reports/data-on-the-edge/dissecting-utilization-trends-for-the-65-population>

² <https://nashp.org/what-health-care-provisions-of-the-one-big-beautiful-bill-act-mean-for-states/>

³ <https://www.vizientinc.com/insights/all/2024/partnership-opportunities-may-help-manage-evolving-dynamics-in-radiology-and-imaging>

ORIGINAL
APPLICATION



**State of Tennessee
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

hsda.staff@tn.gov

CERTIFICATE OF NEED APPLICATION

1A. Name of Facility, Agency, or Institution

Prisma Health Imaging Center - Fairview

Name

an unaddressed site located on Hwy 411, adjacent to 2409 and 2441 Hwy 411

Blount County

Street or Route

County

Maryville

Tennessee

37801

City

State

Zip

www.prismahealth.org

Website Address

Note: The facility's name and address **must be** the name and address of the project and **must be** consistent with the Publication of Intent.

2A. Contact Person Available for Responses to Questions

Jolene McAbee

Director, Planning
Services

Name

Title

Prisma Health

jolene.mcabee@prismahealth.org

Company Name

Email Address

300 E Mcbee Ave Suite 500

Street or Route

Greenville

South Carolina

29601

City

State

Zip

Employee

864-417-9865

Association with Owner

Phone Number

3A. Proof of Publication

Attach the full page of newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent. (Attachment 3A)

Date LOI was Submitted: 02/10/26

Date LOI was Published: 02/12/26

RESPONSE: See Attachment 3A for a publication affidavit from the Daily News proving publication occurred on 2/12/26.

4A. Purpose of Review (Check appropriate box(es) – more than one response may apply)

- Establish New Health Care Institution
- Relocation
- Change in Bed Complement
- Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)
- Initiation of MRI Service
- MRI Unit Increase
- Satellite Emergency Department
- Addition of Therapeutic Catheterization
- Positron Emission Tomography (PET) Service
- Initiation of Health Care Service as Defined in §TCA 68-11-1607(3)

Please answer all questions on letter size, white paper, clearly typed and spaced, single sided, in order and sequentially numbered. In answering, please type the question and the response. All questions must be answered. If an item does not apply, please indicate “N/A” (not applicable). Attach appropriate documentation as an Appendix at the end of the application and reference the applicable item Number on the attachment, i.e. Attachment 1A, 2A, etc. The last page of the application should be a completed signed and notarized affidavit.

5A. Type of Institution (Check all appropriate boxes – more than one response may apply)

- Hospital
- Ambulatory Surgical Treatment Center (ASTC) – Multi-Specialty
- Ambulatory Surgical Treatment Center (ASTC) – Single Specialty
- Home Health
- Hospice
- Intellectual Disability Institutional Habilitation Facility (ICF/IID)
- Nursing Home
- Outpatient Diagnostic Center
- Rehabilitation Facility
- Residential Hospice
- Nonresidential Substitution Based Treatment Center of Opiate Addiction
- Other

Other - _____

Hospital - _____

6A. Name of Owner of the Facility, Agency, or Institution

Prisma Health Imaging Centers, LLC

Name

300 East Mcbee Avenue, Suite 500

864-797-6000

Street or Route

Phone Number

Greenville

South Carolina

29601

City

State

Zip

7A. Type of Ownership of Control (Check One)

- Sole Proprietorship
- Partnership
- Limited Partnership
- Corporation (For Profit)
- Corporation (Not-for-Profit)
- Government (State of TN or Political Subdivision)
- Joint Venture
- Limited Liability Company
- Other (Specify)

Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence. Please provide documentation of the active status of the entity from the Tennessee Secretary of State’s website at <https://tnbear.tn.gov/ECommerce/FilingSearch.aspx> If the proposed owner of the facility is government owned must attach the relevant enabling legislation that established the facility. (Attachment 7A)

Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member’s percentage of ownership, for those members with 5% ownership (direct or indirect) interest.

RESPONSE: Attachment 7A includes the Corporate Charter, Certificate of Corporate Existence, ownership structure organizational chart, DBA/Assumed Filing Form, and Certificate of Authority from the secretary of state reflecting this as a foreign LLC in Tennessee.

8A. Name of Management/Operating Entity (If Applicable)

Name

Street or Route

County

City

State

Zip

Website Address

For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract. (Attachment 8A)

9A. Legal Interest in the Site

Check the appropriate box and submit the following documentation. (Attachment 9A)

The legal interest described below must be valid on the date of the Agency consideration of the Certificate of Need application.

- Ownership (Applicant or applicant's parent company/owner) – Attach a copy of the title/deed.
 - Lease (Applicant or applicant's parent company/owner) – Attach a fully executed lease that includes the terms of the lease and the actual lease expense.
 - Option to Purchase - Attach a fully executed Option that includes the anticipated purchase price.
 - Option to Lease - Attach a fully executed Option that includes the anticipated terms of the Option and anticipated lease expense.
 - Letter of Intent, or other document showing a commitment to lease the property - attach reference document
 - Other
-

RESPONSE: See attachment 9A for a copy of the fully executed lease agreement.

10A. Floor Plan

If the facility has multiple floors, submit one page per floor. If more than one page is needed, label each page. (Attachment 10A)

- Patient care rooms (Private or Semi-private)
- Ancillary areas
- Other (Specify)

RESPONSE: See Attachment 10A for floor plan information.

11A. Public Transportation Route

Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients. (Attachment 11A)

RESPONSE: Blount County and Monroe County do not have traditional fixed-route public transportation systems, making them largely car-dependent. The East Tennessee Human Resource Agency (ETHRA) offers door-to-door transportation across both counties for a small fee. Blount County also has a program called SMiles, a program operated by the Blount Office on Aging for residents over 60. These systems are designed specifically for those who require transportation, including medical appointments, and can schedule trips directly to and from their destination. Despite the absence of fixed-route bus networks, the proposed ODC location on US-411 in Maryville provides several advantages that improve accessibility for residents of both Blount and Monroe counties: • US-411 is a major regional corridor connecting Maryville with southern Blount County and northern Monroe County. This highway serves as a primary travel route for residents commuting for work, healthcare, and daily activities, making the center easy to reach by personal vehicle • The location is fully accessible to residents relying on demand-response services like ETHRA, without requiring transfers or navigation of multiple transit stops • Proximity to population centers like: Maryville (10 min), Alcoa (15 min), Vonore (20 min), and Madisonville (30 min) • Streamlined vehicular access and on-site parking – direct ingress/egress from a major highway and ample, close-proximity parking • See Attachment 11A for drive-time maps.

12A. Plot Plan

Unless relating to home care organization, briefly describe the following and attach the requested documentation on a letter size sheet of white paper, legibly labeling all requested information. It **must** include:

- Size of site (in acres);
- Location of structure on the site;
- Location of the proposed construction/renovation; and
- Names of streets, roads, or highways that cross or border the site.

(Attachment 12A)

RESPONSE: See Attachment 12A for the complete Plot Plan.

13A. **Notification Requirements**

- TCA §68-11-1607(c)(9)(B) states that “... If an application involves a healthcare facility in which a county or municipality is the lessor of the facility or real property on which it sits, then within ten (10) days of filing the application, the applicant shall notify the chief executive officer of the county or municipality of the filing, by certified mail, return receipt requested.” Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.
 - Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)
 - Notification in process, attached at a later date
 - Notification not in process, contact HFC Staff
 - Not Applicable
- TCA §68-11-1607(c)(9)(A) states that “... Within ten (10) days of the filing of an application for a nonresidential substitution based treatment center for opiate addiction with the agency, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located, the state representative and senator representing the house district and senate district in which the facility is proposed to be located, and to the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of the municipality, by certified mail, return receipt requested, informing such officials that an application for a nonresidential substitution based treatment center for opiate addiction has been filed with the agency by the applicant.
 - Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)
 - Notification in process, attached at a later date
 - Notification not in process, contact HFC Staff
 - Not Applicable

EXECUTIVE SUMMARY

1E. Overview

Please provide an overview not to exceed **ONE PAGE** (for 1E only) in total explaining each item point below.

- Description: Address the establishment of a health care institution, initiation of health services, and/or bed complement changes.

RESPONSE:

The proposed project entails the establishment of a licensed Outpatient Diagnostic Center ("ODC") in the Fairview area of Maryville, in the central part of Blount County. The project site is on Highway 411, at a non-addressed vacant location between 2441 and 2409 Hwy 411 Maryville, TN 37801, directly across the highway from the existing Walmart Supercenter. This location is approximately four miles southwest of Downtown Maryville and approximately five miles southwest of Prisma Health Blount Memorial Hospital and is easily accessible for residents of both Blount and Monroe counties due to its location on the main thoroughfare of Highway 411. This new ODC named Prisma Health Imaging Center - Fairview will lease space from the building owner, Prisma Health. The imaging center will occupy approximately 6,800 square feet on the first floor of a three-story building that will also house physician offices and other outpatient healthcare services. This ODC will offer outpatient imaging modalities including MRI, CT, X-ray, Ultrasound, and Mammography. Construction is estimated to begin in November of 2026 and finish in February of 2028. The expectation is to see the first patient in Spring of 2028. The proposed ODC will offer numerous advantages to patients and referring physicians, including: serving as the first outpatient imaging facility in Blount County that offers a full scope of diagnostic imaging modalities at a single location, as well as complementary co-located physician and ambulatory care services; providing outpatient imaging at a materially lower cost to patients than hospital-based imaging services while maintaining the highest level of quality; enabling hospital-based imaging services to focus on higher acuity, emergency, and inpatient cases and allowing additional capacity for future growth; and, addressing growing demand for outpatient imaging based on the growth and aging of Blount and Monroe counties. Given the cost savings advantages and improved customer experience, the proposed project will greatly benefit both the patients and providers in Blount County. There are currently no licensed ODCs in Blount or Monroe counties, so this investment would bring a much-needed alternative setting for residents of these counties to receive their imaging care. In addition to being a more convenient, efficient, and lower-cost option for our patients, this would also serve to decompress the existing hospital imaging locations and allow them to focus on the more complex and higher-acuity patients. Prisma Health currently operates a hospital, outpatient services and medical offices in the service area, and recognizes the need for additional providers. Prisma Health's clinically integrated physician network is poised for growth and Prisma Health plans to invest in Maryville and surrounding communities by adding providers who will also generate imaging referral volumes. The addition of an ODC in Blount County will benefit both Prisma Health physicians and other community physicians. But most importantly, this ODC will benefit the patients who will have improved access via another quality option on the care continuum.

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- Ownership structure

RESPONSE: The proposed ODC will be operated by Prisma Health Imaging Center - Fairview, which is fully owned by Prisma Health Imaging Centers, LLC. Prisma Health Imaging Centers, LLC, a South Carolina limited liability company registered to do business in Tennessee, will own and operate the proposed ODC. Prisma Health Imaging Centers, LLC is a single-member limited liability company whose sole member is Prisma Health, a South Carolina nonprofit corporation. The facility will operate under the assumed name "Prisma Health Imaging Center – Fairview," which has been registered with the Tennessee Secretary of State's Office. Prisma Health operates five imaging centers in its South Carolina markets with four more expected to enter these markets in the next two years.

- Service Area

RESPONSE: The proposed service area of the ODC will be Blount and Monroe counties.

- Existing similar service providers

RESPONSE: There are no licensed ODCs currently operating in Blount or Monroe County. Currently in this service area all imaging locations are outpatient departments of existing hospitals or imaging equipment located within a physician practice. Blount Memorial Hospital offers hospital-based outpatient imaging, and East Tennessee Medical Group performs outpatient imaging including MRI and CT at its Medical Park-Alcoa practice in Blount County.

- Project Cost

RESPONSE: The total estimated project cost is \$7,007,732. This includes both imaging equipment and the cost of construction attributable to the proposed ODC.

- Staffing

RESPONSE: The ODC will require 9.5 FTEs of staff in Year 1, of which 7.5 will be clinical patient care staff to include technologists for MRI, CT, mammography and X-ray, and a sonographer for ultrasound. The remaining FTEs are administrative positions comprised of a department manager and scheduling and billing support staff. Prisma Health has a large existing base of experienced imaging staff and has active recruiting and training policies in place that include extensive affiliations with clinical education and training programs. These policies and resources will ensure the proposed imaging facility is staffed by qualified and highly trained individuals.

2E. Rationale for Approval

A Certificate of Need can only be granted when a project is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effects attributed to competition or duplication would be positive for consumers

Provide a brief description not to exceed ONE PAGE (for 2E only) of how the project meets the criteria necessary for granting a CON using the data and information points provided in criteria sections that follow.

- Need

RESPONSE: Prisma Health operates the only safety-net hospital in Blount County, serving a high-need population that relies on accessible and affordable diagnostic services. The defined service area includes Blount County and neighboring Monroe County and currently has no licensed ODCs. As a result, residents lack a dedicated, lower cost outpatient imaging option, leaving hospital-based departments as the only available providers. In addition, CT and MRI units at Blount Memorial and the Medical Park-Alcoa (f/k/a East TN Medical Group/ETMG) hospital-based outpatient location have experienced sustained, significant utilization growth over the past several years. In the absence of additional outpatient imaging capacity, the increased demand, combined with the projected service area growth, is likely to create capacity pressures that strain timely access to care, delay diagnosis, and reduce patient convenience. Furthermore, many of these procedures could be performed more efficiently and cost-effectively at an ODC, leveraging cost savings and access advantages by providing imaging care in a freestanding ambulatory facility. The populations of Blount and Monroe counties are growing, and the additional growth as well as the aging of these populations will continue to increase the future need for healthcare services, including imaging services. Approval of this project will expand essential diagnostic imaging services in a region that currently lacks sufficient outpatient options. By addressing capacity constraints, improving affordability, and supporting high standards of quality and safety, the project represents a responsible and necessary investment to serve the growing needs of Blount and Monroe counties. Prisma Health and its affiliates are experienced providers of imaging services, and this experience will be incorporated in the care of patients at the proposed imaging facility.

- Quality Standards

RESPONSE: The project will operate under Prisma Health's established quality, safety, and compliance standards. These include use of accredited imaging modalities and adherence to all state and federal guidelines, standardized protocols to ensure clinical appropriateness and avoid unnecessary duplication, emergency response policies consistent with an enterprise-wide Emergency Management Plan, including rapid stabilization and transfer procedures, and integration with Prisma Health's imaging and provider networks to ensure continuity of care and accurate communication of results. The ODC will be licensed by the Tennessee Health Facilities Commission, and its modalities will be accredited by the American College of Radiology.

- Consumer Advantage

- Choice

RESPONSE: With no existing licensed ODC in the service area, patients currently have limited options for where they receive imaging. The project introduces a new non-hospital-based site of care, giving patients and referring providers meaningful choice in selecting location and cost structure.

- Improved access/availability to health care service(s)

RESPONSE: An additional outpatient location will improve geographic convenience, support timely diagnosis and care planning, and ease pressure on hospital-based units, preserving capacity for emergent and inpatient needs. It also enables Prisma Health to offer patients, many located in rural areas, access to important screening services such as mammography, that are not currently available outside the hospital setting. The development of the proposed imaging facility will ensure patients of Blount and Monroe counties and surrounding communities have another option for a full spectrum of diagnostic imaging services. Additionally, this type of freestanding setting

will provide more convenient parking and easier wayfinding than a typical general acute hospital, further improving the overall patient experience.

○ Affordability

RESPONSE: The project supports appropriate site-of-service migration by shifting routine imaging out of the hospital settings and into a community-based setting. This improves the value of care delivery, reduces healthcare spending, and preserves hospital resources for acute and complex care. It also positions Prisma Health to meet projected demand in a sustainable, patient-centered manner. Establishing an ODC will benefit both payors, by offering lower cost options, and patients, by ensuring service area residents have access to a cost-effective resource for diagnostic imaging services. For example, performing MRI knee imaging procedures in the freestanding settings will result in average savings of more than 50% compared to hospital-based procedures. Source: <https://www.nihcr.org/analysis/improving-care-delivery/prevention-improving-health/hospital-outpatient-prices/>

3E. Consent Calendar Justification

- Letter to Executive Director Requesting Consent Calendar (Attach Rationale that includes addressing the 3 criteria)
- Consent Calendar NOT Requested

If Consent Calendar is requested, please attach the rationale for an expedited review in terms of Need, Quality Standards, and Consumer Advantage as a written communication to the Agency's Executive Director at the time the application is filed.

4E. PROJECT COST CHART

A. Construction and equipment acquired by purchase:

1. Architectural and Engineering Fees	\$194,000
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	\$97,000
3. Acquisition of Site	\$0
4. Preparation of Site	\$0
5. Total Construction Costs	\$3,074,000
6. Contingency Fund	\$273,000
7. Fixed Equipment (Not included in Construction Contract)	\$137,000
8. Moveable Equipment (List all equipment over \$50,000 as separate attachments)	\$3,072,000
9. Other (Specify): <u>Miscellaneous</u>	\$145,000

B. Acquisition by gift, donation, or lease:

1. Facility (inclusive of building and land)	\$0
2. Building only	\$0
3. Land only	\$0
4. Equipment (Specify): _____	\$0
5. Other (Specify): _____	\$0

C. Financing Costs and Fees:

1. Interim Financing	\$0
2. Underwriting Costs	\$0
3. Reserve for One Year's Debt Service	\$0
4. Other (Specify): _____	\$0

D. Estimated Project Cost (A+B+C)	\$6,992,000
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E. CON Filing Fee	\$15,732
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F. Total Estimated Project Cost (D+E)	\$7,007,732
TOTAL	\$7,007,732

GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with TCA §68-11-1609(b), “no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effect attributed to completion or duplication would be positive for consumers.” In making determinations, the Agency uses as guidelines the goals, objectives, criteria, and standards adopted to guide the agency in issuing certificates of need. Until the agency adopts its own criteria and standards by rule, those in the state health plan apply.

Additional criteria for review are prescribed in Chapter 11 of the Agency Rules, Tennessee Rules and Regulations 01730-11.

The following questions are listed according to the three criteria: (1) Need, (2) the effects attributed to competition or duplication would be positive for consumers (Consumer Advantage), and (3) Quality Standards.

NEED

The responses to this section of the application will help determine whether the project will provide needed health care facilities or services in the area to be served.

- 1N. Provide responses as an attachment to the applicable criteria and standards for the type of institution or service requested. A word version and pdf version for each reviewable type of institution or service are located at the following website. <https://www.tn.gov/hsda/hsda-criteria-and-standards.html> (Attachment 1N)

RESPONSE:

See Attachment 1N. The applicable State Health Plan criteria and standards are those for Outpatient Diagnostic Centers.

- 2N. Identify the proposed service area and provide justification for its reasonable ness. Submit a county level map for the Tennessee portion and counties boarding the state of the service area using the supplemental map, clearly marked, and shaded to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the border states, if applicable. (Attachment 2N)

RESPONSE:

The project’s proposed service area encompasses Blount and Monroe Counties, based on an analysis of patient origin data from Prisma’s existing Tennessee locations. Historically, approximately 80% of imaging patients served at current sites reside in Blount County, with an additional 10% originating from Monroe County. The other 10% of patients seen originate from Tennessee counties outside of the proposed service area. Given these established utilization patterns, Prisma Health anticipates a similar distribution of patients at the proposed ODC.

Complete the following utilization tables for each county in the service area, if applicable.

PROJECTED UTILIZATION

Unit Type:

- Procedures
- Cases
- Patients
- Other

Service Area Counties	Projected Utilization Recent Year 1 (Year =)	% of Total
Blount	14,685	80.00%
Monroe	1,836	10.00%
Other not primary/secondary county	1,836	10.00%
Total	18,357	100%

3N. A. Describe the demographics of the population to be served by the proposal.

RESPONSE:

The proposed service area's population is expected to grow by 3% between 2026 and 2030, consistent with statewide trends. The target population (ages 20+), represents approximately 84% of the total service area, and is also expected to grow 3% by 2030. Compared to Tennessee's median age, the proposed service area's median age of 44.1 is moderately higher. Median household income is \$67,130, below the state average. Approximately 10.1% of residents live below the poverty level. The service area also includes a significant number of TennCare beneficiaries, totaling 31,518 enrollees, representing 16.2% of the population (aligning closely with statewide participation levels). Overall, the proposed service area reflects steady growth, an aging population, and socioeconomic characteristics that support the continued need for local, accessible, diagnostic services.

The project will primarily serve adults ages 18 and older who require convenient, accessible, and cost effective diagnostic imaging services in an outpatient setting. This population represents most of the routine diagnostic imaging utilization and aligns with Prisma Health's commitment to improving access to high quality imaging services outside the hospital environment.

While the project will focus on adult imaging needs, Prisma recognizes that certain pediatric imaging services can be safely performed in an outpatient setting. Therefore, the project will accommodate pediatric patients when medically appropriate for a freestanding facility, such as older children and adolescents requiring routine, low-complexity studies, including standard X-rays or other non-specialized exams.

Pediatric patients, particularly children under the age of 12, and any child requiring specialized imaging, sedation, or child-specific equipment, will continue to be referred to the hospital setting, where specialized pediatric imaging capabilities, child appropriate equipment, and staff trained in pediatric imaging protocols are readily available. This ensures that younger patients receive developmentally appropriate care supported by pediatric-focused safety measures, comfort strategies, and clinical oversight.

By focusing the project on adults, the project will be able to streamline scheduling, optimize patient throughput, and deliver efficient, patient centered imaging services while ensuring that children and adolescents continue to receive the specialized diagnostic resources available within a hospital.

Please see [Attachment 3N](#).

B. Provide the following data for each county in the service area:

- Using current and projected population data from the Department of Health. (www.tn.gov/health/health-program-areas/statistics/health-data/population.html);
- the most recent enrollee data from the Division of TennCare (<https://www.tn.gov/tenncare/information-statistics/enrollment-data.html>),
- and US Census Bureau demographic information (<https://www.census.gov/quickfacts/fact/table/US/PST045219>).

RESPONSE:

Demographic Variable/Geographic Area	Tennessee State Data Center						Census Bureau				TennCare		
	Total Population 2026	Total Population 2030	Total Population % Change	*Target Population 2026	*Target Population 2030	*Target Population Change	*Target Population Projected Year as % of Total	Median Age	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of total
Blount County	145,681	150,249	3%	121,940	125,857	3%	80.8%	43.0	\$77,365	13,403	9.2%	20,260	13.9%
Monroe County	49,239	49,983	2%	41,161	41,900	2%	81.2%	45.2	\$56,895	6,204	12.6%	11,258	22.9%
Service Area Total	194,920	200,232	3%	163,101	167,757	3%	83.8%	44.1	\$67,130	19,607	10.1%	31,518	16.2%
State of TN Total	7,300,003	7,513,757	3%	5,971,045	6,148,143	3%	81.8%	39.1	\$69,595	985,500	13.5%	1,379,309	18.9%

Sources: Tennessee State Data Center Population Projections, 2026-2030; U.S. Census QuickFacts; TennCare Bureau (Jan 2020)
 *target population is 20+
 Person Below Poverty Level was determined by applying the percentage found on QuickFacts to the estimated 2026 population. The Service Area Total was summed for this indicator and divided by 2026 population to determine percentage.
 Averages were used where appropriate to determine Service Area Total for Median Age & Median HH Income

- 4N. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly those who are uninsured or underinsured, the elderly, women, racial and ethnic minorities, TennCare or Medicaid recipients, and low income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

RESPONSE:

The proposed service area consists of various special needs patient populations with documented health vulnerabilities and access challenges. As noted in the response to 3N above, the median ages of Blount County and Monroe County are higher than the median age of Tennessee overall. Further, the population of Blount County residents age 65 and older is anticipated to grow by 8% percent from 2026 to 2030 – a significant rate of growth, given that older residents utilize healthcare resources more frequently than younger residents. This growing and aging population will require additional healthcare resources, and, specifically, additional healthcare resources that are readily accessible across the county. Monroe County also has a lower median household income than the state average. Rural residents in both counties face longer travel distances with limited public transportation options. Medicaid/TennCare reliance is also higher in rural counties, making accessible outpatient services critical.

The project is designed to address these disparities by offering affordable, accessible imaging services, accepting all patients regardless of payor, including TennCare and Medicare beneficiaries, and providing convenient timely scheduling of imaging services. The project's location on US-411 improves geographic access for low-income, elderly, and rural residents. The project will also expand access to women's imaging services, such as mammography, supporting preventive care for populations known to experience screening gaps. Prisma complies with all federal civil rights laws and is committed to equitable care for uninsured and underinsured individuals, racial and ethnic minorities, and vulnerable populations.

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- 5N. Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions or discharges, patient days. Average length of stay, and occupancy. Other projects should use the most appropriate measures, e.g. cases, procedures, visits, admissions, etc. This does not apply to projects that are solely relocating a service.

RESPONSE:

Currently, there are no existing or approved ODCs in the proposed service area. As outlined in the responses to Attachment 1N, all existing imaging locations in the proposed service area are in hospital or physician office settings. The table below displays a three-year trend of CT and MRI volume for each of those locations in Blount and Monroe counties. These display significant growth over the last three years, with Prisma Blount Memorial specifically growing by 22.1% in CT volume and 8.7% in MRI volume.

Facility	County	Type	# of CTs	2022 Procedures	2023 Procedures	2024 Procedures	% Change, 2022-2024	2024 Procedures per Machine
Prisma Blount Memorial	Blount	HOSP	2	36,893	41,299	45,037	22.1%	22,519
*Prisma Health Med. Park-Alcoa	Blount	H-Imaging	1	12,100	10,882	11,511	-4.9%	11,511
Allergy, Asthma, and Sinus Ctr	Blount	PO	1	377	519	395	4.8%	395
Sweetwater Hospital Assoc.	Monroe	HOSP	1	8,481	9,390	13,014	53.4%	13,014
TOTAL:			5	57,851	62,090	69,957	20.9%	13,991

*Formerly known as East Tennessee Medical Group
Source: HFC Tennessee Medical Equipment Registry
Note: 'H-Imaging' in this chart represents Hospital Imaging

Facility	County	Type	# of MRIs	2022 Procedures	2023 Procedures	2024 Procedures	% Change, 2022-2024	2024 Procedures per Machine
Prisma Blount Memorial	Blount	HOSP	1	5,950	6,396	6,468	8.7%	6,468
*Prisma Health Med. Park-Alcoa	Blount	H-Imaging	1	4,164	4,677	4,248	2.0%	4,248
Sweetwater Hospital Assoc.	Monroe	HOSP	1	1,917	1,744	1,882	-1.8%	1,882
TOTAL:			3	12,031	12,817	12,598	4.7%	4,199

*Formerly known as East Tennessee Medical Group
Source: HFC Tennessee Medical Equipment Registry
Note: 'H-Imaging' in this chart represents Hospital Imaging

Of note, the utilization of hospital-based CT imaging in the service area has been especially high. The number of CT scans performed at Blount Memorial increased 22.1% from 2022 to 2024, while at Sweetwater Hospital in Monroe County the volume of CT scans increased 53.4% during this same period. This significant growth places greater demand on existing equipment capacity and supports the need for additional imaging resources.

6N. Provide applicable utilization and/or occupancy statistics for your institution services for each of the past three years and the project annual utilization for each of the two years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

RESPONSE:

Because this project seeks to establish a new ODC, there is no historical utilization. The projected utilization for the first two years of the project, along with the methodology used for these projections, is detailed in Attachment 6N.

7N. Complete the chart below by entering information for each applicable outstanding CON by applicant or share common ownership; and describe the current progress and status of each applicable outstanding CON and how the project relates to the applicant, and the percentage of ownership that is shared with the applicant's owners.

RESPONSE:

The project identified above pre-dates the Prisma-Blount Memorial Hospital partnership and does not relate to this project. CN2403-008A requested the addition of 14 skilled, dually certified nursing home beds to be sold from Blount Memorial Hospital to Ocoee Transitional Care Center. The project is nearing completion. A final project report is in progress and will be submitted to the HFC by Ocoee Transitional Care Center.

CON Number	Project Name	Date Approved	Expiration Date
CN2403-008	Blount Memorial Transitional Care Center	6/24/2024	8/1/2027

CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION

The responses to this section of the application helps determine whether the effects attributed to competition or duplication would be positive for consumers within the service area.

1C. List all transfer agreements relevant to the proposed project.

RESPONSE: The proposed project will establish transfer agreements with Blount Memorial and other service area hospitals. As outlined in Attachment 1N, Question 3, the project will adhere to Prisma’s comprehensive enterprise-wide Emergency Management Plan. Formal transfer agreements with service area hospital facilities, including but not limited to Blount Memorial, will ensure patient safety remains the highest priority.

2C. List all commercial private insurance plans contracted or plan to be contracted by the applicant.

- Aetna Health Insurance Company
- Ambetter of Tennessee Ambetter
- Blue Cross Blue Shield of Tennessee
- Blue Cross Blue Shield of Tennessee Network S
- Blue Cross Blue Shiled of Tennessee Network P
- BlueAdvantage
- Bright HealthCare
- Cigna PPO
- Cigna Local Plus
- Cigna HMO - Nashville Network
- Cigna HMO - Tennessee Select
- Cigna HMO - Nashville HMO
- Cigna HMO - Tennessee POS
- Cigna HMO - Tennessee Network
- Golden Rule Insurance Company
- HealthSpring Life and Health Insurance Company, Inc.
- Humana Health Plan, Inc.

- Humana Insurance Company
- John Hancock Life & Health Insurance Company
- Omaha Health Insurance Company
- Omaha Supplemental Insurance Company
- State Farm Health Insurance Company
- United Healthcare UHC
- UnitedHealthcare Community Plan East Tennessee
- UnitedHealthcare Community Plan Middle Tennessee
- UnitedHealthcare Community Plan West Tennessee
- WellCare Health Insurance of Tennessee, Inc.
- Others

RESPONSE: Others include Barinet, Blount County Government, Consociate Care, Coventry, Multiplan, Novanet, Occunet, Prime Providers, Tricare, VACCN, Wellpoint Medicaid, Wellcare Medicare.

- 3C. Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact upon consumer charges and consumer choice of services.

RESPONSE:

There are currently no licensed ODCs in Blount or Monroe counties, which is the targeted service area for this project. Therefore, there is no duplication of any similar health care facility in the area. The development of the proposed imaging facility will therefore increase consumer choice by offering patients and referring physicians an alternative provider for outpatient diagnostic imaging services.

The nearest competitor in Monroe County is Sweetwater Hospital Association. This hospital is located 33 miles from Prisma's proposed ODC located in Maryville, with an estimated drive time of 46 minutes and is limited to offering imaging services in a hospital-based setting.

The project is conveniently located along Highway 411, making it easily accessible for residents of both Blount and Monroe counties. These counties have limited or no access to interstates, therefore traveling to Loudon, Knox, or other counties with available outpatient imaging is much more difficult and part of the reason a center like this is needed.

The two existing imaging providers in Blount County are both Prisma Health facilities: Blount Memorial Hospital and Prisma Health Medical Park-Alcoa. Both facilities are located approximately five miles from the proposed ODC location with an estimated drive time of 15 minutes. In the case of Blount Memorial, there is a high existing volume of outpatient CT and MRI procedures, and shifting a portion of these procedures to the ODC will relieve capacity pressure and allow for a greater emphasis on inpatient and high-complexity cases that often require the expanded resources at a hospital campus. All other potential competitors are located across the Tennessee River in busier sections of Knox or Loudon County and beyond.

Patients who choose to receive services at the proposed ODC will do so primarily for the convenience of having access to imaging services closer to their home, as well as for the financial benefit of a reduced charge structure as compared to hospital locations in the area. As discussed both above and in response # 1 of the Standards and Criteria, imaging services performed at a freestanding imaging center are overall less expensive than the same services performed in a hospital setting. Because healthcare insurers also tend to steer patients towards lower-cost options for care, the establishment of an ODC in Blount County will enhance access to cost-effective ambulatory surgical services for service area patients.

-
- 4C. Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements, CMS, and/or accrediting agencies requirements, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.

RESPONSE:

Prisma has more than 33,296 team members, including 6,484 doctors and other providers, in its clinically integrated network. In fiscal year 2025, Prisma conducted more than 7.4 million physician visits and 4 million outpatient facility visits. Therefore, Prisma is well-equipped to staff the proposed project, including through redistributing some employees from existing facilities and actively recruiting new hires as-needed to supplement other vacancies. Since partnering with Blount Memorial, Prisma has formed important relationships with local technical colleges and other institutions to recruit community clinicians in the proposed service area. In addition, Prisma consistently engages with an extensive network of employee recruiting partners to ensure its services, including the proposed project, are adequately staffed. Radiology coverage for the project will be provided through Prisma's in-house radiology team, enhancing care continuity for patients. All staff of the facility will comply with all applicable requirements of Medicare, Licensure, and the American College of Radiology, by which the ODC will be accredited.

- 5C. Document the category of license/certification that is applicable to the project and why. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

RESPONSE:

The project will seek licensure as an Outpatient Diagnostic Center, as required under Tenn. Comp. R. & Regs. 0720-36. This will also include obtaining a Quality Service License for MRI services, registering CT and MRI equipment with the commission, and submitting annual equipment utilization reports to the Commission.

The ODC will maintain the following consistent with state requirements:

- Clinical leadership and appropriate physician supervision

- A quality assurance program including the development of corrective action plans for any deficiencies identified during inspections

- Implement ongoing utilization review processes to ensure medical necessity, appropriateness, and efficiency in the delivery of diagnostic services

- The ODC will maintain patient records and submit reports as required, including compliance with confidentiality, retention, and documentation standards

- All clinical staff will meet applicable state licensure and certification requirements, including technologists and other personnel

- The ODC will maintain a structured staff education and competency program to ensure orientation, ongoing training, and compliance with Tennessee requirements for safe and effective operation
- The facility will comply with all other ODC-specific regulatory obligations, including:
 - Patient rights and health-care decision-making policies
 - Infectious and hazardous waste management
 - Life safety and building standards
 - Disaster preparedness policies

In addition to complying with all state licensure requirements, the ODC will be certified by Medicare and Medicaid (TennCare). To obtain this certification, centers must pass rigorous site inspections, employ qualified technicians, and ensure qualified physician oversight. All equipment will be accredited by the American College of Radiology.

PROJECTED DATA CHART

- Project Only
 Total Facility

Give information for the *two (2)* years following the completion of this proposal.

	Year 1	Year 2
	<u>2028</u>	<u>2029</u>
A. Utilization Data		
Specify Unit of Measure <u>Procedures</u>	<u>18357</u>	<u>22440</u>
B. Revenue from Services to Patients		
1. Inpatient Services	<u>\$0.00</u>	<u>\$0.00</u>
2. Outpatient Services	<u>\$11,418,442.00</u>	<u>\$14,081,914.00</u>
3. Emergency Services	<u>\$0.00</u>	<u>\$0.00</u>
4. Other Operating Revenue (Specify) _____	<u>\$0.00</u>	<u>\$0.00</u>
Gross Operating Revenue	<u>\$11,418,442.00</u>	<u>\$14,081,914.00</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	<u>\$7,387,732.00</u>	<u>\$9,110,999.00</u>
2. Provision for Charity Care	<u>\$114,184.00</u>	<u>\$140,819.00</u>
3. Provisions for Bad Debt	<u>\$262,624.00</u>	<u>\$323,884.00</u>
Total Deductions	<u>\$7,764,540.00</u>	<u>\$9,575,702.00</u>
NET OPERATING REVENUE	<u>\$3,653,902.00</u>	<u>\$4,506,212.00</u>

PROJECTED DATA CHART

- Total Facility
 Project Only

Give information for the *two (2)* years following the completion of this proposal.

	Year 1	Year 2
	<u>2028</u>	<u>2029</u>
A. Utilization Data		
Specify Unit of Measure <u>Procedures</u>	<u>18357</u>	<u>22440</u>
B. Revenue from Services to Patients		
1. Inpatient Services	<u>\$0.00</u>	<u>\$0.00</u>
2. Outpatient Services	<u>\$11,418,442.00</u>	<u>\$14,081,914.00</u>
3. Emergency Services	<u>\$0.00</u>	<u>\$0.00</u>
4. Other Operating Revenue (Specify) _____	<u>\$0.00</u>	<u>\$0.00</u>
Gross Operating Revenue	<u>\$11,418,442.00</u>	<u>\$14,081,914.00</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	<u>\$7,387,732.00</u>	<u>\$9,110,999.00</u>
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3. Provisions for Bad Debt	<u>\$262,624.00</u>	<u>\$323,884.00</u>
Total Deductions	<u>\$7,764,540.00</u>	<u>\$9,575,702.00</u>

NET OPERATING REVENUE

\$3,653,902.00

\$4,506,212.00

7C. Please identify the project’s average gross charge, average deduction from operating revenue, and average net charge using information from the Historical and Projected Data Charts of the proposed project.

Project Only Chart

	Previous Year to Most Recent Year	Most Recent Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge (<i>Gross Operating Revenue/Utilization Data</i>)	\$0.00	\$0.00	\$0.00	\$0.00	0.00
Deduction from Revenue (<i>Total Deductions/Utilization Data</i>)	\$0.00	\$0.00	\$0.00	\$0.00	0.00
Average Net Charge (<i>Net Operating Revenue/Utilization Data</i>)	\$0.00	\$0.00	\$0.00	\$0.00	0.00

8C. Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.

RESPONSE:

This project represents the establishment of a new facility, and therefore no existing patient charges will be affected by the proposal. The table above provides the average charges proposed for the ODC. As described, Prisma Health anticipates that most of its procedures will result from the shift of existing volume to the proposed imaging facility; much of this volume is currently performed at Blount Memorial Hospital. As a result, Prisma Health expects that both charges and reimbursement, as well as patient out of pocket payments, will be lower than if the same imaging procedures were provided in a hospital setting. Proposed charges have been developed using Prisma Health’s standard pricing methodology and are consistent with charges for comparable services in the service area. A sampling of the most frequently billed imaging procedures is provided in Section 9C. The proposed charge structure is projected to remain unchanged between Year One and Year Two. This project will have no adverse impact on existing patient charges and will enhance access to imaging services within the service area. Please see response # 1 of the Standards and Criteria section for a discussion of the cost effectiveness of the proposed project. Please also see the discussion in 9C below, affirming that, in general, care provided at an freestanding imaging facility is generally less costly for patients than the same care provided at a hospital or hospital-based setting.

9C. Compare the proposed project charges to those of similar facilities/services in the service area/adjoining services areas, or to proposed charges of recently approved Certificates of Need.

If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

RESPONSE:

As discussed in response # 1 of the Standards and Criteria, the proposed project will result in more cost-effective services for patients and payors based on the shift of outpatient imaging procedures from a hospital-based setting to a freestanding setting. There are no existing ODCs or recently approved ODC CONs in the proposed service area that charges can be compared to. The tables below compare the project MRI and CT charges to the two existing HOPD locations in the service area and to ODCs in neighboring counties.

As seen below, the project’s charge per procedure for MRIs is very comparable to that of ODCs in Knox County and well below that of the current locations within the proposed service area.

MRI					
Location	Facility Type	County	Gross Patient Charges	2024 Procedures	Avg. Charge Per Procedure
Prisma Health Blount Memorial	Hospital	Blount	\$42,701,109	6,468	\$6,602
Prisma Health Med. Park-Alcoa	H-Imaging	Blount	\$15,986,169	4,248	\$3,763
Sweetwater Hospital Assoc.	Hospital	Monroe	\$4,169,655	1,882	\$2,216
Covenant Ft. Loudoun Med. Ctr.	Hospital	Loudon	\$6,475,194	2,974	\$2,177
East Tennessee Community Open MRI	ODC	Knox	\$2,192,702	3,262	\$672
Covenant Diagnostics South	ODC	Knox	\$490,129	795	\$617
Univ. Diagnostics Halls	ODC	Knox	\$4,688,780	4,083	\$1,148
Univ. Diagnostics HOF	ODC	Knox	\$9,286,804	9,426	\$985
TOTALS AND AVERAGE:			\$85,990,542	33,138	\$2,595
<i>Proposed Prisma Imaging Fairview</i>	ODC	Blount			\$978 (Yr 1)

Source: HFC Tennessee Medical Equipment Registry

Note: 'H-Imaging' in this chart represents Hospital Imaging

Similarly, the project's charge per procedure for CT Scans as seen below is very comparable to that of ODCs in Knox County and well below that of the current locations within our proposed service area.

CT Scan					
Location	Facility Type	County	Gross Patient Charges	2024 Procedures	Avg. Charge Per Procedure
Prisma Health Blount Memorial	Hospital	Blount	\$303,426,463	45,037	\$6,737
Prisma Health Med. Park-Alcoa	H-Imaging	Blount	\$129,231,722	11,511	\$11,227
Sweetwater Hospital Assoc.	Hospital	Monroe	\$27,549,480	13,014	\$2,117
Covenant Ft. Loudoun Med. Ctr.	Hospital	Loudon	\$33,402,501	16,563	\$2,017
East Tennessee Diag. Ctr.	ODC	Knox	\$1,592,912	3,055	\$521
Covenant Diagnostics South	ODC	Knox	\$331,292	733	\$452
Univ. Diagnostics Halls	ODC	Knox	\$5,068,693	6,205	\$817
Univ. Diagnostics HOF	ODC	Knox	\$3,660,469	4,600	\$796
TOTALS AND AVERAGE:			\$504,263,532	100,718	\$5,007
<i>Proposed Prisma Imaging Fairview</i>	ODC	Blount			\$712 (Yr 1)

Source: HFC Tennessee Medical Equipment Registry

Note: 'H-Imaging' in this chart represents Hospital Imaging

The table below displays the proposed charge by CPT code for the most commonly done procedures. It also shows the Medicare allowable amount for comparison purposes.

**Table 9C: Prisma Health Imaging Center Fairview
Charge Data for Most Frequent Procedures**

CPT Code	Description	Current Medicare Allowable	Average of Gross Charges	
			ODC Year 1	ODC Year 2
	CT			
70450	CT HEAD-BRAIN W-O CONTRAST MATERIAL	\$98.63	\$680.00	\$680.00
71250	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W-O CNTRS	\$122.86	\$680.00	\$680.00
73200	CT UPPER EXTREMITY W-O CONTRAST MATERIAL	\$148.02	\$680.00	\$680.00
74176	CT ABDOMEN AND PELVIS W-O CONTRAST MATERIAL	\$170.18	\$700.00	\$700.00
74177	CT ABDOMEN AND PELVIS W-CONTRAST MATERIAL	\$276.71	\$1,140.00	\$1,140.00
	MRI			
70553	MRI BRAIN BRAIN STEM W-O W-CONTRAST MATERIAL	\$292.92	\$1,380.00	\$1,380.00
72141	MRI SPINAL CANAL CERVICAL W-O CONTRAST MATRL	\$176.50	\$900.00	\$900.00
72148	MRI SPINAL CANAL LUMBAR W-O CONTRAST MATERIAL	\$177.41	\$900.00	\$900.00
73221	MRI ANY JT UPPER EXTREMITY W-O CONTRAST MATRL	\$189.31	\$900.00	\$900.00
73721	MRI ANY JT LOWER EXTREM W-O CONTRAST MATRL	\$188.71	\$900.00	\$900.00
	Mammography			
77067	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	\$116.39	\$450.00	\$450.00
77063	SCREENING BREAST DIGITAL MAMMO	\$47.87	\$250.00	\$250.00
	US			
76536	US SOFT TISSUE HEAD AND NECK REAL TIME IMG E DOCM	\$99.85	\$400.00	\$400.00
76700	US ABDOMINAL REAL TIME W-IMAGE DOCUMENTATION	\$105.49	\$425.00	\$425.00
76705	US ABDOMINAL REAL TIME W-IMAGE LIMITED	\$79.60	\$400.00	\$400.00
76770	US RETROPERITONEAL REAL TIME W-IMAGE COMPLETE	\$98.12	\$425.00	\$425.00
	X-Ray			
71046	RADIOLOGIC EXAM CHEST 2 VIEWS	\$30.45	\$240.00	\$240.00
72100	RADEX SPINE LUMBOSACRAL 2-3 VIEWS	\$37.13	\$240.00	\$240.00
73030	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	\$32.79	\$240.00	\$240.00
73502	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	\$44.72	\$240.00	\$240.00
73562	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	\$38.86	\$240.00	\$240.00
73610	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	\$33.97	\$240.00	\$240.00

10C. Report the estimated gross operating revenue dollar amount and percentage of project gross operating revenue anticipated by payor classification for the first and second year of the project by completing the table below.

If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

**Applicant's Projected Payor Mix
Project Only Chart**

Payor Source	Year-2027		Year-2028	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care		0.00		0.00
TennCare/Medicaid		0.00		0.00
Commercial/Other Managed Care		0.00		0.00
Self-Pay		0.00		0.00
Other(Specify)		0.00		0.00
Total	\$0.00	0.00	\$0.00	0.00
Charity Care	\$0.00		\$0.00	

**Needs to match Gross Operating Revenue Year One and Year Two on Projected Data Chart*

Discuss the project's participation in state and federal revenue programs, including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project.

RESPONSE: The project will participate fully in Medicare, Medicare Managed Care, TennCare/Medicaid, and will provide services to uninsured and medically indigent patients in alignment with Prisma's financial assistance policies. The projected payor mix reflects the demographics and insurance distribution of the service area, which includes a substantial Medicare population driven by the area's older median age. TennCare participation is also significant, consistent with enrollment in Blount and Monroe counties.

The project will serve all patients regardless of payor, with no restrictions on TennCare or Medicare scheduling. Commercial payors, self-pay patients, and charity care are incorporated into the projections, ensuring the project maintains its commitment to serving all community members. Estimated gross operating revenue and projected payor percentages for Years 1 and 2 are detailed in the table below.

QUALITY STANDARDS

1Q. Per PC 1043, Acts of 2016, any receiving a CON after July 1, 2016, must report annually using forms prescribed by the Agency concerning appropriate quality measures. Please attest that the applicant will submit an annual Quality Measure report when due.

- Yes
- No

2Q. The proposal shall provide health care that meets appropriate quality standards. Please address each of the following questions.

- Does the applicant commit to maintaining the staffing comparable to the staffing chart presented in its CON application?
 - Yes
 - No

- Does the applicant commit to obtaining and maintaining all applicable state licenses in good 3tanding?
 - Yes
 - No

- Does the applicant commit to obtaining and maintaining TennCare and Medicare certification(s), if participation in such programs are indicated in the application?
 - Yes
 - No

3Q. Please complete the chart below on accreditation, certification, and licensure plans. Note: if the applicant does not plan to participate in these type of assessments, explain why since quality healthcare must be demonstrated.

Credential	Agency	Status (Active or Will Apply)	Provider Number or Certification Type
Licensure	<input checked="" type="checkbox"/> Health Facilities Commission/Licensure Division <input type="checkbox"/> Intellectual & Developmental Disabilities <input type="checkbox"/> Mental Health & Substance Abuse Services	Will Apply	
Certification	<input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> TennCare/Medicaid <input type="checkbox"/> Other _____	Will Apply Will Apply	
Accreditation(s)	ACR – American College of Radiology	Will Apply	

4Q. If checked “TennCare/Medicaid” box, please list all Managed Care Organization’s currently or will be contracted.

- AMERIGROUP COMMUNITY CARE- East Tennessee
- AMERIGROUP COMMUNITY CARE - Middle Tennessee
- AMERIGROUP COMMUNITY CARE - West Tennessee
- BLUECARE - East Tennessee
- BLUECARE - Middle Tennessee
- BLUECARE - West Tennessee
- UnitedHealthcare Community Plan - East Tennessee
- UnitedHealthcare Community Plan - Middle Tennessee
- UnitedHealthcare Community Plan - West Tennessee
- TENNCARE SELECT HIGH - All
- TENNCARE SELECT LOW - All
- PACE
- KBB under DIDD waiver
- Others

Please Explain

RESPONSE: The plans selected above represent those that we are currently contracted with. Discussions with other plans will continue as applicable.

5Q. Do you attest that you will submit a Quality Measure Report annually to verify the license, certification, and/or accreditation status of the applicant, if approved?

- Yes
- No

6Q. For an existing healthcare institution applying for a CON:

- Has it maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action should be discussed to include any of the following: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions and what measures the applicant has or will put into place to avoid similar findings in the future.

- Yes

- No
- N/A

• Has the entity been decertified within the prior three years? If yes, please explain in detail. (This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility.)

- Yes
- No
- N/A

7Q. Respond to all of the following and for such occurrences, identify, explain, and provide documentation if occurred in last five (5) years.

Has any of the following:

- Any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant);
- Any entity in which any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%; and/or.

Been subject to any of the following:

- Final Order or Judgement in a state licensure action;
 - Yes
 - No
- Criminal fines in cases involving a Federal or State health care offense;
 - Yes
 - No
- Civil monetary penalties in cases involving a Federal or State health care offense;
 - Yes
 - No
- Administrative monetary penalties in cases involving a Federal or State health care offense;
 - Yes
 - No
- Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services;
 - Yes
 - No
- Suspension or termination of participation in Medicare or TennCare/Medicaid programs; and/or
 - Yes
 - No
- Is presently subject of/to an investigation, or party in any regulatory or criminal action of which you are aware.
 - Yes
 - No

Please Explain

RESPONSE: On May 23, 2024, the U.S Department of Labor – Employee Benefits Security Administration served a notice of investigation on Prisma Health regarding the Legacy GHS-Tuomey Pension Plan’s compliance with Title I of ERISA. The notice included document requests related to the Plan and its cybersecurity protections. Prisma Health has provided all requested documents and information to the DOL-EBSA investigator. No findings have been issued as of the date of filing this application. In 2022, Prisma Health-Midlands, a separate 501(c)(3) affiliate of Prisma Health, entered into a civil settlement with the U.S. Drug Enforcement Administration resolving an investigation into alleged recordkeeping and dispensing violations under the Controlled Substances Act at certain Prisma Health-Midlands pharmacy facilities in Columbia, South Carolina. The alleged violations occurred between May 2018 and February 2022. Under the settlement, Prisma Health-Midlands paid \$1,000,000, denied all liability, and made no admission of wrongdoing. Prisma Health-Midlands operates four acute care hospitals in the Midlands region of South Carolina and is not in the chain of ownership of Prisma Health Imaging Centers, LLC, the applicant for this CON. Both Prisma Health-Midlands and Prisma Health Imaging Centers, LLC are separate entities under the Prisma Health corporate parent. This matter is disclosed out of an abundance of caution given the common parent organization and does not impact the proposed project.

8Q. Provide the project staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions.

Existing FTE not applicable (Enter year)

Position Classification	Existing FTEs(enter year)	Projected FTEs Year 1
A. Direct Patient Care Positions		
MRI Technologist	0.00	1.00
X-Ray Technologist	0.00	1.00
Mammography Technologist	0.00	1.50
CT Technologist	0.00	1.00
Ultrasound Technologist	0.00	1.00
Imaging Assistants	0.00	2.00
Total Direct Patient Care Positions	N/A	7.5

B. Non-Patient Care Positions		
Office Manager	0.00	1.00
Receptionist/Precertification Specialist	0.00	1.00
Total Non-Patient Care Positions	N/A	2
Total Employees (A+B)	0	9.5

C. Contractual Staff		
Contractual Staff Position	0.00	0.00
Total Staff (A+B+C)	0	9.5

DEVELOPMENT SCHEDULE

TCA §68-11-1609(c) provides that activity authorized by a Certificate of Need is valid for a period not to exceed three (3) years (for hospital and nursing home projects) or two (2) years (for all other projects) from the date of its issuance and after such time authorization expires; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificate of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need authorization which has been extended shall expire at the end of the extended time period. The decision whether to grant an extension is within the sole discretion of the Commission, and is not subject to review, reconsideration, or appeal.

- Complete the Project Completion Forecast Chart below. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
- If the CON is granted and the project cannot be completed within the standard completion time period (3 years for hospital and nursing home projects and 2 years for all others), please document why an extended period should be approved and document the “good cause” for such an extension.

PROJECT COMPLETION FORECAST CHART

Assuming the Certificate of Need (CON) approval becomes the final HFC action on the date listed in Item 1 below, indicate the number of days from the HFC decision date to each phase of the completion forecast.

Phase	Days Required	Anticipated Date (Month/Year)
1. Initial HFC Decision Date		04/22/26
2. Building Construction Commenced	194	11/01/26
3. Construction 100% Complete (Approval for Occupancy)	651	02/01/28
4. Issuance of License	680	03/01/28
5. Issuance of Service	687	03/08/28
6. Final Project Report Form Submitted (Form HR0055)	772	06/01/28

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

ATTACHMENT 7A: OWNERSHIP DOCUMENTS



Division of Business and Charitable Organizations

Department of State

State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
tncab.tnsos.gov/portal/

Tre Hargett
Secretary of State

CHARLES M SPRINKLE III
300 EAST MCBEE AVE, SUITE 410
GREENVILLE, SC 29601, USA

02/23/2026

Request Type: Certificate of Existence/Authorization

Issuance Date: 02/23/2026

Request #: C2026018252

Document Receipt

Order Number: C2026018252

Verification #: BCF3D8A7

Receipt #: 2026-192367

Filing Fee: \$20.00

Payment: Credit Card - 3916063364

\$20.00

Entity Name: PRISMA HEALTH IMAGING CENTERS, LLC

SOS Control #: 002088443

Initial Filing Date: 02/20/2026

Entity Type: Foreign Nonprofit Limited Liability Company

Formation Locale: South Carolina

Status: Active

Duration Term: Expires 12/31/2120

Fiscal Year Close: September

Annual Report Due: 01/01/2027

Business County: (No County on Record)

Managed By: Member Managed

Obligated Member Entity: No

CERTIFICATE OF AUTHORIZATION

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

PRISMA HEALTH IMAGING CENTERS, LLC

- * is a Limited Liability Company formed in the jurisdiction set forth above and is authorized to transact business in this State;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed an Application for Certificate of Withdrawal.

Tre Hargett
Secretary of State

Verification #: BCF3D8A7



Tre Hargett
Secretary of State

Division of Business and Charitable Organizations

Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-741-2286

tncab.tnsos.gov/portal/

CHARLES M SPRINKLE III
300 EAST MCBEE AVE, SUITE 410
GREENVILLE, SC 29601, USA

02/23/2026

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

Entity Name:	PRISMA HEALTH IMAGING CENTERS, LLC	Initial Filing Date:	02/20/2026
SOS Control #:	002088443	Formation Locale:	South Carolina
Entity Type:	Foreign Nonprofit Limited Liability Company	Duration Term:	Expires 12/31/2120
Status:	Active	Annual Report Due:	01/01/2027
Fiscal Year Close:	September		
Business County:	(No County on Record)		
Managed By:	Member Managed		
Obligated Member Entity:	No		

Document Receipt

Receipt #: 2026-192542	Filing Fee:	\$20.00
Payment: Credit Card - 3916064713		\$20.00
Amendment Type:	Assumed Name Registration	
Filing Date:	02/23/2026 12:25 PM	Tracking Number: B2026149623
Assumed Name:	PRISMA HEALTH IMAGING CENTER - FAIRVIEW	

This will acknowledge the filing of the attached Assumed Name Registration with an effective date as indicated above. When corresponding with this office or submitting documents for filing, please refer to the control number given above. The name registration is effective for five years from the date the original registration was filed with the Secretary of State.

Tre Hargett
Secretary of State

Event History

New Assumed Name: PRISMA HEALTH IMAGING CENTER - FAIRVIEW

Tracking Number
B2026149623

Application for Registration of Assumed Name



Tre Hargett
Secretary of State

Division of Business and Charitable Organizations

Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-741-2286

tncab.tnsos.gov/portal/

Control #: 002088443

Filed: 02/23/2026 12:25 PM

Tre Hargett

Secretary of State

Assumed Name Details

Entity Name: PRISMA HEALTH IMAGING CENTERS, LLC

Entity Type: FNPLLC

Place of Formation: South Carolina

Managed By: Member Managed

Control Number: 002088443

The entity intends to transact business in Tennessee under an assumed name.

The assumed name the entity proposes to use is:

PRISMA HEALTH IMAGING CENTER - FAIRVIEW

Signature

By entering my name in the space provided below, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day.

Pursuant to the provisions of § 48-14-101(d) of the Tennessee Business Corporation Act or § 48-54-101(d) of the Tennessee Nonprofit Corporation Act, or Section 48-207-101(d) of the Tennessee Limited Liability Act, or Section 48-249-106(d) of the Tennessee Revised Limited Liability Act, or Section 61-1-1003 of the Tennessee Uniform Partnership Act, or Section 61-3-101 of the Limited Partnership Act of 2017, the entity hereby submits this application:

Signed Electronically: CHARLES MONROE SPRINKLE

Date: 02/23/2026

Title: SENIOR VICE PRESIDENT AND DEPUTY GENERAL COUNSEL



Tre Hargett
Secretary of State

Division of Business and Charitable Organizations

Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
tncab.tnsos.gov/portal/

Date: 02/23/2026

Invoice: 2026-192542

Customer Information

CHARLES M SPRINKLE III
PRISMA HEALTH IMAGING CENTERS, LLC
300 EAST MCBEE AVE, SUITE 410
GREENVILLE, SC 29601, USA

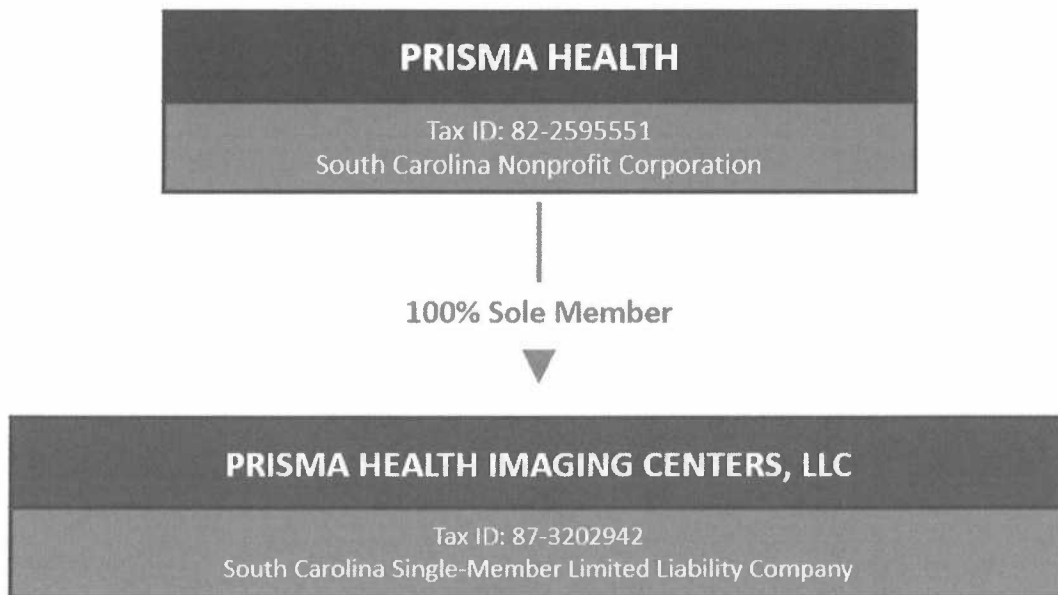
Tracking #	Description	Amount Paid
B2026149623	Assumed Name Registration for PRISMA HEALTH IMAGING CENTERS, LLC (LLC Filings)	\$ 20.00
Payment Details		
	Fee Total:	\$ 20.00
	Payment Total:	\$ 20.00
	Amount Due:	\$ 0.00
Payment Method		
	Payment Type: Credit Card	
	Check/Confirmation Number: 3916064713	

7A:

Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% ownership (direct or indirect) interest.

Response:

Prisma Health Imaging Centers, LLC ("PHIC LLC") is a South Carolina single-member limited liability company. Prisma Health, a South Carolina nonprofit corporation, is its sole member. The following chart reflects PHIC LLC's ownership structure.



The State of South Carolina



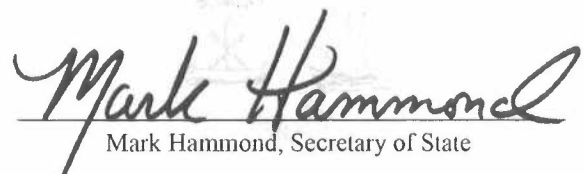
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Prisma Health Imaging Centers, LLC, a limited liability company duly organized under the laws of the State of South Carolina on October 20th, 2021, with a duration that is until December 31st, 2120, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. 33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 10th day
of February, 2026.


Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Parkridge ASC, LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
300 E. McBee Ave., Ste. 500

(Street Address)

Greenville, South Carolina 29601

(City, State, Zip Code)

3. The initial agent for service of process is

Matthew R.M. Fowler

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

300 E. McBee Ave. Ste. 410

(Street Address)

Greenville

South Carolina 29601

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Jennifer M. Leaphart

(Name)

1600 Marion St.

(Street Address)

Columbia, South Carolina 29201

(City, State, Zip Code)

Parkridge ASC, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. 12/31/2120
6. Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

Mark S. O'Halla

(Name)

300 E. McBee Ave., Ste. 500

(Street Address)

Greenville, South Carolina 29201

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

Parkridge ASC, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Jennifer M. Leaphart

Signature of Organizer

Date: 10/20/2021

Signature of Organizer

Date: _____

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

(a) The sole member of this limited liability company is Prisma Health, a South Carolina nonprofit public benefit corporation (the "Member") that is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"). For so long as the limited liability company has only one member, the limited liability company shall be treated as a "disregarded entity" for income tax purposes and, as such, shall be entitled to the same income tax status as the Member.

(b) The limited liability company is organized exclusively for charitable and educational purposes, within the meaning of Section 501(c)(3) of the Code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Code.

(c) No part of the net earnings of the limited liability company shall inure to the benefit of, or be distributable to its managers, officers, trustees, employees, agents, or other private persons, except that the limited liability company shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the limited liability company shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the limited liability company shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the limited liability company shall not carry on any other activities not permitted to be carried on (i) by an organization exempt from federal income tax under Section 501(c)(3) of the Code or (ii) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

(d) Upon dissolution of the limited liability company, the remaining assets of the limited liability company shall be distributed to the Member or, upon direction by Member, to any entity which is selected by Member, and which qualifies as an exempt organization under Section 115 or Section 501(c)(3) of the Code.

(e) All references in these Articles of Organization to a section of the Code are intended also to include the corresponding section of any future federal tax code, as the context requires.

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE
AMENDED ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY -DOMESTIC**

Pursuant to the 1976 S.C. Code of Laws, as amended, Section 33-44-204(a), the undersigned limited liability company adopts the following amended articles of organization:

1. The name of the limited liability company is:

Parkridge ASC, LLC

2. The date the articles of organization were filed is 10/20/2021.

3. The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization. If the space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph on this form.

Amended Entity Name: Prisma Health Imaging Centers, LLC

Signature: Signed as Filer: Jennifer M Leaphart

Capacity/Position of Person Signing (you must check one box):

- Manager Member Organizer
- Fiduciary Attorney-in-Fact

Mark S. O'Halla

(Print or Type Name)

Date: 12/06/2023

Business Name: Parkridge ASC, LLC

Signature Page for a Secretary of State Business Filing

This page must be completed, scanned, and attached to any business filing where one of the following is true.

- The filing party signs the digital form on behalf of official signee.
- An attorney's signature is required. (Articles of Incorporation for Corporation and Benefit Corporation)

Official Signatures

(Officer, Incorporator, Director, Agent, Partner, etc)

Required for forms where the signee is not present upon online submission and a filing party is providing a digital signing on their behalf. If the provided space is not enough, please attach multiple pages.

Mark S. O'Halla

Name



Signature

12-5-23

Date

Manager & CEO of Prisma Health, the sole

Member

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Scan and Upload this document to the Business Filing System during the filing process.
File must be PDF format.

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
AMENDED ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY -DOMESTIC

Pursuant to the 1976 S.C. Code of Laws, as amended, Section 33-44-204(a), the undersigned limited liability company adopts the following amended articles of organization:

1. The name of the limited liability company is:

Prisma Health Imaging Centers, LLC

2. The date the articles of organization were filed is 10/20/2021.

3. The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization. If the space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph on this form.

Additional Amendment Section 6 of the Articles of Organization is hereby amended to provide that the management of the limited liability company is vested in the member. The limited liability company shall not be managed by manager(s).

Signature: Signed as Authorized Signature: Jennifer M Leaphart: (Electronically Signed)

Capacity/Position of Person Signing (you must check one box):

- Manager Member Organizer
 Fiduciary Attorney-in-Fact

Jennifer M Leaphart
(Print or Type Name)

Date: 06/28/2024

ATTACHMENT 7C: PROJECTED CHARGES

7C. Project's Average Gross Charge, Average Deduction from Operating Revenue, and Average Net Charge

A. Utilization Data	Previous Year to Most Recent Year	Most Recent Year	Recent Year	Year One	Year Two	% change (Current Year to Year 2)
Gross Charge(Gross Operating Revenue/Utilization Data)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 622.02	\$ 627.54	0.00
Deduction from Revenue (Total Deduction/Utilization Data)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 422.97	\$ 426.72	0.00
Average Net Charge(Net Operating Revenue/Utilization Data)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 199.05	\$ 200.81	0.00

Year 1= 2028

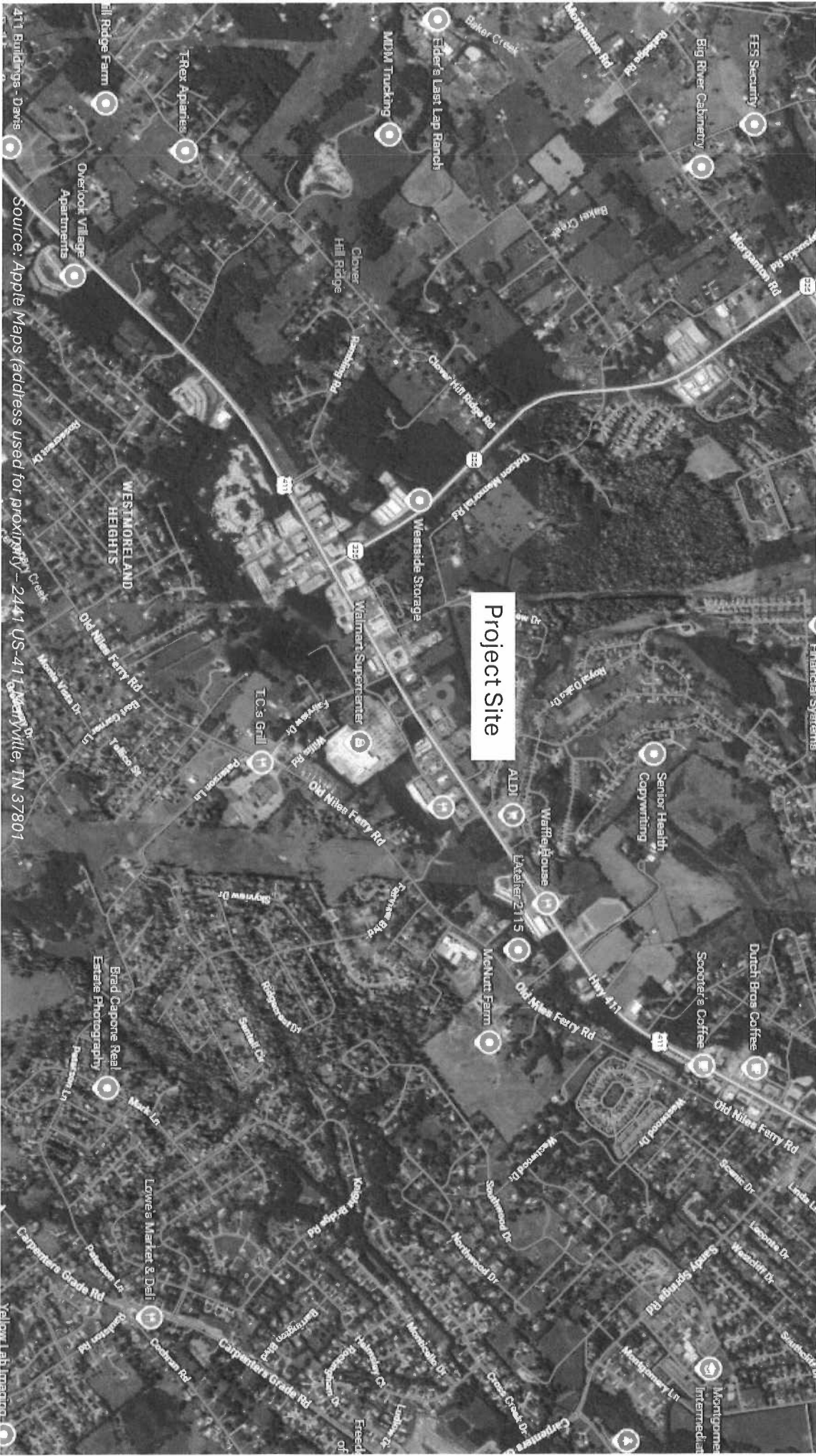
Year 2= 2029

Note: The above snapshot from the portal was added as an attachment due to issues experienced in saving Question 7C within the portal based on advisement of TN HFC staff.

ATTACHMENT 8A: MANAGEMENT AGREEMENT

As Prisma Health Imaging Centers, LLC will manage the new facility itself, the applicant does not intend to have a management agreement.

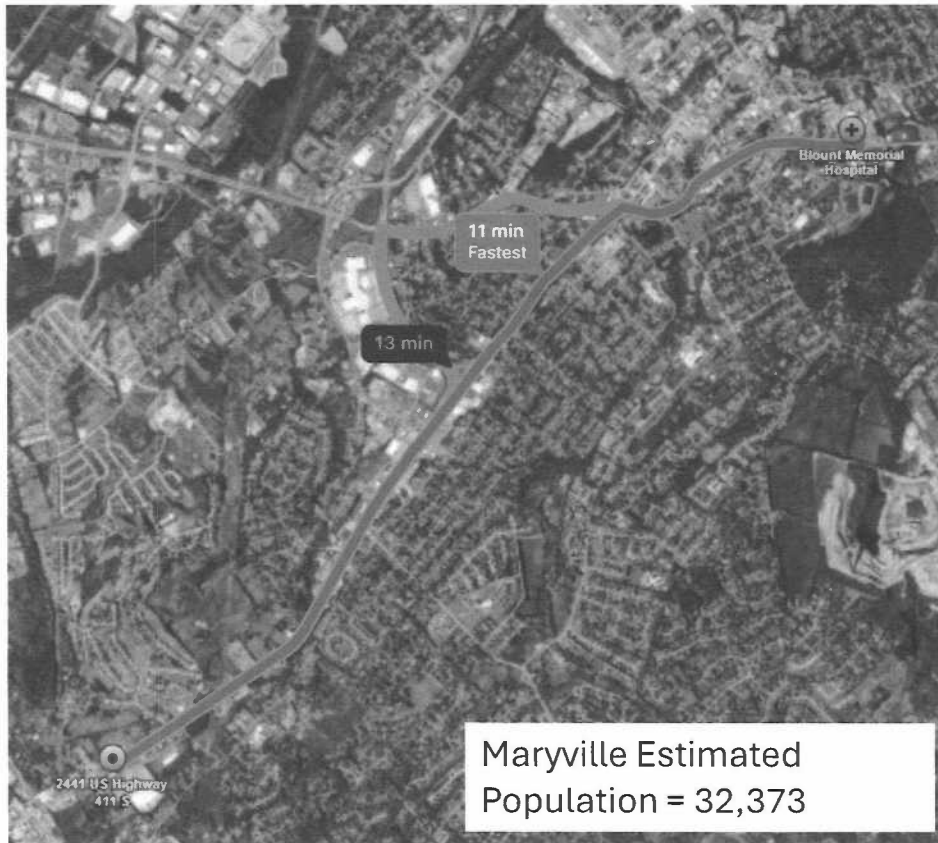
ATTACHMENT 11A: PUBLIC TRANSPORTATION – DRIVE-TIME MAPS



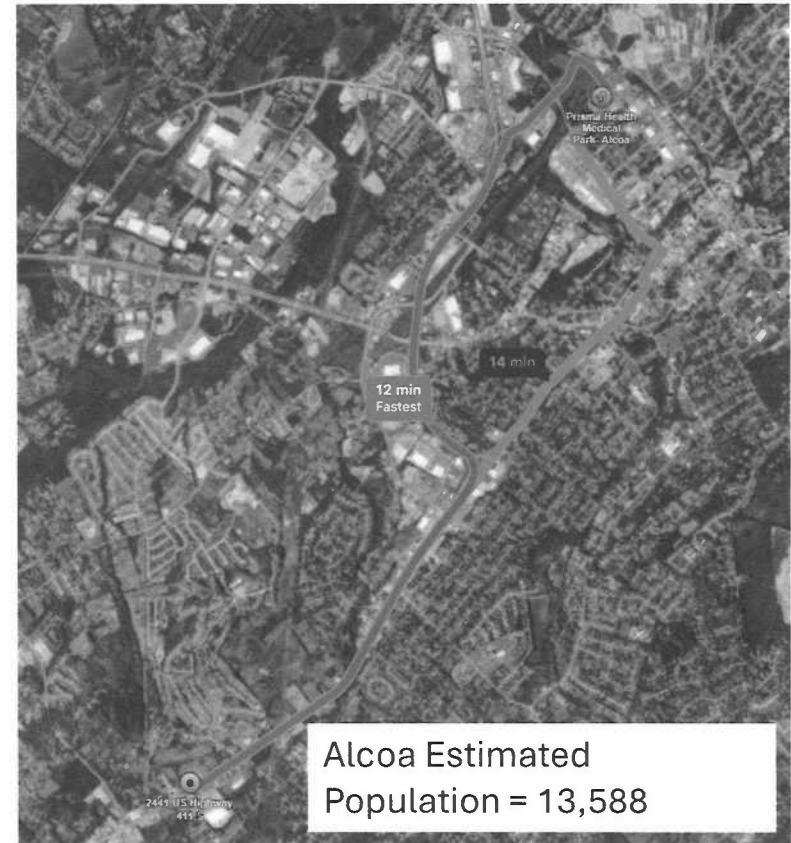
Project Site

Source: Apple Maps (address used for proximity) - 2441 US-41, Westmoreland, TN 37801

From: Blount Memorial/Maryville – 11 minutes drivetime

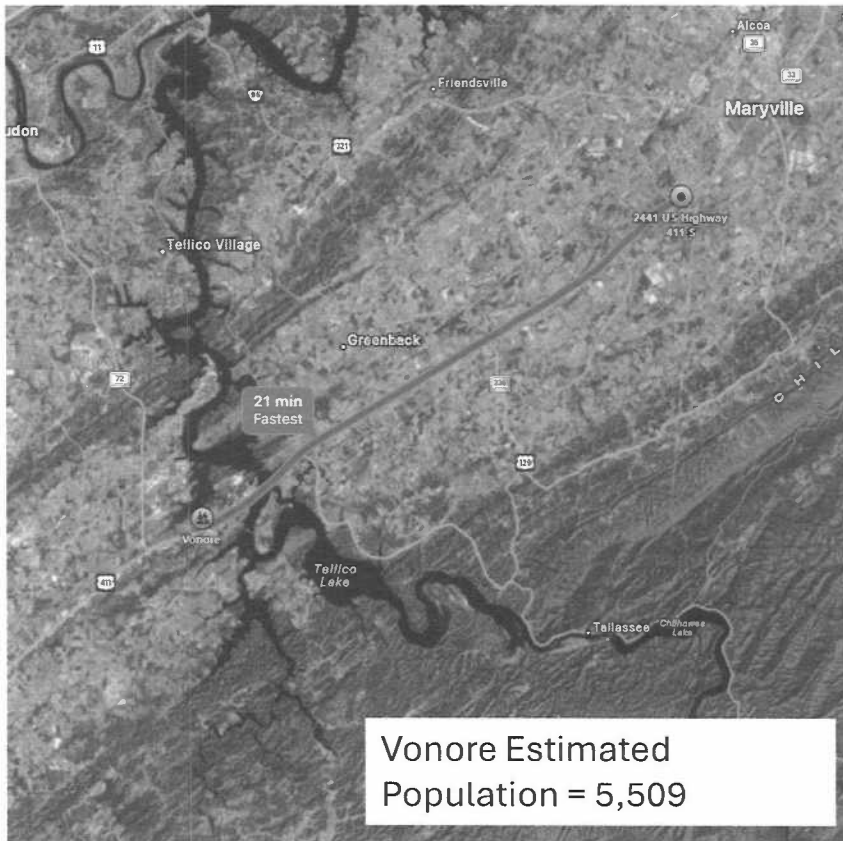


From: Medical Park – Alcoa – 12 minutes drivetime

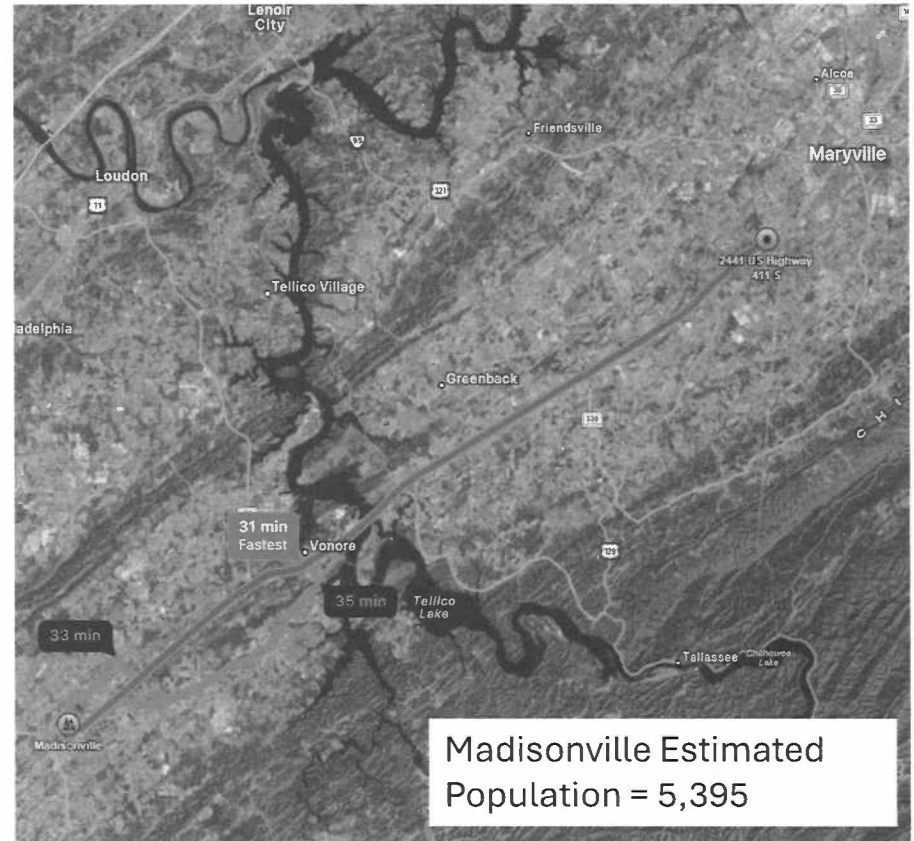


Source: Apple Maps (address used for proximity – 2441 US-411, Maryville, TN 37801; Census Bureau Quickfacts, July 1, 2024 (V2024))

From: Vonore – 21 minutes drivetime



From: Madisonville – 31 minutes drivetime



Source: Apple Maps (address used for proximity – 2441 US-411, Maryville, TN 37801; Census Bureau Quickfacts, July 1, 2024 (V2024); Vonore – UnitedStatesZipCodes.org

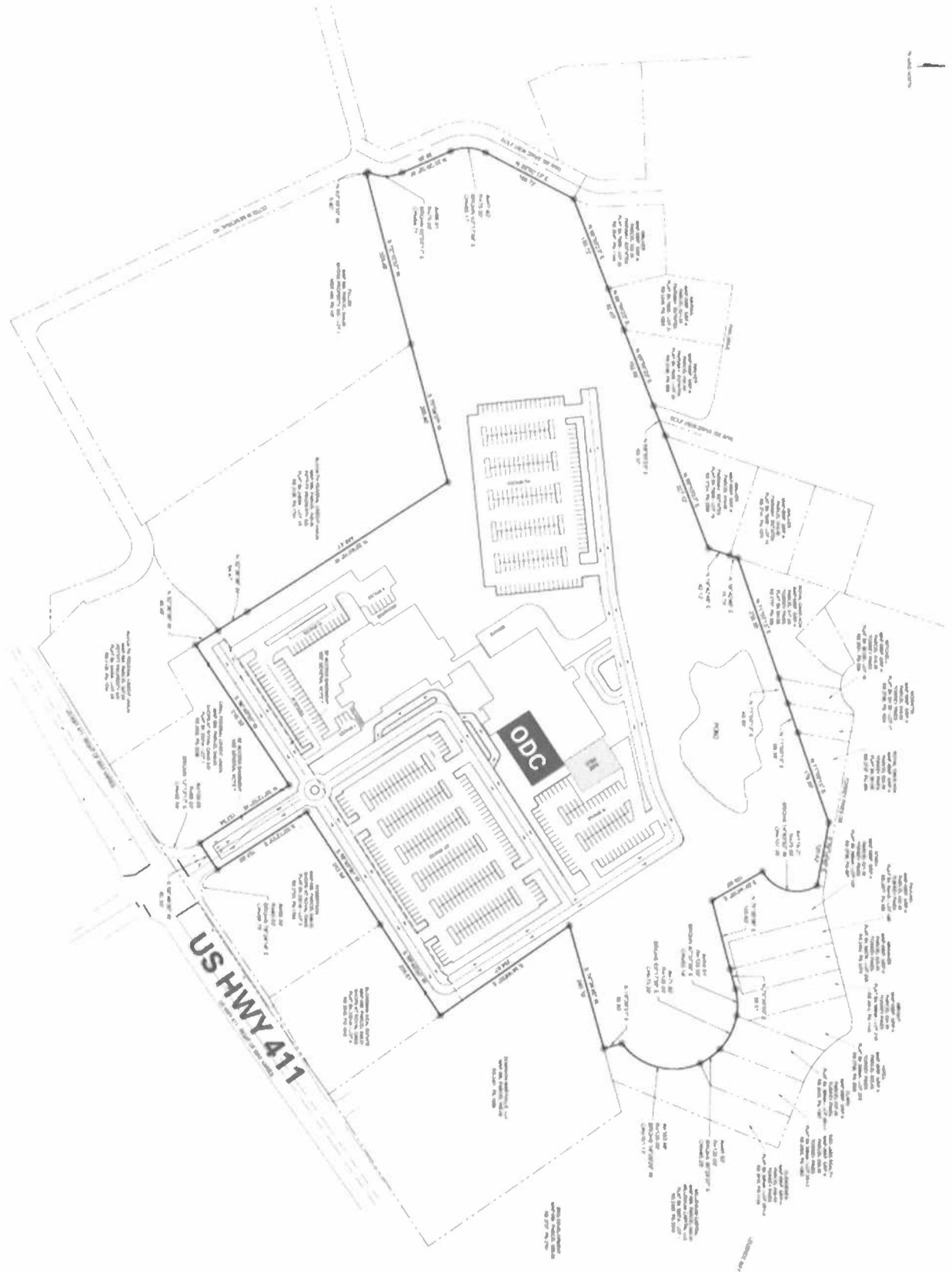
Maryville Walmart Supercenter

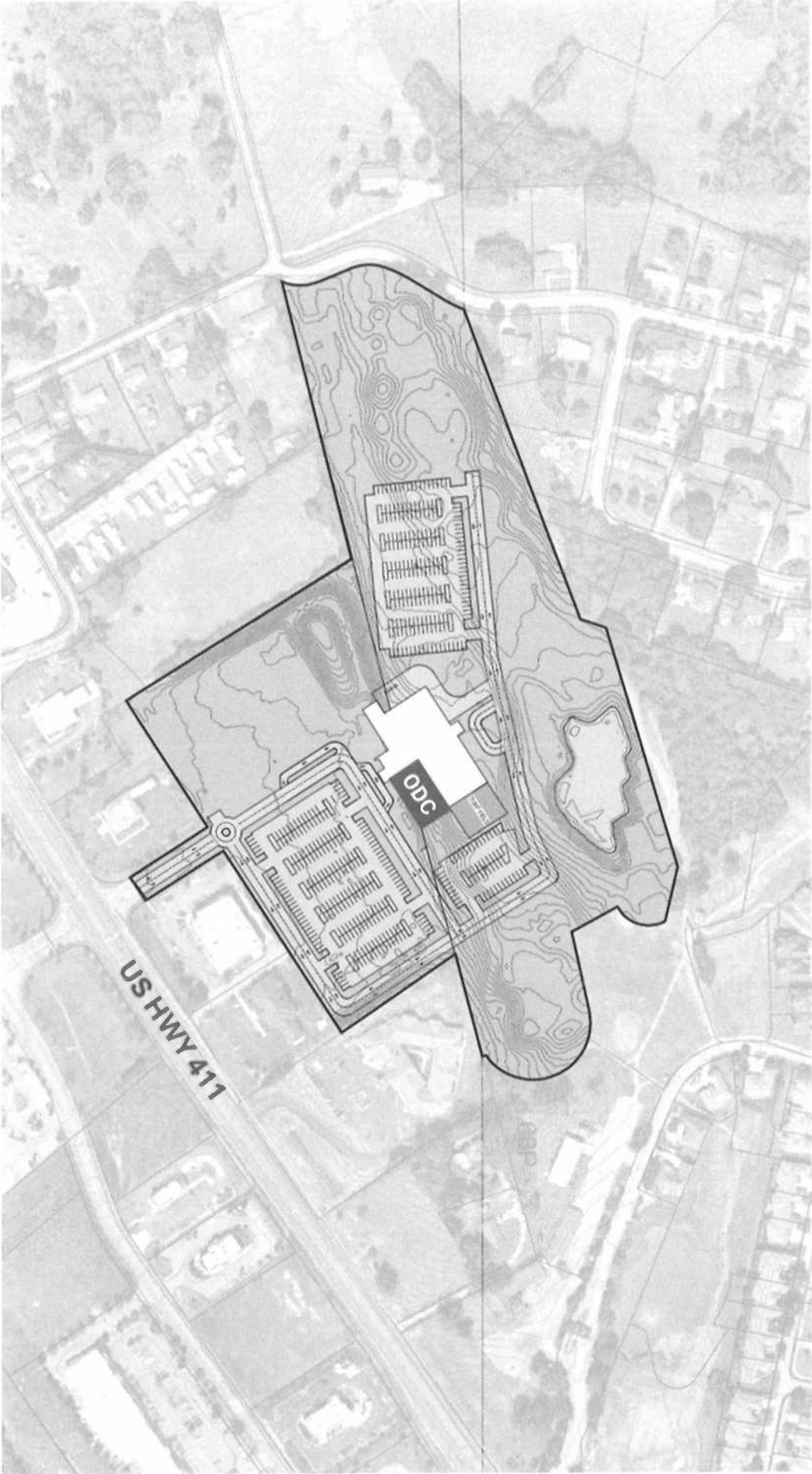
2410 US Highway 411 S, Maryville, TN 37801

Latitude and longitude coordinates are: 35.760059, -83.966850



ATTACHMENT 12A: PLOT PLAN





1. METES AND BOUNDS DESCRIPTIONS AND DISTANCES SHOWN HEREON ARE TAKEN FROM PLAT / DEED OF RECORD - BOUNDARY SURVEY NOT PERFORMED.
 2. FUTURE DATUM
HORIZONTAL DATUM: NAD83(2011) VERTICAL DATUM: NAVD88
 3. PARCELS 49.00 AND 49.25 OF MAP 068 IS NOT LOCATED WITHIN A FLOOD HAZARD AREA AS DESIGNATED BY FEMA FLOOD MAP 47009C0234C, DATED 9-19-2007.
 4. PROPOSED PRISMA HEALTH MEDICAL FACILITY (128,068 ± SQUARE FEET)
 5. CURRENT ZONING OF PARCEL 042.25 - RESIDENTIAL
PROPOSED ZONING - BUSINESS AND TRANSPORTATION
- BUSINESS AND TRANSPORTATION ZONING REQUIREMENTS**
Density and Dimensional Requirements [§14-214]:
- Minimum Lot Size: 5,000 square feet if used for residential purposes, otherwise none
 - Recommended Minimum Lot Width: 100 feet
 - Building Height: 55 feet
 - Setbacks: All setbacks along street right-of-way property lines shall be considered a "front" setback even if there are multiple "front" setbacks on a lot. Setback from existing utility easements must be observed, otherwise:
- Residential Use:
Front:
 - General requirement: 25 feet
 - If located on a collector street: 40 feet
 - If located on an arterial street: 50 feetSide: 10 feet
Rear: 20 feet
- Commercial Use:
Front:
 - General requirement: 20 feet
 - If located on a collector street: 40 feet
 - If located on an arterial street: 50 feet
 - If business is a gas station, gas pump islands and canopy supports setback from arterial or collector: 35 feetSide: None unless adjacent to residential, in which case it is a 10-foot minimum
Rear: None unless adjacent to residential, in which case it is a 10-foot minimum
6. 10' UTILITY AND DRAINAGE EASEMENTS ALONG ALL EXTERIOR LOT LINES AND 5' ALONG INTERIOR LOT LINES EXCEPT UNDER BUILDINGS.
 7. 50' AND 60' ACCESS EASEMENTS PER PLAT 2321A - PER PLAT OF RECORD ACCESS EASEMENTS ARE TO BECOME PUBLIC RIGHTS-OF-WAYS WHEN EITHER OF THE ADJOINING PROPERTIES DEVELOPS.
 8. PROPOSED PARKING:
536 TOTAL SPACES
9 STANDARD / 2 VANS ACCESSIBLE SPACES REQUIRED
 9. TOTAL AREA OF PROPOSED LOT 2R OF THE SHOPS AT ROYAL OAKS
1080635.56± SQUARE FEET
24.81± ACRES

ATTACHMENT 4E: MEDICAL EQUIPMENT QUOTES

Blount (005)	Jan 1 Owner	Current Owner	HWY 411 S			
Tax Year 2025 Reappraisal 2023	BLOUNT MEMORIAL HOSPITAL 907 E LAMAR ALEX PKWY MARYVILLE TN 37804	PRISMA HEALTH ATTN: LEGAL DEPARTMENT 300 E. MCBEE AVENUE GREENVILLE SC 29601	Ctrl Map: 068	Group:	Parcel: 049.00	PI: St: 000

Value Information

Land Market Value:	\$2,881,900
Improvement Value:	\$0
Total Market Appraisal:	\$2,881,900
Assessment Percentage:	0%
Assessment:	\$0

Subdivision Data

Subdivision:
SHOPS AT ROYAL OAKS

Plat Book:	Plat Page:	Block:	Lot:
2321A			2

Additional Information

SITE FOR NEW WELLNESS CTR

General Information

Class: 06 - Ed/Sci/Charitable	City: MARYVILLE
City #: 464	Special Service District 2: 000
Special Service District 1: 000	Neighborhood: E01
District: 06	Number of Mobile Homes: 0
Number of Buildings: 0	Utilities - Electricity: 01 - PUBLIC
Utilities - Water/Sewer: 03 - PUBLIC / INDIVIDUAL	Zoning: BT
Utilities - Gas/Gas Type: 01 - PUBLIC - NATURAL	
GAS	

Outbuildings & Yard Items

Building #	Type	Description	Area/Units
------------	------	-------------	------------

Sale Information

Long Sale Information list on subsequent pages

Land Information

Deed Acres: 8.41	Calculated Acres: 0	Total Land Units: 8.41
------------------	---------------------	------------------------

Land Code	Soil Class	Units
70 - EXEMPT		8.41

Sale Information

Sale Date	Price	Book	Page	Vacant/Improved	Type Instrument	Qualification
6/4/2025	\$0	2821	2444		-	-
2/25/2008	\$0	2188	1843		-	-
6/2/2006	\$0	2110	2435		-	-
3/30/2005	\$1,735,000	2051	1336	I - IMPROVED	WD - WARRANTY DEED	P - MULTIPLE PARCELS
8/30/1994	\$150,000	565	439	I - IMPROVED	WD - WARRANTY DEED	P - MULTIPLE PARCELS
12/30/1982	\$0	448	780		-	-

Fair Market Value versus Total Lease Cost for Project Cost Chart Calculation

Building and Land Lease Cost and Fair Market Value

Amount Rounded to Nearest Dollar

Use the HIGHEST calculated value in the Project Cost Chart

LEASE

Number of Months for Lease	120
*Lease Monthly Payment	\$29,017
Total Lease Payments	\$3,482,055

FAIR MARKET VALUE OF BUILDING/LAND

Property Assessment Document Specified Amount	\$2,881,900
Total Square Footage of Building/Land	128,068
Square Footage Used By ODC Project	6,750
Calculated Market Value	\$151,895

Medical Equipment - For MRI, Linear Accelerator, & PET

Amount Rounded to Nearest Dollar

Use the HIGHEST calculated value in the Project Cost Chart

LEASE

Number of Months for Lease	
Lease Monthly Payment	
Total Lease Payments	\$0

FAIR MARKET VALUE OF FIXED AND MOVEABLE MEDICAL EQUIPMENT

Vendor Quote Amount	
Maintenance Agreement Amount (Over Expected Useful Life)	
Federal/State/Local Taxes	
Government Assessments	
Installation Charges	
Calculated Fair Market Value	\$0

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

Siemens Healthineers Representative
Brent Ashcraft - +1 (864) 650-6540
brent.ashcraft@siemens-healthineers.com

PRELIMINARY PROPOSAL

Customer Number: 0000411131

Date: 03-06-2026

PRISMA HEALTH IMAGING CENTERS LLC
300 E MCBEE AVE
GREENVILLE, SC 29601

Siemens Medical Solutions USA, Inc. is pleased to submit the following quotation for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions on the face and back hereof, and on any attachment hereto.

<u>Table of Contents</u>	<u>Page</u>
SOMATOM go.Top Excel (Quote Nr. CPQ-1701068 Rev. 0).....	2

Contract Total: 529,456 USD
(total does not include any Optional or Alternate components which may be selected)

Proposal valid until 04-20-2026

Estimated Delivery Date: 10-29-2027

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

Siemens Healthineers Representative
Brent Ashcraft - +1 (864) 650-6540
brent.ashcraft@siemens-healthineers.com

PRELIMINARY PROPOSAL

Quote Nr: CPQ-1701068 Rev. 0

Terms of Payment: 10% Down, 80% Delivery, 10% Installation
Free On Board: Shipping Point

Purchasing Agreement: Not Applicable

SOMATOM go.Top Excel

All items listed below are included for this system:

Qty	Part No.	Item Description	Extended Price
1	14482408	SOMATOM go.Top Excel SOMATOM go.Top is a clinical allrounder that gives you full flexibility in your clinical tasks. Handle all routine procedures and the most important advanced ones to cater to a wider range of patients.	379,611 USD
1	14460600	Identifier SRS Smart Remote Service (SRS) is a secured data link that connects your medical system to Siemens service experts. Via SRS, the performance and condition of your equipment can be monitored in real time. SRS makes a broad range of proactive and interactive services available. A VPN connection is to be provided by Customer. The Customer agrees to allow connection to Siemens' remote service diagnostic equipment to the secured telecommunications link at his own expenses. The Customer bears the cost of any technical requirements for any such connection over and beyond the actual product (e.g. establish a broadband connection).	0 USD
1	14500413	Excel SW Base Package VB20 The SOMATOM go. platform features a holistic set of intuitive solutions that addresses your workflow not only at the scanner but also beyond.	0 USD
1	14482439	SAFIRE Item includes SAFIRE license	0 USD
1	14468581	syngo Expert-i Expert-i enables the physician to interact with the syngo Acquisition Workplace from virtually anywhere in your hospital.	0 USD
1	14482436	High Performance Package Item includes - High Power 70 - High-speed 0.33 s - iMAR including Bone Windowing	31,634 USD
1	14460613	Foot Switch for Pat.Table control Additional flexibility with a foot switch that controls patient table movements only.	633 USD

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

Siemens Healthineers Representative
Brent Ashcraft - +1 (864) 650-6540
brent.ashcraft@siemens-healthineers.com

PRELIMINARY PROPOSAL

Qty	Part No.	Item Description	Extended Price
1	14460653	Infusion Holder Infusion holder attached to the end of the patient table.	211 USD
1	14460654	Storage Boxes An additional ergonomic storage box at the side of the patient table.	211 USD
1	14460614	Table Extension Comfortable table accessory to extend the maximum scan range.	548 USD
1	14460637	2nd Control-room Monitor 2nd Control-room Monitor	1,097 USD
1	14482444	Cardiac Acquisition Basic Item includes - Physiological Measurement Module - ECG cable - Cardio Spiral - Any kV CaScoring - Cardio BestPhase	6,327 USD
1	14482450	CaScoring Reading Item includes - Recon&GO Inline CaScoring - syngo.CT CaScoring	5,840 USD
1	14482431	Gantry tilt Item includes - Gantry tilt - Tilted Spiral	0 USD
1	14472322	UPS UPS. An uninterrupted power supply, for the syngo Acquisition Workplace in the event of network fluctuations and brief power failures.	0 USD
1	14482427	go.Power Computers Item includes go.Power Computers	0 USD
1	14482433	Wireless edition Item includes - Tablet - Scan&GO SW package - Wireless Remote Scan Control	0 USD
1	14482429	myExam Care Item includes User-Patient Interaction: - CARE 2D Camera - Gantry Ring Moodlight Dose: Radiation and Contrast Media - CARE Dose 4D - CARE kV - X-CARE - CARE Child	0 USD

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

Siemens Healthineers Representative
Brent Ashcraft - +1 (864) 650-6540
brent.ashcraft@siemens-healthineers.com

PRELIMINARY PROPOSAL

Qty	Part No.	Item Description	Extended Price
1	14482195	<ul style="list-style-type: none"> - CARE Profile - CARE Topo - CARE Filter - CARE Bolus <p>CARE Breathe Easy-to-follow visual instructions and an intuitive graphical breathhold count-down to help patients comply with breathhold times.</p>	1,014 USD
1	14460609	<p>227 kg Patient Table Patient table with 500 lb / 227 kg weight limit</p>	0 USD
1	14461354	<p>Multipurpose Positioning Mattress Multipurpose Positioning Mattress is compatible with the dedicated scanner patient table. The mattress includes a foam insert and makes it easier to slide patients on and off the table. This way, patient positioning can be further optimized. This mattress can also be used with an optional syngo Osteo CT software and phantom to enable bone mineral density measurements.</p>	1,078 USD
1	14481764	<p>Patient Restraint 400 mm 400 mm wide restraint strap for the safe positioning of even obese patients on the patient table.</p>	539 USD
1	PSPD250480Y3K	<p>Surge Protective Device (SPD)</p>	3,182 USD
1	BFLEXOCS_M	<p>Stellant Flex injector-ceiling(med) Stellant Flex ceiling mounted injector with workstation, NO Informatics, but is Informatics ready. Includes Stellant Flex ceiling mounted injector w/medium post (850 mm) and ceiling plate; workstation; installation and warranty through Bayer. This post length is recommended for rooms with a floor to structural ceiling height of approximately 10 feet.</p>	39,352 USD
1	4SPAS014	<p>Low Contrast CT Phantom & Holder</p>	2,704 USD
1	CT_LUNGIMAGIN GGO	<p>Lung Imaging Lung Imaging Go: For well over a decade, CT has been recognized and used as the standard of care for lung nodule visualization and sizing. This is due to CT's spatial resolution, geometric accuracy, and ability to create various reconstructions and 3D views. The high contrast environment in the chest between the lungs and the nodules makes for a relatively easy visualization task for clinicians using CT images. Recent advances in CT technology have allowed these scans to be effectively performed at lower doses, higher resolutions, and faster scan times. The SOMATOM go.Platform leverages Tin Filter Technology to further enhance the delivery of low dose lung cancer screening for high risk populations*. The SOMATOM go scanners are delivered with specific scan protocols to provide low dose lung cancer screening exams that use Siemens-</p>	0 USD

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

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brent.ashcraft@siemens-healthineers.com

PRELIMINARY PROPOSAL

Qty	Part No.	Item Description	Extended Price
		exclusive Tin Filter Technology to reduce unnecessary radiation. These default protocols also utilize Siemens proprietary dose reducing features such as CARE Dose4D™, automatic exposure control technology, that further modulates and adapts dose for every patient, for high image quality at low dose. The SOMATOM go scanners come with default low dose lung imaging protocols below 1 mSv. *As defined by professional medical societies.	
1	ACCESS_PROTECT	Access Protection Scan Protocols are password protected allowing only authorized staff members to access and permanently change protocols	0 USD
1	CARE_DOSE4D	CARE Dose4D CARE Dose4D delivers the highest possible image quality at the lowest possible dose for patients - maximum detail, minimum dose. Adaptive dose modulation for up to 60% dose reduction	0 USD
1	CARE_DOSE_CONFIG	CARE Dose Configurator CARE Dose Configurator: Enhancement of Siemens' renowned real-time dose modulation CARE Dose4D, introducing new reference curves for each body region and for each body habitus allowing to adjust the configuration even more precisely to the patient's anatomy.	0 USD
1	CARE_BOLUS	CARE Bolus Operating mode for CM-enhancement-triggered data acquisition.	0 USD
1	DICOM_SR	DICOM SR Dose Reports DICOM structured file allows for the extraction of dose values (CTDIvol, DLP)	0 USD
1	DOSE_ALERT	Dose Alert Dose Alert: Dose Alert automatically adds CTDIvol and DLP values depending on z-position (scan axis). The Dose Alert window appears, if either of these cumulative values exceeds a user-defined threshold.	0 USD
1	DOSE_NOTIFICATION	Dose Notification Dose Notification: Dose Notification provides the ability to set dose reference values (CTDIvol, DLP) for each scan range. If these reference values are exceeded the Dose Notification window informs the user.	0 USD
1	NEMA_XR-29	NEMA_XR-29 Standard This system is in compliance with NEMA XR-29 Standard Attributes on CT Equipment Related to Dose Optimization and Management, also known as Smart Dose.	0 USD
1	SURE_VIEW	SureView Provides exceptional image quality at any pitch setting, enabling you to scan faster because you can scan at any pitch without degrading image quality	0 USD
1	UFC_DETECTOR	UFC Detector Ultra Fast Ceramics (UFC) technology is a unique type of scintillation technology material that quickly and efficiently transforms radiation	0 USD

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PRELIMINARY PROPOSAL

Qty	Part No.	Item Description	Extended Price
1	CT_GO_STELLAR	<p>from the X-ray tube into light signals. Its superb overall quantum efficiency and unique short afterglow enable time-critical X-ray detection at low doses and extremely fast data collection.</p> <p>Stellar Low Noise Technology Detector</p> <p>The Stellar detector's high-end technology includes fully integrated components. As a result, Stellar detector technology keeps electronic noise low, increases dose efficiency and improves spatial resolution. The smart configuration of the detector elements simplifies access, eases maintenance, and increases scanner uptime. For SOMATOM go scanners, the Stellar detector features a 3D anti-scatter collimator for even more efficient optimization of X-ray energy.</p>	0 USD
1	SYNGO_VRT	<p>syngo VRT</p> <p>Advanced 3D functionality as an extension to the basic 3D viewer, containing volume rendering technique (VRT) and advanced editing functions.</p>	0 USD
1	SYNGO_BONE_REMOVAL	<p>syngo Bone Removal</p> <p>Simple, automated bone removal functionality for the syngo 3D application. Preconfigured algorithms for angiography and hip/pelvis fracture scenarios are included to facilitate fast removal of bone structure for three dimensional presentation and analysis of CT data.</p>	0 USD
1	WORKSTREAM4D	<p>Workstream4D</p> <p>WorkStream 4D further enhances the already superb workflow of SOMATOM CT scanners by offering direct generation of sagittal, coronal, oblique or double-oblique reconstructed images directly from CT raw data as part of the CT protocol.</p>	0 USD
1	CT_FLEX_DOSE_PROFILE	<p>Flex Dose Profile</p> <p>In combination with CARE Dose 4D and FAST Planning, Flex Dose Profile allows a more optimal modulation of the dose in long scans ranges where different quality references might be needed. It is displayed at the AWP and at the Scan&GO tablet.</p>	0 USD
1	HD_FOV_70CM	<p>HD FOV</p> <p>Designed to enable visualization of the human body parts and skin line located outside of the 50cm standard field of view up to the bore size.</p>	0 USD
1	CT_TIN_FILTER	<p>SOMATOM go. Tin Filter</p> <p>Tin Filters block unnecessary low energy photons for non-contrast exams optimizing the X-ray spectrum increasing dose efficiency especially for applications with high air (or bone)-to-soft tissue contrast.</p>	0 USD
1	CTSPER01	<p>CT Slicker</p> <p>Thermoseal seams and flaps deflect fluids, reducing contaminant penetration into the cushion and table. Contaminants are retained on the tabletop or shunted to the floor. Cleanup is faster, more thorough, and contaminant build-up is reduced.</p> <p>Built using heavy, clear, micro matte vinyl, and top grade hook and loop</p>	364 USD

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PRELIMINARY PROPOSAL

Qty	Part No.	Item Description	Extended Price
1	CT_PM	fastening strips (Velcro) to better fit the specified table. Custom vinyl resists tears and minimizes radiologic interference. Latex free. Set includes CT Skirts. Includes warranty from RADSCAN Medical. CT Project Management A Siemens Project Manager (PM) will be the single point of contact for the implementation of your Siemen’s equipment. The assigned PM will work with the customer’s facilities management, architect or building contractor to assist you in ensuring that your site is ready for installation. Your PM will provide initial and final drawings and will coordinate the scheduling of the equipment, installation, and rigging, as well as the initiation of on-site clinical education.	0 USD
1	CT_BTL_INSTALL	CT Standard Rigging and Installation	9,360 USD
1	CT_ADDL_RIGGING	Additional Rigging CT \$8,000	8,000 USD
1	CT_BD_LV2	Essential Education Level 2 (CT) This Essential Education Bundle provides system training in a blended learning environment using training modules (typically 1 hour): - Clinical Education Specialist led online education consult and education planning. - Siemens Healthineers Academy online learning platform-based education plan deployment/management. - Online protocol development and training up to 50 protocols using CT SmartSimulator. - Classroom training up to 24 modules at Siemens Training and Development Center. - Online Seamless transition workshop for education of up to 6 users using SmartSimulators. - Essential Onsite Training Part 1 - Up to 24 hours of onsite education for up to 8 users. - Essential Onsite Training Part 2 - Up to 16 hours of onsite education for up to 8 users. - Ongoing online instructor-led training subscription using SmartSimulators or Smart Remote Services for one year. This Educational offering must be completed by the later of (12) months from the install end date or the purchase date. If training is not completed within the applicable period, Siemens Healthineers' obligation to provide the training will expire without refund.	37,752 USD
System Total			529,456 USD

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PRELIMINARY PROPOSAL

FINANCING: The equipment listed above may be financed through one of our financing partners. Ask us about our full range of financial products that can be tailored to meet your business and cash flow requirements. For further information, please contact your local Sales Representative.

Siemens Healthineers is pleased to submit this Preliminary Pricing Proposal. A Preliminary Pricing Proposal is provided for planning purposes only; it is not contractually binding. To receive a contractually binding proposal for the Products listed above, inclusive of Terms, Conditions, and Warranty coverage, please contact your Siemens Healthineers Sales Representative.

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PRELIMINARY PROPOSAL

Customer Number: 0000411131

Date: 03-06-2026

PRISMA HEALTH IMAGING CENTERS LLC
300 E MCBEE AVE
GREENVILLE, SC 29601

Siemens Medical Solutions USA, Inc. is pleased to submit the following quotation for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions on the face and back hereof, and on any attachment hereto.

Table of Contents

Page

MULTIX Impact C (Quote Nr. CPQ-1701019 Rev. 0)2

Contract Total: 249,306 USD

(total does not include any Optional or Alternate components which may be selected)

Proposal valid until 04-20-2026

Estimated Delivery Date: 10-29-2027

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PRELIMINARY PROPOSAL

Quote Nr:	CPQ-1701019 Rev. 0
Terms of Payment:	10% Down, 80% Delivery, 10% Installation Free On Board: Shipping Point
Purchasing Agreement:	Not Applicable

MULTIX Impact C

All items listed below are included for this system:

Qty	Part No.	Item Description
1	14467864	<p>MULTIX Impact C MULTIX Impact C is our answer for ceiling-mounted radiography: High-end technology and user-assisting system intelligence - with the myExam Companion.</p> <p>With the ceiling-mounted MULTIX Impact C we introduce a family of radiography systems - each system combining the established, excellent MULTIX Impact imaging quality with brand new staff- and patient friendly features.</p> <p>Your benefits? Reliable performance and high-quality on-time care to patients, even at peak times - strengthening your image with everyone involved.</p> <p>This universal, digital, and sophisticated radiographic workplace for skeletal radiography of the recumbent, standing or seated patient utilizes wireless detectors (Core XL, MAX wi-D) and/or fixed detector (Core static).</p> <p>Different levels of system automation (optional) and a wireless remote control enable a perfect balance of patient focus and satisfaction of staff. Of course, also ensuring economic rentability for our customers.</p> <p>Following items are included in the standard delivery:</p> <ul style="list-style-type: none"> - Ceiling stand - X-ray tube - 10" color touchscreen user interface on the X-ray tube - Bucky wall stand - 55 kW generator - Keyboard/Mouse

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PRELIMINARY PROPOSAL

Qty	Part No.	Item Description
1	14467869	<p>- High-performance image station (all-in-one PC), with image storage capacity of 10.000 DICOM images</p> <p>- DICOM Worklist / MPPS & DICOM Query Retrieve</p> <p>- Cyber security package</p> <p>- 23.8" color display integrated in image station</p> <p>Bucky wall stand with Core static</p> <p>Floor - mounted Bucky wall stand with motorized height - adjustable detector Bucky with a Core static 43 cm x 43 cm (17" x 17") fixed detector integrated for digital acquisitions.</p> <p>Vertical height adjustment is possible from left and right side. The vertical height - adjustment can be also performed manually.</p> <p>It is especially suited for acquisitions of skeletal radiography of the standing and seated patient:</p> <ul style="list-style-type: none"> - Orthopedic diagnostics - Thorax and general diagnostics - Trauma and ER diagnostics <p>With this Bucky wall stand more profound diagnostic requirements for acquisitions of thorax (lungs), abdomen, pelvis, spine, skull, and extremities are met.</p>
1	14467871	<p>Table for MAX wi-D</p> <p>Height - adjustable patient positioning table in compact design, for X-ray exposures of the entire body with detector tray for MAX wi-D 35 cm x 43 cm (14" x 17").</p>
1	14436591	<p>MAX wi-D</p> <p>Light, wireless, mobile detector 35 cm x 43 cm (14" x 17"), with handle for comfortable and safe operation. Thanks to the MAXswap function, the detector can be used with all MAX systems.</p> <p>It can be automatically charged in the system's detector holder.</p> <p>The detector can be used with all MAX systems, YSIO X.pree, and LUMINOS Q.namix.</p>
1	14436593	<p>MAX wi-D Clip-on Grid 5/85 F115</p> <p>Grid (5/85), f 115 cm</p> <p>Highly selective anti-scatter grid for scattered radiation reduction:</p> <ul style="list-style-type: none"> - Pb 5/85 (grid ratio 5:1, 85 lines/cm) - Grid focusing for SID 115 cm (45")
1	14460025	<p>Detector battery charger MAX wi-D</p>

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PRELIMINARY PROPOSAL

Qty	Part No.	Item Description
		This charger can be used to charge the replacement batteries for the MAX wi-D detector.
		Space for 3 batteries, with LED indicator for charge status. The charger connects to a wall socket using a power cord.
		This item includes the following components: - 1x battery charger - 1x detector battery
1	14471808	WLAN for wireless detectors Integrated WLAN access point for operation of the MAX wi-D and Core XL detector.
1	14467878	Transparent grid 13/92, F300 Highly selective grid for scattered radiation reduction.
1	14448960	Grid, 13/92 F115 Highly selective grid for scattered radiation reduction.
1	14448961	Grid, 13/92 F140 Highly selective grid for scattered radiation reduction.
1	14460118	80 kW generator High-frequency X-ray generator with 80 kW power, with high performance to extend the range of applications.
1	14467867	Tube stand 3D motorized tilting Ceiling-mounted tube support with X-ray tube assembly, TUI (Touchscreen User Interface) and motorized collimator with ACSS (Automatic Collimation Size Sensing). Tube supports SmartOrtho with automated tilting technique. - Projection-relevant tube positions can be manually adjusted with handles symmetrically mounted to the tube head - Easy manual movement in horizontal (longitudinal) and transversal directions and motorized movement in vertical direction
1	14467879	SmartPositioning SmartPositioning accelerates workflows meaning the system can automatically adjust the height of the tube, table, and Bucky wall stand and the desired angle by tilting the tube automatically. With the push of one button it moves MULTIX Impact C into a pre-defined and OGP-linked positions only necessary to adjust the x- and y-axis of the ceiling-mounted tube manually.
1	14467874	Table Bucky Auto tracking Enable tube & table detector horizontal and oblique tracking. It offers oblique and horizontal tube tracking with table detector for greater accuracy.
1	14460119	IS workstation w/ touch-screen Image station with optional integrated 23.8" color touch screen.

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PRELIMINARY PROPOSAL

Qty	Part No.	Item Description
1	14467880	<p>Wireless remote control Touch sensitive wireless remote control enables convenient control over Bucky wall stand vertical movements and collimation field size.</p> <p>Please note: Only available as option and can be only configured with motorized collimator.</p>
1	14467877	<p>Multipurpose/Ortho stand The multipurpose stand stabilizes the patient during upright examination, such as long -leg and full-spine imaging to prevent motion artifacts.</p> <p>It allows the safe movement of the Bucky tray during the image acquisition procedure. The stand is light weight, easy to maneuver even through doors and provides height adjustable handgrips for the patient.</p> <p>The package includes: - Patient hand grips, left and right - Additional platform for smaller patients (e.g. children) and to make sure that the complete patient body can be mapped</p>
1	14471947	<p>Multipurpose stand ruler and holder Ruler for measurements on acquired images (e.g. on composed long leg images). The ruler holder slides onto a rail at the column of the stand and can be adjusted according to region of interest.</p> <p>The length of the ruler: 1m</p>
1	14471781	<p>SmartOrtho SmartOrtho is an automated tilting technique for long-leg and full-spine imaging. Up to four single images can be acquired to cover the selected region of interest with the patient in standing or lying position. Upon scan completion, the system automatically composes the images into a single image on the workstation.</p>
1	14407006	<p>Caremax plus HS Integrated CAREMAX plus DAP meter for measuring the dose-area product (DAP) and/or standardized patient entry dose. Resolution 0.01 μGym^2.</p>
1	14407091	<p>Wall holder for grid Wall bracket with 2 compartments of different widths to store replaceable grids or cassette drawers (weight: 5.0 kg/11 lbs).</p>
1	14503315	<p>Rotatable patient handle lateral The rotatable patient handle serves to stretch the patient during lateral chest examination on Bucky wall stand. The handle is rotatable so that the height could be adjusted on requirement.</p>
1	08861002	<p>Patient positioning mattress</p>

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PRELIMINARY PROPOSAL

Qty	Part No.	Item Description
1	XPRF_OCB_IMPAC TC	<p>Radiolucent table pad with a heavy-duty, soft, light-colored plastic cover that is easy to clean. The soft cushion allows comfortable patient positioning and repositioning. To prevent the pad from sliding during head-up positions, the straps of the patient table pad can be attached to the grip protection rail at the head end.</p> <p>The soft cushion allows comfortable patient positioning and repositioning.</p> <p>Outcome Based Education MULTIX Impact C</p> <p>Outcome Based Education is for up to (4) dedicated Technologist to be trained onsite/virtually according to the Siemens approved checklist. Education is scheduled consecutively (Monday - Friday) during standard business hours (8am to 4:30pm). The previously designated Technologist (up to 4) must be available during scheduled Education delivery. Outcome Based Education is considered delivered upon completion of the checklist by the (up to 4) dedicated Technologist. Education must be completed by the later of (12) months from install end or purchase date. If training is not completed within the applicable time frame, Siemens obligation to provide the training will expire without refund. This bundle includes the following Education:</p> <ul style="list-style-type: none"> •2 hr. Virtual Setup •20 hr. Onsite •Virtual Follow-Up
1	XPRF_MULTIX_LA THAN	<p>Offset Multix Rotatable lateral handle</p>
1	PW5P850G	<p>Eaton 5P 850G Tower UPS</p> <p>850VA / 600W Input: IEC C14 Output: (6) IEC C13 Dimensions (H x W x D): 9.1" x 5.9" x 13.6" Weight: 23.0 lbs. Run Time @ Full Load: 4 min. Run Time @ Half Load: 14 min.</p> <p>This product is not OSHPD certified.</p>
1	CID4948	<p>Includes two year limited warranty with depot exchange through Eaton.</p> <p>Portable DR Panel Protector(14x17)</p> <p>The unique design of the DR Panel Protector provides an easy way to take weight-bearing x-rays of feet (AP view). The unit is simply placed over the DR panel which is first positioned on the floor. Patients step onto the DR Panel Protector with as much weight as needed to get the desired image. The face plate is made of polycarbonate designed to support patients weighing up to 500 pounds. The face plate is x-ray lucent, allowing the x-rays to pass through the DR Panel Protector with</p>

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PRELIMINARY PROPOSAL

Qty	Part No.	Item Description	
		no significant absorption or scattering. The non-slip rubber floor grips keep the DR Panel Protector from slipping on a hard floor. The Panel Protector frame is notched to accommodate the cable connection from the digital DR panel to the host system. One year warranty through Clear Image Devices	
1	AS10847102	<p>Mobile detector holder for Max wi-D</p> <p>The versatile holder accommodates computed radiography (CR) cassettes and light portable DR Panels (including the max wi-D detector) with a total weight (including clip-on grid if required) of less than 4.3kg (9.5 lbs).</p> <p>The holder rolls on large locking castors and facilitates examinations in accident and emergency departments, in operating rooms and radiographic rooms. The heavy duty base gives a low center of gravity.</p> <p>Properties:</p> <ul style="list-style-type: none"> • The holder is adjustable for height from floor level to 50 in (measured from its lower edge) • The holder is counterbalanced for easy rising or lowering and can overhang the x-ray or operating table by 24 in. • Supports detectors with a width of 9.6 to 21 in • Maximum detector thickness 1.2 in (including clip-on grid if required) • The holder can be turned & tilted and orientated to suit any examination position • Effective locks keep the holder firmly in place 	
1	AXD_RIG_DIGRAD_STD	Standard Rigging DigRad	
1	AXA_BUDG_ADDL_RIG	Budgetary Add'l/Out of Scope Rigging	
			System Total
			249,306 USD

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PRELIMINARY PROPOSAL

Customer Number: 0000411131

Date: 06-03-2026

PRISMA HEALTH IMAGING CENTERS LLC
300 E MCBEE AVE
GREENVILLE, SC 29601

Siemens Medical Solutions USA, Inc. is pleased to submit the following quotation for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions on the face and back hereof, and on any attachment hereto.

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Detailed Technical Specifications	7

Contract Total: 128,072 USD
(total does not include any Optional or Alternate components which may be selected)

Proposal valid until 20-04-2026

Estimated Delivery Date: 29-10-2027

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

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PRELIMINARY PROPOSAL

Quote Nr:	CPQ-1700438 Rev. 0
Terms of Payment:	10% Down, 80% Delivery, 10% Installation Free On Board: Shipping Point
Purchasing Agreement:	Not Applicable

ACUSON Sequoia Crown (US) - Legal Manufacturer US

All items listed below are included for this system:

Qty	Part No.	Item Description
1	11658514	<p>SEQUOIA CROWN EDITION ACUSON Sequoia Crown Edition ultrasound system base configuration includes:</p> <ul style="list-style-type: none"> - LAN MAC ID - Wireless MAC ID - ACUSON Sequoia system IVK - ACUSON Sequoia side panels (skins) - Gel Warmer <p>System Architecture:</p> <ul style="list-style-type: none"> - 1.5 TB hard drive (SSD) - Dual power supply - InTune Coherent Image Pulser - 24-inch (60.9 cm) Barco Medical Imaging monitor - 13.3-inch (33.7 cm) touch screen - Floating control panel with 180-degree rotation - 4 easy access transducer ports - Laser Optical trackball for precision - Quiet operation - Ambient lighting - 4-wheel swivel and central locking brake for easy maneuverability - 2 integrated storage shelves including for wipes barrels - Integrated footrest - Hibernate functionality - 4-port quick access USB 3.0 - Wireless Connectivity
1	11671001	<p>SEQUOIA 3.9 The ACUSON Sequoia Crown Edition ultrasound system 3.9 version expands clinical excellence across ultrasound specialties to improve diagnostic accuracy in nearly every clinical scenario whether it is Radiology, Shared Service OB/GYN or Shared Service Cardiology. System Features:</p>

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PRELIMINARY PROPOSAL

Qty	Part No.	Item Description
		<ul style="list-style-type: none"> - InFocus Coherent Image Former - fully focused imaging from near field to far field - UltraArt Universal Image Processing - Auto TEQ Ultrasound Optimization - Auto Flash Color Artifact Suppression - Gesture Sensing Transducer activation for smart ergonomic workflow - Clarify Vascular Enhancement Technology - Freehand 3D that seamlessly integrates without the need for a specialized transducer - Needle Enhancement for visualization of target anatomy - Auto Patient registration - Protocol Scan - Modality Compare - Panoramic Imaging - Speed-of-sound adjustment - Integrated Software DVR recording - DICOM 3.0 Services <p>System Security:</p> <ul style="list-style-type: none"> - McAfee embedded security solution <p>Base Licenses Include:</p> <ul style="list-style-type: none"> - US_UX_GI_A - Base SYNGO Licenses - Protocol Workflow - Auto Hertz Color - Directional Power - Slow Power - Dual Maps - 90 Degree Rotate - Advanced Rendering - Wide Field of View (FOV) - 5C1/11M2 transducers - Gesture Detection - Panoramic - UltraArt Universal Image Processing - Freehand 3D - Needle Enhancement
1	11671002	<p>SEQUOIA VC10 LANGUAGE KIT, ENGLISH</p> <p>Product-specific operating software, VC10, Control panel overlay, and Keycaps.</p>
1	11290064	<p>SEQUOIA, KEYBOARD, ENG</p> <p>Retractable English language keyboard.</p>
1	11290018	<p>CORDSET, NORTH AMERICA</p>
1	11670107	<p>SEQUOIA, AI ABDOMEN</p> <p>Proprietary AI Abdomen technology on-board ACUSON Sequoia transforms routine abdominal exam workflows. AI Abdomen is driven by a deep machine learning algorithm that automatically recognizes abdominal anatomy, labels anatomical views, and calculates key</p>

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PRELIMINARY PROPOSAL

Qty	Part No.	Item Description
		<p>measurements in milliseconds compared to manual scanning. Eliminating the need for manual view recognition and visual analysis, AI Abdomen helps standardize imaging across users, improves exam throughput, and helps reduce ergonomic stress on clinicians.</p> <ul style="list-style-type: none"> - AI automatically recognizes 17 abdominal anatomical views and 12 key measurements - AI offers semi-automatic labeled measurements - AI recognizes and places images in appropriate protocol order - Reduce user interaction for annotation/measurements to improve workflow <p>Available on transducers with Abdomen and Abdomen Difficult exam types: DAX, 5C1, 9C2, 9C3, 7VC2, 4V1, 8V3, 10V4, 7L2, 10L4, 11M2, and 11M3</p>
1	11511392	<p>SEQUOIA, ADV LIVER ANALYSIS Includes VT Abdomen and VT UDFD licenses that enable Auto pSWE and Ultrasound Derived Fat Fraction (UDFF) for compatible transducers.</p>
1	11290102	<p>SEQUOIA, TRANSDUCER, 5C1, CP 5C1 Curvilinear transducer featuring gesture detecting technology.</p>
1	11290103	<p>SEQUOIA, TRANSDUCER, DAX, CP DAX Curvilinear transducer featuring gesture detecting technology.</p>
1	11511864	<p>SEQUOIA, TRANSDUCER, 15L4, CP 15L4 Linear transducer featuring gesture detecting technology</p>
1	11290099	<p>SEQUOIA, TRANSDUCER, 10L4, CP 10L4 Linear transducer featuring gesture detecting technology.</p>
1	11511865	<p>SEQUOIA, TRANSDUCER, 10EV3, CP 10EV3 Endocavity transducer featuring gesture detecting technology.</p>
1	11671008	<p>SEQUOIA VC10 USER MANUAL, ENG Additional hard copy, operating instructions written in English for the ACUSON Sequoia system. Includes the following separate documents: <ul style="list-style-type: none"> - Instructions for Use (IU): Introduction to the ultrasound system with procedures required to perform an exam. - Advanced Imaging Manual (AIM): A companion to the instructions for use with additional instructions for advanced features. - System Reference (SR): Description of configuration settings. - EMC Publication: Information regarding EMC testing. </p>
1	11290517	<p>SEQUOIA, STORAGE SHELF</p>
1	11290154	<p>SEQUOIA, LABEL, USA</p>
1	USD_INITIAL_16	<p>Initial onsite training 16 hrs-FMV \$0 Up to (16) hours of on-site clinical education training, scheduled consecutively (Monday – Friday) during standard business hours for a</p>

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PRELIMINARY PROPOSAL

Qty	Part No.	Item Description	
		maximum of (4) imaging professionals. Uptime Clinical Education phone support is provided during the warranty period for specified posted hours. This educational offering must be completed (12) months from install end date. If training is not completed within the applicable time period, Siemens obligation to provide the training will expire without refund.	
1	US_PRELEARN	Ultrasound System Pre-Learning PEPconnect is a user-friendly and intuitive online learning platform which offers quick and reliable access to clinical training and continuing education. Education content will be available on PEPconnect before your ultrasound system arrives to prepare for the installation. Pre-learning content includes how-to tutorials, quick guides and step-by-steps for all Siemens ultrasound systems. This educational offering can be used before the system arrives, during installation and as needed after the installation is complete.	
1	USD_VIRTSUBSCR	Enhanced Virtual Learning Subscription This 12 month multi-modality subscription provides access for imaging professionals to receive additional educational content upon activation by Siemens Healthineers. This high-value content includes step-by-step performance-enhancing videos, a minimum of 6 one-hour on-demand webinars covering current clinical and industry topics, and access for up to 24 CEUs via Siemens Healthineers Academy. The on-demand webinars are recorded and posted on a regular basis over the term of the subscription and are available for unlimited viewing once posted. Imaging professionals must be logged into Siemens Healthineers Academy to be eligible to receive the CEUs. Siemens Healthineers Academy provides access to all online and virtual training with a wide variety of product-specific, clinical and job-relevant courses. This subscription will expire 12 months from the date of activation by Siemens Healthineers. If training is not completed within the applicable time period or not activated within 12 months from installation, Siemens obligation to provide the training will expire without refund.	
1	USD_VIRTSUBSCR _OFF	Enhanced Virtual Learning Sub. offset	
			System Total
			128,072 USD

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FINANCING: The equipment listed above may be financed through one of our financing partners. Ask us about our full range of financial products that can be tailored to meet your business and cash flow requirements. For further information, please contact your local Sales Representative.

Siemens Healthineers is pleased to submit this Preliminary Pricing Proposal. A Preliminary Pricing Proposal is provided for planning purposes only; it is not contractually binding. To receive a contractually binding proposal for the Products listed above, inclusive of Terms, Conditions, and Warranty coverage, please contact your Siemens Healthineers Sales Representative.

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Detailed Technical Specifications

ACUSON Sequoia Crown (US) - Legal Manufacturer US

Part No./Product	Description
11658514 SEQUOIA CROWN EDITION	<p>ACUSON Sequoia Crown Edition ultrasound system base configuration includes:</p> <ul style="list-style-type: none"> - LAN MAC ID - Wireless MAC ID - ACUSON Sequoia system IVK - ACUSON Sequoia side panels (skins) - Gel Warmer <p>System Architecture:</p> <ul style="list-style-type: none"> - 1.5 TB hard drive (SSD) - Dual power supply - InTune Coherent Image Pulser - 24-inch (60.9 cm) Barco Medical Imaging monitor - 13.3-inch (33.7 cm) touch screen - Floating control panel with 180-degree rotation - 4 easy access transducer ports - Laser Optical trackball for precision - Quiet operation - Ambient lighting - 4-wheel swivel and central locking brake for easy maneuverability - 2 integrated storage shelves including for wipes barrels - Integrated footrest - Hibernate functionality - 4-port quick access USB 3.0 - Wireless Connectivity
11671001 SEQUOIA 3.9	<p>The ACUSON Sequoia Crown Edition ultrasound system 3.9 version expands clinical excellence across ultrasound specialties to improve diagnostic accuracy in nearly every clinical scenario whether it is Radiology, Shared Service OB/GYN or Shared Service Cardiology.</p> <p>System Features:</p> <ul style="list-style-type: none"> - InFocus Coherent Image Former - fully focused imaging from near field to far field - UltraArt Universal Image Processing - Auto TEQ Ultrasound Optimization - Auto Flash Color Artifact Suppression - Gesture Sensing Transducer activation for smart ergonomic workflow - Clarify Vascular Enhancement Technology - Freehand 3D that seamlessly integrates without the need for a specialized transducer - Needle Enhancement for visualization of target anatomy - Auto Patient registration

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	<ul style="list-style-type: none"> - Protocol Scan - Modality Compare - Panoramic Imaging - Speed-of-sound adjustment - Integrated Software DVR recording - DICOM 3.0 Services <p>System Security:</p> <ul style="list-style-type: none"> - McAfee embedded security solution <p>Base Licenses Include:</p> <ul style="list-style-type: none"> - US_UX_GI_A - Base SYNGO Licenses - Protocol Workflow - Auto Hertz Color - Directional Power - Slow Power - Dual Maps - 90 Degree Rotate - Advanced Rendering - Wide Field of View (FOV) - 5C1/11M2 transducers - Gesture Detection - Panoramic - UltraArt Universal Image Processing - Freehand 3D - Needle Enhancement
<p>11671002 SEQUOIA VC10 LANGUAGE KIT, ENGLISH</p>	<p>Product-specific operating software, VC10, Control panel overlay, and Keycaps.</p>
<p>11670107 SEQUOIA, AI ABDOMEN</p>	<p>Proprietary AI Abdomen technology on-board ACUSON Sequoia transforms routine abdominal exam workflows. AI Abdomen is driven by a deep machine learning algorithm that automatically recognizes abdominal anatomy, labels anatomical views, and calculates key measurements in milliseconds compared to manual scanning. Eliminating the need for manual view recognition and visual analysis, AI Abdomen helps standardize imaging across users, improves exam throughput, and helps reduce ergonomic stress on clinicians.</p> <ul style="list-style-type: none"> - AI automatically recognizes 17 abdominal anatomical views and 12 key measurements - AI offers semi-automatic labeled measurements - AI recognizes and places images in appropriate protocol order - Reduce user interaction for annotation/measurements to improve workflow <p>Available on transducers with Abdomen and Abdomen Difficult exam types: DAX, 5C1, 9C2, 9C3, 7VC2, 4V1, 8V3, 10V4, 7L2, 10L4, 11M2, and 11M3</p>
<p>11671008 SEQUOIA VC10 USER MANUAL, ENG</p>	<p>Additional hard copy, operating instructions written in English for the ACUSON Sequoia system. Includes the following separate documents:</p> <ul style="list-style-type: none"> - Instructions for Use (IU): Introduction to the ultrasound system with procedures required to perform an exam.

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	<ul style="list-style-type: none">- Advanced Imaging Manual (AIM): A companion to the instructions for use with additional instructions for advanced features.- System Reference (SR): Description of configuration settings.- EMC Publication: Information regarding EMC testing.

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PRELIMINARY PROPOSAL

Customer Number: 0000411131

Date: 03-06-2026

PRISMA HEALTH IMAGING CENTERS LLC
300 E MCBEE AVE
GREENVILLE, SC 29601

Siemens Medical Solutions USA, Inc. is pleased to submit the following quotation for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions on the face and back hereof, and on any attachment hereto.

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OPTIONS for MAGNETOM Altea - System (Quote Nr. CPQ-1669535 Rev. 0)	15

Contract Total: 1,195,216 USD

(total does not include any Optional or Alternate components which may be selected)

Proposal valid until 04-20-2026

Estimated Delivery Date: 09-30-2027

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Quote Nr: CPQ-1669535 Rev. 0

Terms of Payment: 10% Down, 80% Delivery, 10% Installation
Free On Board: Shipping Point

Purchasing Agreement: Not Applicable

MAGNETOM Altea - System

All items listed below are included for this system:

Qty	Part No.	Item Description	Extended Price
1	14461700	<p>MAGNETOM Altea - System</p> <p>MAGNETOM Altea is the new 1.5T Open Bore system that gives you full confidence to deliver the productivity, reproducibility, and patient satisfaction that you demand in MRI. Powered by our premium MR technology, MAGNETOM Altea combines our unique BioMatrix technology with the new syngo MR XA software platform and our exclusive Turbo Suite to fundamentally transform care delivery for the better.</p> <p>System Design</p> <ul style="list-style-type: none"> - Short and open appearance (157 cm total system length cover-to-cover and 70 cm Open Bore Design) to reduce patient anxiety and claustrophobia - Whole-body superconductive Zero Helium Boil-Off 1.5T magnet - Weight-optimized magnet technology based on high performance 3T and 7T magnet design - Actively Shielded water-cooled Siemens gradient system for maximum performance <p>Tim 4G (Total imaging matrix in the 4th generation) for excellent image quality and speed with Siemens unique DirectRX technology enabling all digital-in/digital-out design and Dual-Density Signal Transfer Technology</p> <p>Push-button exams with GO technologies</p> <p>Select&GO DotGO/ myExam Companion Recon&GO MR View&GO</p> <p>Tim Application Suite allowing excellent head-to-toe imaging for</p> <ul style="list-style-type: none"> - Neuro - Angio 	569,322 USD

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		<ul style="list-style-type: none"> - Cardiac - Body - Onco - Breast - Ortho - Pediatric - Scientific <p>Further included</p> <ul style="list-style-type: none"> - High performance host computer and measurement and reconstruction system - Patient communication including headphones - syngo MR software including - Turbo Suite Essential - 1D/2D PACE - BLADE - Phoenix - Inline Diffusion - MDDW (Multiple Direction Diffusion Weighting) - CISS - DESS - TGSE - Offline Composing 	
1	14460161	<p>MR General Engine #Vi</p> <p>syngo.MR General Engine extends Numaris/X by adding dedicated workflows and tools for routine and advanced reading of MR examinations.</p> <p>A generic MR Basic workflow is provided, as well as specific MR Neurology, MR Prostate Reading, MR Breast Reading, and MR Cardio-Vascular workflows.</p>	1 USD
1	14475308	<p>myExam Brain Assist</p> <p>myExam Brain Assist provides guided and flexible workflows. Optimized scan strategies are provided and can be selected based on the patient's condition, which allows for reproducible, high image quality and time efficient exams. The built-in flexibility allows users to change predefined strategies at any time during the brain workflow, and to personalize to the individual patient's condition and clinical need. myExam Brain Assist is customizable to the site-specific standards of care.</p>	0 USD
1	14475309	<p>myExam Spine Assist</p> <p>myExam Spine Assist provides guided and flexible workflows for cervical, thoracic and lumbar spine. Optimized scan strategies are provided and can be selected based on the patient's condition, which allows for reproducible, high image quality and time efficient exams. The built-in</p>	0 USD

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1	14475310	<p>flexibility allows users to change predefined strategies at any time during the spine workflow, and to personalize to the individual patient's condition and clinical need. myExam Spine Assist is customizable to the site-specific standards of care.</p> <p>myExam Large Joint Assist myExam Large Joint Assist provides guided and flexible workflows for knee, hip and shoulder. Optimized scan strategies are provided and can be selected based on the patient's condition, which allows for reproducible, high image quality and time efficient exams. The built-in flexibility allows users to change predefined strategies at any time during the scan workflow, and to personalize to the individual patient's condition and clinical need. myExam Large Joint Assist is customizable to the site-specific standards of care.</p>	0 USD
1	14482834	<p>myExam Brain Autopilot myExam Brain Autopilot provides simplified scan workflow to scan brain MRI at high quality with just a few simple clicks. By using Autoalign Head to plan the scan regions automatically, it takes away burdensome routine tasks for all technologists. Predefined automated protocols allow users to scan with no manual adjustments. A new and intuitive user interface simplifies scanning so that exams can be performed easily. This new approach to operate MRI helps any user to generate consistent, comprehensive results. myExam Brain Autopilot is customizable to the site-specific standards of care.</p>	0 USD
1	14482835	<p>myExam Knee Autopilot myExam Knee Autopilot provides simplified scan workflow at high quality with just a few simple clicks. By using Autoalign Knee to plan the scan regions automatically, it takes away burdensome routine tasks for all technologists. Predefined automated protocols allow users to scan with no manual adjustments.</p> <p>A new and intuitive user interface simplifies scanning so that exams can be performed easily. This new approach to operate MRI helps any user to generate consistent, comprehensive results.</p> <p>myExam Knee Autopilot is customizable to the site-specific standards of care.</p>	0 USD
1	14483029	<p>myExam Implant Suite myExam Implant Suite assists in examinations of patients with active or passive MR Conditional implants. Operators may define output limits for implant patients as specified by the implant manufacturer. The system will ensure that these limits are not exceeded during the entire exam. For SW-Version XB10 or later: The system is MROC compliant as specified in IEC 60601-2-33 Ed. 4. For SW-Version XA70 or older: The system supports defining B1+ rms or SAR (head and whole body) limits only.</p>	1 USD

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Qty	Part No.	Item Description	Extended Price
1	14441748	Quiet Suite #T+D Quiet Suite enables complete, quiet examinations for neurology and orthopedics with at least 70% reduction in sound pressure levels.	0 USD
1	14460162	Tim Whole Body Suite #Vi Tim Whole Body Suite puts it all together. This suite enables table movement for imaging of up to 205 cm (6' 9") FoV without compromise. In combination with Tim's newly designed ultra-high density array higher spatial and temporal resolution can be achieved along with unmatched flexibility of any coverage up to Whole Body. For faster exams and greater diagnostic confidence.	1 USD
1	14460227	Tim Planning Suite #Vi With the Tim Planning Suite, multiple regions in the entire body can be examined in a minimum of time through measurement planning on a single FoV of any desired size.	1 USD
1	14456329	syngo TimCT FastView #Vi TimCT FastView is the "one go" localizer for the whole body or large body regions such as the whole spine or the whole abdomen. It acquires the complete extended Field of View in one volume with isotropic resolution. Transverse, coronal and sagittal reformats of the volume are calculated Inline and displayed for planning subsequent exams. - Inline reconstruction of the localizer images during the scan. - Localizing images in three planes over the maximum Field of View available for subsequent planning in all orientations. - TimCT FastView runs without laser light positioning to further streamline the workflow for several indications.	1 USD
1	14460160	Advanced Diffusion #Vi QuietX DWI and RESOLVE together make up the Advanced Diffusion package. QuietX DWI enables quieter diffusion-weighted imaging of the brain with up to 70% reduction in sound pressure relative to conventional diffusion-weighted imaging. RESOLVE (Readout Segmentation Of Long Variable Echo-trains) is a multi-shot, readout segmented EPI sequence for high-resolution, low-distortion diffusion-weighted imaging (DWI). This technique is largely insensitive to susceptibility effects, providing anatomically accurate diffusion imaging for the brain, spine, breast and prostate. In combination with syngo.MR Tractography, RESOLVE enables excellent white-matter tract imaging even in regions of high susceptibility, such as the spine.	1 USD
1	14456327	WARP & Advanced WARP #Vi WARP and Advanced WARP (SEMAC) integrates different techniques tailored to reduce susceptibility artifacts caused by orthopedic MR-conditional metal implants.	1 USD

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1	14456323	<p>Inline Composing syngo #Se Automatic anatomical or angiographic composing of multiple adjacent coronal or sagittal images for presentation and further evaluation. Composed images can be automatically loaded into Graphical Slice Positioning for scan planning purposes.</p>	0 USD
1	14482913	<p>syngo Expert-i XA60/XA61 This software application enables remote access to the system (connected via local area network) for planning and processing.</p>	0 USD
1	14461701	<p>Tim [180x32] XJ-Gradient #AI Tim [180x32] XJ-gradients performance level Tim 4G's RF system and innovative coil architecture enables high resolution imaging and increased throughput. The system provides a maximum number of 180 channels (coil elements) that can be connected simultaneously. Flexible parallel imaging is achieved by the standard 32 independent RF channels that can be used simultaneously in one single scan and in one single FOV, each generating an independent partial image.</p> <p>XJ - gradients Max. amplitude: 57 mT/m (Actual 33 mT/m for every gradient axis) Max. slew rate: 216 T/m/s (Actual 125 T/m/s for every gradient axis) Min. rise time from 0 to 57 mT/m: 264 μs</p> <p>Note: max. amplitude and max. slew rate achieved through vector addition of all three gradient axes simultaneously, actual maximum amplitude of 33 mT/m and actual maximum slew rate of 125 T/m/s are achievable simultaneously along each axis.</p> <p>The XJ gradients are designed for high performance and linearity to support clinical whole body imaging at 1.5T. The force compensated gradient system minimizes vibration levels and acoustic noise.</p> <p>High-performance measurement and reconstruction system.</p>	73,801 USD
1	14468980	<p>Coil Package Tim [180x32] #1.5T This package includes (if not exchanged with different variants via respective quote items): - Head/Neck 16 DirectConnect - BioMatrix Spine 24 - BioMatrix Body 12 - Flex Large 4 - Flex Small 4 - Flex Coil Interface</p>	42,172 USD
1	14468946	<p>BioMatrix Technology #AI,Lu</p>	1 USD

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1	14470793	<p>The new and unique BioMatrix technology addresses different aspects of patient bio-variability.</p> <p>BioMatrix Coil Shim #Al,Lu BioMatrix CoilShim helps to reduce patient induced strongly localized B0 inhomogeneities by dedicated local shim channels.</p>	0 USD
1	14470794	<p>BioMatrix SliceAdjust #BM BioMatrix SliceAdjust helps to avoid station boundaries and apparent broken spine artifacts as well as to preserve the SNR for whole-body diffusion.</p>	0 USD
1	14461702	<p>BioMatrix Table #Al The BioMatrix Table is designed for smooth patient preparation, high patient comfort and easy cleanability. The unique design of the BioMatrix table can support up to 250 kg (550 lbs) without restricting the vertical or horizontal movement.</p>	1 USD
1	14470796	<p>BioMatrix Select & GO #Al,Lu Select&GO The Select&GO interface enables fast and easy single-touch patient positioning. Correct positioning saves unnecessary wasted time for repositioning and additional adjustments, therefore shortening the total room time. The ergonomically designed Select&GO touch panel is integrated into the front cover on the left-hand side of the patient tunnel for controlling table movement, guidance for patient setup and comfort features. The Select&GO panel is well illuminated for easy visual recognition.</p> <p>The BioMatrix Select&GO interface enables fast and easy single-touch patient positioning. The interface is integrated left-hand side of the patient into the front covers. Correct positioning saves unnecessary wasted time for repositioning and additional adjustments, therefore shortening the total room time.</p>	0 USD
1	14461706	<p>Pure White Design #Al MAGNETOM Altea is available in a light and appealing design which perfectly integrate into different environments. The Pure White Design comprises a brilliant white front design ring with integrated unique Select&GO panels. The table cover is presented also in the same color and material selection.</p>	1 USD
1	14456270	<p>PC Keyboard US English #Vi Standard PC keyboard with 105 keys.</p>	1 USD
1	14468982	<p>High-End Computing [180x32] #1.5T 1</p>	33,738 USD

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1	14456238	<p>Tim 4G power computing upgrade for MAGNETOM Altea Tim [180x32]. This upgrade brings a high-end image reconstruction computer to the Tim [180x32] configuration.</p> <p>Peripheral Pulse Unit #Vi Peripheral Pulse Unit for Pulse Triggering</p>	3,163 USD
1	14482959	<p>SW syngo MR XA61A syngo MR XA61A is the new software platform, bringing the latest features and functionality for daily clinical excellence. syngo MR XA61A guides and enables the user throughout the entire workflow: from patient registration; patient set up with guided workflows on the Select&GO; protocol management and selection; image acquisition and viewing; data handling; and post processing and reporting. This software together with the hardware enables diagnostic excellence for your daily clinical needs.</p> <p>The syngo MR XA61A platform offers myExam Companion which introduces a new MRI operation philosophy by providing built-in expertise and automation for users and clinical questions. myExam Companion provides different workflow modes for tailored assistance: myExam Autopilot, myExam Assist and myExam Cockpit. No matter the user or patient, myExam Companion helps generate consistent, comprehensive results.</p>	1 USD
1	14461619	<p>Turbo Suite Essential #BM Turbo Suite Essential comprises established acceleration techniques to maximize productivity for all contrasts, orientations and all routine imaging applications from head-to-toe.</p>	0 USD
1	14475508	<p>Turbo Suite Excelerate Turbo Suite Excelerate comprises access to cutting edge acceleration techniques such as Simultaneous Multi-Slice, Compressed Sensing and Wave-CAIPI for static 2D and static 3D imaging applications in Neuro, MSK and Body MRI.</p>	37,955 USD
1	14482917	<p>Deep Resolve Pro Package The Deep Resolve Pro Package combines the three applications Deep Resolve Gain, Deep Resolve Sharp and Deep Resolve Boost which use intelligent reconstruction algorithms and Deep Learning networks to reconstruct accelerated images with higher signal to noise ratio and better image sharpness.</p>	60,825 USD
1	14402527	<p>SWI #Tim Susceptibility Weighted Imaging is a high-resolution 3D imaging technique for the brain with ultra-high sensitivity for microscopic magnetic field inhomogeneities caused by deoxygenated blood, products of blood decomposition and microscopic iron deposits. Among other things, the method allows for the highly sensitive proof of cerebral</p>	10,543 USD

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1	14409198	hemorrhages and the high-resolution display of venous cerebral blood vessels. Native syngo #Tim Integrated software package with sequences and protocols for non-contrast-enhanced 3D MRA with high spatial resolution. syngo NATIVE particularly enables imaging of abdominal and peripheral vessels and is an alternative to MR angiography techniques with contrast medium, especially for patients with severe renal insufficiency.	21,086 USD
1	08464740	Flow Quantification #Tim Special sequences for quantitative assessment of flow i	8,434 USD
1	14460315	Shoulder Shape 16 #So The Shoulder Shape 16 combines the known benefits of Tim 4G coil technology with new highly flexible materials, resulting in unmatched image quality, high patient comfort and easy handling. The Shoulder Shape 16 for examinations of the left or right shoulder consists of an iPAT-compatible 16-channel shoulder coil in a flexible shoulder cup that can be shaped around small and large shoulders. An L-shaped cushion for easy positioning of the patient is included. The 16-element coil with 16 integrated pre-amplifiers ensures maximum signal-to-noise ratio. Shoulder Shape 16 will be connected via a SlideConnect plug for fast and easy coil set-up and patient preparation.	25,303 USD
1	14460423	Tx/Rx Knee 18 #So New 18-channel transmit/receive coil optimized for knee imaging. The spacious design with a flared opening towards the thigh allows scanning even of large and swollen knees with exceptional image quality and signal to noise ratio. Main features : - 18-element design (3x6 coil elements) with 18 integrated preamplifiers - iPAT-compatible - SlideConnect Technology	33,738 USD
1	14416962	Foot/Ankle 16 #Ae The new Tim 4G coil technology with Dual Density Signal Transfer and DirectConnect Technology combines key imaging benefits: excellent image quality, high patient comfort, and unmatched flexibility. Foot/Ankle 16 for examinations of the left or right foot and ankle region consists of a base plate and an iPAT compatible 16-channel coil and allows high-resolution imaging of the foot and ankle within one examination. Foot/Ankle 16 is a cable-less coil and will be connected via DirectConnect for fast and easy patient preparation.	31,629 USD
1	14468947	Head/Neck 16-> BM Head/Neck 20#1.5T This option swaps the standard Head/Neck 16 for a BioMatrix Head/Neck 20 tiltable with CoilShim. The BioMatrix Head/Neck 20 tiltable with CoilShim combines the known	10,543 USD

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PRELIMINARY PROPOSAL

Qty	Part No.	Item Description	Extended Price
1	14469229	<p>benefits of Tim 4G coil technology with those of the new Siemens unique BioMatrix technology, resulting in unmatched image quality, high patient comfort and easy handling.</p> <p>Integrated BioMatrix Tuners: The integrated CoilShim elements minimize patient induced local anatomy-specific B0 field inhomogeneity, thus ensuring excellent image quality.</p> <p>The unique DirectConnect technology allows users to connect the 20 coil elements of the BioMatrix Head/Neck 20 without cables. The possibility to tilt the coil in 3 different positions together with the patient friendly open design allows for maximum patient comfort.</p> <p>The BioMatrix Head/Neck 20 features:</p> <ul style="list-style-type: none"> - 20-element design with 20 integrated preamplifiers two rings of 8 elements each and one ring with 4 elements in the neck region - First cable-less tiltable head coil with DirectConnect technology - Integrated BioMatrix Tuners: CoilShim technology offering integrated shim elements - Combined head/neck coil for an optimized workflow of the head/neck region - Upper coil part removable - Lower coil part usable without upper part - Smoothly integrated into the patient table with BioMatrix Spine 24 - Open patient-friendly design - Cushioned head stabilizers (removable) - No coil tuning - iPAT-compatible in all directions - Dual-Density Signal Transfer enables ultrahigh density coil designs by integrating key RF components into the local coil - Detachable look-out mirror <p>Applications:</p> <ul style="list-style-type: none"> - Head examination - Neck examination - MR Head Angiography - MR Neck Angiography - Combined head / neck examination - TMJ (temporo mandibular joints) <p>Flex -> UltraFlex Upgrade #1.5T</p> <p>This option exchanges the Flex Small & Large 4 coils incl. the Flex Coil Interface from the standard coil configuration for the superior UltraFlex Small & Large 18. These are two lightweight, iPAT compatible, 18-element no-tune receive coils made of highly flexible and soft material.</p> <p>UltraFlex Large 18 Ideal for examinations of larger extremities (e.g. medium to large</p>	27,412 USD

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40 Liberty Boulevard, Malvern, PA 19355

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PRELIMINARY PROPOSAL

Qty	Part No.	Item Description	Extended Price
		<p>shoulder, hip, knee, ankle and hand) and for abdominal examinations. Dedicated positioning aids for larger extremities are delivered with the coil.</p> <p>UltraFlex Small 18 Ideal for examinations of smaller extremities (e.g. small to medium shoulder, smaller ankle, elbow and hand) and for abdominal examinations. Dedicated positioning aids for smaller extremities are delivered with the coil.</p>	
1	14456282	<p>Positioning Aids Shoulder&Ankle #Vi This package contains additional positioning aids that can be used for the UltraFlex Large 18, UltraFlex Small 18, BioMatrix Contour M (Pro) and BioMatrix Contour S (Pro).</p>	1,560 USD
1	14456241	<p>Separator 60kW/75kW #Vi The SEP (Separation cabinet) has to be used if a central hospital chilled water supply is available or if a chiller of any brand/type is already available. The SEP is the interface between the on-site water chiller (of any brand or type) or the interface to the central hospital cooling water supply. For the above-mentioned cases the SEP is mandatory!</p> <p>In these cases, the primary water specifications must fulfill the requirements: XJ: 45kW; water temperature: 6 - 14°C XQ: 60kW; water temperature: 6 - 14°C XT: 75kW; water temperature: 6 - 12°C</p> <p>For all gradient systems: Flow: 100+-10l/min; pH value 6-8; max working pressure 6 bar.</p> <p>Dimensions: 1950mm x 650mm x 650mm (height x width x depth) Weight: approx. 350kg</p>	20,800 USD
1	14407261	<p>MR Workplace Container, 50cm 50 cm wide extra case for the syngo host computer with sliding front door to allow change of storage media (CD/DVD/USB).</p>	843 USD
1	MR_STD_RIG_INS T	<p>MR Standard Rigging and Installation MR Standard Rigging and Installation</p> <p>This quotation includes standard rigging and installation of your new MAGNETOM system</p> <p>Standard rigging into a room on ground floor level of the building during standard working hours (Mon. – Fri./ 8 a.m. to 5 p.m.) It remains the responsibility of the Customer to prepare the room in</p>	0 USD

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Qty	Part No.	Item Description	Extended Price
		<p>accordance with the SIEMENS planning documents</p> <p>Any rigging requiring a crane over 80 tons and/or special site requirements (e.g. removal of existing systems, etc.) is an incremental cost and the responsibility of the Customer.</p> <p>All other "out of scope" charges (not covered by the standard rigging and installation) will be identified during the site assessment and remain the responsibility of the Customer.</p>	
1	MR_BTL_INSTALL	MR Standard Rigging & Install	28,080 USD
1	MR_PREINST_FIXED	T+D Preinstall kit for fixed table	572 USD
1	MR_CRYO	Standard Cryogens	8,320 USD
1	MR_PM	<p>MR Project Management</p> <p>A Siemens Project Manager (PM) will be the single point of contact for the implementation of your Siemens equipment. The assigned PM will work with the customer's facilities management, architect or building contractor to assist you in ensuring that your site is ready for installation. Your PM will provide initial and final drawings and will coordinate the scheduling of the equipment, installation, and rigging, as well as the initiation of on-site clinical education.</p>	0 USD
1	HASKRISFG23041	<p>Haskris OPC24 Chiller- 63kW</p> <p>The Haskris outdoor, air-cooled, water/glycol chiller has been specially designed for medical applications to provide stable, fully dedicated cooling to a single MR system.</p> <p>The Haskris chiller must be used in combination with a Siemens SEP cabinet.</p> <p>The Haskris chiller is suitable for use in all siting conditions: normal, coastal, low-ambient, and/or OSHPD-compliant locations.</p> <p>Specifications Cooling Capacity: 63kW Fluid Supply Temp: 43°F (6°C) to 59°F (15°C) Pump Capacity: 32 GPM (120 LPM) Condenser: Air-cooled (heat dissipated into ambient air) Outdoor ambient air temperature: -40°F (-40°C) to 122°F (50°C) Electrical: 460V-3Ø-60Hz Dimensions: 77"W x 40"D x 74"H (196cm x 102cm x 188cm)</p> <p>Siemens' Pricing Also Includes: Delivery Chiller Start-Up (Post Installation) 1x Preventative Maintenance Service Visit Remote Monitoring Panel with 1-Year Cellular Connectivity and Cloud</p>	52,024 USD

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Qty	Part No.	Item Description	Extended Price
		Service	
		Installation: Customer is responsible for the rigging and installation of the chiller. Customer is responsible for providing a 35% solution of propylene glycol with water; 25 gal (95 L) for the chiller plus 1 gal (3.8 L) per 10 ft (3m) external pipe run assuming 1 ½" pipe diameter.	
		Warranty: 12 months from date of Start-Up	
1	HASKRIS_STARTUP	Haskris Chiller Start-Up Chiller start-up by Haskris vendor after installation of chiller and completion of paperwork.	0 USD
1	BMRXP200	BAYER MEDRAD MRXperion The MRXperion injector has the following features: Streamlined Injection Workflow Enhanced Point of Care - On-board eGFR and Weight Based Dosing Calculators, an Injection Pressure Graph, and independent Test Inject and KVO functions. Informatics-ready - Connect with the Radimetrics Enterprise Platform for automated documentation, advanced analytics and viewable patient histories to facilitate standardized injection protocols and enhanced operational consistency. Maximized Uptime Support - Connect to VirtualCare Remote Support for advanced injector system diagnostics, seamless software updates, and fast repairs.	45,336 USD
1	BMRXPENPNL	Price includes installation, training and one year warranty through Bayer Healthcare. MRXperion penetration panel Includes penetration panel and installation by Bayer.	2,015 USD
1	MR_GOKNEE3D	To be selected only if the customer has no wall outlets in the MR suite and requires the power to be sourced from outside the room. GOKnee3D GOKnee3D is a 10-minute, push-button examination for diagnostic imaging of the knee developed and clinically validated by the US board certified MSK radiologists at John Hopkins University Hospital. GOKnee3D exam consists of AutoAlign localizer in the knee, PD weighted contrast and T2 weighted contrast with fat suppression. The AutoAlign technology provides a push-button functionality and ensures consistency in imaging. The 3D protocols are high resolution and isotropic, enabled by SPACE sequence with CAIPIRINHA technique Examination time for 3T system is 10 minutes, for a 1.5T system is up to 11 minutes. All given examination	0 USD

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Qty	Part No.	Item Description	Extended Price
		times are examination only, adjustments have been excluded. When using GOKnee3D one of two software and coil combinations is required. Measurements made with GOKnee3D using the 15 channel knee coil require software version syngo MR E11C AP04 or higher. Measurements made with GOKnee3D using the 18 channel knee coil require software version syngo MR Numaris VA11A or higher.	
1	MRIMAB_100	MRI Armboard w/ Pad	405 USD
1	MR_ADDL_RIGGING	Additional Rigging MR	20,000 USD
1	MR14460428	ACR Phantom Holder (USA) An MR compatible cradle device used to consistently and precisely position the American College of Radiology (ACR) MRI Accreditation phantom, for use with Siemens MAGNETOM standard Head Coil during test measurements for ACR system accreditation or QA testing	104 USD
1	MR_PRO_OPT	Protocol Preparation (16hr) This offering provides the customer with up to (16) hours of virtual, simulator-based support with a Siemens Clinical Education Specialist (CES) to develop and optimize standardized protocols before and after initial turnover training. This educational offering must be completed by the later of (12) months from the purchase or installation end date. If training is not completed within the applicable time period, Siemens' obligation to provide the training will expire without a refund.	5,720 USD
1	MR_EP1_28	Turnover Training (28hr) Up to (28) hours of initial on-site clinical education training for new equipment turnovers, scheduled consecutively during standard business hours, Monday through Friday (8 am-5 pm). Training will cover agenda items on the ASRT-approved checklist if applicable. This educational offering must be completed (12) months from the purchase date. If training is not completed within the applicable time period, Siemens's obligation to provide the training will expire without a refund.	10,920 USD
1	MR_EP2_24	Onsite Applications (24hr) Up to (24) hours of on-site clinical education training, scheduled consecutively during standard business hours, Monday through Friday (8 am-5 pm). Training will cover agenda items on the ASRT-approved checklist if applicable. This educational offering must be completed (12) months from the purchase date. If training is not completed within the applicable time period, Siemens's obligation to provide the training will expire without a refund.	8,840 USD
System Total			1,195,216 USD

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PRELIMINARY PROPOSAL

OPTIONS on Quote Nr : CPQ-1669535 Rev. 0

OPTIONS for MAGNETOM Altea - System

All items listed below are **OPTIONS** and will be included on this system **ONLY** if initialed: *(See Detailed Technical Specifications at end of Proposal.)*

Qty	Part No.	Item Description	Extended Price
1	14407259	<p>MR Workplace Table, height adjust. The table is suitable for the syngo Acquisition Workplace and the syngo MR Workplace based on syngo hardware. This 110V version has motorized table height adjustment.</p>	+ 2,600 USD
1	14461718	<p>BioMatrix Respiratory Sensors#Al,Lu Respiratory sensors are integrated in the BioMatrix Spine coil and measure the patient's respiratory signal in head-first and feet-first position. The sensor loops measure the change in impedance resulting from the shift of the tissue and organs during the inhaled and exhaled phase of the patient's respiration as soon as the patient is lying on the table. The BioMatrix Respiratory Sensors can be used to trigger MR sequences based on the respiratory cycles of the patient without the need and workflow impediments of a respiratory belt.</p>	+ 62,400 USD
1	14441813	<p>QISS #T+D Software package with QISS sequence, protocols and Dot AddIn for non-contrast-enhanced peripheral MRA. QISS particularly enables higher reproducibility than existing methods and is an alternative to MR angiography techniques with contrast medium, especially for patients with severe renal insufficiency.</p>	+ 20,800 USD

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PRELIMINARY PROPOSAL

FINANCING: The equipment listed above may be financed through one of our financing partners. Ask us about our full range of financial products that can be tailored to meet your business and cash flow requirements. For further information, please contact your local Sales Representative.

Siemens Healthineers is pleased to submit this Preliminary Pricing Proposal. A Preliminary Pricing Proposal is provided for planning purposes only; it is not contractually binding. To receive a contractually binding proposal for the Products listed above, inclusive of Terms, Conditions, and Warranty coverage, please contact your Siemens Healthineers Sales Representative.

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**ENSURE REQUISITION/PURCHASE ORDER IS ISSUED TO:
 GE PRECISION HEALTHCARE
 TAX ID (83-0849145)**

Prisma Health Imaging Centers, LLC

 300 E McBee Ave
 Greenville, SC 29601-2842

This Agreement (as defined below) is by and between the Customer and the GE HealthCare business ("GE HealthCare"), each as identified below for the sale and purchase of the Products and/or Services identified in this Quotation, together with any applicable schedules referred to herein ("Quotation"). "Agreement" is this Quotation (including line/catalog details included herein) and either: (i) the Governing Agreement identified below; or (ii) if no Governing Agreement is identified, the GE HealthCare Terms and Conditions and Warranties that apply to the Products and/or Services identified in this Quotation.

GE HealthCare can withdraw this Quotation at any time before Customer: (i) signs and returns this Quotation or (ii) provides evidence of Quotation acceptance satisfactory to GE HealthCare ("Quotation Acceptance"). On Quotation Acceptance, this Agreement is the complete and final agreement of the parties relating to the Products and/or Services identified in this Quotation. There is no reliance on any terms other than those expressly stated or incorporated by reference in this Agreement and, except as permitted in this Agreement, no attempt to modify will be binding unless agreed to in writing by the parties. Modifications may result in additional fees and cannot be made without GE HealthCare's prior written consent.

Handwritten or electronic modifications on this Agreement (except an indication of the form of payment, Customer purchase order number and signatures on the signature blocks below) are void.

Governing Agreement:	GEHC Standard Terms Apply
Terms of Delivery	FOB Destination
Billing Terms	100% billing at Ship Completion (Fulfillment) / Delivery
Payment Terms	Due On Receipt-30 Days
Sales and Use Tax Exemption	Certificate on File
Total Quote Net Selling Price	\$427,923.28

IMPORTANT CUSTOMER ACTIONS:

Please select your planned source of funds. Source of funds is assumed to be cash unless you choose another option. Once equipment has been shipped, source of funds changes cannot be allowed.

- Cash
 GE HFS Loan GE HFS Lease
 Other Financing Loan Other Financing Lease Provide Finance Company Name _____

The parties have caused this Agreement to be executed by their authorized representative as of the last signature date below.

Prisma Health Imaging Centers, LLC

Signature: _____

Print Name: _____

Title: _____

Date: _____

Purchase Order Number, if applicable

GE Precision HealthCare LLC

Signature: Stetson Moore

Title: Account Manager, IMG

Date: March 10, 2026

Document Instructions

Please sign and return this quotation together with any Purchase Order(s) to:

Name: Stetson Moore
Email stetson.moore@gehealthcare.com
Phone: +1 8657196891
Fax:

Payment Instructions

Please **remit** payment for invoices associated with this quotation to:

GE Precision Healthcare LLC
P.O. Box 96483
Chicago, IL 60693

FEIN: 83-0849145

Prisma Health Imaging Centers, LLC
Bill To: PRISMA HEALTH

Ship To: PRISMA HEALTH

Addresses:
 PRISMA HEALTH, ACCOUNTS PAYABLE 300 E MCBEE AVE STE 302
 GREENVILLE SC, 29601-2899
 PRISMA HEALTH 300 E MCBEE AVE GREENVILLE
 SC,29601-2842

To Accept This Quotation

- Please sign the quote and any included attachments (where requested).
- Source of Funds (choice of Cash/Third Party Loan or GE HFS Lease Loan or Third Party Lease through _____), must be indicated, which may be done on the Quote Signature Page (for signed quotes), or the Purchase Order (where quotes are not signed) or via a separate written source of funds statement (if provided by GE HealthCare).
- If your purchasing process requires a purchase order, please make sure it includes:
 - The correct Quote number and Version number above
 - The correct Remit To information as indicated in **“Payment Instructions”** above
 - Your correct SHIP TO and BILL TO site name and address
 - The correct Total Price as indicated above

Evidence of the agreement to contract terms. Either: (a) the quotation signature filled out with signature and P.O. number; or (b) Verbiage on the purchase order stating one of the following:

- (i) “Per the terms of Quotation # _____”;
- (ii) “Per the terms of GPO # _____”;
- (iii) “Per the terms of MPA# _____”; or
- (iv) “Per the terms of SAA # _____”.

Purchases

Line	Qty.	Catalog	
1	1.00	S30371FT	Senographe Pristina 3D

This configuration includes:

- Core system 3D with Efficiency Suite 2 software
- Control station front cover
- 3D Face-shield
- 24 x 29 cm bucky with grid
- Pair of dual foot-pedals
- Quality control tool kit
- Nira for Senobright HD
- Seno Defense
- P360 Ultra PC

This configuration does not include:

- Senobright HD
- UPS • 24x29cm standard paddle
- DVD Drive

Senographe Pristina 3D is the GE digital full field mammography system that provides a comprehensive breast care solution. It includes 2D and 3D screening and diagnostic capabilities, with patient focused design and enhanced ergonomics for the technologist. Senographe Pristina 3D delivers superior DBT (Digital Breast Tomosynthesis) diagnostic accuracy at the same low dose as a 2D FFDM, the lowest patient dose of all FDA approved systems. Senographe Pristina works with a GE-manufactured 24 x 29 cm detector, designed to offer different breast imaging capabilities in a fast and efficient workflow. With excellent enhanced detector performance, at low dose, the Senographe Pristina offers a remarkable image quality for diagnostic confidence. Senographe Pristina is evolving and the new software version has the capability to extend the life of your equipment with a more evolutive platform.

The configuration includes Efficiency Suite 2 software. It brings enhanced cyber security over lifecycle with new operating system, and improved efficiency with additional functionalities.

This configuration is upgradable Serena 2D, Serena 3D, Serena Bright and SenoBright HD.

Our P360 Ultra PC design includes a journaling mechanism preventing corruption of configuration files and loss of data in case of power cut. It removes the need for a dedicated UPS.

Line	Qty.	Catalog	
2	1.00	S30381FE	Pristina RECON DL

Line	Qty.	Catalog	
3	1.00	S30371CV	Power cable for Pristina

Line	Qty.	Catalog	
4	1.00	S30371CK	Eizo 3MP Medical monitor 21.3" - RX370

Eizo 3MP Medical monitor 21.3" - RX370 : Medical monitor screen offering following specifications : resolution of 2048 x 1536 (3MP), aspect ratio 3:4, Brightness 1100 cd/m².

Line	Qty.	Catalog	
5	1.00	S30371BM	Single Pedal X-ray Foot switch Fixed Control Station.

Optional additional exposure method, hands free using technologist foot.

Line	Qty.	Catalog	
6	1.00	S30371TY	Compression Footswitch Toegrab

Toegrab plate attached to both footswitches. It is design to improve ergonomics of the footswitches for the technologist.

Line	Qty.	Catalog	
7	1.00	S30331BR	Standard Radiation Shield

Standard Shield Integrated in Control station.
 Height : 185.5cm, Width : 70cm, Pb equivalence : 0,5mm

Line	Qty.	Catalog	
8	1.00	S30371CA	English Keyboard

English Keyboard

Line	Qty.	Catalog	
9	1.00	S30371BP	Mag Stand 1.8

Mag Stand 1.8

Line	Qty.	Catalog	
10	1.00	S30371BN	Mag Stand 1.5

Mag Stand 1.5

Line	Qty.	Catalog	
11	1.00	S30371FA	24x29cm Compression Paddle

24x29cm Compression Paddle

Line	Qty.	Catalog	
12	1.00	S30371FB	19X23cm Sliding Compression Paddle

19X23cm Sliding Compression Paddle

Line	Qty.	Catalog	
13	1.00	S30371FC	24X29cm Flexible Compression Paddle

The optional flexible and ergonomic 24x29.8cm sliding paddle provides tilting and flexibility for compression uniformity from chest wall to nipple. It is designed for easier positioning especially in the MLO position for large pectoral muscles and in the CC position when the chest wall and nipple-side show large thickness variation. Patient comfort is improved by requiring less compression on the pectoral muscle or chest wall to achieve proper compression on the whole breast.

Line	Qty.	Catalog	
14	1.00	S30371FD	19X23cm Flexible Sliding Paddle
19X23cm Flexible Sliding Paddle			

Line	Qty.	Catalog	
15	1.00	S30371FE	Round Spot Compression Paddle
Round Spot Compression Paddle			

Line	Qty.	Catalog	
16	1.00	S30371FF	Sliding Square Spot Compression Paddle
Sliding Square Spot Compression Paddle			

Line	Qty.	Catalog	
17	1.00	S30371FJ	10X23 Sliding Small Breast Paddle
Implant/small breast paddle.			

Line	Qty.	Catalog	
18	1.00	S30371BY	2D Face Shield
2D face shield for 2D acquisitions only			

Line	Qty.	Catalog	
19	1.00	E6322DJ	ACR Breast Phantom - RMI 156

Overview:

The Mammographic Accreditation Phantom is designed to test the performance of a mammographic system by a quantitative evaluation of the system's ability to image small structures similar to those found clinically.

Specifications:

- Height: 1.75 in. (4.5 cm)
- Width: 4 in. (10.2 cm)
- Depth: 4.25 in. (10.8 cm)

Line	Qty.	Catalog	
20	1.00	E6315TA	Pristina Accessories Storage Cabinet
Cabinet to hold additional paddles and other mammography accessories			

Line	Qty.	Catalog	
21	1.00	W2401MM	Pristina Launch Classic

This training program is designed for customers purchasing a GE HealthCare Mammography system (including but not limited to Essential/SenoClaire™ and Pristina™).

GE HealthCare will work with the designated Customer contact to agree upon a reasonable training schedule for a pre-defined group of core technologists that will leverage blended content delivery and may include a combination of onsite days and virtual offerings. The training will include Virtual Tools and remote connectivity. This blended curriculum with multiple delivery platforms promotes learner retention and allows for an efficient and effective skill development.

This program contains 48 Credits. A customized training program blending onsite and virtual training will be developed in partnership with your Applications Specialist.

- Onsite training – each onsite day of training utilizes 8 credits per instructor (8-hour day)
- Virtual training – each hour of virtual training utilizes 1 credit per instructor
- Virtual instructor-led training: Instructor leads a virtual training session one-on-one or in a group, typically in 2-4 hour scheduled blocks
- Answerline Support-Access to GE HealthCare experts for clinical, non-emergency applications assistance via phone or by using the iLinq button on the imaging console
- In addition to the credits available with this offering, the customer has access to the complimentary, no-cost online educational content available for all customers, both CE and non-CE.

Classroom-Based training (if applicable) – each seat in a classroom-based training (in person or virtual) utilizes 16 credits per student (ala carte offerings are available).

Training will be delivered at a mutually agreed upon time between the customer and GE Healthcare (excluding GE Healthcare holidays and weekends) and is subject to availability during normal business hours (8am-5pm). This training program has a term of twelve (12) months commencing on Acceptance, where all training (onsite and/or virtual) must be scheduled and completed within twelve (12) months of Acceptance. Additional credits may be available for purchase separately.

All GE HealthCare “Training” terms and conditions apply. Given the unique nature of this program, if this program is purchased as part of a purchase under a Governing Agreement, including any Master Purchase Agreement, Group Purchasing Organization Agreement, or Strategic Alliance Agreement, this program shall take precedence over any conflicting training deliverables set forth therein.

Total Purchases Price **\$427,923.28**

Total Quote Net Selling Price: **\$427,923.28**

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TAX ID (83-0849145)**

If applicable, for more information on this devices' operating system, please visit GE HealthCare's product security portal at: <https://securityupdate.gehealthcare.com/en/products>

1. **Definitions.** As identified in this Agreement, “Equipment” is hardware and embedded software that is licensed with the purchase of the hardware provided to Customer in GE HealthCare’s packaging and with its labeling; “Software” is software provided by GE HealthCare and/or delivered to Customer in GE HealthCare’s packaging and with its labeling, and Documentation associated with the software; “Third Party Software” and “Third Party Equipment” are respectively software developed by a third party, and hardware and embedded software that is licensed with the purchase of the hardware, that is delivered to Customer in the third party’s packaging and with its labeling (collectively, “Third Party Product”); “Product” is any Equipment, Software and Third Party Product; “Services” is Product support or professional services; “Subscription,” is a limited-term, non-transferable license to access and use a Product, including any associated support Services as identified as a Subscription by GE HealthCare; “SaaS Offerings” are software-as-a-service offerings provided to Customer by GE HealthCare and identified as a SaaS Offering by GE HealthCare; “Third Party Offerings” are Products, Services and SaaS Offerings sold by and identified by GE HealthCare as an offering of a Third Party; “Specifications” are GE HealthCare’s written specifications and manuals as of the date the Equipment shipped (excluding Third Party Offerings); and “Documentation” is the online help functions, user instructions and manuals regarding the installation and operation of the Product as made available by GE HealthCare to Customer.

2. **Term and Termination.** Software licenses, access to SaaS Offerings, Services and/or Subscriptions will have individual term lengths identified in the Quotation. If there is a material breach of this Agreement and/or the Quotation that is not cured by the breaching party within 60 days from receipt of written notice, the non-breaching party can terminate the respective Agreement or Quotation. Other than as set forth in this Agreement, neither party can unilaterally terminate this Agreement or a Quotation. Any remaining undisputed, unpaid fees become immediately due and payable on expiration or termination. Expiration or termination of this Agreement will have no effect on Quotations executed prior to the date of expiration or termination.

3. **Software License.** Other than as identified in a Quotation, GE HealthCare grants Customer a non-exclusive, non-transferable, non-sublicensable, perpetual license to use the Software for Customer’s internal business purposes only in the United States consistent with the terms of this Agreement. Customer’s independent contractors (except GE HealthCare competitors) may use the Software, but Customer is responsible for their compliance with this license, and additional license fees may apply. Customer cannot modify, reverse engineer, copy or create derivative works of the Software, except for making 1 backup copy, and cannot remove or modify labels or notices of proprietary rights of the Software or Documentation.

4. Commercial Logistics

4.1 Order Cancellation and Modifications.

4.1.1 Cancellation. If Customer cancels an order prior to shipment without GE HealthCare’s written consent, Customer will be responsible for all third-party expenses incurred by GE HealthCare prior to Customer’s order cancellation and GE HealthCare may charge: (i) a fee of up to 10% of the Product price; and (ii) a fee for site evaluations performed prior to cancellation. GE HealthCare will retain, as a credit, payments received up to the amount of the cancellation charge. Customer must pay applicable progress payments (other than final payment) prior to final calibration, and GE HealthCare may delay calibration until those payments are received. If Customer does not schedule a delivery date within 6 months after order entry, GE HealthCare may cancel on written notice. This section does not apply to Software or Subscriptions, SaaS Offerings, Third Party Offerings and/or related professional or installation services; those orders are non-cancellable.

4.1.2 Used Equipment. Equipment identified as pre-owned, refurbished, remanufactured or demonstration Equipment is not new and may have received reconditioning to meet Specifications (“Used Equipment”). Sale of Used Equipment is subject to availability. If it is no longer available, GE HealthCare will attempt to identify other Used Equipment in its inventory that meets Customer’s needs, and if substitute Used Equipment is not acceptable, GE HealthCare will cancel the order and refund any deposit Customer paid for the Used Equipment.

4.2 Site Preparation. Customer is responsible for network and site preparation, including costs, in compliance with GE HealthCare’s written requirements and applicable laws. GE HealthCare may refuse to deliver or install if the site has not been properly prepared or there are other impediments.

4.3 Transportation, Title and Risk of Loss. Unless otherwise identified in the Quotation, shipping terms are FOB Destination. Title and risk of loss to Equipment passes to Customer on delivery to Customer’s designated delivery location.

4.4 Delivery, Returns and Installation. Delivery dates are approximate. Products may be delivered in installments. GE HealthCare may invoice multiple installment deliveries on a consolidated basis, but this does not release Customer’s obligation to pay for each installment delivery. Delivery occurs: (i) for Product, on electronic or physical delivery to Customer; and (ii) for Services, on performance.

Products cannot be returned for refund or credit if they match the Quotation.

Delivery and installations will be performed from 8am to 5pm local time, Monday-Friday, excluding GE HealthCare holidays, and outside those hours for an additional fee. Customer will: (i) install cable and assemble products not provided by GE HealthCare; (ii) enable connectivity and interoperability with products not provided by GE HealthCare; (iii) pay for construction and rigging costs; and (iv) obtain all licenses, permits and approvals for installation, use and disposal of Products. For Equipment upgrades and revisions, Customer must return replaced components to GE HealthCare at no charge.

4.5 Information Technology Professional Services (“ITPS”). ITPS must be completed within 12 months of the later of the ITPS order date or Product delivery. If not done within this time period, other than because of GE HealthCare’s failure to perform, ITPS performance obligations expire without refund. ITPS includes project management, HL7/HIS system integration, database conversion, network design and integration and separately cataloged software installations.

4.6 Acceptance.

4.6.1 Equipment Acceptance. Beginning on completion of installation (not to exceed 30 days from shipment) or delivery (if installation is not required), Customer will have 5 days to determine if the Equipment operates substantially in accordance with Specifications (“Equipment Test Period”). If the Equipment fails to perform accordingly, Customer will provide to GE HealthCare: (i) written notice; (ii) access to the Equipment; and (iii) a reasonable time to bring the Equipment into compliance. After correction by GE HealthCare, Customer will have the remainder of the Equipment Test Period or 3 days, whichever is greater, to continue testing. Equipment is accepted on the earlier of expiration of the Equipment Test Period or the date the Equipment is first used for non-acceptance testing purposes.

4.6.2 Software Acceptance. Beginning on completion of Software implementation, Customer will have 30 days to determine if the Software operates substantially in accordance with the Documentation (“Software Test Period”). If the Software fails to perform accordingly, Customer will provide to GE HealthCare: (i) written notice; (ii) access to the Software; and (iii) a reasonable time to bring the Software into compliance. After correction by GE HealthCare, Customer will have the remainder of the Software Test Period or 5 days, whichever is greater, to continue testing. Software is accepted on the first to occur of: (a) expiration of the Software Test Period; (b) the date Software is first used to process actual data; or (c) the “Go-Live Date” as defined in the Quotation.

4.6.3 Subscription Acceptance. Products provided pursuant to a Subscription are accepted 5 days after GE HealthCare provides Customer access to the Products.

4.7 Third Party Products and Services. If an order includes Third Party Offerings, then regarding those Third Party Offerings: (i) GE HealthCare is acquiring them on Customer’s behalf, acting as Customer’s agent; (ii) GE HealthCare provides no warranties or indemnification, express or implied; (iii) Customer is responsible for all claims resulting from or related to their acquisition or use; and (iv) Customer shall comply with third party terms and conditions for the use of the Third Party Offerings; (v) the applicable third party shall be a beneficiary of this Agreement; (vi) except as otherwise agreed, Third Party Offerings shall be deemed accepted (or to begin on, as applicable) the later of either 5 days after delivery of the Third Party Offering or it being made available to Customer; (vii) the following provisions of these GE HealthCare terms and conditions shall govern the mutual obligations between Customer and GE HealthCare regarding the order: Definitions, Commercial Logistics, Security Interest and Payment, Trade-In Equipment, General Terms, Compliance – Generally, Security, Medical Diagnosis and Treatment, Protected Health Information, Excluded Provider, Liability and Indemnity, Payment and Finance.

4.8 Mobile Equipment. GE HealthCare will assemble Equipment it has approved for mobile use at the vehicle location identified by Customer. Customer will comply with the vehicle manufacturer’s planning requirements and arrange for delivery of the vehicle. Equipment placed in a mobile environment must be used for medical, billing, or other non-entertainment use by bona fide medical professionals authorized to use and prescribe such use. Customer will ensure Equipment that GE HealthCare has approved for mobile use is adequately installed in accordance with GE HealthCare’s applicable installation instructions.

4.9 Audit. GE HealthCare may audit Customer’s use of Software, Subscription or SaaS Offering to verify Customer’s compliance with this Agreement up to 12 months following termination or expiration of the applicable Quotation. Customer will provide reasonable assistance and unrestricted access to the information. Customer must pay underpaid or unpaid fees discovered during the audit, and GE HealthCare’s reasonable audit costs, within 30 days of written notification of the amounts owed. If Customer does not pay, or the audit reveals that Customer is not in compliance, GE HealthCare may terminate Customer’s Software license, Subscription or SaaS Offering.

4.10 Product Inflation. For GE HealthCare imaging Products only (to exclude ultrasound and life care solutions Products), due to the potential long cycle time from Product order to Product delivery, GE HealthCare may increase Product Total Quote Net Selling Price by an amount equal to the increase in the U.S. Bureau of Labor Statistics Consumer Price Index (“CPI”) from the date of Product order to the date of notice prior to Product delivery, by providing at least 4 weeks prior notice from the requested delivery date.

4.11 Implementation Timeline and Long Lead Cycle. Due to the long cycle time from contract award to equipment delivery for some orders, orders placed for the latest technological configuration of the Product(s) purchased under the Quotations will be updated to include the latest commercially available and FDA-cleared hardware and software enhancements of the same platform up to sixty (60) days prior to the delivery of the Product(s) at no additional charge (limited to the catalogs included on the applicable signed quotation(s)). Any environment or room modifications required to accommodate the latest versions of the purchased Product platform will be Customer’s responsibility.

Additionally, if prior to shipment, GE HealthCare commercially releases such a new product with additional features or functions, or a different platform, and Customer wishes to purchase such new product instead of the Product(s) initially ordered, Customer shall have the right to modify its purchase up to sixty (60) days prior to delivery to purchase such new product at a mutually agreed upon price.

5. **Security Interest and Payment.**

5.1 **Security Interest.** Customer grants GE HealthCare a purchase money security interest in all Products in the Quotation until full payment is received, and Customer will perform all acts and execute all documents necessary to perfect GE HealthCare's security interest.

5.2 **Failure to Pay.** If, after Product delivery, or SaaS Offering availability, Customer is more than 45 days past due on undisputed payments, GE HealthCare may, on 10 days' prior written notice, disable, revoke access to and/or remove the Products or SaaS Offering.

5.3 **Lease.** If Customer leases a Product, Customer continues to be responsible for payment obligations under this Agreement.

6. **Trade-In Equipment.** Trade-in equipment identified in a Quotation will be subject to separate trade-in terms and conditions.

7. **Subscriptions.** The following terms apply to all Subscriptions.

7.1 **Start Date.** Unless otherwise indicated in this Agreement or the Quotation, the Subscription offering shall begin on the date GE HealthCare provides Customer access to the Products.

7.2 **Renewal / Non-Renewal.** The Subscription term renews automatically for the same duration as the initial term of the Subscription unless otherwise identified in the Quotation. Except as otherwise identified in this Agreement or a Quotation, GE HealthCare may increase prices annually by no more than the Consumer Price Index for All Urban Consumers (U.S. City Average, December to December) plus 2%, upon 90 days' prior written notice. Subscriptions are not cancellable; however, either party may opt to not renew the Subscription after the initial Subscription term or any subsequent renewal term by providing at least 60 days' prior written notice to the other party prior to renewal.

7.3 **Subscription Equipment.** Title to Equipment provided via Subscription ("**Subscription Equipment**") remains with GE HealthCare. Customer will not place, or permit the placement of, liens, security interests, or other encumbrances on Subscription Equipment. Customer shall not repair or service Subscription Equipment, or allow others to do so, without the prior written consent of GE HealthCare.

7.4 **Support Services.** Unless otherwise noted in the Quotation, as part of the Subscription fees, GE HealthCare will provide support Services as described in the Subscription Products Terms and Conditions.

7.5 **Upgrades/software releases.** Included in the Subscription fees if Customer does not owe any undisputed payments, GE HealthCare will provide upgrades/software releases if and when they become available and to the extent they are provided to all GE HealthCare customers with a Subscription for the Products, at mutually agreed upon delivery and installation dates. Upgrades/software releases do not include: (i) any optional or separately licensable features; (ii) any Products not covered by the Subscription; or (iii) any virtual environment required to host an upgraded Product. GE HealthCare shall have no obligation to provide upgrades/software releases if Products are not maintained within the current major release version or the immediately prior major release version.

7.6 **Access Controls.** Customer must: (i) ensure users maintain individually-assigned confidential user credentials and control mechanisms to access the Subscription; and (ii) take reasonable steps to prevent unauthorized access to Products.

7.7 **Post-Termination.** Upon termination or expiration of the Subscription: (i) Customer must immediately discontinue use of the Products and return Subscription Equipment to GE HealthCare in proper operating condition; (ii) Customer must destroy its copies of Software and Documentation; (iii) Customer must remove its data from Subscription Equipment; (iv) GE HealthCare is not responsible for and may destroy Customer-provided information, images or data; and (v) GE HealthCare will remove Customer's access.

7.8 **Professional Services.** For Services not covered under this Agreement or required due to Customer not meeting its responsibilities under the Agreement, applicable additional professional Services and fees will be required: (i) identified in the Quotation; and (ii) subject to GE HealthCare's then-current pricing.

8. **SaaS Offerings.** The following terms apply to SaaS Offerings.

8.1 **Start Date.** Unless otherwise indicated in this Agreement or the Quotation, the SaaS Offering shall begin on the date GE HealthCare provides Customer with access to the SaaS Offerings.

8.2 **Access and Use of SaaS Offerings.**

8.2.1 Subject to the terms of this Agreement, GE HealthCare grants Customer non-exclusive, non-transferable, right to access, and use, the SaaS Offering being provided under this Agreement. The SaaS Offering is solely for use by Customer's Authorized Users (defined below) and for internal business only. Customer's use is limited to the term and volume or use metrics as detailed in the Quotation. GE HealthCare reserves all rights in the SaaS Offering, including the technical and operational data and information.

8.2.2 The SaaS Offering may only be used by Customer's employees, consultants, contractors, and agents (i) who are authorized by Customer to access and use the SaaS Offering under the rights granted to Customer pursuant to this Agreement and (ii) for whom access to the SaaS Offering has been purchased hereunder ("Authorized Users"). Customer is responsible and liable for all uses of the SaaS Offering and Documentation resulting from access provided by Customer, directly or indirectly, whether such access or use is permitted by or in violation of this Agreement. Further, Customer is responsible and liable for all acts and omissions by Authorized Users. Customer is responsible for providing any necessary notices to Authorized Users and obtaining any legally required consents from Authorized Users regarding their use of the SaaS Offering and for maintaining the confidentiality of usernames, passwords and account information. Customer and its Authorized Users must not use the SaaS Offering in any way not in accordance with the Agreement and the Documentation.

8.2.3 Customer shall have the sole responsibility for any data submitted, posted, or otherwise transmitted by an Authorized User through the SaaS Offering, including but not limited to the data's accuracy, confidentiality, quality, integrity, legality, reliability, security, appropriateness, IP rights, and privacy consents. Customer shall have sole responsibility for any security vulnerabilities, and the consequences of such vulnerabilities, arising from Customer data or Authorized User's access to the SaaS Offering.

8.2.4 If Customer becomes aware that any Customer data or any use by an Authorized User violates the Agreement, Customer shall promptly remove or suspend use of that Customer data and suspend the Authorized User's access to the SaaS Offering. If Customer believes its access has been compromised, Customer shall notify GE HealthCare as soon as possible but no later than 5 business days. Customer shall have sole responsibility for any security vulnerabilities or incidents, and the consequences of such vulnerabilities or incidents, arising from Customer data or any use of the SaaS Offering and Documentation resulting from access provided by Customer, directly or indirectly, whether such access or use is permitted by or in violation of this Agreement. Customer shall notify GE HealthCare and reasonably cooperate with GE HealthCare to confirm and resolve any compromise to Customer's account or the SaaS Offering.

8.2.5 GE HealthCare reserves the right to upgrade or modify the SaaS Offering, including without limitation GE HealthCare's technology, software, security, configurations, features, related content and materials, and third party content, at any time.

8.3 Security. GE HealthCare shall maintain a written information security program (the "Program") consistent with GE HealthCare's Commitment to Data Privacy and Security and applicable data protection laws that includes policies, procedures, and safeguards designed to protect Customer data and personal data from unauthorized or unlawful access, use, or disclosure or other compromise.

8.4 Renewal / Non-Renewal. Unless otherwise noted in the Quotation, the SaaS Offering term renews automatically for the same duration as the initial term. Except as otherwise identified in this Agreement or a Quotation, GE HealthCare may increase prices annually by no more than the Consumer Price Index ("CPI") for All Urban Consumers (U.S. City Average, December to December) plus 2%, upon 90 days' prior written notice. SaaS Offerings are not cancellable; however, either party may opt to not renew a SaaS Offering after the initial term or any subsequent renewal term by providing at least 60 days' prior written notice to the other party prior to renewal. Customer shall be obligated to pay the fees for any active term regardless of whether Customer access the SaaS Offering during the applicable term.

8.5 Support Services.

8.5.1 Unless otherwise noted in the Quotation, as part of the SaaS Offering reoccurring fee, GE HealthCare will use commercially reasonable efforts to maintain the SaaS Offering in a manner which minimizes Errors and service interruptions. "Error" means any SaaS Offering problem that: (i) materially interferes with Customer's use of the SaaS Offering; and (ii) results from a failure of the SaaS Offering to materially conform to the Documentation. Customer will promptly inform GE HealthCare of any issue of which Customer becomes aware. GE HealthCare will provide phone and email support during standard business hours, excluding GE HealthCare holidays, for problem solving, Error resolution and general help.

8.5.2 Access for Offering and Support. To enable GE HealthCare to provide Customer with the SaaS Offering and related support, Customer grants GE HealthCare the right to use, process and transmit, in accordance with this Agreement and any relevant privacy agreements, Customer's Data and applications during the Term plus any additional post-expiration period. Customer is responsible for its connection to the SaaS Offering.

8.6 Account Suspension. GE HealthCare may suspend Customer's access to or use of the SaaS Offering if Customer or its Authorized Users violate any provision of this Agreement, or if in GE HealthCare's reasonable judgment, the SaaS Offering or any component thereof are reasonably likely to suffer a significant threat to security or functionality. GE HealthCare will use reasonable efforts to provide advance notice and to re-establish the affected SaaS Offering. GE HealthCare may terminate the SaaS Offering if any cause of suspension is not cured within 60 days. Any suspension or termination by GE HealthCare under this paragraph shall not excuse Customer from its obligation to make payment(s) under this Agreement.

8.7 Post Termination. Unless otherwise noted in the Quotation or this Agreement, upon termination or expiration of the SaaS Offering(s): (i) Customer must immediately discontinue all use and access of the SaaS Offering; (ii) Customer must destroy all GE HealthCare proprietary and confidential information, such as its copies of Documentation; (iii) GE HealthCare is not responsible for and may destroy data; (iv) GE HealthCare will remove Customer's access; and (v) Customer shall immediately pay GE HealthCare all amounts due hereunder. Customer

is responsible for ensuring Customer has all necessary copies of Customer data prior to the termination date. Customer will be responsible for paying for any Services required to migrate Customer data to a replacement solution.

9. General Terms.

9.1 Confidentiality. Each party will treat this Agreement and the other party's proprietary information as confidential, meaning it will not use or disclose the information to third parties unless permitted in this Agreement or required by law. Customers are not prohibited from discussing patient safety issues in appropriate venues.

9.2 Governing Law. The law of the state where the Product is installed, Service is provided, Subscription is accessed, or for SaaS Offerings the state in which Customer's operations are located as indicated in the Quotation, will govern this Agreement.

9.3 Force Majeure. Performance time for non-monetary obligations will be reasonably extended for delays beyond a party's control.

9.4 Assignment; Use of Subcontractors. Rights and obligations under this Agreement cannot be assigned without the other party's prior written consent, unless: (i) it is to an entity (except to a GE HealthCare competitor) that (a) is an affiliate or parent of the party or (b) acquires substantially all of the stock or assets of such party's applicable business, Product line, or Service thereof; and (ii) the assignee agrees in writing to be bound by this Agreement, including payment of outstanding fees. GE HealthCare may hire subcontractors to perform work under this Agreement but will remain responsible for its obligations.

9.5 Waiver; Survival. If any provision of this Agreement is not enforced, it is not a waiver of that provision or of a party's right to later enforce it. Terms in this Agreement related to intellectual property, compliance, data rights and terms that by their nature are intended to survive will survive the Agreement's expiration or termination.

9.6 Intellectual Property. GE HealthCare owns all rights to the intellectual property in GE HealthCare's Products, SaaS Offerings, Services, Documentation, Specifications, and statements of work related to a Quotation or otherwise. Customer may provide GE HealthCare with feedback related to Products, Services, SaaS Offerings, and related Documentation, and GE HealthCare may use it in an unrestricted manner.

10. Compliance.

10.1 Generally. Each party will comply with applicable laws and regulations. Customer is only purchasing, licensing or accessing Products or SaaS Offerings for its own medical, billing and/or non-entertainment use in the United States, or for the purposes of renting or leasing the Products for medical, billing and/or non-entertainment purposes through a mobile system or modular building where Customer maintains title to the Products GE HealthCare will not deliver, install, provide access, service or train if it discovers Products or SaaS Offerings have been or are intended to be used contrary to this Agreement. This Agreement is subject to GE HealthCare's ongoing credit review and approval. Customer is aware of its legal obligations for cost reporting, including 42 C.F.R. § 1001.952(g) and (h), and will request from GE HealthCare any information beyond the invoice needed to fulfill Customer's cost reporting obligations. GE HealthCare will provide safety-related updates for Equipment and Software required by applicable laws and regulations at no additional charge.

10.2 Security. GE HealthCare is not responsible for: (i) Customer's passwords or password management (ii) securing Customer's network; (iii) preventing unauthorized access to Customer's network or the Product; (iv) backup management; (v) data integrity; (vi) recovery of lost, corrupted or damaged data, images, software or equipment; (vii) third party operating systems, unless specifically provided in the Quotation; or (viii) providing or validating antivirus or related IT safeguards unless sold to Customer by GE HealthCare. NEITHER PARTY WILL BE LIABLE TO THE OTHER PARTY FOR DAMAGES CAUSED BY UNAUTHORIZED ACCESS TO THE NETWORK OR PRODUCTS REGARDLESS OF A PARTY'S COMPLIANT SECURITY MEASURES.

10.3 Environmental Health and Safety ("EHS"). GE HealthCare personnel may stop work without penalty due to safety concerns. Customer must: (i) comply with GE HealthCare's EHS requirements; (ii) provide a safe environment for GE HealthCare personnel; (iii) tell GE HealthCare about chemicals or hazardous materials that might come in contact with Products or GE HealthCare personnel; (iv) perform decommissioning or disposal at Customer facilities; (v) obtain and maintain necessary permits; (vi) thoroughly clean Products before Service; (vii) provide radioactive materials required for testing Products; and (viii) dispose of waste related to Products and installations.

10.4 Parts and Tubes. GE HealthCare: (i) recommends the use of parts it has validated for use with the Product; (ii) is not responsible for the quality of parts supplied by third parties to Customer; and (iii) cannot assure Product functionality or performance when non-validated parts are used. Certain Products are designed to recognize GE HealthCare-supplied tubes and report the presence of a non-GE HealthCare tube; GE HealthCare is not responsible for the use of, or effects from, non-GE HealthCare supplied tubes.

10.5 Training; Recordings. GE HealthCare's training does not guarantee that: (i) Customer trainees are fully trained on Product or SaaS Offering use, maintenance or operation; or (ii) training will satisfy any licensure or accreditation. Customer must ensure its trainees are fully qualified in the use and operation of the Product or SaaS Offering. Unless otherwise identified in the training catalog, Customer will complete training within 12 months of: (a) the date of Product delivery for a Product purchase or date of availability of SaaS Offering; (b) the respective start date for Services or Subscription for purchase of Service or Subscription; or (c) the date training is ordered for training-only purchases. If

not completed within this time period, other than because of GE HealthCare's fault, training expires without refund. Training will be invoiced and payment due pursuant to the billing terms listed in the Quotation. Customer's recording of GE HealthCare training sessions and other conversations with GE HealthCare is prohibited.

10.6 Medical Diagnosis and Treatment. All clinical and medical treatment, diagnostic and/or billing decisions are Customer's responsibility.

10.7 Connectivity. If a Product or SaaS Offering has remote access capability: (i) Customer will provide GE HealthCare with, and maintain, a GE HealthCare-validated remote access connection to service the Product or SaaS Offering; or (ii) GE HealthCare reserves the right to charge Customer for onsite support at GE HealthCare's then-current billing rate. This remote access and collection of machine data (e.g., temperature, helium level) will continue after the end of this Agreement unless Customer requests in writing that GE HealthCare disable it.

10.8 AI Features. Products, Services and SaaS Offerings may use features, functionalities, or components of artificial intelligence technologies, machine learning, deep learning, and other generative artificial intelligence technologies ("AI Features"). As between the parties, and to the extent permitted by law, Customer owns the outputs, results, data and outcomes generated from Customer's use of AI Features ("Outputs"), which are considered Customer data. Customer agrees: (i) to use Outputs only for Customer's internal purposes and not to sell, license, lease, disclose or otherwise transfer Outputs to a third party, and (ii) not to use the AI Features or Outputs (a) to develop AI or machine learning models that compete with GE HealthCare, or (b) in violation of the Agreement or applicable laws. Customer is solely responsible to ensure that all Outputs are checked and validated, are fit for Customer's purpose, and comply with applicable laws in relation to their use. Use of Outputs is at Customer's sole risk and GE HealthCare is neither responsible nor liable for any use of Outputs. Customer must not rely on factual assertions in Outputs without independent fact-checking and Customer must not rely on designs, workflows/processes, or work instructions in Outputs without independent review of functionality and suitability for Customer's needs. Further, due to the nature of AI, the Output may not be unique across users and the AI Feature may generate or return the same or similar Output to other customers. NOTWITHSTANDING ANYTHING CONTAINED IN THIS AGREEMENT, OUTPUTS ARE PROVIDED "AS-IS," "WITH ALL FAULTS," AND "AS AVAILABLE," AND GE HEALTHCARE MAKES NO WARRANTIES: (I) REGARDING THE OUTPUT'S ACCURACY OR SUITABILITY FOR CUSTOMER'S NEEDS; (II) THAT THE OUTPUTS WILL MEET CUSTOMER'S REQUIREMENTS, OPERATE WITHOUT INTERRUPTION, BE ACCURATE, COMPLETE OR ERROR FREE OR GENERATE ANY SPECIFIC OUTCOMES OR RESULTS.

10.9 Use of Data.

10.9.1 Protected Health Information. If GE HealthCare creates, receives, maintains, transmits or otherwise has access to Protected Health Information (as defined in 45 C.F.R. § 160.103) ("PHI"), GE HealthCare may use and disclose the PHI only as permitted by law and by the Business Associate Agreement. Before returning any Product to GE HealthCare, Customer must ensure that all PHI stored in it is deleted.

10.9.2 Data Rights. GE HealthCare may collect, prepare derivatives from and otherwise use non-PHI data related to Products and/or Services for such things as training, demonstration, research, development, benchmarking, continuous improvement and facilitating the provision of its products, software and services. GE HealthCare will own all intellectual property and other rights that could result from this collection, preparation and use. The non-PHI data will not be used to identify Customer or sold by GE HealthCare without Customer's consent.

10.10 Customer Policies. GE HealthCare will use reasonable efforts to respect Customer-provided policies that apply to GE HealthCare employees and agents who perform Services onsite at a Customer facility, so long as such policies comply with applicable laws and do not materially contradict GE HealthCare policies. Failure to respect Customer policies is not a material breach unless it is willful and adversely affects GE HealthCare's ability to perform its obligations. GE HealthCare employees and agents are prohibited from signing Customer policies and facility-related forms in their individual capacity.

10.11 Insurance. GE HealthCare will maintain coverage in accordance with its standard certificate of insurance.

10.12 Excluded Provider. To its knowledge, neither GE HealthCare nor its employees performing Services under this Agreement have been excluded from participation in a Federal Healthcare Program. If an employee performing Services under this Agreement is excluded, GE HealthCare will replace that employee within a reasonable time; if GE HealthCare is excluded, Customer may terminate this Agreement upon written notice to GE HealthCare.

11. Disputes and Arbitration

11.1 Binding Arbitration. Other than collection matters and actions seeking injunctive relief to prevent or cease a violation of intellectual property rights related to Products or Services, the parties agree to submit all disputes arising under or relating to this Agreement to the American Arbitration Association ("AAA") office closest to the largest metropolitan area of the location where the Product is installed or the Service is provided for binding arbitration conducted in accordance with AAA's then-current Commercial Arbitration Rules. Costs, including arbitrator fees and expenses, will be shared equally, and each party will bear its own attorneys' fees. The arbitrator will have authority to award damages only to the extent available under this Agreement. Nothing in this section shall allow either party to arbitrate claims of any third-party not a party to this Agreement. The parties further agree to keep confidential: (i) the fact that any arbitration occurred, (ii) the results of any

arbitration, (iii) all materials used, or created for use, in the arbitration, and (iv) all other documents produced by another party in the arbitration and not otherwise in the public domain.

12. Liability and Indemnity.

12.1 **Limitation of Liability.** GE HEALTHCARE'S LIABILITY FOR DIRECT DAMAGES TO CUSTOMER UNDER THIS AGREEMENT WILL NOT EXCEED: (I) FOR PRODUCTS, THE PRICE FOR THE PRODUCT THAT IS THE BASIS FOR THE CLAIM; OR (II) FOR SERVICE, SAAS OFFERINGS OR SUBSCRIPTIONS, THE AMOUNT OF SERVICE OR SUBSCRIPTION FEES FOR THE 12 MONTHS PRECEDING THE ACTION THAT IS THE BASIS FOR THE CLAIM. THIS LIMITATION WILL NOT APPLY TO GE HEALTHCARE'S DUTIES TO INDEMNIFY CUSTOMER UNDER THIS AGREEMENT.

12.2 **Exclusion of Damages.** NEITHER PARTY WILL HAVE ANY OBLIGATION FOR: (I) CONSEQUENTIAL, PUNITIVE, INCIDENTAL, INDIRECT OR REPUTATIONAL DAMAGES; (II) PROFIT, DATA OR REVENUE LOSS; OR (III) CAPITAL, REPLACEMENT OR INCREASED OPERATING COSTS.

12.3 **IP Indemnification.** GE HealthCare will indemnify, defend and hold Customer harmless from third-party claims for infringement of United States intellectual property rights arising from Customer's use of the Equipment, SaaS Offering or Software in accordance with the Specifications, Documentation and/or license.

12.4 General Indemnification.

12.4.1 GE HealthCare will indemnify, defend and hold Customer harmless for losses which Customer becomes legally obligated to pay arising from third party claims brought against Customer for bodily injury or damage to real or tangible personal property to the extent the damage was caused by GE HealthCare's: (i) design or manufacturing defect of Products; (ii) negligent failure to warn, negligent installation or negligent Services; or (iii) material breach of this Agreement.

12.4.2 Customer will indemnify, defend and hold GE HealthCare harmless for losses which GE HealthCare becomes legally obligated to pay arising from third party claims brought against GE HealthCare for bodily injury or damage to real or tangible personal property to the extent the damage was caused by Customer's: (i) medical diagnosis or treatment decisions; (ii) misuse or negligent use of the Product or SaaS Offering; (iii) improper storage of the Product (iv) modification of the Product; or (v) material breach of this Agreement.

12.5 **Indemnification Procedure.** For all indemnities under this Agreement: (i) the indemnified party must give the other party written notice before claiming indemnification; (ii) the indemnifying party will control the defense; (iii) the indemnified party may retain counsel at its own expense; and (iv) the indemnifying party is not responsible for any settlement without its written consent.

13. Payment and Finance.

13.1 **Late Payment.** Customer must raise payment disputes before the payment due date. For any undisputed late payment, GE HealthCare may: (i) suspend performance under this Agreement until all past due amounts are paid; (ii) charge interest at a rate no more than the maximum rate permitted by applicable law; and (iii) use unapplied funds due to Customer to offset any of Customer's outstanding balance. If GE HealthCare suspends performance, any downtime will not be included in the calculation of any uptime or availability commitment. If Customer fails to pay when due: (a) GE HealthCare may revoke its credit and designate Customer to be on credit hold; and (b) all subsequent shipments and Services must be paid in full on receipt.

13.2 **Taxes.** Prices do not include applicable taxes, which are Customer's responsibility.

13.3 **Customer Payment Obligation.** If installation or acceptance is delayed more than 90 days because of any reason for which Customer or its subcontractor is responsible, GE HealthCare will provide written notice and bill the remaining balance due on the order, and Customer must pay according to the payment terms listed on the Quotation.

13.4 **Overages.** Products or SaaS Offerings shall be subject to any usage or volume metrics specified in Quotation. If Customer exceeds any usage or volume metric, GE HealthCare reserves the right to charge for excess usage at then current rates. Customer will be responsible for payment of any such overage fees and agrees that GE HealthCare may prospectively adjust future billing to reflect increased usage or volume.

14. **Notices.** Notices will be in writing and considered delivered when received if sent by certified mail, postage prepaid, return receipt requested, by overnight mail, or by fax. Notice to Customer will be directed to the address on this Agreement, and notice to GE HealthCare to General Counsel, 9900 W Innovation Dr., Wauwatosa, WI 53226.

15. Subscription Products Support Terms and Conditions.

15.1 **Overview.** GE HealthCare will, in accordance with the terms and conditions of this section, maintain, support and update Products provided via Subscription.

15.2 Scope.

15.2.1 Software Support and Maintenance. GE HealthCare will use reasonable efforts to provide Error Correction (defined below) for verifiable and reproducible Errors (defined below) within a reasonable time after: (a) Customer reports the Error to GE HealthCare; or (b) detection by GE HealthCare. Updates (defined below), if released, will be provided at no additional cost as a part of this maintenance commitment. New functionality must be purchased separately, unless otherwise agreed.

15.2.2 Equipment Maintenance. Preventative maintenance service may be required periodically during normal business hours of 8:00 a.m. to 5:00 p.m. (local time) on mutually agreed dates. Customer will make the Equipment available for preventative maintenance upon GE HealthCare request. Additional services to be performed, including specific additional terms thereof, shall be specified in the Quotation or alternate schedules.

15.2.3 Definitions. “Error” means any Software-related problem that: (i) materially interferes with Customer’s use of the Software; and (ii) results from a failure of the Software to materially conform to the Documentation. “Error Correction” means: (a) modification of the Software that corrects an Error by bringing the Software into material conformity with the Documentation; or (b) a procedure that avoids the material adverse effect of the nonconformity. “Update” means a change that provides Error Corrections and/or enhances functionality of the Software version licensed by Customer. An Update does not involve major changes or provide significant, new functionality or applications, or changes to the software architecture or file structure. Updates retain the same license as the original Software.

15.2.4 Hotline Support. GE HealthCare will provide phone and email support during standard business hours, excluding GE HealthCare holidays, for problem solving, Error resolution and general help.

15.2.5 Remote Access Support. GE HealthCare may access Software remotely via Customer’s network and GE HealthCare-supplied secure tunnelling software to monitor Software parameters to help prevent and detect Errors. Customer will reasonably cooperate with GE HealthCare to establish remote connections. Certain modules require remote access in order to obtain support.

15.2.6 Warranty. GE HealthCare warrants that its Services will be performed by trained individuals in a professional, workman-like manner. GE HealthCare will re-perform non-conforming Services as long as Customer provides prompt written notice to GE HealthCare. NO OTHER EXPRESS OR IMPLIED WARRANTIES, INCLUDING IMPLIED WARRANTIES OF NON-INFRINGEMENT, MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, WILL APPLY. SERVICE MANUALS AND DOCUMENTATION ARE PROVIDED “AS IS”. GE HEALTHCARE DOES NOT GUARANTEE PRODUCTS WILL OPERATE WITHOUT ERROR OR INTERRUPTION.

15.2.7 Exclusions. GE HealthCare has no obligation to Customer for: (i) use of Products in combination with software, hardware, or services not recommended in writing by GE HealthCare; (ii) use in a manner or environment for which GE HealthCare did not design or license the Products, or in violation of GE HealthCare’s recommendations or instructions; (iii) interface configuration (often referred to as HIS, PACS or EMR interfaces necessary due to changing vendors or versions); (iv) reorganization of Customer data; (v) consulting or software engineering and programming; (vi) support of Products outside the scope of the foregoing maintenance commitments; (vii) failure to use or install, or permit GE HealthCare to use or install, Error Corrections or Updates; (viii) failure to maintain Products within the current major release version or the immediately prior major release version; (ix) defects in products or services not made and provided by GE HealthCare; (x) any cause external to the Products or beyond GE HealthCare’s control; (xi) failure of Customer’s network; (xii) replacement of disposable or consumable items; (xiii) additional equipment or upgrades in connection with Products; and (xiv) migration of Software to different hardware or operating systems.

16. ViewPoint Software Maintenance Terms and Conditions.

16.1 GE HealthCare will maintain, support and update ViewPoint Software licensed by Customer (“ViewPoint Software”) and HIS interface software installed in the United States covered by a Software Maintenance Agreement (“SMA”) consistent with the Subscription Products Support Terms and Conditions.

16.2 Software Maintenance Agreement Term. The following applies to ViewPoint software and HIS interface software only: The SMA term and start date is identified in the Quotation and its related Schedule A. Either party may terminate the SMA without cause after the first anniversary by providing at least 90 days’ prior written notice to the other party. SMA payments are due within 30 days after date of GE HealthCare’s invoice.

1. Warranty.

- 1.1. **Equipment.** For non-customized Equipment purchased from GE HealthCare or its authorized distributors, unless otherwise identified in the Quotation, GE HealthCare warrants that Equipment will be free from defects in title, and, for 1 year from Equipment Acceptance, it will: (i) be free from defects in material and workmanship under normal use and service; and (ii) perform substantially in accordance with the Specifications. The warranty covers parts and labor and only applies to end-users that purchase Equipment from GE HealthCare or its authorized distributors.
- 1.2. **Software.** For Software licensed from GE HealthCare, GE HealthCare warrants that: (i) it has the right to license or sublicense Software to Customer; (ii) it has not inserted Disabling Code into Software; (iii) it will use efforts consistent with industry standards to remove viruses from Software before delivery; and (iv) unless otherwise identified in the Quotation, for 90 days from Software Acceptance, Software will perform substantially in accordance with the Documentation. “Disabling Code” is code designed to interfere with the normal operation of Software, but code that prohibits use outside of the license scope is not Disabling Code.
- 1.3. **Services.** GE HealthCare warrants that its Service will be performed by trained individuals in a professional, workman-like manner.
- 1.4. **Used Equipment.** Certain Used Equipment is provided with GE HealthCare’s standard warranty for the duration identified in the Quotation, but in no event more than 1 year. If no warranty is identified, the Used Equipment is provided “AS IS” and is not warranted by GE HealthCare.
- 1.5. **Accessories and Supplies.** Warranties for accessories and supplies are at www.gehealthcare.com/accessories.
- 1.6. **Third Party Product.** Third Party Product is covered by the third party’s warranty and not GE HealthCare’s warranties.
- 1.7. **Subscription Products.** Unless otherwise specified, Products provided via Subscription do not include a warranty.
- 1.8. **SaaS Offerings.** Unless otherwise specified, SaaS Offerings do not include a warranty.

2. Remedies. If Customer promptly notifies GE HealthCare of its claim during the warranty and makes the Product available, GE HealthCare will: (i) at its option, repair, adjust or replace the non-conforming Equipment or components; (ii) at its option, correct the non-conformity or replace the Software; and/or (iii) re-perform non-conforming Service. Warranty service will be performed from 8am to 5pm local time, Monday-Friday, excluding GE HealthCare holidays (exceptions to these coverage hours will be communicated by GE HealthCare). Service provided outside of established warranty hours are subject to GE HealthCare’s then-current service rates and subject to personnel availability. GE HealthCare may require warranty repairs to be performed via a secure, remote connection or at an authorized service center. If GE HealthCare replaces Equipment or a component, the original becomes GE HealthCare property and Customer will return the original to GE HealthCare within 5 days after the replacement is provided to Customer. Customer cannot stockpile replacement parts. Prior to returning Equipment to GE HealthCare, Customer will: (a) obtain a return to manufacturer authorization; and (b) back up and remove all information stored on the Equipment (stored data may be removed during repair). Customer is responsible for damage during shipment to GE HealthCare. The warranty for a Product or component provided to correct a warranty failure is the unexpired term of the warranty for the repaired or replaced Product.

At its discretion GE HealthCare may provide a loaner unit. If a loaner unit is provided: (i) it is for Customer’s temporary use at the location identified in the Quotation; (ii) it will be returned to GE HealthCare within 5 days after the Product is returned to Customer, and if it is not, GE HealthCare may repossess it or invoice Customer for its full list price; (iii) it, and all programs and information pertaining to it, remain GE HealthCare property; (iv) risk of loss is with Customer during its possession; (v) Customer will maintain and return it in proper condition, normal wear and tear excepted, in accordance with GE HealthCare’s instructions; (vi) it will not be repaired except by GE HealthCare; (vii) GE HealthCare will be given reasonable access to it; (viii) Customer is not paying for its use, and Customer will ensure charges or claims submitted to a government healthcare program or patient are submitted accordingly; and (ix) prior to returning it to GE HealthCare, Customer will delete all information, including PHI, from it and its accessories, in compliance with industry standards and instructions provided by GE HealthCare.

NO OTHER EXPRESS OR IMPLIED WARRANTIES, INCLUDING IMPLIED WARRANTIES OF NON-INFRINGEMENT, MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, WILL APPLY. SERVICE MANUALS AND DOCUMENTATION ARE PROVIDED “AS IS”. GE HEALTHCARE DOES NOT GUARANTEE PRODUCTS WILL OPERATE WITHOUT ERROR OR INTERRUPTION.

3. Limitations. GE HealthCare has no obligation to Customer for warranty claims if Customer uses the Product: (a) for non-medical or entertainment use or outside the United States; (b) in combination with software, hardware, or services not recommended in writing by GE HealthCare; and (c) in a manner or environment for which GE HealthCare did not design or license it, or in violation of GE HealthCare’s recommendations or instructions. GE HealthCare has no obligation to Customer for warranty claims for damages or deficiencies outside GE HealthCare’s reasonable control.

In addition, these warranties do not cover: (i) defects or deficiencies from improper storage or handling, maintenance or use that does not conform to Specifications and/or Documentation, inadequate backup or virus protection, cyber-attacks, failure to maintain power quality, grounding, temperature, and humidity within Specifications and/or Documentation, or other misuse or abuse; (ii) repairs due to power anomalies or any cause external to the Products or beyond GE HealthCare’s control; (iii) payment or reimbursement of facility costs arising from

repair or replacement of the Products or parts; (iv) planned maintenance (unless applicable to Equipment), adjustment, alignment, or calibration; (v) network and antenna installations not performed by GE HealthCare or its subcontractors; (vi) lost or stolen Products; (vii) Products with serial numbers altered, defaced or removed; (viii) modification of Product not approved in writing by GE HealthCare (ix) Products immersed in liquid; (x) for Mobile Equipment, defects or deficiencies from mobile use outside of normal transportation wear and tear (excluding OEC regarding transportation wear and tear) and (xi) replacement of disposable or consumable items.

4. Exceptions to Standard Equipment Warranty Periods. The warranty period for the following Products is different than the standard 1 year period for Equipment.

AVS (Advanced Visualization Solutions)

Batteries: 3 months; except for x-ray nickel cadmium or lead acid batteries and ultrasound batteries, which are covered under the standard warranty.

HealthNet Lan, Advantage Review — Remote Products: 3 months

LOGIQ e, Venue 50, Venue Go, Venue Fit, Versana Active and related transducers purchased with them: 5 years

LOGIQ E10, LOGIQ E10S, Vivid Pioneer, Vivid S70N and Vivid S70N Dimension: 2 years (console only); excluding batteries (internal & external), printers and peripherals, TEE cleaning & storage systems, and probes purchased with system: 1 year.

LOGIQ F8 (2016 and newer), LOGIQ V5, Vivid T8 and Vivid T9 and related transducers purchased with them: 3 years; excluding batteries (internal & external), printers and peripherals, TEE cleaning & storage system and TEE Probes.

LOGIQ Fortis, LOGIQ Totus and Probes and related transducers purchased with them: 2 years; excluding batteries (internal & external), printers and peripherals, TEE cleaning & storage system, and TEE Probes.

LOGIQ P9 (R2.5 and newer) and related transducers purchased with them: 5 years

LOGIQ P10: 5 years

LOGIQ V1, LOGIQ V2, Vivid iq, Vscan and Vscan Extend and related transducers purchased with them: 3 years; excluding: batteries (internal & external), printers and peripherals, TEE cleaning & storage system, ICECord Connector and printers, TEE Probes, Venue 50 Docking Cart, Venue Go Cart, Venue Go mounting cradle, LOGIQ e Isolation Cart, LOGIQ e Docking Cart, LOGIQ V1/V2 Cart and Vivid IQ cart.

OEC New or Exchange Service Parts: 4 months

Ultrasound Partial System Equipment Upgrades: 3 months

Versana Premier and related transducers purchased with them: 5 years

Versana Balance and related transducers purchased with them: 5 years

Venue and related transducers purchased with them: 5 years

Voluson Performance 18, Voluson Expert 18, Voluson Expert 20, and Voluson Expert 22 Consoles: 5 years

Voluson Performance 18, Voluson Expert 18, Voluson Expert 20, and Voluson Expert 22 Probes: Tiered coverage (Years 1 – 3 – all probes purchased with console; Years 4 – 5 – 1 probe per system, per year).

Voluson P8 BT18 and newer, Voluson Signature 18, Voluson Signature 20, Voluson SWIFT, Voluson S8 Touch and Voluson S10 Expert, LOGIQ F8 2016 and newer, LOGIQ V5, Vivid T8 and Vivid T9 and related transducers purchased with them: 3 years

Vscan Air and Vscan Air Vet Warranty: 3 years; excluding: battery and peripherals which are covered under the standard warranty.

Venue Sprint: 3 years; excluding: battery, cart and peripherals which are covered under the standard warranty.

Imaging

Blood pressure cuffs and related adaptors and air hoses: 1 month

CARESCAPE V100 and VC150 Vital Signs Monitors: 2 years

Exergen: 4 years

GE Lunar Bone Mineral Densitometry and Metabolic Health: Warranty includes 1 annual PM. Direct warranty claims to Probo Medical, LLC (together with its affiliate Alpha Source, LLC) at 1-866-907-9745.

MAC 5, MAC 7, MAC 2000 and MAC 3500: 3 years

MR Systems: Warranty excludes: (i) a defect or deficiency from failure of water chillers supplied or serviced by Customer, and (ii) for MR systems with LHe/LN or shield cooler configured superconducting magnets (other than LCC magnets) any cryogen supply, cryogenic service or service to the magnet, cryostat, coldhead, shield cooler compressor or shim coils unless the need for supply or service is caused by a defect in material or workmanship covered by this warranty.

Partial System Upgrades—limited to only upgraded components—for CT, MR, X-Ray, IGS, PET (Scanners, Cyclotrons and Chemistry Labs) and Nuclear systems: 6 months. However, (i) the wireless detector components of an Optima XR240amx having received a partial system upgrade with are covered for 1 year on the wireless detector; (ii) Artist Evo 1.5T and Premier Evo 3T systems having received a partial upgrade shall be covered by a one year, full system warranty.

Performix 160A (MX160) and Pulsar Tubes: 3 years

Portrait VSM: 2 years

Proteus XR/a, Definium and Precision 500D X-Ray Systems: Warranty excludes collimator bulbs.

SEER 1000: 2 years

X-Ray High Voltage Rectifiers and TV Camera Pick-Up Tubes: 6 months

X-Ray Wireless Digital Detectors: In addition to the standard warranty, GE HealthCare will provide coverage for detector damage due to accidental dropping or mishandling. If accidental damage occurs GE HealthCare will provide Customer with 1 replacement detector during warranty at no additional charge. If subsequent accidental damage occurs during warranty period, each additional replacement will be provided for \$30,000 per replacement. This additional coverage excludes damage caused by any use that does not conform to original equipment manufacturer (“OEM”) guidelines, use that causes fluid invasion, holes, deep scratches or the detector case to crack, and damage caused by abuse, theft, loss, fire, power failures or surges. If the warranty is voided by these conditions, repair or replacement is Customer’s responsibility.

PCS (Patient Care Solutions)

Those items accompanied by an asterisk (*) remain covered by the standard 1 year warranty; only additional coverage is described (e.g., a Product with 3 years total parts warranty is described as having 2 years additional parts only coverage, which covers the Product beyond the standard 1 year parts and labor coverage).

B40 Monitors*: 2 years, parts only (excluding displays).

B105 B125, and B155 Patient Monitors: 3 years

CARESCAPE Monitors B450, B650, B850, Canvas 1000, and Canvas Smart display*: 3 years, parts only.

CARESCAPE ONE*: 3 years, parts only.

Corometrics® Fetal Monitoring*: 2 years, parts only.

Corometrics® Nautilus Transducers: 2 years

Lullaby Phototherapy System—lamp assembly only: 3 years.

Microenvironment and Phototherapy consumable components: 1 month

Micromodules*: 3 year, parts only.

Novii Wireless Patch System-Interface and Pods: Customer may elect to purchase coverage for Pod damage due to accidental dropping or mishandling. This coverage excludes patches and cables, which are considered Product accessories, and are warranted pursuant to Section 1.5 above.

Tec 6 Plus Vaporizers: 2 years

Tec 850 Vaporizers: 3 years

ATTACHMENT: EQUIPMENT COSTING OVER \$50,000

Equipment Costing Over \$50,000	
MRI (1) - Siemens MAGNETOM Altea	\$1,195,216
CT (1) - Siemens SOMATOM go.Top Excel	\$529,456
Mammography (2) - GE Senographe Pristina 3D	\$427,923 each
X-ray (1) - Siemens MULTIX Impact C	\$248,097
Ultrasound (1) - Siemens ACUSON Sequoia Crown	\$128,072

ATTACHMENT 2N: COUNTY LEVEL MAP

TENNESSEE COUNTY MAP



ATTACHMENT 3N B: DEMOGRAPHIC VARIABLE/GEOGRAPHIC AREA

Demographic Variable/Geographic Area	Tennessee State Data Center							Census Bureau				TennCare	
	Total Population 2026	Total Population 2030	Total Population % Change	*Target Population 2026	*Target Population 2030	*Target Population Change	*Target Population Projected Year as % of Total	Median Age	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of total
Blount County	145,681	150,249	3%	121,940	125,857	3%	80.8%	43.0	\$77,365	13,403	9.2%	20,260	13.9%
Monroe County	49,239	49,983	2%	41,161	41,900	2%	81.2%	45.2	\$56,895	6,204	12.6%	11,258	22.9%
Service Area Total	194,920	200,232	3%	163,101	167,757	3%	83.8%	44.1	\$67,130	19,607	10.1%	31,518	16.2%
State of TN Total	7,300,003	7,513,757	3%	5,971,045	6,148,143	3%	81.8%	39.1	\$69,595	985,500	13.5%	1,379,309	18.9%

Sources: Tennessee State Data Center Population Projections, 2026-2030, U.S. Census QuickFacts; TennCare Bureau (Jan 2026)

*target population is 20+

Person Below Poverty Level was determined by applying the percentage found on QuickFacts to the estimated 2026 population. The Service Area Total was summed for this indicator and divided by 2026 population to determine percentage.

Averages were used where appropriate to determine Service Area Total for Median Age & Median HH Income

Attachment 6N: Assumptions and Methodology for Projected
Volumes

Item 6N - Applicant Projected Utilization (Year 1 and Year 2)

Year 1 (2028)

ODC Facility Name	# MRI Units	# CT Units	# X-Ray Units	# Ultrasound Units	# Mammography Units
Prisma Health Imaging Center - Fairview	1	1	1	1	2

Year 1 (2028)	ODC Facility Name	Facility ID	County	MRI Proced	CT Procedures	Ultrasound Procedures	X-Ray Procedures	Mammography Procedures	Total Procedures
	Prisma Health Imaging Center - Fairview		Blount	2,724	2,230	1,593	478	7,660	14,685

Year 1 (2028)	ODC Facility Name	Facility ID	County	MRI Proced	CT Procedures	Ultrasound Procedures	X-Ray Procedures	Mammography Procedures	Total Procedures
	Prisma Health Imaging Center - Fairview		Monroe	340	279	199	60	958	1,836

Year 1 (2028)	ODC Facility Name	Facility ID	County	MRI Proced	CT Procedures	Ultrasound Procedures	X-Ray Procedures	Mammography Procedures	Total Procedures
	Prisma Health Imaging Center - Fairview		Other not primary/secondary county	340	279	199	60	958	1,836

Year 2 (2029)

ODC Facility Name	# MRI Units	# CT Units	# X-Ray Units	# Ultrasound Units	# Mammography Units
Prisma Health Imaging Center - Fairview	1	1	1	1	2

Year 2 (2029)	ODC Facility Name	Facility ID	County	MRI Proced	CT Procedures	Ultrasound Procedures	X-Ray Procedures	Mammography Procedures	Total Procedures
	Prisma Health Imaging Center - Fairview		Blount	3,264	2,856	2,040	612	9,180	17,952

Year 2 (2029)	ODC Facility Name	Facility ID	County	MRI Proced	CT Procedures	Ultrasound Procedures	X-Ray Procedures	Mammography Procedures	Total Procedures
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Prisma Health Imaging Center - Fairview		Monroe	408	357	255	77	1,147	2,244
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Year 2 (2029)	ODC Facility Name	Facility ID	County	MRI Proced	CT Procedures	Ultrasound Procedures	X-Ray Procedures	Mammography Procedures	Total Procedures
	Prisma Health Imaging Center - Fairview		Other not primary/ secondary county	408	357	255	77	1,147	2,244

			80%		10%		
Projected Visits for the ODC							
Imaging Modality	2028	2029	2028	2029	2028	2029	
MRI	3405	4080	2724	3264	340	408	
CT	2787	3570	2230	2856	279	357	
Mammography	9576	11475	7661	9180	958	1148	
Ultrasound	1991	2550	1593	2040	199	255	
X-Ray	597	765	478	612	60	77	
Total	18357	22440	14685	17952	1836	2244	

ATTACHMENT 10C: PAYOR MIX

Projected Payor Mix: Project Only - Year 1 and Year 2				
Payor Source	Year 1: 2028		Year 2: 2029	
	Projected Gross Operating Revenue	As a % of Total	Projected Gross Operating Revenue	As a % of Total
Medicare/Medicare Managed Care	\$6,242,805	54.7%	\$7,699,004	54.7%
TennCare/Medicaid	\$686,100	6.0%	\$846,140	6.0%
Commercial/Other Managed Care	\$3,852,856	33.7%	\$4,751,576	33.7%
Self-Pay	\$447,729	3.9%	\$552,166	3.9%
Other	\$188,952	1.7%	\$233,028	1.7%
Total*	\$11,418,442	100.0%	\$14,081,914	100.0%
Charity Care	\$114,184	1.0%	\$140,819	1.0%

**Needs to match Gross Operating Revenue Year One and Year Two on Projected Data Chart*

Note: This was added as an attachment due to issues experienced in saving Question 10C within the portal based on advisement of TN HFC staff.

ATTACHMENT 7Q: INVESTIGATION INFORMATION

The applicant replied 'YES' to question 7Q.B.7 of the application. Below is the response that is included there:

On May 23, 2024, the U.S Department of Labor – Employee Benefits Security Administration served a notice of investigation on Prisma Health regarding the Legacy GHS-Tuomey Pension Plan's compliance with Title I of ERISA. The notice included document requests related to the Plan and its cybersecurity protections. Prisma Health has provided all requested documents and information to the DOL-EBSA investigator. No findings have been issued as of the date of filing this application.

STATE OF TENNESSEE)
)
COUNTY OF BLOUNT) LEASE AGREEMENT

THIS LEASE AGREEMENT (this “Lease”) is made and entered into to be effective as of February 20, 2026 (the “Effective Date”), by and between **Prisma Health**, a South Carolina nonprofit corporation (“Lessor”) and **Prisma Health Imaging Centers, LLC** (“Lessee”). The terms “Lessor” and “Lessee” shall include the undersigned parties and their respective successors and assigns, as permitted.

WHEREAS, Lessor and Lessee have reached an agreement wherein and whereby Lessor shall Lease to Lessee, and Lessee shall Lease from Lessor, those certain premises set forth and more fully described on **Schedule I** hereto (the “Demised Premises”), to be located in the medical office building commonly known as Prisma Health Medical Park – Fairview, owned by Lessor, located on Highway 411, adjacent to 2409 and 2441 Highway 411, Maryville, Blount County, Tennessee 37801 (the “Building”), on the terms and conditions hereinafter set forth; and

WHEREAS, a significant aspect of Lessor’s charitable, educational and scientific purposes (as such terms are defined under section 501(c)(3) of the Internal Revenue Code) is to operate an integrated health care delivery system in Blount County, Tennessee, and the surrounding communities, and Lessor is leasing the Demised Premises to Lessee in order to carry out those charitable, educational and scientific purposes.

NOW, THEREFORE, in consideration of the premises and the mutual undertakings herein contained, Lessor and Lessee hereby agree as follows:

ARTICLE I. RECITALS TRUE AND CORRECT

1.01. The parties covenant and agree that the recitals set forth above are true and correct in all material respects and are incorporated herein by reference.

ARTICLE II. DEMISED PREMISES

2.01. Lessor leases to Lessee, and Lessee leases from Lessor, the Demised Premises, upon and subject to the covenants, agreements, terms, provisions, and conditions of this Lease, for the term and at the rent stated in **Schedule I** hereto (including any Additional Rent as may be due and/or adjusted from time to time).

2.02. Any and all proposed structural alterations, changes, and/or modifications of the Demised Premises shall be approved by Lessor, in writing, prior to installation and shall be accomplished at Lessee’s sole expense.

2.03. Lessor shall deliver the Demised Premises to Lessee in a condition consistent with the plans and specifications mutually agreed upon by the parties (the “Approved Plans”) and in compliance with all applicable building codes and regulations as of the Commencement Date. Lessee’s acceptance of possession of the Demised Premises shall constitute Lessee’s acknowledgment that the Demised Premises are in the condition required by this Lease, subject only

to items identified on a written punch list delivered by Lessee to Lessor within thirty (30) days following the Commencement Date, which Lessor shall use commercially reasonable efforts to complete within sixty (60) days thereafter.

ARTICLE III. USE

3.01. Lessee shall use and occupy the Demised Premises solely for the purpose of operating an outpatient diagnostic imaging center and associated ancillary health care services, and for no other purpose without Lessor's prior written consent. Further, Lessee will not permit the Demised Premises to be used for any purpose which would render the insurance thereon void or cause cancellation thereof.

3.02. The Demised Premises may not be used for any purposes (i) that are in violation of any requirements of any insurer of the Demised Premises or in violation of any valid law, statute, ordinance, rule, or regulation of any governmental authority having jurisdiction or (ii) that are so offensive or obnoxious as to constitute a nuisance.

3.03. If any governmental license or permit shall be required for the proper and lawful conduct of Lessee's business in the Demised Premises, or any part thereof, and if failure to secure such license or permit would in any way affect Lessor's operation of the Demised Premises, Lessee, at its expense, shall duly procure and thereafter maintain such license or permit and submit the same to inspection by Lessor. Lessee shall at all times comply with the terms and conditions of each such license or permit.

3.04. All operations and activities of the Lessee on the Demised Premises shall be conducted in full compliance with all federal, state, and/or local laws and regulations concerning the protection of the environment and any hazardous or toxic substances or materials, as such terms are defined or regulated in such laws or regulations or by any federal, state or local government or agency thereof. Lessee shall be responsible for handling and disposing for all medical and infectious waste in accordance with all applicable local, state or federal laws, regulations, ordinances and/or decrees or orders from a governmental agency or authority.

3.05. Lessee shall and does hereby agree to indemnify, defend, and hold harmless Lessor, to the full extent permitted by applicable law, against any loss, claim, damage, expense, or liability including, without limitation, required repairs, clean up, detoxification, removal, or liability to any third party resulting from Lessee's use, storage, generation, manufacture, treatment, and/or handling of hazardous or toxic substances, materials or other contaminants or medical and infectious waste.

ARTICLE IV. TERM AND POSSESSION

4.01. The term of this Lease shall be for a period of ten (10) years and shall commence on the date Lessor delivers possession of the Demised Premises to Lessee following Substantial Completion of the Building (the "Commencement Date"), which is currently anticipated to occur on or about March 1, 2028, and shall terminate at 11:59 P.M. on the last day of the month in which the tenth (10th) anniversary of the Commencement Date falls as set forth on **Schedule I** (the "Initial Term").

4.02 “Substantial Completion” shall mean the date on which (i) construction of the Building and the Demised Premises is sufficiently complete in accordance with the Approved Plans such that Lessee can occupy and use the Demised Premises for its intended purpose, as evidenced by issuance of a certificate of occupancy (or its equivalent) by the applicable governmental authority, and (ii) Lessor has provided Lessee with written notice of such completion. Lessor shall use commercially reasonable efforts to achieve Substantial Completion on or before March 1, 2028 (the “Target Commencement Date”). If Substantial Completion has not occurred by the Target Commencement Date, Lessor shall notify Lessee promptly and the parties shall cooperate in good faith to establish a revised anticipated Commencement Date. Neither party shall have any liability to the other solely as a result of a delay in achieving Substantial Completion, provided that Lessor continues to diligently pursue completion of the Building.

4.03 Promptly following the Commencement Date, Lessor and Lessee shall execute a Commencement Date Certificate confirming the actual Commencement Date and the Expiration Date of the Initial Term, which certificate shall be attached to and made a part of this Lease.

4.04. Unless otherwise terminated, this Lease shall terminate at the end of the Initial Term without the necessity of any notice from either Lessor or Lessee to terminate same.

4.05. Lessee acknowledges that, as of the Effective Date, the Building and Demised Premises are under construction and not yet available for Lessee’s inspection. Upon delivery of the Demised Premises pursuant to Section 4.01, Lessor shall be under no duty to make any further alterations or repairs to the Demised Premises beyond those set forth in Section 2.03 hereof and the Approved Plans, except as expressly provided in this Lease.

4.06 Lessor may terminate this Lease upon written notice to Lessee if any of the following events occur: (a) Lessee fails to pay Rent or Additional Rent when due and such failure continues for thirty (30) days after written notice from Lessor; (b) Lessee materially breaches any other term of this Lease and fails to cure such breach within sixty (60) days after written notice from Lessor (or, if such breach cannot reasonably be cured within sixty (60) days, Lessee fails to commence cure within such period and diligently pursue cure to completion); (c) Lessee files a voluntary petition in bankruptcy, makes a general assignment for the benefit of creditors, or a receiver is appointed for Lessee’s assets; (d) the CON is revoked, suspended, or otherwise terminated by the Tennessee Health Facilities Commission and Lessee ceases to operate the Demised Premises for its permitted use for a period of one hundred eighty (180) consecutive days; or (e) Lessee abandons the Demised Premises for a period of sixty (60) consecutive days. Lessee may terminate this Lease upon written notice to Lessor if Lessor materially breaches any term of this Lease and fails to cure such breach within sixty (60) days after written notice from Lessee.

ARTICLE V. RENT AND ADJUSTMENTS TO RENT

5.01. Except as otherwise expressly provided herein, during the Term of this Lease, Lessee shall pay to Lessor rent for the Demised Premises as set forth on **Schedule I** hereto (“Rent”). Rent shall be paid directly to Lessor.

5.02 On each anniversary of the Commencement Date, the Rent payable pursuant to this Lease shall increase by 3% over the previous year’s Rent rate.

ARTICLE VI. OPERATING EXPENSES; ADDITIONAL RENT

6.01. "Operating Expenses" shall mean the direct expenses paid or incurred by Lessor for the operation and maintenance of the Building, as further defined below, which are included in the Rent and shall be borne solely by Lessor.

6.02 Operating Expenses include all normal costs of operation and maintenance of the Building, including ad valorem taxes, insurance premiums, assessments paid to property owners' associations, salaries and wages of Building staff, materials and supplies, contractor charges, utility charges, janitorial services, landscaping, trash removal, water and sewer, maintenance and repair of HVAC, elevator, and other mechanical systems, parking lot maintenance and security, and management fees.

6.03. During the Term of this Lease, Lessee shall pay to Lessor the Additional Rent as specified herein. Additional Rent shall be paid directly to Lessor.

ARTICLE VII. REPAIR, MAINTENANCE AND SURRENDER; EXCESS SERVICES

7.01. Lessee accepts the Demised Premises in the condition delivered by Lessor pursuant to Section 2.03 of this Lease.

7.02. Upon termination of this Lease, Lessee agrees to deliver the Demised Premises to Lessor in good condition, reasonable wear and tear excepted.

7.03. Lessor's Obligations. Lessor shall keep and maintain in good repair and working order and make all repairs to and perform necessary maintenance upon the Building, and all parts and appurtenances thereof, which are required in the normal maintenance and operation of the Building. Lessor shall furnish elevator service (if applicable), a reasonable amount of electric power and janitorial service, and water, heat and air conditioning sufficient, in Lessor's judgment, to keep the Demised Premises comfortable for use and occupancy all as more particularly set out in rules and regulations adopted by Lessor from time to time. Lessor shall not be liable for, and the obligation of Lessee to pay rent and keep, observe and perform all of its covenants, obligations, duties and agreements herein, shall not be affected or excused by the inability of Lessor to furnish or Lessor's delay in furnishing, electric power, heat, air conditioning, water, janitorial service, elevator service (if applicable) or any other service, express or implied, or the inability of Lessor to make or Lessor's delay in making any repairs, alterations, additions or improvements, or performing any other act required herein. Should Lessor fail to make the necessary repairs or perform necessary maintenance, as obligated herein, and such failure shall continue for a period of thirty (30) days after receipt of written notice thereof from Lessee to Lessor (unless such failure cannot reasonably be cured within thirty (30) days and Lessor shall have commenced to cure said failure within said thirty (30) days and continues diligently to pursue the curing of the same), then Lessee can make the necessary repairs and/or maintenance, and all reasonable costs and expenses incurred by Lessee shall be invoiced to and paid by Lessor within thirty (30) days thereof.

7.04. Lessee's Obligations. Lessee, at its sole cost and expense, shall keep and maintain in good repair and working order and make all repairs, except structural repairs to, and perform necessary maintenance within and upon the Demised Premises, and all parts and appurtenances thereof, which are required in the normal maintenance and operation of the Demised Premises. Should Lessee fail to make the necessary repairs to the Demised Premises, then Lessor can make the necessary repairs and all reasonable costs and expenses incurred by Lessor shall be passed on to the Lessee as Additional Rent. Notwithstanding anything to the contrary within this Lease, Lessee shall not be required to make any alterations or repairs to the Demised Premises to comply with any federal, state, or local laws, requirements, rules, ordinances, or codes with respect to the structural elements, which shall include: base building systems, the roof, the exterior of the walls, the concrete slab floor (as distinguished from floor coverings), structural joists and deck making up the ceiling (as distinguished from acoustical tiles, lighting, or other ceiling coverings), and the areas above and beneath the Demised Premises, except if such alteration or repair is required because of Lessee's particular modification of the Demised Premises or any work, improvements, or changes to the Demised Premises made by Lessee or caused by the willful or negligent acts of Lessee.

7.05. Excess Services. If Lessor is required by Lessee to provide Lessee with services in excess of those specified, such excess services shall be furnished to Lessee, at Lessee's expense, at such charges as may be agreed upon, but in no event at a charge less than Lessor's actual cost of labor, equipment and utilities incurred in connection with such excess service. Lessor may require Lessee to install a separate meter to accurately measure the quantity of any excess services.

ARTICLE VIII. INDEMNIFICATION

8.01. Lessee covenants and agrees to indemnify and hold harmless Lessor, to the full extent permitted by applicable law, against and from any and all claims, demands, or damages, including costs, counsel fees and expenses, and liabilities which may be incurred in connection therewith, arising from the conduct or management of the business operated by Lessee in the Demised Premises; from any work or thing whatsoever done on or about the Demised Premises by Lessee, its employees, licensees, invitees, or assignees; or from any act or negligence of Lessee, its employees, agents, licensees, invitees, or assignees in or about the Demised Premises during the Initial Term and any renewal term of this Lease.

8.02. Lessee hereby agrees that Lessor shall not be liable for injury to Lessee's business or any loss of income therefrom or for damage to the goods, wares, merchandise, or other property of Lessee, Lessee's employees, invitees, customers, or any other person in or about the Demised Premises, nor shall Lessor be liable for injury to the person of Lessee, Lessee's employees, agents, or contractors, whether the said damage or injury results from conditions arising upon the Demised Premises or upon other portions of the Building of which the Demised Premises are a part, or from other sources or places, and regardless of whether the cause of such damage or injury or the means of repairing the same is inaccessible to Lessee.

8.03. The parties hereto hereby waive any and all rights of recovery, claim, action, or cause of action against each other, their respective agents, officers and employees, for any loss or damage that may occur to the Demised Premises or Building and to all property, whether real, personal or mixed, located in the Demised Premises or the Building, by reason of fire, the elements or any other

cause normally insured against under the terms of a standard all-risk fire and extended coverage insurance policy, including negligence of the parties hereto, their respective agents and employees.

ARTICLE IX. LIENS

9.01. Lessee will not permit to be created nor to remain undischarged any lien, encumbrance, or charge (arising out of any work of any contractor, mechanic, laborer or materialman or any mortgage, conditional sale, or security agreement) which might be or become a lien or encumbrance or charge upon the Demised Premises or any part thereof or the income therefrom, and Lessee will not suffer any other matter or thing whereby the estate, right and interest of Lessor in the Demised Premises or any part thereof might be impaired. If Lessee shall fail to cause such lien or notice of lien to be discharged within ten (10) days after obtaining notice thereof, then, in addition to any other right or remedy, Lessor may, but shall not be obligated to, discharge the same either by paying the amounts claimed to be due or by procuring the discharge of such lien. Any amount so paid by Lessor, and all costs and expenses including attorneys' fees incurred by Lessor in connection therewith, together with interest thereon at the maximum legal rate from the respective dates of Lessor's making of the payment or incurring of the cost and expense, shall constitute Additional Rent payable by Lessee under this Lease and shall be paid by Lessee to Lessor on demand.

ARTICLE X. ENTRY OF PREMISES

10.01. Lessor, and Lessor's employees, agents, and contractors, shall have the right to enter and pass through the Demised Premises or any part or parts thereof: during business hours, after reasonable notice to Lessee; after business hours for cleaning and maintenance and to perform janitorial services; and at any time in emergencies.

ARTICLE XI. DEFAULT, SURRENDER, AND RE-ENTRY

11.01. In the event: (a) the rent specified in Article 5 of the Lease and **Schedule I** described therein is not paid at the time and place when and where due; (b) the Demised Premises are deserted or vacated; (c) the Lessee fails to comply with any term, provision, condition, or covenant of this Lease, and does not cure such failure within ten (10) days after written notice to the Lessee of such failure to comply; (d) any petition is filed by or against Lessee under any section or chapter of the U.S. Bankruptcy Code, as amended; (e) Lessee becomes insolvent or makes a transfer in fraud of creditors; (f) Lessee makes an assignment for benefit of creditors; (g) a receiver is appointed for a substantial part of the assets of Lessee; or (h) the leasehold interest is levied on under execution, Lessor shall have the option— in addition to and not in limitation of any other remedy permitted by law or in equity or by this Lease—to enter the Demised Premises and re-let the Demised Premises and receive the rent therefor. Lessee shall pay Lessor, on demand, any deficiency that may arise by reason of such re-letting.

ARTICLE XII. INSURANCE

12.01 Property insurance. Lessee shall obtain and maintain commercial property insurance covering Lessee's furniture, fixtures, equipment, inventory, improvements, and all other business personal property located on or within the Demised Premises. In no event shall Lessor be responsible for any business interruption or consequential loss sustained by Lessee.

12.02 Liability Insurance. Lessee shall obtain and maintain comprehensive general liability insurance for its operations with respect to the Demised Premises, in an amount not less than \$1,000,000 per occurrence and \$2,000,000 in annual aggregate for the term of this Lease.

ARTICLE XIII. ASSIGNMENT AND SUBLEASE OF LESSEE'S RIGHTS

13.01. Lessee may not assign this Lease or sublet the Demised Premises or any interest thereunder or part thereof during the term of this Lease without prior written consent of Lessor. Any assignment or sublease entered into by Lessee and any assignee or Lessee shall not affect or reduce the Lessee's obligations hereunder, which shall continue in full effect. Any such assignment or sublease is expressly subject to the provisions of this Lease.

ARTICLE XIV. FIRE OR OTHER CASUALTY

14.01. If the Demised Premises are totally destroyed by storm, fire, earthquake, or other natural disaster, this Lease shall terminate as of the date of such destruction. If the Demised Premises are partially damaged by any such casualty, rent shall abate in such proportion as use of the Demised Premises has been reduced and Lessor, at its option, shall restore the Demised Premises to substantially the same condition as before the casualty occurred, whereupon computation of full rent shall commence. Lessor shall not be liable for any damages, claims, loss of business or annoyance arising from any repair or restoration of any portion of the Demised Premises.

14.02 Lessor and Lessee hereby release each other from liability for loss or damage occurring on or to the Demised Premises or to the contents therein, caused by fire or other hazards ordinarily covered by fire and extended coverage insurance policies and each waives all rights of recovery against the other for such loss or damage. Negligence, gross negligence and willful misconduct lawfully attributable to either party, whether in whole or in part a contributing cause of the casualty giving rise to the loss or damage, shall not be excused under the foregoing release and waiver.

ARTICLE XV. LESSEE'S FAILURE TO PERFORM

15.01. If Lessee shall at any time fail to perform any act on its part to be made or performed as in this Lease provided, then Lessor may, but shall not be obligated to, and without waiving or releasing Lessee from any such obligations, perform any such act on the part of Lessee to be made, done or performed as in this Lease provided, and, in exercising such rights, or any of them, pay necessary and incidental costs and expenses, including reasonable attorney's fees, penalties and interest. Amounts so paid by Lessor shall be treated as Additional Rent and shall be payable by Lessee to Lessor on demand, with all the rights and remedies provided in the case of default on account of nonpayment of the rent.

ARTICLE XVI. RELATIONSHIP OF LESSOR AND LESSEE

16.01. This contract shall create the relationship of lessor-lessee. Neither party shall make any representation or statement (whether oral or written) to any person or entity inconsistent with this Paragraph.

ARTICLE XVII. MODIFICATIONS; ENTIRE AGREEMENT

17.01. This Lease can only be modified by a written agreement duly signed by authorized representatives of Lessor and Lessee. Moreover, Lessor and Lessee covenant and agree not to enter into any oral agreement or understanding inconsistent or in conflict with this Lease; and Lessor and Lessee further covenant and agree that any oral communication allegedly or purportedly constituting such an agreement or understanding shall be absolutely null, void and without effect.

17.02. This Lease constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes all prior contemporaneous written or oral agreements and representations between the parties with respect thereto. This Lease shall not be deemed to extinguish or mitigate any payments that are owed to Lessor by Lessee pursuant to the terms of any previous or other existing agreements between Lessor and Lessee. Lessor and Lessee acknowledge that they have read this Lease, understand it, and agree to be bound by its terms and conditions.

ARTICLE XVIII. WAIVER; CUMULATIVE REMEDIES

18.01. Any waiver by either party of any breach or any term or condition hereof shall be effective only if in writing and such writing shall not be deemed to be a waiver of any subsequent or other breach, term or condition of this Lease. All rights and remedies of a party hereunder shall be cumulative and in addition to such rights and remedies as may be available to a party at law or equity.

ARTICLE XIX. VENUE AND JURISDICTION

19.01. Lessor and Lessee hereby: (i) agree that any litigation, action, or proceeding arising out of or relating to this Lease may be instituted in a state or federal court in the State of Tennessee, County of Blount; (ii) waive any objection which they might have now or hereafter to any such litigation, action or proceeding based upon improper venue or inconvenient forum; and (iii) irrevocably submit to the jurisdiction of such courts in any such litigation, action or proceeding. For all purposes of this Lease, Lessor and Lessee agree that service of process upon Lessor and Lessee may be effected pursuant to the United States mail.

ARTICLE XX. COLLECTION

20.01. If it becomes necessary for Lessor to employ attorneys for the collection of amounts payable hereunder, or for any other breach by Lessee resulting in a default of the provisions of the Lease, all costs and expenses incident to such collection, including without limitation reasonable fees of such attorneys, shall be added to the amount payable hereunder and be collected as a part thereof.

ARTICLE XXI. NOTICES

21.01. Any notice, request, approval, consent, demand, or other communication shall be effective upon the first to occur of the following: (i) upon receipt by the party to whom such notice, request, approval, consent, demand or other communication is being given; or (ii) three (3) business days after being duly deposited in the United States mail, certified or registered, return receipt requested.

ARTICLE XXII. SEVERABILITY

22.01. The parties hereto intend all provisions of this Lease to be enforced to the fullest extent permitted by law. If, however, any provision of this Lease is held to be illegal, invalid or unenforceable under present or future law, such provision shall be fully severable; this Lease shall be construed and enforced as if such illegal, invalid or unenforceable provision were never a part hereof; and the remaining provisions of this Lease shall remain in full force and effect and shall not be affected by the illegal, invalid or unenforceable provision or by its severance.

ARTICLE XXIII. GOVERNING LAW

23.01. The construction and interpretation of this Lease shall at all times and in all respects be governed by the laws of the State of Tennessee.

ARTICLE XXIV. COUNTERPARTS

24.01. This Lease may be executed simultaneously in several counterparts, each of which shall be deemed an original but which together shall constitute one and the same original.

ARTICLE XXV. MISCELLANEOUS

25.01. Authority: Lessee warrants and represents to Lessor that the execution of this Lease by the person or persons so signing has been duly authorized.

25.02. Time of Essence. Time is of the essence of this Lease. Anywhere a day certain is stated for payment or for performance of any obligation, the day certain so stated enters into and becomes a part of the consideration for this Lease.

ARTICLE XXVI. CERTIFICATE OF NEED

26.01. This Lease and all obligations of the parties hereunder are contingent upon Lessee obtaining a Certificate of Need ("CON") from the Tennessee Health Facilities Commission (the "Commission") authorizing the establishment and operation of an outpatient diagnostic center at the Demised Premises (the "CON Condition"). Lessee shall use commercially reasonable efforts to prepare, file, and diligently pursue a CON application with the Commission, and shall promptly notify Lessor of all material developments in connection with such application, including any requests for supplemental information from the Commission and any final determination by the Commission regarding the CON application.

26.02. If (i) the Commission denies the CON application, (ii) the CON has not been obtained within eighteen (18) months of the Effective Date (the “CON Deadline”), or (iii) Lessee, in its reasonable judgment, determines that the CON will not be granted, either party may terminate this Lease upon written notice to the other party. Upon such termination, this Lease shall be null and void and of no further force or effect, and neither party shall have any liability to the other arising from or in connection with such termination; provided that any obligations of either party that expressly survive termination of this Lease shall remain in full force and effect.

[SIGNATURE PAGE TO FOLLOW]

IN WITNESS WHEREOF, the parties have caused this instrument to be executed in their names and their corporate seals to be hereunto affixed the day and year first above written.

LESSOR:

PRISMA HEALTH

Daniel Mendez

By: _____

Name: Dan Mendez

Title: Director Real Estate & Development

LESSEE:

**PRISMA HEALTH
IMAGING CENTERS, LLC**

Thomas Moore

By: _____

Name: Thomas Moore

Title: Authorized Representative and
Executive Director - Imaging

SCHEDULE I

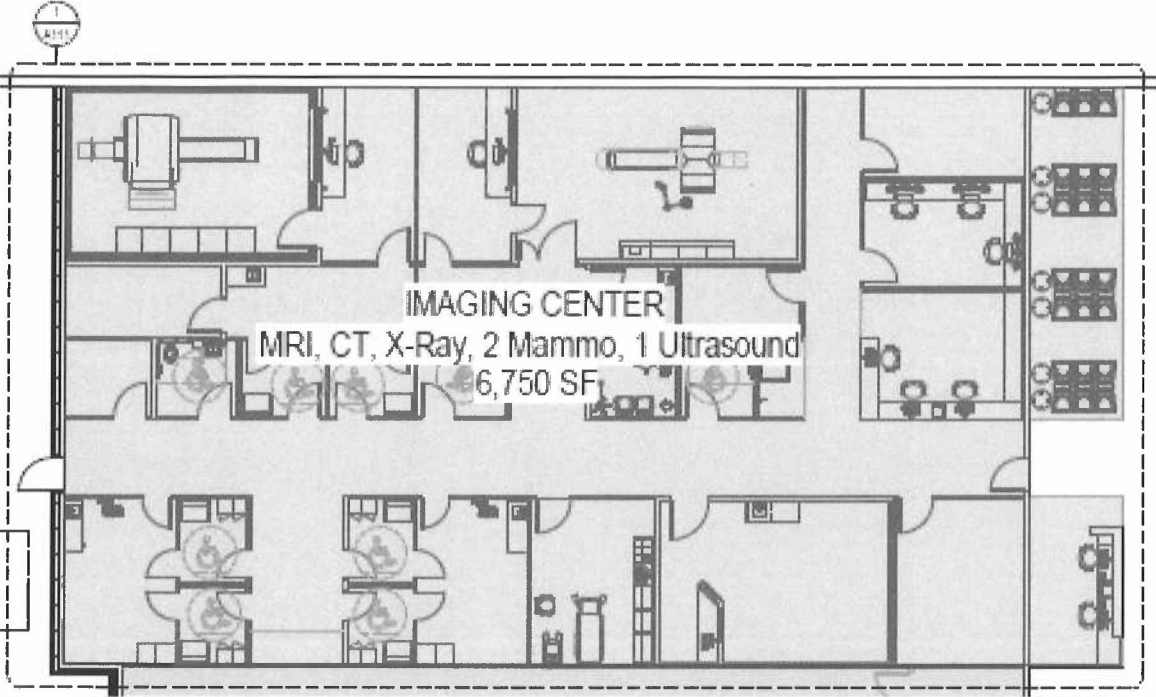
DEMISED PREMISES—SPACE, RENT, & TERM

Rentable Square Feet:	6,750			
Annual Rent Increase:	3.0%			
Start Date**	End Date**	Base Rent Per Square Foot	Annual Rent	Monthly Rent
Commencement Date	End of Lease Year 1	\$45.00	\$303,750.00	\$25,312.50
Commencement Date + 1 year	End of Lease Year 2	\$46.35	\$312,862.50	\$26,071.88
Commencement Date + 2 years	End of Lease Year 3	\$47.74	\$322,245.00	\$26,853.75
Commencement Date + 3 years	End of Lease Year 4	\$49.17	\$331,897.50	\$27,658.13
Commencement Date + 4 years	End of Lease Year 5	\$50.65	\$341,887.50	\$28,490.63
Commencement Date + 5 years	End of Lease Year 6	\$52.17	\$352,147.50	\$29,345.63
Commencement Date + 6 years	End of Lease Year 7	\$53.73	\$362,677.50	\$30,223.13
Commencement Date + 7 years	End of Lease Year 8	\$55.34	\$373,545.00	\$31,128.75
Commencement Date + 8 years	End of Lease Year 9	\$57.00	\$384,750.00	\$32,062.50
Commencement Date + 9 years	End of Lease Year 10	\$58.71	\$396,292.50	\$33,024.38

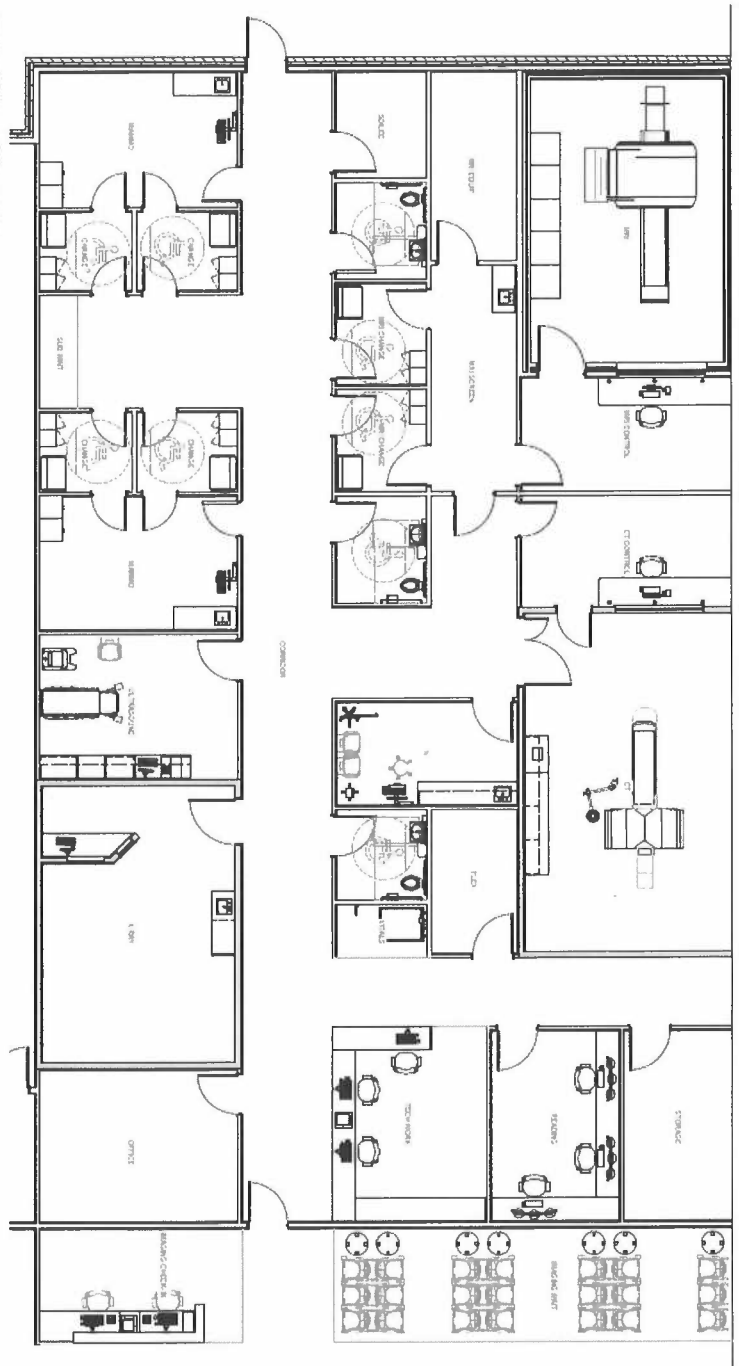
* Rentable square footage of 6,750 is based on current design and is subject to adjustment upon final construction and completion of the Demised Premises. The parties agree to execute an amended Schedule I confirming the final rentable square footage and corresponding then-current fair market value rent calculations upon Substantial Completion. Rent for any partial first month shall be prorated on a per diem basis.

** Specific start and end dates for each Lease Year are to be confirmed upon execution of the Commencement Date Certificate pursuant to Section 4.03. For illustrative purposes, if the Commencement Date is March 1, 2028, Lease Year 1 runs from March 1, 2028 through February 28, 2029, with the Initial Term expiring February 28, 2038.

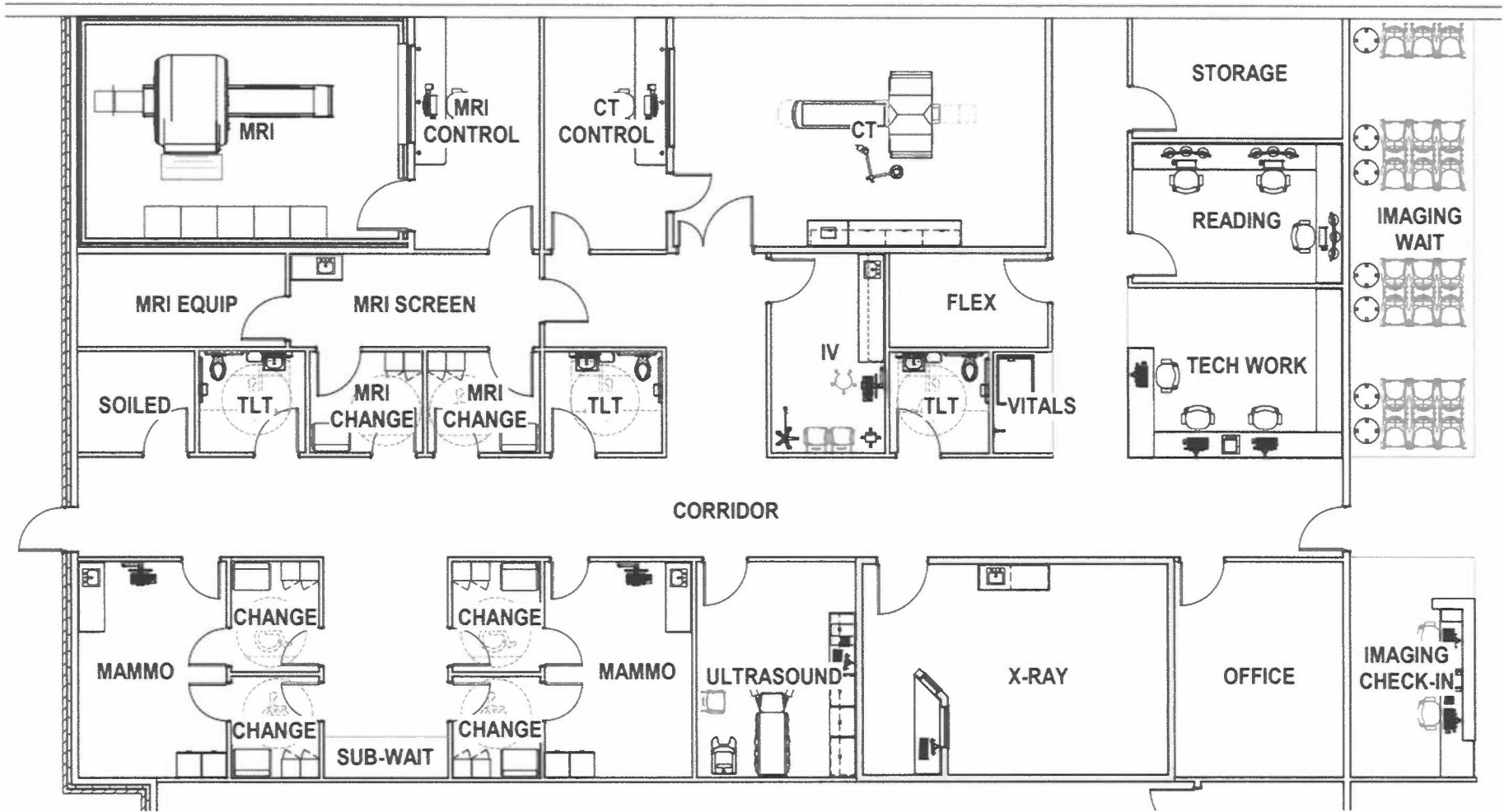
The Demised Premises shall include approximately 6,750 square feet of rentable space located in the Building, with such space as depicted in the preliminary floorplan below:



ENLARGED PLAN - IMAGING UNIT



ATTACHMENT 10A: FLOOR PLAN



1 ENLARGED PLAN - IMAGING UNIT
 A111 3/16" = 1'-0"

Prisma Health Blount Memorial Hospital

Serving communities of Blount, Monroe and surrounding counties since 1947



About Prisma Health

Prisma Health is a private nonprofit health company with over 32,000 team members, 19 acute and specialty hospitals, 3,131 licensed beds, 320 practice sites and more than 5,900 employed and independent clinicians across its clinically integrated inVio Health Network. Along with this innovative network, Prisma Health serves more than 1.6 million unique patients annually in its South Carolina and Tennessee service areas.

Blount Memorial Hospital officially joined Prisma Health on Dec. 1, 2024. It is the first hospital outside of South Carolina to join Prisma Health.

Learn more



Our Mission:

To improve the health and well-being of the entire community and to work in partnership with others who share the core values of the hospital: Hospitality, Excellence, Advocacy, Leadership and Stewardship.

Admissions:

- More than 8,300 admissions annually
- More than 44,000 annual emergency room visits
- More than 268,000 outpatient visits annually

Description:

A fully accredited, comprehensive short-term health care facility providing diagnosis, treatment, acute care, skilled care, wellness and education in hospital, outpatient, work site and community settings.



Centers for Medicare and Medicaid Services (CMS)
4-Star Facility



The Leapfrog Group: "A"
Hospital Safety Grade –
Fall 2024

Staff:

- More than 225 physicians on active and affiliate staffs
- More than 2,700 employees, including more than 800 registered nurses, licensed practical nurses and certified nursing assistants
- More than 150 hospital and hospice volunteers

Size:

- 304 licensed acute care beds
- Operate more than 25 facilities in Blount and Monroe Counties

Key Accreditations:

- American College of Cardiology
- American Heart and Stroke Association
- American College of Radiology
- American Academy of Sleep Medicine
- American College of Surgeons
- Commission on Cancer
- The Joint Commission

Key Services:

- Cancer Care
- Cardiac Care
- Emergency
- Orthopedic Care
- Physicians Group
- Primary Care
- Stroke
- Surgical Care
- Women's Services

Blount Memorial Physicians Group Specialties:

- Bariatric Surgery
- Breast Surgery
- Cardiology
- Dermatology
- Ear, Nose and Throat
- Endocrinology
- Family Medicine
- Gastroenterology
- General Surgery
- Hospital Medicine
- Internal Medicine
- Interventional Pain Management
- Nephrology
- Neurology
- Neurosurgery
- Occupational Health
- Plastic Surgery
- Podiatry
- Psychiatry
- Pulmonology
- Sleep Medicine
- Sports Medicine
- Urology
- Vascular Surgery



907 E. Lamar Alexander Pkwy.
Maryville, TN 37804



Operates 23 Facilities in Two Counties

Blount County

1. Prisma Health Blount Memorial Hospital (includes the Cancer Center and Physician Office Building)
2. Prisma Health Surgery Center
3. Prisma Health Total Rehabilitation-Maryville (also own the entire building – tenant space)
4. Prisma Health Home Health and Hospice
5. Prisma Health Wellness Center-Cherokee
6. Prisma Health Total Rehabilitation-Cherokee
7. Prisma Health Family Medicine-Creekwood
8. Prisma Health Internal Medicine-Maryville
9. Prisma Health Employer Health Services
10. Prisma Health Medical Park-Springbrook (includes physician offices, wellness and outpatient rehabilitation centers)
11. Prisma Health Family Medicine-Hickory
12. Prisma Health Medical Park-Alcoa (includes CareToday Clinic, outpatient rehabilitation and outpatient lab/radiology)
13. Prisma Health Psychiatry-Maryville
14. Prisma Health Home Equipment Services
15. Prisma Health Sleep Center
16. Prisma Health Ear, Nose and Throat-Morganton Square
17. Prisma Health Family Medicine-Foothills
18. Prisma Health Total Rehabilitation-Fairview
19. Prisma Health Pediatric Rehabilitation-West Maryville
20. Financial Operations Center – employees work here/sold in Dec.
21. Physician Office w/Specialty TBD – 252 Cherokee Professional Park

*Highlighted space is an unoccupied physician clinic that is ready to open upon physicians for new specialty being hired.

Monroe County

22. Prisma Health Medical Offices-Vonore (includes physician offices and outpatient rehabilitation)
23. Prisma Health Total Rehabilitation-Madisonville
24. EFFECTIVE March 23, 2026 – Prisma Health Primary Care-Madisonville

Commitment to the Community:

At Prisma Health Blount Memorial Hospital, our commitment to the community goes beyond providing exceptional health care. We are neighbors, friends, partners and advocates, and we believe in giving back and supporting those around us. Throughout our 78-year history, we've demonstrated our dedication in countless ways, from volunteer efforts to community partnerships, all aimed at encouraging a healthier, happier tomorrow for everyone we serve.

In the last year, we have:

- Contributed to the economic growth of the community with an annual payroll of roughly \$175 million supporting more than 2,500 employees.
- Supported the community with more than 10,000 hours of volunteer service by members of the Blount Memorial Auxiliary.
- Provided more than \$100,000 in cash contributions to community organizations that share our vision, mission and core values.
- Furnished more than \$125,000 in tuition reimbursement and scholarships to hospital employees to further their careers in health care.
- Provided Tennessee College of Applied Technology with an onsite classroom and partnered to provide clinical support for an LPN and CNA program to further enhance nursing careers and opportunities.
- Sponsored internships and clinical rotations of graduate-level students including nurse practitioners and physician assistants.
- Supported the onsite training of technical school, junior college and college students in a variety of health careers, especially in nursing, surgery, rehabilitation services and social work.
- Offered an advanced post-doctoral pharmacy practice residency program, which helps develop pharmacists into competent clinical practitioners with strong leadership skills and an ability to provide direct patient care in multiple environments.
- Provided more than \$21,000 in financial support to Trinity Health Ministries for the operation of a dental clinic for uninsured and underserved families in Blount County.
- Partnered with local high school education foundations to provide \$17,500 in financial support for health occupation careers and health and science education.
- Served as a pacesetter and corporate contributor for the United Way of Blount County's annual fundraising campaign, and supported the organization's events throughout the year.

- Provided health education and community outreach services to our community through numerous workshops, classes, speakers, health fairs, health screenings, support groups and other outreach programs.
- Performed free school sports physicals for high school student athletes in our community, with a value of nearly \$14,000.
- Provided nearly 8,000 hours of free athletic training on-site and early-morning post-game clinic coverage to high school and middle school athletes in all sports.
- Charity Care (unreimbursed/uninsured/underinsured) Contribution (FY25) - \$33,433,561

Commitment to Workforce Development:

Blount Memorial Hospital has a longstanding history of working with area high schools to provide funding and education support for health and science programs in each school system. We've also worked with area nursing schools to help recruit and provide jobs for those pursuing all levels of nursing degrees. We like to use the phrase "grow your own" when it comes to attracting nurses, and we're proud to have had many of our current nurses and nurse leaders find their home with us through these efforts.

Our introduction of nursing as a health care career begins in the 8th grade. We're in the classrooms visiting, and we're participating in the career day and fair events (including the annual Chamber event). We cultivate interest of a future in health care there.

Then, when kids turn 14 years old, they can become a VolunTeen in our hospital during the summers, which allows them to volunteer in areas they are interested in learning more about. They get hands on-experiences, whether on our nursing floors, in surgery or in our ambulatory departments, among many areas.

As a senior in high school, they have the ability to become certified as a Certified Nursing Assistant (CNA), and they can do their clinical rotations at our hospital. Then, as a 17-year-old high school student who is a certified nursing assistant, they can be hired. As a senior in high school, they then are taking classes that count toward the first trimester of a three-trimester program to become a Licensed Practical Nurse (LPN). They then graduate in May from high school with the first trimester of their LPN training program complete through Tennessee College of Applied Technology (TCAT).

We have a partnership with TCAT to help these students continue pursuing their nursing career goals after graduating from high school. Prisma Health Blount Memorial Hospital provides TCAT with onsite classroom space and clinical support for training. Individuals can come onsite to our hospital for their second and third trimesters, and they can graduate in February (not even one year after graduating high school) as an LPN.

Then, through additional partnerships with Pellissippi State Community College that we have built and expanded, individuals can transition into a bridge program at the Blount County

campus for 18-24 months. By age 20, individuals have a solid start to a nursing career in their hometown.

In addition to the nursing career path we've created, earlier this year, we committed to working with Pellissippi State Community College's Blount County campus to begin offering a surgical tech program and a radiology tech program. Both programs are designed to equip students with the skills and knowledge to pursue high-demand health care fields.

Classroom experiences are strengthened by real-world simulations, and to support that and the college's offering of the training programs, we're currently renovating an area of our hospital to provide simulation training spaces like that of an operating room, sterile processing room and diagnostic imaging room for these programs.

The surgical tech program will offer a simulated space that allows students the opportunity to maintain, monitor and enforce sterile techniques; handle surgical instruments and assist in a variety of surgical processes and procedures. Likewise, the radiology tech program offers students the ability to train with radiologic equipment so that they can learn to aid in the diagnosis of injuries and diseases.

This is a significant capital commitment that Prisma Health Blount Memorial Hospital is proud to make to support the education of future health care professionals. Both programs are for entry level positions, which are in high demand throughout the country, and provide a solid career path for professional growth.

This is not the last of our partnerships to support workforce development efforts, either.

We continue to place emphasis on health care education, and our efforts have been recognized. The Tennessee Hospital Association recently invited Prisma Health Blount Memorial Hospital to present to the state association's hospital leaders about our successes with education efforts, starting with middle school students, and overall impact on workforce development in our area.

Opportunities like this don't exist without working in partnership with others who share a vision, though. Through our efforts and those of our committed community partners, we know we're making a tremendous impact on the current workforce needs, but also the future of health care.



State of Tennessee
Health Facilities Commission

Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

March 4, 2026

Jolene McAbee, Director of Planning Services
Prisma Health
300 E Mcbee Avenue
Suite 500
Greenville, SC 29601

RE: Certificate of Need Application CN2602-003
Prisma Health Imaging Center – Fairview ODC

Dear Ms. McAbee,

This will acknowledge our February 27, 2026, receipt of your application for a Certificate of Need for the initiation of an Outpatient Diagnostic Center located on Hwy 411, adjacent to 2409 and 2441 Hwy 411, Maryville (Blount County), Tennessee 37801.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I will emphasize that an application cannot be deemed complete and the review cycle initiated until all questions have been answered and furnished to this office.

Please submit responses electronically by 4:30 p.m., Wednesday March 11th. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

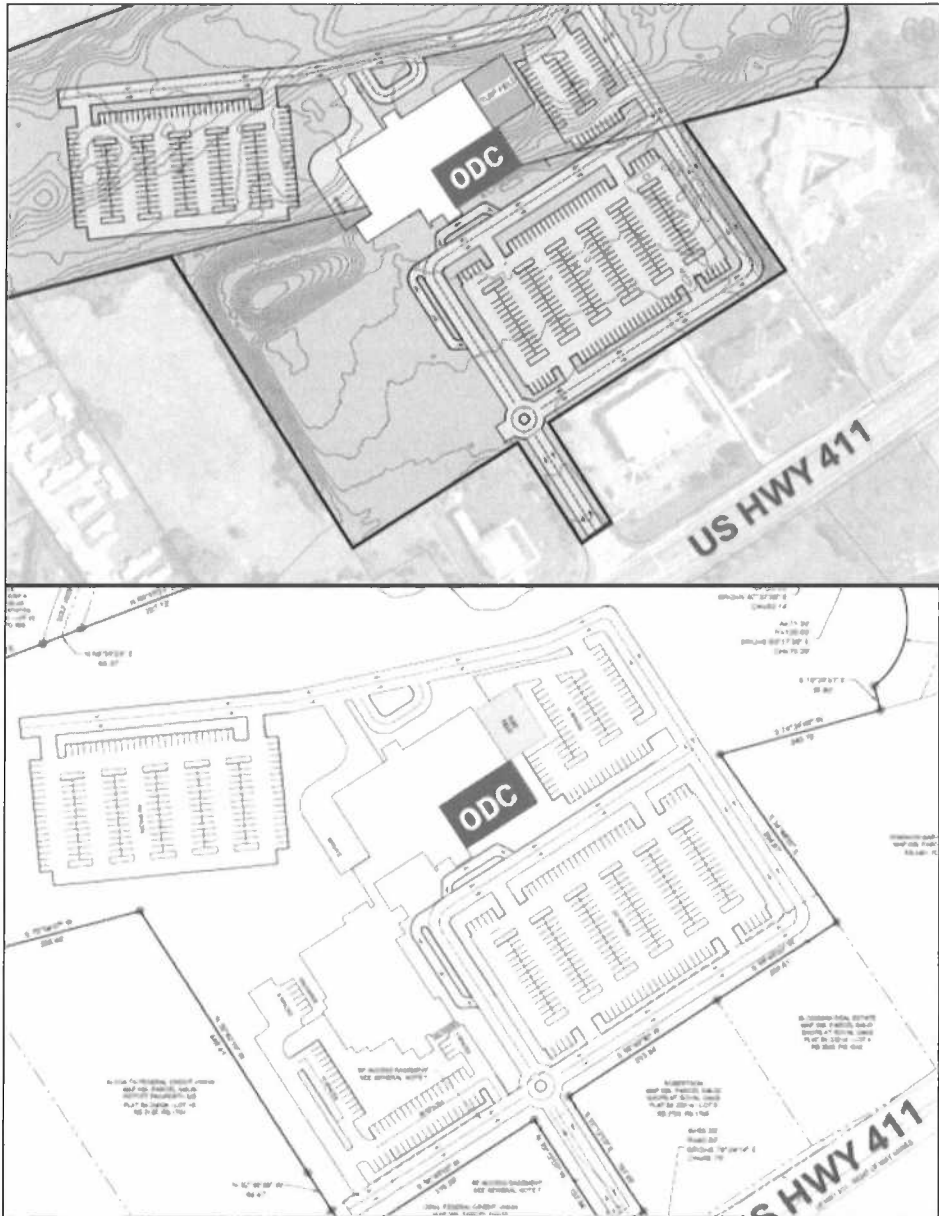
1. Item 12A., Plot Plan

The plot plan is noted; however, the plot plan indicates a proposed Prisma Health Medical Facility of 128,068 square feet, with parking of 536 total proposed spaces. Please clarify how the ODC will fit into the proposed total medical facility.

Response:

The ODC will occupy approximately 6,800 square feet on the first floor of a

three-story building that will house other physician practice and outpatient healthcare services. Attachment 12A of the original application provides two views displaying where the ODC is housed within the overall building and medical park. Please refer to Attachment 12A as well as the screenshots below.



2. Item 1E., Overview

It is noted that there are no ODC's in Blount and Monroe counties; what is the closest ODC to each county? In your response, please include the distance and if those ODCs include services that are proposed by the applicant.

Response:

For purposes of this response, we looked at the geographic center of these counties and measured distance from that point.

The nearest ODC to the geographic center of Blount County is Covenant Health Diagnostics-South, located at 7625 Chapman Hwy. in Knoxville. This location is 24 miles, or approximately a 40-minute drive time, from the center of Blount County.

The nearest ODC to the geographic center of Monroe County is also Covenant Health Diagnostics-South. This location is 49 miles, or approximately a 1 hour and 6-minute drive time, from the center of Monroe County.

Covenant Health Diagnostics-South provides imaging services to include mammography, MRI, CT Scan, Ultrasound, and X-Ray.

Please provide an overview of Prisma Health's integrated physicians network and how it will be a referral base for the proposed ODC.

Response:

As of March 2026, Prisma Health employs a total of 173 physicians and Advanced Practice Providers (APPs) in its medical group in East Tennessee. That number is comprised of a total of 45 primary care practitioners, 99 medical specialists and 29 surgical specialists. In addition, Prisma's clinically integrated network, inVio Health Network, which consists of more than 6,500 healthcare providers across South Carolina and Tennessee, contracts with an additional 65 providers in the Blount and Monroe Counties service area. All of these providers care for patients who may require imaging services and would benefit from the proposed ODC.

And, as stated in Attachment 1N, Prisma is implementing a focused and strategic recruitment plan designed to attract high-quality physicians and advanced practice providers to East Tennessee. This project seeks to recruit 13 primary and specialty care providers in the first phase of development and 13 additional providers in phase two. The broader network of providers is expected to result in an 8% increase in Evaluation and Management (E&M) visits between 2026 and 2028, which again will increase the population of patients who would benefit from accessing the proposed ODC.

Will the proposed ODC with MRI (the facility) accept patient referrals from area physicians that are not members of the applicant ownership entity, or will the service be limited exclusively to the applicant's physicians and patients?

Response:

Yes, the proposed ODC will accept patient referrals from all area physicians

regardless of provider affiliation or ownership.

It is noted that the proposed ODC will offer MRI and CT services, please describe the proposed MRI and CT unit, including strength and special capabilities.

Response:

The MRI is a Siemens Altea 1.5T. The machine's Deep Resolve Boost Technology is capable of faster scan times.

The CT is a Siemens Go TOP 128 slice. The 128-slice scanner produces higher resolution, faster scan times with improved detail, and significantly reduced radiation doses. The 128 provides greater anatomical coverage, reducing motion and allowing for advanced high contrast neuro and vascular studies.

Will the proposed MRI accommodate bariatric and claustrophobic patients? If not, where are those patients referred to?

Response:

Yes, the CT and MRI are the largest bore size on the market (72cm). The CT weight limit is 660 lbs, and the MRI weight limit is 550 lbs. For claustrophobic patients, the MRI's Boost Technology limits the amount of time a patient spends on the scanner, which reduces patients' anxiety.

It is noted there is a CT in Monroe County? What is the strength of the CT? Are there limitations to residents accessing this CT unit?

Response:

According to the HFC Medical Equipment Listing (as of 10/17/2025), the CT in Monroe County, owned by Sweetwater Hospital Association, is a 160-slice CT.

Limitations with this unit may likely include the following:

- Geographic access challenges - the hospital is located in the northern tip of Monroe County, making it less convenient for patients in other parts of the county. Travel distance can be prohibitive for individuals who lack reliable transportation or cannot take extended time away from work or caregiving responsibilities.
- Financial barriers and out-of-pocket costs - Hospital-based diagnostic services often carry higher facility fees, increasing patient out-of-pocket responsibility. The proposed ODC setting offers diagnostics in a lower cost outpatient environment, reducing financial burden and improving affordability.
- Insurance-driven site-of-service restrictions - Another common barrier arises from payor policies that require patients to obtain certain imaging or diagnostic tests at freestanding, non-hospital settings. By expanding freestanding diagnostic capacity, the proposed project helps remove these

payor-driven barriers and ensures patients can access covered services promptly and affordably.

- Emergent patient needs - Sweetwater Hospital Association may experience large portions of CT patients coming through the Emergency Department. Emergent and urgent cases arriving through the Emergency Department or via inpatient units generally take priority and can displace scheduled outpatient appointments.

What are the capabilities of a 64-slice CT vs the existing 160-slice CT at Blount Memorial Hospital?

Response:

Blount Memorial Hospital has two 64-slice CTs and one 12-slice CT (used solely for cancer studies). The proposed ODC will have a 128-slice CT. The 128 CT produces higher resolution, faster scan time with improved detail, and significantly reduced radiation doses. The 128 CT provides greater anatomical coverage, reducing motion and allowing for advanced high contrast neuro and vascular studies.

It is noted that the project will be equipped with current-generation imaging technologies, enabling high clinical accuracy and timely diagnostic results consistent with national best practices. What are the key enhancements to be made at the proposed ODC compared to the capabilities of the hospital's outpatient imaging department?

Response:

The Siemens Altea 1.5T MRI has Deep Resolve Technology, which is capable of faster scan times. In addition, enhanced imaging technology such as AI-powered sensors that adjust to an individual patient's physiology, reducing variability to ensure high quality images the first time. The Siemens Go TOP 128-slice scanner produces higher resolution, faster scan time with improved detail, significantly reduced motion and allows for advanced high contrast neuro and vascular studies.

It is noted that Prisma Health operates a hospital, outpatient services, and medical offices in the service area. Please provide an overview of those services.

Please provide the proposed schedule of operations for the proposed project. What is the current schedule of operations for the current hospital-based imaging department at Blount Memorial Hospital and Prisma Med-Park-Alcoa?

Response:

Prisma Health Blount Memorial Hospital is a fully accredited, comprehensive health care facility providing diagnosis, treatment, acute care, skilled care, wellness, and education across hospital, outpatient, workplace, and community

settings. The hospital and its affiliated outpatient sites collectively support more than 8,300 admissions, over 44,000 emergency department visits, and more than 268,000 outpatient encounters each year.

Key clinical services include cancer care, cardiac services, emergency medicine, orthopedics, primary care, stroke care, surgical services, and women's services. The system's physician network spans more than 20 locations and offers a broad range of specialties, including bariatric surgery, breast surgery, cardiology, dermatology, ENT, endocrinology, family medicine, gastroenterology, general surgery, hospital medicine, internal medicine, interventional pain management, nephrology, neurology, neurosurgery, occupational health, plastic surgery, podiatry, psychiatry, pulmonology, sleep medicine, sports medicine, urology, and vascular surgery.

These services and associated practices are expected to continue growing over the next several years. Since joining Prisma Health in December 2024, Blount Memorial has benefited from system-wide initiatives focused on advancing quality, safety, access, and clinical integration within the region. Prisma's growth strategy is centered on improving patient access, strengthening continuity of care, and expanding the availability of coordinated services across the service area. This includes ensuring community access to primary and specialty care, as well as essential ancillary services such as diagnostic imaging, physical therapy and rehabilitation, pharmacy services, behavioral health, urgent care, outpatient endoscopy and surgical capabilities, care navigation programs, and chronic disease management services. Together, these service lines form the foundation of a comprehensive and integrated system of care, and they are critical to maintaining high-quality, coordinated, and accessible services for the region's residents.

The establishment of an Outpatient Diagnostic Center (ODC) in a service area that currently lacks access to non-hospital-based imaging represents the next strategic investment in this community. The project will address a clear gap in diagnostic access for residents of Blount and Monroe Counties and is a logical step in strengthening the continuum of care in East Tennessee. Patients will benefit from having both the hospital and ODC under the same ownership, including seamless care coordination, consistent quality and clinical oversight, the convenience of centralized scheduling, unified medical records and a common billing process across settings.

Prisma Health's long-term commitment to this region includes ongoing investments in people, programs, and community partnerships that support the delivery of high-quality care and respond to evolving community needs. Prisma

Health Blount Memorial remains actively engaged in community health improvement, workforce development, and regional service expansion initiatives. Additional information regarding these efforts is included in the Blount Memorial Overview provided as a supplemental attachment with the initial application submission.

Hours of Operation:

The proposed ODC will operate Monday through Friday from 8:00 a.m. to 5:00 p.m., with MRI services available from 7:00 a.m. to 7:00 p.m.

For scheduled exams, Prisma Health Blount Memorial Hospital Imaging operates on the following schedule:

- MRI – Monday through Friday from 7:00 a.m. to 9:30 p.m., Saturday from 8:30 a.m. to 2:00 p.m., Sunday (Breast MRI only) from 8:00 a.m. to noon
- CT – Monday through Friday from 7:00 a.m. to 6:00 p.m.

Prisma Health Medical Park-Alcoa operating hours are Monday through Friday from 7:00 a.m. to 7:00 p.m.

Please clarify if the proposed ODC will be able to accommodate after hours and weekend sports injuries.

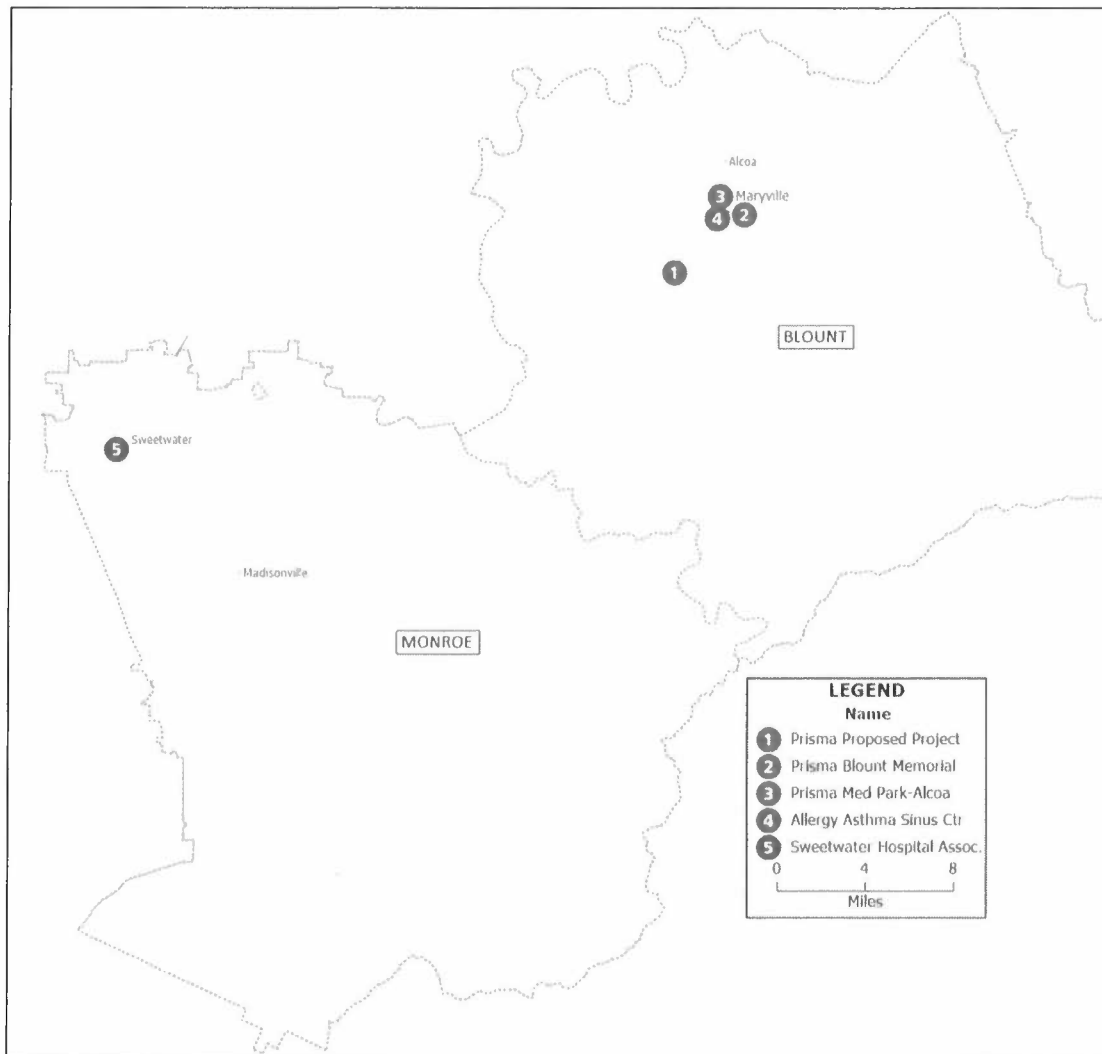
Response:

Initially, the proposed ODC will not provide after-hours or weekends operations, but as patient needs grow, the proposed ODC has the ability to expand its hours to accommodate after hours imaging needs or weekend sports injuries.

Please provide a map of the proposed service area that includes the locations of Prisma Blount Memorial, Prisma Med Park-Alcoa, the Allergy, Asthma, and Sinus Center, and Sweetwater Hospital Association.

Response:

See below for the requested map:



It appears Prisma Health Med. Park-Alcoa was formerly known as East Tennessee Medical Group. Please indicate when this practice was acquired by Prisma Health. In addition, please clarify why adding an MRI and CT to this practice is not an option to relieve routine appointments at Blount Memorial Hospital.

Response:

Prisma Health acquired East Tennessee Medical Group in December 2024, as a part of the Blount Memorial transaction.

Prisma Health Medical Park-Alcoa is currently at full capacity within its existing footprint and has no available space to accommodate additional imaging equipment. The facility was originally developed to offload routine diagnostic appointments from Blount Memorial Hospital; however, it is now well-utilized. While the development of another hospital-based diagnostic imaging center was

considered, residents, referring providers, and payors have consistently indicated the need for a more cost-effective outpatient option. Therefore, establishing a freestanding diagnostic imaging center provides a lower-cost alternative that better meets community expectations for affordability, accessibility, and convenience.

Please clarify if Prisma Health Med. Park-Alcoa, formerly known as East Tennessee Medical Group, is a physician office practice, or an outpatient imaging department licensed under Blount Memorial Hospital.

Response:

Prisma Health Medical Park-Alcoa operates as an outpatient imaging department licensed under Prisma Health Blount Memorial Hospital. All community providers can refer patients to this site regardless of ownership or affiliation. It is located in a medical office building that also houses the following physician practices: Internal Medicine, Neurology and Neurosurgery, Pain Medicine, Podiatry and Sports Medicine.

How have utilization patterns for imaging services changed since this acquisition by Prisma Health?

Response:

Prisma Health acquired Blount Memorial in December 2024. As expected, the first year of integration has been a period of significant operational transition. As with many acquisitions, the hospital experienced temporary disruptions that affected imaging utilization patterns, including staff turnover and a major electronic medical record (EMR) conversion to EPIC. These short-term challenges are normal in the early stages of system realignment and are already stabilizing. Still, utilization remains strong, and the underlying demand for imaging services continues to increase.

3. Item 4E., Project Cost Chart

It is noted there are total construction costs of \$3,074,000 and a Contingency Fund in the amount of \$273,000 in the Project Costs Chart. Please clarify if these costs are the responsibility of the Lessor (Prisma Health) or the Applicant (Lessee) Prisma Health Imaging Centers, LLC. If the costs are not the responsibility of the applicant, please revise the Project Costs Chart.

Response:

All of these costs are the responsibility of the Applicant, Prisma Health Imaging Centers, LLC. Therefore, no revisions of the Project Costs Chart are required.

Prisma Health Imaging Centers, LLC, a South Carolina limited liability company registered to do business in Tennessee, will own and operate the proposed ODC. Prisma Health Imaging Centers, LLC is a single-member limited liability

company whose sole member is Prisma Health, a South Carolina nonprofit corporation. The facility will operate under the assumed name "Prisma Health Imaging Center – Fairview," which has been registered with the Tennessee Secretary of State's Office. See Attachment 7A in the original application for supporting ownership documents and ownership structure organizational chart.

It is noted there is a 10-lease agreement between beginning March 1, 2028, between Prisma Health and Prisma Health Imaging Center, LLC. In the case of a lease, the cost in the Project Costs Chart is the fair market value of the lease or the total amount of the lease payments for the initial term of the lease, whichever is greater. Please place the greater of the two figures in B.1 of the Project Costs Chart.

Response:

Regarding Section 4E – Project Cost, we would like to clarify the cost reporting for this project.

Supplemental attachments 4ER.1 and 4ER.2 provide the lease costs as calculated per the formula above and the underlying information used to calculate the fair market value (FMV) of this project. Attachment 4ER.1 is the tax assessment for the land parcel in Maryville (Blount County) where the medical office building that will house the proposed ODC will be constructed. As shown in this document, the tax valuation includes only the undeveloped land. Attachment 4ER.2 is an FMV analysis comparing the total lease cost for the initial 10-year lease term to the FMV of the land parcel. For the FMV calculation, the land value has been adjusted to include only the prorated amount of space that the ODC will occupy in the building, resulting in an FMV of \$151,895. The total lease cost for the initial term is \$3,482,055, representing the higher amount of these calculations.

However, neither of these methodologies for calculating lease costs nor Section B.1. of the Project Cost Chart account for the cost of developing and constructing the ODC. When these costs are appropriately accounted for, reflected in the categories populated in Section A of the Project Cost Chart, the total cost is higher than the lease cost estimate formula above would suggest. Therefore, to comply with the intent of the question and accurately account for the costs of the project, Prisma's Project Cost Chart reflects the total development costs for the project, including construction and equipment but inclusive of only the space that the proposed ODC will occupy at the Highway 411 address. Prisma Health Imaging Centers, LLC will operate as the lessee and will lease the space internally from Prisma Health once the facility is complete. Because the development costs in Section A of the Project Cost Chart already capture the capital investment required to construct and develop the facility and result in a

higher FMV estimate for the project, the inclusion of a lease obligation in Section B would result in double-counting both valuations rather than only the higher of the two values. Accordingly, the project cost should be reflected either through the capital development costs in Section A or through the lease payments in Section B but not both. To ensure the project cost was represented accurately and without duplication, Prisma opted to include all costs within the categories of Section A and, therefore, did not make further revisions to B.1.

It is noted the medical equipment quotes are issued to Prisma Health not the applicant Prisma Health Imaging Centers, LLC. Please clarify if these equipment costs are the responsibility of the Lessor (Prisma Health) or the Applicant (Lessor) Prisma Health Imaging Centers, LLC. If the costs are not the responsibility of the applicant, please revise the Project Costs Chart. If the medical equipment costs are the responsibility of the applicant, the medical equipment quotes need to be issued to Prisma Health Imaging Center, LLC. If the medical equipment will be leased to Prisma Health Imaging Centers, LLC, please provide a medical equipment lease agreement.

Response:

All of these costs are the responsibility of the applicant. Quotes have been revised by the relevant vendors and are now all issued to Prisma Health Imaging Centers, LLC. These are included in a separate attachment.

Please note the following regarding medical equipment:

The definition regarding major medical equipment cost in the Tennessee Health Commission Rule 0720-9-.01 (3)(b) states “The cost of major medical equipment includes all costs, expenditures, charges, fees, and assessments which are reasonably necessary to put the equipment into use for the purposes for which the equipment was intended. Such costs specifically include, but are not necessarily limited to the following:

- 1. maintenance agreements, covering the expected useful life of the equipment;**
- 2. federal, state, and local taxes and other government assessments and**
- 3. installation charges, excluding capital expenditures for physical plant renovation or in wall shielding.”**

Is the amount of \$3,072,000 for moveable equipment and \$137,000 for the Fixed Equipment cost listed in the Project Cost Chart consistent with this Rule? If not, please make the necessary equipment cost adjustments and submit a revised Project Cost Chart.

Response:

Yes, these numbers are accurate and consistent with the rule cited.

Please clarify the reason there is \$3,072,000 in movable equipment costs at a proposed permanent location. Should this be classified as “fixed equipment”?

Response:

This was intentionally categorized as moveable equipment as that is how it has traditionally been defined within Prisma Health given that, by definition, the equipment could be relocated, if needed. Despite this categorization, there are no intentions to move the proposed ODC’s equipment at any point.

The medical equipment purchase quote number 2012572476.2 has Prisma Health Blount Memorial Hospital listed. Please confirm if this quote is for items purchased for Blount Memorial Hospital or for the proposed Prisma Health Imaging Center.

Response:

All quotes have been updated to list the entity as Prisma Health Imaging Centers LLC, and are included in a separate attachment.

4. Item 1N., Criteria and Standards

Please add Page numbers to Attachment 1N.

Response:

See revised Attachment 1N

Attachment 1N, page 3, para 2., The applicant indicates the proposed project will remove common barriers to diagnostic services. Please describe any common barriers related to the proposed project.

Response:

The proposed project is designed to remove several barriers that patients commonly face when accessing diagnostic services. Common barriers include:

- Geographic access challenges – Many patients must travel significant distances to reach diagnostic centers, particularly when services are concentrated in a small number of locations. Travel distance can be prohibitive for individuals who lack reliable transportation or cannot take extended time away from work or caregiving responsibilities. By expanding local access to outpatient imaging services, the project reduces travel time and transportation-related barriers.
- Financial barriers and out-of-pocket costs – Hospital-based diagnostic services often carry higher facility fees, increasing patient out-of-pocket responsibility. The proposed ODC offers diagnostics in a lower cost

outpatient environment, reducing financial burden and improving affordability.

- Insurance-driven site-of-service restrictions – Another common barrier arises from payor policies that require patients to obtain certain imaging or diagnostic tests at freestanding, non-hospital settings. By expanding freestanding diagnostic capacity, the proposed project helps remove these payor-driven barriers and ensures patients can access covered services promptly and affordably.
- Decreased visit times – Through a combination of more convenient parking, shorter wayfinding distances, and a streamlined check-in process, patients can expect to face shorter visit times when measured from when they enter to when they exit the grounds.

What is the wait-time for routine MRI, CT, Mammography, X-Ray, and Ultrasound as of March 5th, 2026, at Prisma owned entities in the proposed service area?

Response:

Patients are scheduled as soon as possible and in many cases, they can be seen in a timely manner. As of March 5th, 2026, all modalities have an exam slot available within one to two days. Prisma would note, however, that “wait times” are not necessarily the best indicator of true capacity or accessibility as many factors influence when an appointment is scheduled such as patient preference and prior authorization needs. For example, a next-day opening simply reflects the first available slot, this may be a single isolated appointment that is not practical for many patients due to work, school, transportation, or prior authorization needs. Hospital-based imaging schedules are also heavily affected by emergent and urgent studies from the ED and inpatient units, which frequently displace outpatient appointments. Thus, isolated openings should not be interpreted as demonstrating sufficient capacity. Routine patients often cannot rely on the limited openings that appear in scheduling reports.

Prisma would also note that, while decreasing patient wait times is an important goal of the proposed project, the primary objective is to provide a cost-effective and appropriately located setting for routine imaging. With all routine, urgent, and complex imaging currently occurring in the hospital or a hospital-based imaging department, patients lack a non-hospital option and often incur higher out-of-pocket costs. The proposed ODC directly addresses this need by creating a dedicated, lower-cost site for routine imaging, thereby improving geographic and financial access for residents of Blount and Monroe Counties. Establishing the proposed ODC will decompress hospital modalities, improve access to routine services, and preserve hospital capacity for emergent and specialized imaging, addressing a clear unmet need in the service area.

This ensures that routine imaging is delivered in the most appropriate setting while preserving critical hospital capacity for higher-acuity needs. By expanding access, improving affordability, and aligning diagnostic services with appropriate site-of-service standards, the project meets a clear unmet need in the service area and supports the long-term ability of the health system to accommodate future growth in both routine and complex imaging demand.

It is noted the applicant provided emergency department utilization trends for Blount Memorial Hospital from 2022 to 2024. Please provide the number of ED visits for 2025 based on internal data, and if there was an increase or decrease over 2024.

Response:

The table below shows ED visit utilization trends for Blount Memorial Hospital as reported in the 2022 through 2025 Annual JAR reports. It is important to note that the 2022 to 2024 JARs are based on a fiscal reporting period of July 1st to June 30th. The 2025 JAR data reflects a fiscal reporting period of October 1st to September 30th. Blount's fiscal year changed upon joining Prisma Health. For a true comparison of growth, ED visits occurring between a 2025 fiscal year of July 1st to June 30th, totaled 45,978. ED utilization experienced a 0.2% decrease between 2024 and 2025.

ED Utilization Trends at Blount Memorial				
	2022	2023	2024	2025
ED Visits	44,378	44,150	46,080	45,111

Source: Annual JAR Report

The chart for Prisma Health Utilization Trends Across All modalities is noted on page 6. Please provide the same chart separately for BMH and ETMG (Prisma Med Park-Alcoa).

Response:

Prisma Health Utilization Trends Across All Modalities				
	2022	2023	2024	22 to 24 Growth
Blount Memorial CT	36,893	41,299	45,037	22%
Med Park-Alcoa CT	12,100	10,882	11,511	-5%
Total CT	48,993	52,181	56,548	15%
Blount Memorial MRI	5,950	6,396	6,468	9%
Med Park-Alcoa MRI	4,164	4,677	4,248	2%
Total MRI	10,114	11,073	10,716	6%
Blount Memorial Screening Mammo	11,891	12,502	13,862	17%
Blount Memorial Ultrasound	11,041	10,735	10,775	-2%
Med Park-Alcoa Ultrasound	3,778	3,376	3,030	-20%
Total Ultrasound	14,819	14,111	13,805	-7%
Blount Memorial X-ray	60,301	55,948	53,667	-11%
Med Park-Alcoa X-ray	29,192	29,678	31,097	7%
Total X-ray	89,493	85,626	84,764	-5%

Source: CT & MRI volumes as reported in the Medical Equipment Registry - 10/17/2025
Mammogram volumes as reported on JARs
All other volumes provided by internal reporting system
BMH reports 3 CTs, one is used solely for cancer studies
MRI machine at Med Park down for repairs Jan-Feb FY24

Please indicate the distance Med Park-Alcoa is from the applicant’s site and Blount Memorial Hospital.

Response:

The site of the proposed ODC is approximately 4.7 miles from Blount Memorial Hospital and 5.3 miles from Medical Park-Alcoa.

Please discuss the reasons the MRI at Med Park was down for repairs. In the discussion, please include the age of the MRI and how long the MRI was off-line for those repairs.

Response:

The MRI at Prisma Health Medical Park-Alcoa is a 3T with an install date of 2014 (12 years old). The MRI was off-line from January 8th to February 7th in 2024 (approximately 30 days) due to a problem with an electronic board. GE built and installed a machine upgrade but there were some delays in machine repairs due to parts availability. In addition, the upgrade required additional staff application training.

Following completion of the required upgrade, the equipment returned to full and appropriate functionality. The age of the unit is within normal operational life expectancy for this modality and does not present any concerns regarding its quality, reliability, or clinical performance.

Refer to the timeline below for a schedule of the repair:

Day of Week	Date	Notes
Monday	9-Jan	System failure logged at 8:22 AM. Remote and onsite troubleshooting determines failure of communication between RFCB and Exciter. Both parts ordered.
Tuesday	9-Jan	RFCB arrives and does not resolve. Exciter confirmed as needed part based on RFCB results. Exciter did not arrive.
Wednesday	10-Jan	Escalation for Exciter options. Upgrade identified as possible solution.
Thursday	11-Jan	Upgrade checklist completed.
Friday	12-Jan	Upgrade approved per CSD. Upgrade order submitted. Build team confirms they will work OT over the weekend & MLK holiday to assemble the upgrade kit, on Wednesday 1/17
Saturday	13-Jan	Upgrade build
Sunday	14-Jan	Upgrade build
Monday	15-Jan	Upgrade build. Snow storm hits East TN
Tuesday	16-Jan	Upgrade build.
Wednesday	17-Jan	Shipment leaves Florence, SC
Thursday	18-Jan	Delivery delay due to snow/ice. Old components removed in preparation for upgrade.
Friday	19-Jan	Delivery delay due to snow/ice. Old components removed in preparation for upgrade.
Saturday	20-Jan	Delivery delay due to snow/ice
Sunday	21-Jan	Delivery delay due to snow/ice
Monday	22-Jan	Delivery delay due to snow/ice. Old components removed in preparation for upgrade.
Tuesday	23-Jan	Upgrade shipment arrives onsite mid-day. Install of upgrade components begins.
Wednesday	24-Jan	Original style Exciter arrives, but upgrade already in progress. Old components already removed and would take longer to go back to the older style than to coil new components
Thursday	25-Jan	Continue installing new components.
Friday	26-Jan	Start system with new components. Load software. Testing/cals begin.
Saturday	27-Jan	Testing/cals continue. Noise levels of both coherent noise and spike noise will not allow final calibrations. Mike reaches impasse and escalates for help with noise
Sunday	28-Jan	Noise troubleshooting - FE's Ernest Rivera and Jason Sosebee support troubleshooting. Several sources identified (bad door shield, room lights, etc) but unable to fix. After working on door seal, also began removing fire alarms previously identified as source. Had to get support from facilities for fire alarm. Some com fire alarm could not be turned off. Awaiting support from fire alarm company.
Monday	29-Jan	Noise troubleshooting continues. Facilities and fire alarm teams assist with removal of fire alarm components. FE's Jason Sosebee & Mike Kelso continue trouble shooting. End bell removed and hardware tightened/replaced. Noise reduced, but still failing.
Tuesday	30-Jan	Noise troubleshooting continues. Cable connections in table reset. Noise still persists. End bell removed again after WP tool points to rear again. Damaged Began re-assembly.

Applicant indicated that the ODC is needed to decompress routine visits at the hospital, however it appears that Prisma Med-Park-Alcoa is owned by Blount Memorial Hospital. Please clarify why routine MRI and CT patients are not being referred to Med-Park-Alcoa which is a physician practice (as indicated on the medical equipment registry) that shares common ownership with the applicant?

Response:

Note: The Med Park-Alcoa is a hospital-based outpatient department of Prisma Health Blount Memorial. Prisma will work with HFC to ensure the correct categorization within the Medical Equipment Registry.

Patients are referred to the Prisma Health Medical Park-Alcoa location for routine imaging, but, for the same reasons noted in the response to Question 2, this single facility is not sufficient to handle the growth expected in this service area for the foreseeable future. In addition, Prisma Health Medical Park-Alcoa is a hospital-based outpatient department and, therefore, does not offer the same care benefits as the proposed ODC.

Routine MRI and CT patients are currently referred to Prisma Health Medical Park-Alcoa, but that site is currently operating well above the state's minimum volume thresholds for these modalities. The MRI unit at Medical Park-Alcoa performs an average of approximately 4,400 scans per year, which exceeds the Tennessee minimum utilization standard of 2,880 procedures per unit per year. CT volumes at the site are also high.

In addition to the high utilization, Prisma Health Medical Park-Alcoa has significant physical and operational constraints that limit its ability to absorb additional growth. The facility is space-locked and has no available square

footage to add another MRI, CT, or any additional imaging modality. Importantly, the site does not provide mammography services and lacks the space, infrastructure, and shielding requirements necessary to add mammography, a service that is significantly needed within Blount and Monroe Counties.

Given these constraints, along with population growth and the anticipated expansion of Prisma Health's physician network, Prisma Health Medical Park-Alcoa cannot serve as the primary long-term solution for expanding routine outpatient imaging capacity. The hospital continues to experience strong demand for routine MRI, CT, ultrasound, and breast imaging that will eventually exceed what can be accommodated within existing hospital-based modalities and the space-limited Prisma Health Medical Park-Alcoa site. According to the *Journal of the American College of Radiology*, projected imaging utilization in 2055 is 16.9% to 26.9% higher than 2023 levels.¹ As a result, the project is needed to create additional outpatient capacity, relieve pressure on hospital units, and ensure that routine studies – including mammography – can be performed in an appropriate, lower-cost, and more accessible setting for patients in the region.

It is noted that there is a CT scanner at the Allergy, Asthma, and Sinus Center. What is the strength of that CT?

Response:

According to the HFC Medical Equipment Listing (as of 10/17/2025), the CT owned by Allergy, Asthma and Sinus Center, PC, is a Cone Beam.

Under Item 3a., it is noted by the applicant that a significant portion of service area patients leave their home county in the service area to obtain imaging services, please elaborate on the reasons patients are leaving their home county for these services.

Response:

Patients are likely to leave their home county for routine imaging for a variety of reasons including:

- Appointment availability or wait times – patients may be able to get an appointment sooner at an imaging center in a neighboring county, especially for same-day or next-day needs
- Provider referral patterns – specialists or primary care providers may refer patients to imaging centers the providers routinely use. Additionally, a patient receiving specialty or subspecialty care in a neighboring county may receive a referral within that county

¹ “Projected US Imaging Utilization, 2025 to 2055,” *Journal of the American College of Radiology* 22, no. 2 (February 2025): 151–158

- Insurance network requirements – certain insurance plans direct patients to specific contracted imaging facilities with lower negotiated rates (especially for freestanding facilities)
- Patients working in a neighboring county may schedule routine imaging closer to where they work
- Some patients may seek care in larger regional hubs under the perception that more advanced technology is available
- Pediatric patients may be referred to a Children’s Hospital where specialized pediatric imaging capabilities, child appropriate equipment, and staff trained in pediatric imaging protocols are readily available

5. Item 2N., Projected Utilization

Please break out the total utilization to represent each service (MRI, CT, US, X-Rays, Mammograms).

Response:

See 6N worksheet attachment for break out for each service

Please detail the different counties included in the “Other Counties” row in a narrative response. Are these percentages based on the hospital only, or both the hospital and hospital outpatient imaging center?

Response:

These percentages are based on patient-origin data for both the hospital and the hospital-based outpatient imaging center. The distribution by county of residence is approximately: 80% Blount County, 10% Monroe County, 3% Loudon County, 3% Knox County, 2% Sevier County, and 1% combined from all other counties (representing other counties in TN and out-of-state).

6. 3N., Demographics

Please provide population projections based on 2026-2030 through the Boyd Center in response to Item 3NB.

Boyd Center Population Projections | Tennessee State Data Center

Please update the Median Household Income and Percentage of Persons in Poverty based on the Census Quick Facts website. U.S. Census Bureau QuickFacts: United States

Response:

The demographic table below provides the demographic statistics provided by the Boyd Center Population Projections (Tennessee State Data Center), US Census Bureau QuickFacts, and TennCare Bureau (Jan 2026):

Demographic Variable/Geographic Area	Tennessee State Data Center							Census Bureau				TennCare	
	Total Population 2026	Total Population 2030	Total Population % Change	*Target Population 2026	*Target Population 2030	*Target Population Change	*Target Population Projected Year as % of Total	Median Age	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of total
Blount County	145,681	150,249	3%	121,940	125,857	3%	80.8%	43.0	\$77,365	13,403	9.2%	20,260	13.9%
Monroe County	49,239	49,983	2%	41,161	41,900	2%	81.2%	45.2	\$56,895	6,204	12.6%	11,258	22.9%
Service Area Total	194,920	200,232	3%	163,101	167,757	3%	83.8%	44.1	\$67,130	19,607	10.1%	31,518	16.2%
State of TN Total	7,300,003	7,513,757	3%	5,971,045	6,148,143	3%	81.8%	39.1	\$69,595	985,500	13.5%	1,379,309	18.9%

Sources: Tennessee State Data Center Population Projections, 2026-2030, U.S. Census QuickFacts; TennCare Bureau (Jan 2026)
 *target population is 20+
 Person Below Poverty Level was determined by applying the percentage found on QuickFacts to the estimated 2026 population. The Service Area Total was summed for this indicator and divided by 2026 population to determine percentage.
 Averages were used where appropriate to determine Service Area Total for Median Age & Median HH Income

7. Item 6N, Projections

Please complete the worksheet "labeled "worksheet for 6N in CON application" at the following link: <https://www.tn.gov/hfc/certificate-of-need-information/hfc-criteria-and-standards.html>

Response:

See 6N worksheet attachment for break out for each service

8. Item 9C., Proposed Charges

Please provide a comparison of the applicant facility's proposed charges to the range of charges generated from the HSDA Equipment Registry found in the "Applicant's Toolbox" on the HSDA website (www.tn.gov/hdda).

Response:

Below is the range of charges found in the Applicant's Toolbox referenced above.

Equipment Type	1st Quartile	Median	3rd Quartile
CT Scanner	\$708.62	\$1,989.35	\$4,137.03
Linear Accelerator	\$1,918.11	\$2,768.29	\$4,550.42
MRI	\$1,167.09	\$2,233.55	\$4,435.39
PET Scanner	\$4,933.92	\$5,786.64	\$8,880.47

Source: Medical Equipment Registry - 10/17/2025

Prisma's projected average charge per procedure included in the response to 9C in the original application was \$978 for MRI and \$712 for CT scan.

These both fall well below the Median range listed in the table above, with

Prisma's average charge per CT procedure being almost identical to the 1st quartile benchmark (\$712 vs. \$708.62), and Prisma's average charge per MRI procedure well below the 1st quartile benchmark (\$978 vs. \$1,167.09). These demonstrate the positive economic impact this project will have on the patients and communities we serve.

Please broadly discuss the potential cost savings to patients and payors that will result from the establishment of the ODC compared to hospital and/or physician's office-based imaging services available in the proposed service area.

Response:

Establishing an ODC that offers imaging services at an off-campus setting will provide patients with a more affordable, lower cost imaging option while maintaining the same standard of diagnostic excellence as an inpatient or hospital-based setting. This approach aligns with contemporary healthcare delivery priorities, emphasizing value, cost-efficiency, and patient access.

Facilities like the proposed ODC offer significantly lower costs for imaging services even compared to hospital outpatient departments, with payments often two to four times lower for the same procedures. This substantial cost difference is illustrated in the response to Question 8 above, showing a comparison between projected charges for this project and the benchmark median pricing provided by the HFC.

The project will also benefit payors from an economic standpoint. With rising patient cost-sharing and less favorable insurance coverage for many patients, offering additional, affordable sites-of-service is essential. In the event CMS (or other regulatory agencies) stipulate that reimbursement amounts will be standard irrespective of the site-of-service, the ODC imaging infrastructure will remain economically viable.

9. Item 10C., Applicant's Projected Payor Mix - Project Only Chart

Please complete the payor mix chart. Please be aware the Gross Operating Revenue, Total Deduction and Net Operating Revenue total will need to be matched to the gross operating revenue on Projected Data Chart.

Response:

As instructed by TN HFC staff following portal issues that prevented saving this information within the application, the payor mix was included as Attachment 10C in the original application. Please refer to that attachment, which we are also pasting a screenshot of below.

Projected Payor Mix: Project Only - Year 1 and Year 2				
Payor Source	Year 1: 2028		Year 2: 2029	
	Projected Gross Operating Revenue	As a % of Total	Projected Gross Operating Revenue	As a % of Total
Medicare/Medicare Managed Care	\$6,242,805	54.7%	\$7,699,004	54.7%
TennCare/Medicaid	\$686,100	6.0%	\$846,140	6.0%
Commercial/Other Managed Care	\$3,852,856	33.7%	\$4,751,576	33.7%
Self-Pay	\$447,729	3.9%	\$552,166	3.9%
Other	\$188,952	1.7%	\$233,028	1.7%
Total*	\$11,418,442	100.0%	\$14,081,914	100.0%
Charity Care	\$114,184	1.0%	\$140,819	1.0%

**Needs to match Gross Operating Revenue Year One and Year Two on Projected Data Chart*

Note: Based on TN HFC staff recommendation, this table was added as an attachment due to issues experienced in saving Question 10C within the portal.

10. Project Completion Forecast Chart –

It is noted that the applicant projects the construction of the proposed project is projected to be completed in February of 2028 which is close to the 2-year CON expiration date. Please clarify if the applicant needs to request additional time past the 2-year period in the case of unforeseen construction delays.

Response:

Prisma wishes to request an additional four (4) months be added to the CON expiration date to allow for any unforeseen construction or regulatory delays in the project timeline. If the project is approved, Prisma will monitor the progression of construction and notify the Health Facilities Commission of any further unforeseen delays.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after initial written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." **For this application the sixtieth (60th) day after written notification is May 3, 2025. If this application is not deemed complete by this date, the application will be deemed void.** Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted

with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the next review cycle, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the fifteenth day of the month after the application has been deemed complete by the staff of the Health Facilities Commission.

Any communication regarding projects under consideration by the Health Facilities Commission shall be in accordance with T.C.A. ' 68-11-1607(d):
No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency.

Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

Should you have any questions or require additional information, please do not hesitate to contact this office.

Sincerely,

Holly Vickers
HFC Health Planner

Enclosure



State of Tennessee
Health Facilities Commission

Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

March 11, 2026

Jolene McAbee, Director of Planning Services
Prisma Health
300 E Mcbee Avenue
Suite 500
Greenville, SC 29601

RE: Certificate of Need Application CN2602-003
Prisma Health Imaging Center - Fairview ODC

Dear Ms. McAbee,

This will acknowledge our March 10, 2026, receipt of your supplemental response for a Certificate of Need for the initiation of an Outpatient Diagnostic Center located on Hwy 411, adjacent to 2409 and 2441 Hwy 411, Maryville (Blount County), Tennessee 37801.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I will emphasize that an application cannot be deemed complete and the review cycle initiated until all questions have been answered and furnished to this office.

Please submit responses electronically by 4:30 p.m., Thursday March 12, 2026. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

1. Item 1E., Overview

It is noted Blount Memorial Hospital has two 64-slice CTs and one 12-slice CT (used solely for cancer studies). However, the HFC's Medical Equipment Registry indicates a 16-slice CT rather than a 12-slice CT at Blount Memorial Hospital. Please clarify.

Response:

The CT used for cancer studies at Blount Memorial is a 16-slice. The Medical Equipment Registry is correct. The response indicating it was 12-slice was an error.

It is noted Prisma Health Med. Park-Alcoa, formerly known as East Tennessee Medical Group, is an outpatient imaging department licensed under Blount Memorial Hospital rather than a physician office. Please revise the following pages in each chart to indicate Prisma Health Med. Park-Alcoa is a hospital imaging department of Blount Memorial substituting "H-Imaging" for "PO" in each chart with a footnote indicating it represents "Hospital Imaging".

- Under question #2 in Attachment 1N in two charts on page 6 of the attachment labeled as 6R.
- Page 16 of the original application labeled as 16R,
- Page 6 in attachment 1N labeled as 6R, and

Response: See Attachment 6R

- Pages 16 and 24 in the original application as 16R and 24R, respectively.

Response: See Attachments 16R and 24R

It is noted on page 16 of the supplemental response, the applicant indicates the MRI unit at Medical Park-Alcoa performs an average of approximately 4,400 scans per year, which exceeds the minimum utilization standard of 2,880 procedures per unit per year. However, please clarify if the applicant is referring to the former MRI 2,880 per year threshold that is no longer in effect due to the MRI service type transitioning to a quality service license framework effective December 1, 2025, per PC985?

Response:

Yes, the applicant was referring to the 2,880 per year threshold outlined in the Criteria and Standards for MRI. The applicant understands that these Criteria and Standards are no longer in effect as of December 1, 2025.

It is noted that there is a CT scanner at the Allergy, Asthma, and Sinus Center. What is the strength of that CT? What is a Cone Beam CT?

Response:

In response to the question asked in the first round of supplementals regarding the strength of this specific unit, the applicant referred to the information that is publicly available through the medical equipment registry. The slice strength of the unit is provided in the "Type" category. For the Allergy, Asthma and Sinus Center, PC, the unit type is listed as a "Cone Beam." The applicant is not aware of the reason why this is listed instead of strength.

According to RadiologyInfo.org, Cone beam computed tomography is a special type of technology to generate three-dimensional (3-D) images of dental structures, soft tissues, nerve paths and bone in the craniofacial region in a single scan. It further states that Cone beam CT is not the same as conventional CT, however, can be used to produce images that are similar to those produced by conventional CT imaging.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after initial written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." **For this application the sixtieth (60th) day after written notification is May 3, 2025. If this application is not deemed complete by this date, the application will be deemed void.** Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

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Should you have any questions or require additional information, please do not hesitate to contact this office.

Ms. Jolene McAbee
March 11, 2026
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Sincerely,

Holly Vickers
Health Planner Quality Officer

Enclosure