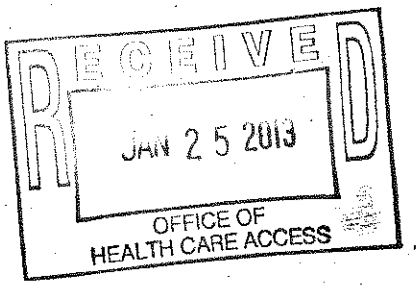
YALE-NEW HAVEN HOSPITAL/ SAINT RAPHAEL MAGNETIC RESONANCE CENTER

Transfer of Ownership of Saint Raphael Magnetic Resonance Center to Yale-New Haven Hospital

January 25, 2013

YALE NEW HAVEN HEALTH



January 25, 2013

Ms. Kimberly Martone
Director of Operations
Office of Healthcare Access
410 Capitol Avenue
MS #13HCA
P.O. Box 340308
Hartford, CT 06106

Re: Yale-New Haven Hospital (YNHH) & Saint Raphael Magnetic Resonance Center (SRMRC)
Transfer of Ownership of Saint Raphael Magnetic Resonance Center to Yale-New Haven Hospital

Dear Ms. Martone:

Enclosed please find the original, four (4) hard copies and an electronic copy on CD of the Certificate of Need (CON) application for YNHH to purchase Medical Imaging Associates, P.C (MIA) ownership interest in SRMRC. YNHH already owns 50% of SRMRC.

Please do not hesitate to contact me with any questions or concerns. I can be reached at (203) 863-3908.

Thank you for your time and support of this project.

Sincerely,

Nancy Rosenthal
Senior Vice President – Health Systems Development

Enclosures

YALE-NEW HAVEN HOSPITAL/
SAINT RAPHAEL MAGNETIC RESONANCE CENTER

Transfer of Ownership of Saint Raphael Magnetic Resonance Imaging Center to Yale-New Haven Hospital

Certificate of Need Application

TABLE OF CONTENTS

CON PUBLIC NOTICE

203-245-9599
www.MilanoDev.com

645 GENERAL HELP WANTED

Activism/Campaign Jobs
$440+/wk. Grassroots Environmental Org Seeking Articulate, Motivated Professionals 2-10:30pm, M-F, 203.821.7050.

DELI / GRILL PERSON
7-3pm, Mon-Fri. Must be fast, organized, neat & dependable. Do not apply unless you can handle BUSY. Call 203-795-3233 after 3pm only.

CALL 203-777-3278 or
(TOLL FREE) 1-877-872-3278
TO PLACE
YOUR
CLASSIFIED AD

645P PROFESSIONAL MARKETPLACE

FIND IT

IN CLASSIFIED
It's the key source for information you're seeking -- about job opportunities homes for sale, lost pets and more.
777-FAST
1-877-872-FAST

CALL 203-777-3278 or
(TOLL FREE) 1-877-872-3278
TO PLACE
YOUR
CLASSIFIED AD

NEED A CAR?
SHOP THE CLASSIFIEDS!

645P PROFESSIONAL MARKETPLACE

Education

Teaching Positions
Wallingford Public Schools

Is seeking CT certified candidates for Special Education Teaching Positions

Apply on-line through our website:
www.wallingford.k12.ct.us

EOE

645 GENERAL HELP WANTED

645 GENERAL HELP WANTED

Gateway Community College

INSTRUCTOR HOSPITALITY MANAGEMENT/CULINARY ARTS
(Full-time, 10-month, tenure track position)
(Partnership with SCSU

Qualifications Include: Associate's degree; three (3) years industry experience and one (1) to four (4) years teaching experience in culinary arts/hospitality management. A demonstrated understanding of the mission of the comprehensive community college and its diverse commuter student population is essential. **Preferred qualifications:** Bachelor's Degree. **Starting Salary:** $47,705 approximate annual. The application review process will begin as early as November 1, 2012.

TO APPLY: Submit a cover letter, resume, BOR Application and three (3) letters of reference to: **Gateway Community College, Human Resources Office, 20 Church Street, New Haven, CT 06510.** Faxed applications will also be accepted, 203-285-2539. **Applications must be submitted before the close of business (5:00pm) on**

ment. Advancement opportunities. Must have valid CT drivers license and minimum 1 year exp. Call 203-288-1629

TAG SALES WORK BEST WHEN YOU REACH THE MOST PEOPLE!

B51- Robert A Pepe Jr
G257- Terry Lee Jr
2519660

645 GENERAL HELP WANTED

ANNOUNCEMENT

Help wanted advertisements in these columns have been accepted on the premise that jobs offered will be filled on the basis of merit. It is a violation of the Connecticut Fair Employment Practice Law to present or publish or cause to be published any notice or advertisement for employment which indicates preference or limitation based on sex, color, race, national ancestry or origin, religion, age, or physical disability. An exception exists if there is a bonafide occupational qualification for employment. All inquiries should be made to the Connecticut Commision on Human Rights and Opportunities, 50 Linden Street, Waterbury, Ct. 06702
Telephone (203)805-6530

Cook/Baker

Gaylord Specialty Healthcare is a premier long-term acute and chronic care hospital located in Wallingford, Connecticut. The Hospital is currently has vacancies in its Food & Nutrition Department.

Cook/Baker: This is a 32-hour per week position, Monday – Friday, varied day shift hours including rotating weekends and holidays. The Cook/Baker is responsible for all meal preparation, including baked goods and dessert items for patients, and a variety of dining room and catered meal functions. The Cook/Baker also organizes daily production, with guidance from head chef or production manager, and cleans and maintains equipment after use.

Qualifications: High School Diploma or equivalent (GED) and a minimum of 1-3 years of related experience and/or training or equivalent combination or education and experience is required. Food services experience in a healthcare setting is preferred. Safe Serve Certification, formal training or coursework in quantity food preparation, baking principles, pastry, dessert preparation and cake decorating are desirable. A competitive salary and rich benefit package is offered.

Food Services Assistant: Per diem/as needed positions. 4-8 hour day and evening shifts available including weekends and holidays. The Food Services Assistant assembles, delivers and collects patient meal trays, assistants in food production area, fills dishwasher and washes dishes as directed. 3-6 months of previous related experience preferred.

We are an Equal Employment Opportunity.

Please email resumes to:
Jobs@Gaylord.org
Or fax to: 203-284-2733
Or submit an application on-site at:
Gaylord Hospital

Shoreline/Elm City Classifieds

PUBLIC NOTICE

Pursuant to section 19a-638 of Connecticut General Statutes, Yale-New Haven Hospital/Yale New Haven Ambulatory Services Corporation and Medical Imaging Associates, P.C. will submit the following Certificate of Need application:

Applicant(s): Yale-New Haven Hospital/Yale New Haven Ambulatory Services Corporation
Medical Imaging Associates, P.C.
Address: 330 Orchard Street
Town: New Haven
Proposal: Transfer of Ownership of Saint Raphael Magnetic Resonance Imaging Center to Yale-New Haven Hospital

Estimated Total Project Cost/Expenditure: $4,200,000

LEGAL NOTICE

Pursuant to Section 51 of Public Act 11-80, An Act Concerning the Establishment of the Department of Energy and Environmental Protection and Planning for Connecticut's Energy Future, the Department of Energy and Environmental Protection (DEEP), will conduct Public Hearings on November 19, 2012, at 6:00 p.m., in Room G-2, in the Hall of Records, 200 Orange Street, New Haven, Connecticut; and November 26, 2012, at 6:00 p.m., in the City Hall Auditorium located on the 2nd floor, 140 Main Street, Torrington, Connecticut. **The Public Hearing previously scheduled for November 9, 2012, at 6:00 p.m., in Room G-2, in the Hall of Records, 200 Orange Street, New Haven, Connecticut is cancelled.** The hearing is being held to provide the public with a general overview of the draft Strategy with anopportunity for the public to provide comments. DEEP may continue the hearing on additional dates as deemed necessary. **The Connecticut Department of Energy and Environmental Protection is an Affirmative Action and Equal Opportunity Employer that is committed to requirements of the Americans with Disabilities Act. To request an accommodation, call 860-424-3194, or e-mail deep.hrmed@ct.gov.** All interested persons are invited to submit comments on the draft Strategy on or before December 14, 2012, by 4:30 p.m. Written comments can be electronically filed on the DEEP website at: http://www.ct.gov/deep/cwp/view.asp?a=4120&q=493990. Written comments can also be e-mailed to Debra Morrell at debra.morrell@ct.gov or sent via US Mail to Debra Morrell, DEEP's, Bureau of Energy and Technology Policy, Ten Franklin Square, New Britain, CT 06051. A copy of the CES can be viewed at DEEP's offices, Ten Franklin Square, New Britain, Connecticut and it can also be accessed on DEEP's website athttp://www.dpuc.state.ct.us/DEEPEnergy.nsf/$EnergyView?

The personal goods stored therein by the following may include, but are not limited to general household, furniture, boxes, clothes, and appliances.

#1110 Kyle Searls, #1354 Tanya Dennis, #2134 Deb Powell, #3000 Charles Waters, #3163 Richard Evans, #3184 Sandy Bellino, #3210 Rose Marie Caprio

Purchases must be made with cash only and paid at the time of sales. All goods are sold as is and must be removed at the time of purchase. Extra Space Storage reserves the right to refuse any bid. Sale is subject to adjournment.
2521019

Haven, Connecticut.

2520292

PUBLIC NOTICE

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Copy of the bid proposal, including any specifications, may be obtained at the Purchasing Department of the South Central Connecticut Regional Water Authority at the address given above, between the hours of 8:30 a.m. and 4:00 p.m.

A list of current Public Bids is also available on our Website:
www.rwater.com

The South Central Connecticut Regional Water Authority reserves the right to reject any and all bid proposals and/or to waive any informalities in bidding if it be in the public interest to do so. South Central Connecticut Regional Water Authority reserves the right to award a contract as it deems in its best interest.

Gasoline
November 19, 2012 2:00 p.m.

SOUTH CENTRAL CONNECTICUT
REGIONAL WATER AUTHORITY
Peter Bocciarelli
Purchasing Manager

[redacted] property and obtaining information relating to the proposed project. The meeting is scheduled for 10:00 a.m. Wednesday, November 14, 2012 at the golf course restaurant. No additional viewing appointments will be scheduled. Respondents are not required to attend this meeting. The Town of Watertown reserves the right to award in part, to reject any and all proposals in whole or in part, or to waive technical defects, irregularities and omissions, if in its judgment the best interests of the Town will be served. Carol Z. Roman, Purchasing Agent, Town of Watertown, 424 Main Street, Watertown, CT 06795
2521608

645 GENERAL

645 GENERAL

LEGALS

LEGALS

PUBLIC NOTICE

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The University of Connecticut
REQUEST FOR STATEMENT OF QUALIFICATIONS
ON-CALL PROFESSIONAL SERVICES
FOR:
007 – SPECIALTY SERVICES
009 – ARCHITECTURAL SERVICES
010 – LANDSCAPE ARCHITECTURE SERVICES
012 – ENGINEERING SERVICES

Issue Date: September 26, 2012
Submission Due Date: December 4, 2012

THE UNIVERSITY OF CONNECTICUT IS SOLICITING THE SERVICES OF QUALIFIED FIRMS TO PERFORM ON-CALL PROFESSIONAL SERVICES. INTERESTED FIRMS SHOULD CONTACT THE OFFICE OF CAPITAL PROJECTS AND CONTRACT ADMINISTRATION FOR A COMPLETE COPY OF THE REQUEST FOR QUALIFICATIONS PACKAGE OR VISIT OUR WEBSITE, UNDER CURRENT PROFESSIONAL PROJECTS:

http://www.cpca.uconn.edu/profserv/profserv_currentops.html
or
http://www.das.state.ct.us/purchase/Portal/Portal_Home.asp

LEGALS

LEGALS

LEGALS

89 State Street
Guilford, CT 06437
Telephone: **(203)-453-4386**

The application is available for inspection by contacting Antoanela Daha at (860) 424-3018, at the Department of Energy and Environmental Protection, Bureau of Materials Management and Compliance Assurance, 79 Elm Street, Hartford, CT, 06106-5127 from 8:30 - 4:30, Monday through Friday.

Any interested person may request in writing that his or her name be put on a mailing list to receive notice of intent to issue any permit to discharge to the surface waters of the state. Such request may be for the entire state or any geographic area of the state and shall clearly state in writing the name and mailing address of the interested person and the area for which notices are requested.

PUBLIC COMMENT

Pursuant to a petition submitted on August 30, 2012 requesting a public hearing on the application, the Department hereby gives notice of its intent to hold a public hearing on the application.

The Department will hold a public hearing on the application at the following place and time:

December 4, 2012
6:00 pm until all present have been heard
Nathanael B. Greene Community Center
32 Church Street
Guilford, CT 06437

The hearing will continue to receive evidence at the following place and time:

December 10, 2012
10:00 am
Russell Room
Connecticut Department of Energy and Environmental Protection
79 Elm Street
Hartford, CT 06106

Members of the public should check the DEEP Calendar of events on the DEEP website (www.ct.gov/deep/calendar) for any alterations to this hearing schedule, including additional dates and cancellation.

The Department of Energy and Environmental Protection is an Affirmative Action/Equal Opportunity Employer. Persons with a disability who may need information in an alternative format should contact the ADA Coordinator at 860-424-3194 or at DEEP.HRmed@CT.Gov. Persons who are limited English proficient who may need information in another language should contact the Title VI Coordinator at (860) 424-3035 or at DEEP.aaoffice@ct.gov. Persons who are hearing impaired should call the State of Connecticut relay number 711. Discrimination complaints should be filed with the Title VI Coordinator.

Oswald Inglese, Jr.
Director
Water Permitting and Enforcement Division
Bureau of Materials Management and Compliance Assurance

Dated: 10/31/2012
2521805

WEST HAVEN

viewing and printing from the following site:

http.www.townof
easthavenctorg

There is no charge for the bid packet. Bids must be submitted in Triplicate

The Director of Finance reserves the right to reject any or all Bids or to waive defects in same if it deems in the best interest of the Town to do so.

Paul S. Rizza
Director of Finance

LEGAL NOTICE
TOWN OF CLINTON

AFFIDAVITS

AFFIDAVIT

Applicant: **Yale-New Haven Hospital/Yale-New Haven Ambulatory Services Corp.**

Project Title: **Transfer of Ownership of Saint Raphael Magnetic Resonance Imaging Center to Yale-New Haven Hospital**

I, **James Staten**, **Chief Financial Officer**
(Individual's Name) (Position Title – CEO or CFO)

of **Yale-New Haven Hospital** being duly sworn, depose and state that
(Hospital or Facility Name)

Yale-New Haven Hospital's information submitted in this Certificate of
(Hospital or Facility Name)

Need Application is accurate and correct to the best of my knowledge.

James Staten — 1/4/13
Signature — Date

Subscribed and sworn to before me on 1/4/13

Rose Arminio
Notary Public/Commissioner of Superior Court

My commission expires:

ROSE ARMINIO
NOTARY PUBLIC
State of Connecticut
My Commission Expires
February 28, 2013

AFFIDAVIT

Applicant: Medical Imaging Associates/ Saint Raphael Magnetic Resonance Imaging (SRMRC)

Project Title: Transfer of Ownership of Saint Raphael Magnetic Resonance Center to Yale-New Haven Hospital

I, Zenon Protopapas, MD (Individual's Name) Managing Partner/Medical Director (Position Title – CEO or CFO)

of SRMRC (Hospital or Facility Name) being duly sworn, depose and state that

SRMRC's (Hospital or Facility Name) information submitted in this Certificate of Need Application is accurate and correct to the best of my knowledge.

Signature

1/24/2013
Date

Subscribed and sworn to before me on 1/24/2013

Notary Public/Commissioner of Superior Court

ROSE ARMINIO
NOTARY PUBLIC
State of Connecticut
My Commission Expires
February 28, 2013

My commission expires: _____

CON FILING FEE

07-14-3774B 06-2005

Bank of America

Cashier's Check

No. 1626799

Notice to Purchaser: In the event this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Date DECEMBER 19, 2012

30-1/1140
NTX

Banking Center CARE-NEW HAVEN HOSPITAL

0021178 00005 0001626799

Remitter (Purchased By) SRMRC

$ **500.00**

Pay To The Order Of **FIVE HUNDRED DOLLARS AND 00 CENTS**

TREASURER, STATE OF CONNECTICUT
****

Authorized Signature

Bank of America, N.A.
San Antonio, Texas

VOID AFTER 90 DAYS

07-14-3774B 06-2005

COPY CAN CAPTURE ANTI-FRAUD PROTECTION

⑈1626799⑈ ⑆114000191⑆ 00164100554 5⑈

THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK

THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK.

CON APPLICATION

Application Checklist

Instructions:

1. **Please check each box below, as appropriate; and**
2. **The completed checklist *must* be submitted as the first page of the CON application.**

☒ **Attached is the CON application filing fee in the form of a certified, cashier or business check made out to the "Treasurer State of Connecticut" in the amount of $500.**

For OHCA Use Only:

Docket No.: _____ Check No.: _____
OHCA Verified by:_____ Date: _____

☒ **Attached is evidence demonstrating that public notice has been published in a suitable newspaper that relates to the location of the proposal, 3 days in a row, at least 20 days prior to the submission of the CON application to OHCA. (*OHCA requests that the Applicant fax a courtesy copy to OHCA (860) 418-7053, at the time of the publication)***

☒ **Attached is a paginated hard copy of the CON application including a completed affidavit, signed and notarized by the appropriate individuals.**

☒ **Attached are completed Financial Attachments I and II.**

☒ **Submission includes one (1) original and four (4) hard copies with each set placed in 3-ring binders.**

Note: A CON application may be filed with OHCA electronically through email, if the total number of pages submitted is 50 pages or less. In this case, the CON Application must be emailed to ohca@ct.gov.

Important: For CON applications(less than 50 pages) filed electronically through email, the singed affidavit and the check in the amount of $500 must be delivered to OHCA in hardcopy.

☒ **The following have been submitted on a CD**

1. **A scanned copy of each submission in its entirety, including all attachments in Adobe (.pdf) format.**
2. **An electronic copy of the documents in MS Word and MS Excel as appropriate.**

State of Connecticut
Office of Health Care Access
Certificate of Need Application

Instructions: Please complete all sections of the Certificate of Need ("CON") application. If any section or question is not relevant to your project, a response of "Not Applicable" may be deemed an acceptable answer. If there is more than one applicant, identify the name and all contact information for each applicant. OHCA will assign a Docket Number to the CON application once the application is received by OHCA.

Docket Number:	TBD
Applicant 1:	Yale-New Haven Hospital
Contact Person:	Nancy Rosenthal
Contact Person's Title:	Senior Vice President – Health Systems Development
Contact Person's Address:	Department of Planning & Business Development 2 Howe Street, New Haven, CT 06510
Contact Person's Phone Number:	203-863-3908
Contact Person's Fax Number:	203-863-4736
Contact Person's Email Address:	Nancy.Rosenthal@greenwichhospital.org
Applicant 2:	Saint Raphael Magnetic Resonance Center (SRMRC)
Contact Person:	Managing Partner, Medical Imaging Associates, P.C. (MIA) Zenon Protopapas, MD, President, MIA
Contact Person's	President, Managing Partner of SRMRC

Title:	Medical Director, SRMRC
Contact Person's Address:	330 Orchard Street, Suite 10B New Haven, CT 06511
Contact Person's Phone Number:	(203) 789-4120
Contact Person's Fax Number:	(203) 789-5183
Contact Person's Email Address: **Applicant:**	zprotopapas@nhrad.org
Project Town:	New Haven, CT
Project Name:	Transfer of Ownership of Saint Raphael Magnetic Resonance Center to Yale-New Haven Hospital
Statute Reference:	Section 19a-638, C.G.S.

Estimated Total Capital Expenditure: $4,200,000

1. **Project Description and Need: Change of Ownership or Control**

   a. Please provide a narrative detailing the proposal.

   Saint Raphael Magnetic Resonance Center ("SRMRC") was established in 1988 as a partnership between Medical Imaging Associates, P.C. ("MIA"), an affiliate of New Haven Radiology Associates, P.C., and DePaul Health Services Corporation ("DePaul"), a wholly owned subsidiary of the Saint Raphael Healthcare System, to own and operate MRIs. As per Docket Number 12-31759-CON, Yale-New Haven Hospital ("YNHH") through its affiliate, Yale-New Haven Ambulatory Services Corporation ("YNHASC"), acquired DePaul's ownership interest in SRMRC on September 12, 2012 as part of YNHH's acquisition of Saint Raphael Healthcare System and the Hospital of Saint Raphael (DN: 12-31759-CON).

   SRMRC owns and operates two MRI scanners: one is a 3 Tesla and the other a 1.5 Tesla. These two magnets are located at 330 Orchard Street, New Haven at the Saint Raphael campus of YNHH. SRMRC provides outpatient MRI services and also leases the MRIs to YNHH for use on YNHH's inpatient and emergency patient populations seeking care at the Saint Raphael campus location.

   At this time, YNHASC desires to purchase from MIA and MIA desires to sell to YNHASC, its partnership interest in SRMRC. Following the purchase, YNHASC will transfer the assets of SRMRC to YNHH and YNHH will operate the MRIs as YNHH provider-based services.

   b. Explain how each Applicant determined need for the proposal and discuss the benefits of this proposal for each Applicant (discuss each Applicant separately in separate paragraphs).

   This proposal is being pursued for several reasons:

   - **As a result of YNHH's acquisition of Saint Raphael's, all radiology professional services on the Saint Raphael Campus must be transitioned to Yale School of Medicine (YSM). YSM policies prohibit physician ownership of facilities such as SRMRC. Accordingly, MIA and its physicians will need to divest of their interest in SRMRC.**
   - **Incorporating the two MRI scanners at the Saint Raphael campus into YNHH's Diagnostic Imaging Department will result in a number of enhancements and improvements such as:**
     - **Consistent policies and procedures for MRI services provided on both campuses;**

- **Streamlined accreditation process;**
- **More competitive purchasing contracts for contrast and other related supplies;**
- **Staffing flexibility and efficiencies; and**
- **Elimination of duplicative functions such as registration and billing.**

c. Provide a history and timeline of the proposal (e.g., When did discussions begin between the Applicants? What have the Applicants accomplished so far?).

The applicants began to discuss the proposed ownership transfer prior to the closing of YNHH's acquisition of Saint Raphael in the summer of 2012. Effective September 12, 2012, the applicants signed a Partnership Interest Purchase Agreement outlining the terms of this ownership transfer.

Consistent with the Partnership Interest Purchase Agreement, the closing is planned for the one year anniversary date of the Purchase Agreement (September 11, 2013).

The CON is being pursued now so that regulatory approval will be in place prior to initiation of the closing.

d. List any changes to the clinical services offered by the Applicants that result from this proposal, and provide an explanation.

Not applicable. There will be no changes to the clinical services offered as a result of this proposal.

e. Describe the existing population served by the facility changing ownership or control, and how the proposal will impact these populations. Include demographic information as appropriate.

The existing population served by the facility includes inpatients, outpatients and emergency patients who seek care at the Saint Raphael campus.

During the past four years (2009 – 2012), scan volume has ranged between approximately 8,500 and 9,900 annually at SRMRC and both scanners are operating at high utilization levels (>85%).

Following completion of the proposed change in ownership, the patient population is not expected to change significantly. YNHH patients who receive inpatient, outpatient or emergency care at the Saint Raphael campus will access the MRI services provided by these two scanners.

f. Describe the transition plan and how the Applicants will ensure continuity of services. Provide a copy of a transition plan, if available.

Several transition steps have already occurred and others will take place following this CON application. Steps taken to date include:

- **A meeting was held with staff from SRMRC to discuss the planned change of ownership.**
- **A public notice regarding this CON application was placed in the New Haven Register on November 1, 2, and 3, 2012.**

Following completion of the CON application, written notification regarding the change in ownership will be provided to patients at the SRMRC location prior to the transfer of ownership.

g. For each Applicant (and any new entities to be created as a result of the proposal), provide the following prior to and after this proposal:

i. Legal chart of corporate or entity structure including all affiliates.
ii. List of owners and the % ownership and shares of each.

There will not be any new entities created as a result of the proposal. SRMRC will be dissolved and the MRI scanners will be transferred to YNHH and operated as hospital-based scanners.

A legal chart of corporate structure for YNHH is included as Appendix I.

h. Provide copies of all signed written agreements or memorandum of understanding, including all exhibits/attachments, between the Applicants related to the proposal. Note: If a final version is not available, provide a draft with an estimated date by which the final agreement will be available.

A copy of the Partnership Interest Purchase Agreement signed by the applicants and dated September 11, 2012 (with an effective date of September 12, 2012), has been included in Appendix II.

2. **Quality Measures**

a. Submit a list of all key professional, administrative, clinical, and direct service personnel related to the proposal. Attach a copy of their Curriculum Vitae.

Key personnel related to the proposal include the following individuals who are members of SRMRC's management committee.

- **Gayle L. Capozzalo, Executive Vice President, Strategy & System Development at YNHH**
- **Vincent Tammaro, Vice President, Finance at YNHH**
- **Denise Fiore, Vice President, Clinical Support Services at YNHH**

- **Zenon Protopappas, MD**
- **Diego Nunez, MD**
- **William Zucconi, MD**

Copies of the CV's are provided in Appendix III.

b. Explain how the proposal contributes to the quality of health care delivery in the region.

Consistent clinical standards, policies, procedures and accreditation efforts help to ensure that the same high quality patient care is delivered throughout YNHH, regardless of location of services. This proposal will ensure that all MRI services, including outpatient MRI services, delivered on the Saint Raphael campus are consistent with those delivered on the York Street campus.

3. Organizational and Financial Information

a. Identify the Applicant's ownership type(s) (e.g. Corporation, PC, LLC, etc.).

YNHH is a non-profit, 501(c) (3) corporation. Medical Imaging Associates, P.C. is a for-profit professional corporation. SRMRC is a Connecticut general partnership.

b. Does the Applicant have non-profit status?
☒ Yes (Provide documentation) ☒ No

YNHH has non-profit status. Medical Imaging Associates, P.C. does not.

c. Provide a copy of the State of Connecticut, Department of Public Health license(s) currently held by the Applicant and indicate any additional licensure categories being sought in relation to the proposal.

A copy of YNHH's State of Connecticut, Department of Public Health license is included in Appendix IV.

d. Financial Statements

i. If the Applicant is a Connecticut hospital: Pursuant to Section 19a-644, C.G.S., each hospital licensed by the Department of Public Health is required to file with OHCA copies of the hospital's audited financial statements. If the hospital has filed its most recently completed fiscal year audited financial statements, the hospital may reference that filing for this proposal.

Included in Appendix V are YNHH's FY 2012 audited financial statements which were recently completed.

ii. If the Applicant is not a Connecticut hospital (other health care facilities): Audited financial statements for the most recently completed fiscal year. If audited financial statements do not exist, in lieu of audited financial statements, provide other financial documentation (e.g. unaudited balance sheet, statement of operations, tax return, or other set of books.)

A copy of SRMRC's FY 12 financial statements is included in Appendix VI.

e. Submit a final version of all capital expenditures/costs as follows:

Table 2: Proposed Capital Expenditures/Costs -

Medical Equipment Purchase	$
Imaging Equipment Purchase	$1,100,200
Non-Medical Equipment Purchase	
Land/Building Purchase *	
Construction/Renovation **	$540,200
Other Non-Construction (Specify) – Goodwill	$2,559,600
Total Capital Expenditure (TCE)	$
Medical Equipment Lease (Fair Market Value) ***	$
Imaging Equipment Lease (Fair Market Value) ***	
Non-Medical Equipment Lease (Fair Market Value) ***	
Fair Market Value of Space ***	
Total Capital Cost (TCC)	**$4,200,000**
Total Project Cost (TCE + TCC)	**$4,200,000**
Capitalized Financing Costs (Informational Purpose Only)	
Total Capital Expenditure with Cap. Fin. Costs	$

Note: YNHACS will transfer the assets to YNHH.

* If the proposal involves a land/building purchase, attach a real estate property appraisal including the amount; the useful life of the building; and a schedule of depreciation.
** If the proposal involves construction/renovations, attach a description of the proposed building work, including the gross square feet; existing and proposed floor plans; commencement date for the construction/ renovation; completion date of the construction/renovation; and commencement of operations date.
*** If the proposal involves a capital or operating equipment lease and/or purchase, attach a vendor quote or invoice; schedule of depreciation; useful life of the equipment; and anticipated residual value at the end of the lease or loan term.

f. List all funding or financing sources for the proposal and the dollar amount of each. Provide applicable details such as interest rate; term; monthly payment; pledges and funds received to date; letter of interest or approval from a lending institution.

The funding source for the proposal will be an equity payment from YNHH and any distributions from SRMRC.

g. Demonstrate how this proposal will affect the financial strength of the state's health care system.

By incorporating the operation of the two MRIs in SRMRC into YNHH's Radiology Department, a number of staffing efficiencies and cost savings will be achieved. Specifically, marketing, billing and management functions can be streamlined and incorporated into existing departments/personnel at YNHH. As previously noted, YNHH's contracts will permit the purchase of contrast and other related supplies at lower costs. In addition, accreditation processes by the American College of Radiology will be streamlined under YNHH and will not require a separate accreditation process as is currently required.

4. Patient Population Mix: Current and Projected

a. Provide the current and projected patient population mix (based on the number of patients, not based on revenue) with the CON proposal for the proposed program.

Table 3: Patient Population Mix – for MRI Patients

	Current** FY 2012	Year 1 FY 2013	Year 2 FY 2014	Year 3 FY 2015
Medicare*	23%	23%	23%	23%
Medicaid*	21%	21%	21%	21%
CHAMPUS & TriCare	1%	1%	1%	1%
Total Government	**45%**	**45%**	**45%**	**45%**
Commercial Insurers*	53%	53%	53%	53%
Uninsured	2%	2%	2%	2%
Workers Compensation	1%	1%	1%	1%
Total Non-Government	**55%**	**55%**	**55%**	**55%**
Total Payer Mix	**100%**	**100%**	**100%**	**100%**

* Includes managed care activity.
** New programs may leave the "current" column blank.
*** Fill in years. Ensure the period covered by this table corresponds to the period covered in the projections provided.

b. Provide the basis for/assumptions used to project the patient population mix.

The patient population mix is based on YNHH's current MRI payor mix. With approval of this CON application, the two MRI scanners at the Saint Raphael campus will be incorporated into YNHH's existing MRI service and therefore serve the same population. No changes in payor mix are anticipated.

5. Financial Attachments I & II

a. Provide a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project. **Complete Financial Attachment I.** (Note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.) The projections must include the first three full fiscal years of the project.

Financial Attachment I is included as Appendix VII.

b. Provide the assumptions utilized in developing **Financial Attachment I** (e.g., full-time equivalents, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).

Financial Attachment I assumptions are included in Appendix VIII.

c. Identify the entity that will be billing for the proposed service(s).

YNHH will be the entity that will be billing for MRI services following the transfer of ownership.

d. As a result of the proposal, will there be any change to existing reimbursement contracts between the Applicants and payers (e.g. Medicare, Medicaid, commercial)? Explain.

Following completion of the acquisition of MIA's ownership share, YNHH will own and operate the two MRI scanners as part of its Hospital license. Reimbursement contracts between YNHH and payors will apply to the MRI services provided at the Saint Raphael campus as they do at the York Street campus.

e. Provide the minimum number of units required to show an incremental gain from operations for each fiscal year.

The minimum number of units required to show an incremental gain from operations for each fiscal year is shown in the table below.

Minimum Number of Units required				
	2013	2014	2015	2016
Expenses from operations	NA	$4,377,330	$4,475,551	$4,566,336
Cases Needed to show incremental gain from operations	NA	4,666	4,721	4,800
Average Revenue per case by year	NA	$938	$948	$951
Volume	NA	8,896	9,230	9,345
Revenue	NA	$ 8,345,481	$ 8,750,337	$ 8,890,342

f. Explain any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.

Not applicable. There are no projected incremental operating losses contained in the financial projections that result from the implementation and operation of the CON proposal.

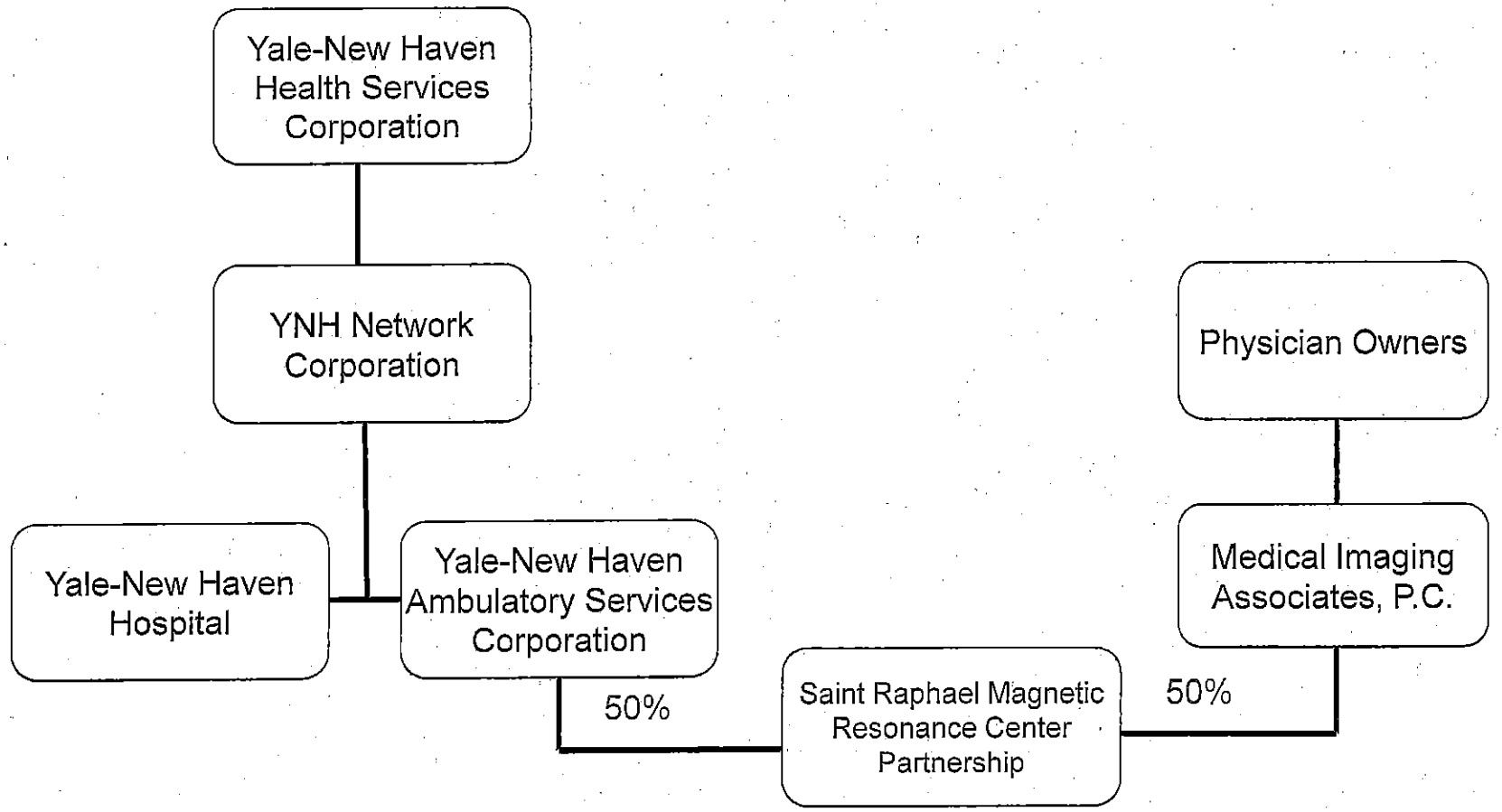
g. Describe how this proposal is cost effective.

The proposed acquisition by YNHASC/YNHH of MIA's ownership interest in SRMRC will permit the two MRI scanners on the Saint Raphael campus to be incorporated into the MRI service currently operated by YNHH. This will allow for staffing flexibility and efficiencies and will reduce duplicative functions that currently exist including registration, scheduling, and billing. This proposal will also permit the purchase of contrast, medical and non-medical supplies under YNHH's current purchasing contracts which will result in cost savings.

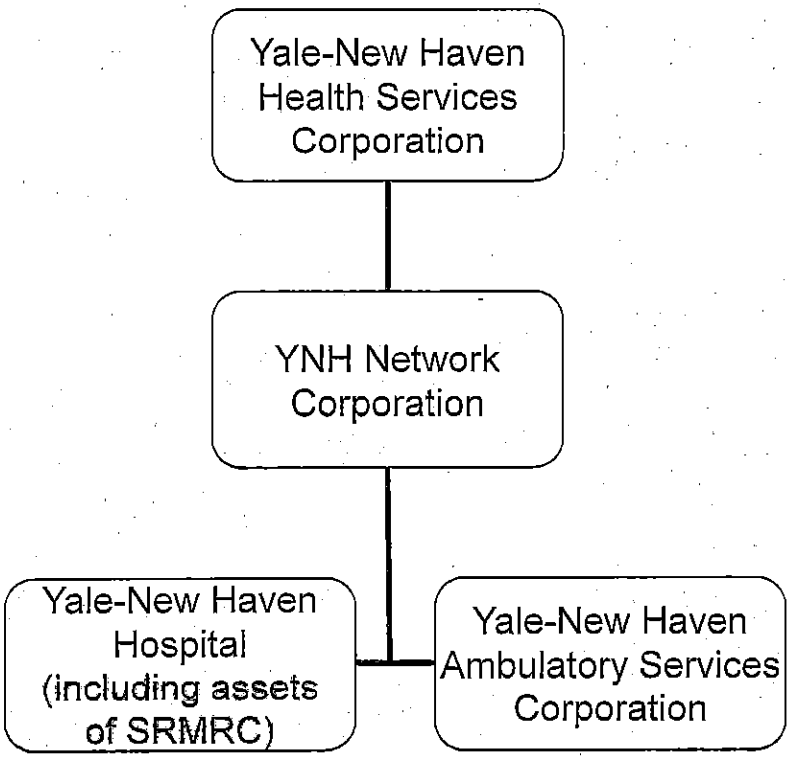
APPENDIX I

ORGANIZATION CHART

SRMRC Organization Chart – Current Ownership



SRMRC Organization Chart – Proposed Ownership



APPENDIX II

PARTNERSHIP INTEREST PURCHASE AGREEMENT

Execution Copy

PARTNERSHIP INTEREST PURCHASE AGREEMENT

THIS PARTNERSHIP INTEREST PURCHASE AGREEMENT (this "***Agreement***") is dated September 11, 2012 and effective as of the Effective Time (as defined below), by and between Medical Imaging Associates, P.C., a Connecticut professional corporation ("***MIA***") and Yale-New Haven Ambulatory Services Corporation, a Connecticut nonstock corporation ("***YNHASC***").

BACKGROUND

WHEREAS, effective as of the effective time of the closing of the acquisition of certain assets of the Hospital of Saint Raphael ("***HSR***") by Yale-New Haven Hospital, Inc. ("***YNHH***") pursuant to that certain Asset Purchase Agreement dated September 26, 2011 by and among HSR, YNHH and certain other parties (as such agreement has or may be amended) (the "***Effective Time***"), each of MIA and YNHASC owns fifty percent (50%) of the partnership interests of Saint Raphael Magnetic Resonance Center ("***SRMRC***"), a Connecticut general partnership governed by a certain Partnership Agreement dated September 29, 1987 by and between MIA and DePaul Health Services Corporation (the predecessor in interest to YNHASC) (the "***Partnership Agreement***"); and

WHEREAS, YNHASC desires to purchase from MIA, and MIA desires to sell to YNHASC, all of MIA's partnership interest in SRMRC (the "***Partnership Interest***") in return for the Purchase Price (as defined below), on the terms and subject to the conditions set forth herein; and

WHEREAS, following the purchase, YNHASC intends to lease or transfer the assets of SRMRC to YNHH which will operate the assets as part of a provider-based department of YNHH under 42 C.F.R. § 413.65.

NOW, THEREFORE, in consideration of the premises and the mutual promises herein made, and in consideration of the representations, warranties and covenants herein contained, the parties, intending to be legally bound, hereby agree as follows:

1. Purchase and Sale of Partnership Interest.

1.1 Purchase. On and subject to the terms of this Agreement and the Partnership Agreement, at the Closing (as defined in Section 1.2) YNHASC (or, at its election, an affiliate of YNHASC) shall purchase from MIA, and MIA shall sell, transfer, assign and convey to YNHASC (or such affiliate), all of MIA's right, title and interest in and to the Partnership Interest for the consideration of fifty percent (50%) of the fair market value of SRMRC as determined by Regents Health Resources, Inc. ("***Regents***"), adjusted as set forth below (such adjusted amount, the "***Purchase Price***"). The Purchase Price shall be paid by YNHASC to MIA by check or wire transfer on the Closing Date (as hereinafter defined).

The parties acknowledge and agree to the determination by Regents of the fair market value of SRMRC at Eight Million Four Hundred Thousand Dollars ($8,400,000). Accordingly, the Purchase Price shall be calculated as follows:

(a) $8,400,00 shall be reduced by (i) Net Accounts Receivable (as hereinafter defined); and (ii) the amount required to satisfy all liabilities of SRMRC due with respect to the period ending on the Closing Date (adjusted to reflect any amounts prepaid).

(b) The amount obtained from the calculation outlined in (a) above shall be multiplied by fifty percent (50%).

For purposes of calculating the Purchase Price, the parties shall cause an independent auditor (the "***Auditor***") to prepare year-to-date audited financial statements of SRMRC through the end of the month preceding the Closing Date (as defined in Section 1.2) consistent with generally accepted accounting principles (GAAP). The Auditor shall be selected by YNHASC, subject to MIA's consent, which consent shall not be unreasonably withheld; provided, however, that the parties agree that the Auditor shall not be an audit firm currently engaged by YNHASC (which firms are Ernst & Young and Marcum LLP). For purposes hereof, "***Net Accounts Receivable***" shall mean the estimated amount of receivables of SRMRC as of the Closing Date for technical MRI services, net of billing or administrative fees, adjustments for contractual allowances, and bad debt, all as determined by the Auditor consistent with GAAP. The determination of the Auditor shall be final. All expenses of the Auditor shall be paid by YNHASC.

SRMRC shall hold all cash (including restricted cash) and cash equivalents as of the Closing Date for a period of up to sixty (60) days following the Closing Date pending completion of the audit referred to in the preceding paragraph. Promptly following completion of the audit, SRMRC will distribute cash (including restricted cash) and cash equivalents available for distribution in accordance with the audit. Such distribution shall be made in proportion to the parties' partnership interests in SRMRC as they existed immediately preceding the Closing Date; provided, however, that to the extent that SRMRC has made any capital expense following the Effective Time and prior to the Closing Date, which individually or in the aggregate is in excess of $50,000 (the incurrence of which expense shall be approved by both MIA and YNHASC), an equitable adjustment shall be made to represent the unamortized portion of such expenditure, with the purchased capital items amortized on a straight line basis over a period of sixty (60) months.

Accounts receivable of SRMRC shall be collected for a period of one hundred eighty (180) days following the Closing in the ordinary course by New Haven Radiology Associates, P.C. ("***NHRA***") in accordance with the terms of the Billing Services Agreement dated January 1, 2007 by and between SRMRC and NHRA, as such agreement has or may be amended (the "***Billing Services Agreement***"). All amounts collected, less the billing fee payable to NHRA in accordance with the Billing Services Agreement and any payments for professional or administrative services due to NHRA or MIA in accordance with agreements between such parties and SRMRC, shall be distributed to the parties on a monthly basis (within thirty (30) days after the end of each month that accounts receivable are to be collected in accordance with this

Section 1.1) in proportion to the parties' partnership interests in SRMRC as they existed immediately preceding the Closing Date. Notwithstanding the foregoing, collection activities may cease prior to expiration of the one hundred eighty (180) day period referred to in this paragraph at any time with the consent of both parties. In addition, the parties may agree to engage a third party collection agency acceptable to each party to perform such collection activities, in which case NHRA will no longer be entitled to billing fees under the Billing Services Agreement.

1.2 Closing; Closing Date. The closing of the transactions contemplated by this Agreement (the "***Closing***") shall take place at such date, time and place as the parties to this Agreement mutually agree in writing following satisfaction or waiver of the closing conditions set forth in Section 4 hereof, provided that, except as set forth in the following sentence, such date shall be no earlier than the one year anniversary of the date hereof and no later than thirty days following such anniversary date (the "***Closing Date***"). Notwithstanding anything herein to the contrary, the parties agree to effectuate the Closing contemporaneously with the orderly transition of professional radiology services at YNHH's campus located at 1450 Chapel Street (known as the Saint Raphael Campus) to Yale School of Medicine; the process of such transition shall occur in consultation with NHRA.

1.3 Pre-Closing Cooperation.

(a) The parties shall cooperate to obtain any certificate of need required to be obtained from the State of Connecticut Department of Public Health (the "***Certificate of Need***"). MIA shall provide YNHASC with any information necessary or desirable in connection with the Certificate of Need approval process. The parties shall use their reasonable best efforts to file an application for Certificate of Need approval on or before December 31, 2012.

(b) The parties shall cause SRMRC to complete a year-end audit of its business as of September 30, 2012, which audit shall be performed by an independent auditor (who shall be chosen by YNHASC, subject to MIA's consent, which consent shall not be unreasonably withheld) and completed by November 30, 2012. All expenses of such audit shall be paid by YNHASC.

1.4 Effect of Purchase.

(a) Immediately upon Closing, MIA shall have no further rights or obligations as a partner of SRMRC, including without limitation any rights to participate in management or to receive distributions from SRMRC with respect to their ownership of the Partnership Interest prior to the Closing, except that rights or obligations that, by the terms of the Partnership Agreement survive withdrawal or termination of a partner, shall survive in accordance with the terms thereof other than Section 6.05 thereof.

(b) YNHASC agrees, upon Closing, to lease or transfer the assets of SRMRC to YNHH which will operate the assets as part of a provider-based department of YNHH under 42 C.F.R. § 413.65; the technical component of all services provided using such assets following the Closing will be billed as a service of YNHH, using its provider numbers.

(c) The parties will cooperate to ensure that billing for all services provided by SRMRC prior to the Closing Date is billed under SRMRC's provider number. To the extent that any payments are misdirected, the parties will cooperate to reconcile payments to the appropriate parties.

2. Representations and Warranties.

2.1 Representations and Warranties of MIA. MIA hereby represents and warrants to YNHASC that the statements contained in this Section 2.1 are and will be correct and complete as of the date of this Agreement, as of the Effective Time and as of the Closing Date.

(a) Organization and Good Standing. MIA is a professional corporation validly existing and in good standing under the laws of the State of Connecticut with full power and authority to own, lease and operate its properties and to carry on the business as now being and as heretofore conducted.

(b) Authorization of Transactions. MIA has the requisite corporate power and capacity, and has taken all action necessary or appropriate, to execute and deliver this Agreement and to perform its obligations hereunder. This Agreement constitutes the valid and legally binding obligation of MIA, enforceable in accordance with its terms and conditions. MIA has the requisite corporate power and capacity to execute and deliver any notice to, make any filing with, or obtain any authorization, consent, or approval of, any governmental authority in order to consummate the transactions contemplated by this Agreement.

(c) Noncontravention. Neither the execution and the delivery of this Agreement, nor the consummation of the transactions contemplated hereby, will (i) violate any provision of the Certificate of Incorporation, Bylaws or other governing document of MIA, (ii) violate any constitution, statute, regulation, rule, injunction, judgment, order, decree, ruling, charge or other restriction of any governmental authority to which MIA is subject, or (iii) conflict with, result in a breach of, constitute a default under, result in the acceleration of, create in any party the right to accelerate, terminate, modify or cancel, or require any notice or consent under, any agreement, contract, lease, license, instrument or arrangement to which MIA is a party or by which it is bound.

(d) Brokers' Fees. MIA has no liability or obligation to pay any fees or commissions to any broker, finder or agent with respect to the transactions contemplated by this Agreement for which YNHASC could become liable or obligated.

(e) Litigation. There is not now any action, suit, investigation or proceeding pending, or to the best knowledge of MIA, threatened against, involving or affecting MIA, the Partnership Interest or SRMRC before any court or arbitrator or any governmental body, agency or official, including a tax authority, and, to the best knowledge of MIA, there is no basis therefor at this time.

(f) Partnership Interest. MIA holds of record and owns beneficially the Partnership Interest, free and clear of any restrictions on transfer (except as described in the Partnership Agreement), security interests, options, warrants, purchase rights, puts, calls, contracts, commitments, equities, claims or demands. MIA is not a party to any option, warrant, purchase right or other contract or commitment that could require it to sell, transfer or otherwise dispose of any portion of the Partnership Interest.

2.2 Representations and Warranties of YNHASC. YNHASC hereby represents and warrants to MIA that the statements contained in this Section 2.2 are and will be correct and complete as of the date of this Agreement, as of the Effective Time and as of the Closing Date.

(a) Organization and Good Standing. YNHASC is a nonstock corporation validly existing and in good standing under the laws of the State of Connecticut with full power and authority to own, lease and operate its properties and to carry on the business as now being and as heretofore conducted.

(b) Authorization of Transactions. YNHASC has the requisite corporate power and capacity, and has taken all action necessary or appropriate, to execute and deliver this Agreement and to perform its obligations hereunder. This Agreement constitutes the valid and legally binding obligation of YNHASC, enforceable in accordance with its terms and conditions. YNHASC has the requisite corporate power and capacity to execute and deliver any notice to, make any filing with, or obtain any authorization, consent, or approval of, any governmental authority in order to consummate the transactions contemplated by this Agreement.

(c) Noncontravention. Neither the execution and the delivery of this Agreement, nor the consummation of the transactions contemplated hereby, will (i) violate any provision of the certificate of incorporation, bylaws or other governing document of YNHASC, (ii) violate any constitution, statute, regulation, rule, injunction, judgment, order, decree, ruling, charge or other restriction of any governmental authority to which YNHASC is subject, or (iii) conflict with, result in a breach of, constitute a default under, result in the acceleration of, create in any party the right to accelerate, terminate, modify or cancel, or require any notice or consent under, any agreement, contract, lease, license, instrument or arrangement to which YNHASC is a party or by which it is bound.

(d) Brokers' Fees. YNHASC has no liability or obligation to pay any fees or commissions to any broker, finder or agent with respect to the transactions contemplated by this Agreement for which MIA could become liable or obligated.

(e) Litigation. There is not now any action, suit, investigation or proceeding pending, or to the best knowledge of YNHASC, threatened against, involving or affecting YNHASC before any court or arbitrator or any governmental body, agency or official which in any manner challenges or seeks to prevent, enjoin, alter or delay the consummation of the transactions contemplated by this Agreement and, to the best knowledge of YNHASC, there is no basis therefor at this time.

3. **Further Assurances.** In the event that at any time after execution and delivery of this Agreement any further action is necessary or desirable to carry out the purposes of this Agreement in a manner consistent with this Agreement, each of the parties will take such further action (including the execution and delivery of such further instruments and documents) as the other party may reasonably request, all at the sole cost and expense of the requesting party.

4. **Conditions to Obligation to Close.**

4.1 Conditions to Obligation of YNHASC. The obligation of YNHASC to consummate the transaction to be performed by it in connection with the Closing is subject to satisfaction of the following conditions:

(a) MIA shall have conveyed to YNHASC the Partnership Interest free and clear of all claims, liens and encumbrances, pursuant to an assignment agreement reasonably satisfactory to both parties; and

(b) The parties shall have received a favorable Certificate of Need authorizing the purchase by YNHASC (or, at its election, an affiliate of YNHASC) of the Partnership Interest.

4.2 Conditions to Obligation of MIA. The obligation of MIA to consummate the transaction to be performed by it in connection with the Closing is subject to receipt of the Purchase Price at Closing by check or wire transfer.

5. **Indemnification and Insurance.**

5.1 Survival. All of the representations, warranties and covenants of the parties contained in this Agreement will survive indefinitely.

5.2 Indemnification by MIA. MIA shall indemnify and hold YNHASC and its affiliates, employees, agents, predecessors, successors, representatives, heirs and assigns harmless from and against (a) any and all liability (including interest and penalties), damages, losses, taxes and expenses (including reasonable attorneys' fees and expenses) ("**Losses**") suffered or incurred by them and relating to or arising from any breach of any representation, warranty or covenant made by MIA under this Agreement or any other document delivered in connection herewith, and (b) fifty percent (50%) of any and all Losses suffered or incurred by SRMRC and relating to or arising from the operations of SRMRC prior to the Closing Date, other than trade payables and other expenses arising in the normal course of SRMRC's operations.

5.3 Indemnification by YNHASC. YNHASC shall indemnify and hold MIA and its affiliates, employees, agents, predecessors, successors, representatives, heirs and assigns harmless from and against (a) any and all Losses suffered or incurred by them and relating to or arising from any breach of any representation, warranty or covenant made by YNHASC under this Agreement or any other document delivered connection herewith, and , and (b) fifty percent

(50%) of any and all Losses suffered or incurred by SRMRC and relating to or arising from the operations of SRMRC from the date of this Agreement to the Closing Date, other than trade payables and other expenses arising in the normal course of SRMRC's operations.

5.4 Procedure. In the event any claim, action, investigation, proceeding or other matter is commenced or asserted in writing by a third party that may give rise to a Loss subject to indemnification hereunder (each a "**Third-Party Claim**"), the party with a potential right to indemnification hereunder shall give notice to the indemnifying party with reasonable promptness after it gains actual knowledge of the Third-Party Claim, including all relevant particulars thereof, provided, that failure to comply with this provision shall not affect a party's right to indemnification hereunder except to the extent such failure materially prejudices the indemnifying party's liability for the Losses. The indemnifying party shall have to right to defend against the Third-Party Claim with counsel of its choosing but reasonably satisfactory to the indemnified party. The indemnified party shall be entitled to participate in such defense with its own counsel at its own expense. Both parties shall provide to the other and its counsel all reasonable cooperation necessary or appropriate in connection with defending against the Third-Party Claim. The indemnifying party may not agree to settle any Third-Party Claim without the written consent of the indemnified party, unless such settlement involves only the payment of money by the indemnifying party and no imposition of obligations on, or liability or admissions by, the indemnified party or its affiliates.

5.5 Limitations. Written notice of any claim for indemnification hereunder must be given no later than two (2) years after the Closing Date. The aggregate amount of all sums payable by either party in discharge of its indemnification obligations hereunder shall be limited to eighty percent (80%) of the Purchase Price. The foregoing limitation shall not apply to any indemnification claim based on the fraudulent conduct or intentional misconduct of the indemnifying party.

5.6 Exclusive Remedy. Each of the parties agrees that its sole and exclusive remedy after the Closing with respect to any and all claims relating to this Agreement, the events giving rise to this Agreement and the transactions provided for herein or contemplated hereby, shall be pursuant to the indemnification provisions contained in this Section 5. Notwithstanding the foregoing, the limitations set forth in this Section 5.6 shall not apply to any claim of a Party against another Party (i) based on the actual fraud of such other Party, (ii) asserted under the Partnership Agreement, or (iii) asserted under any other agreement between the parties.

5.7 Insurance. The parties shall cause SRMRC to maintain insurance during the term of this Agreement consistent with Section 9.01 of the Partnership Agreement. To the extent that any such policies of insurance provide for coverage on a "claims-made" basis, on or before the Closing Date, the parties shall cause SRMRC to purchase a reporting endorsement or "tail" coverage covering a period of two (2) years post-Closing or as required by applicable law.

6. **Termination and Dissolution.** Notwithstanding anything herein to the contrary, in the event that the parties have not received a favorable Certificate of Need authorizing the purchase by YNHASC (or, at its election, an affiliate of YNHASC) of the Partnership Interest on or before

the one year anniversary of the date hereof (the "***Outside Date***"), the parties shall take all such actions as may be necessary to dissolve SRMRC, consistent with the terms of the Partnership Agreement, within thirty (30) days after the Outside Date.

7. **Miscellaneous.**

7.1 Tax Periods Ending on or After Closing Date. SRMRC shall prepare and file or cause to be prepared and filed all tax returns for all periods ending on or after the Closing Date which are required to be filed after the Closing Date. MIA, YNHASC and SRMRC shall cooperate in connection with the filing of such tax returns and any audit, litigation or other proceedings with respect to such taxes. To the extent permitted by applicable law, MIA shall include any income, gain, loss, deduction or other tax items for such periods on its tax returns in a manner consistent with applicable law and the Schedule K-1s furnished by SRMRC for such periods. Unless otherwise required by law, the parties agree that SRMRC shall elect to use the interim closing of the books method for allocating items of income, losses or other partnership items between MIA and YNHASC as if SRMRC's tax year ended on the Closing Date.

7.2 No Third-Party Beneficiaries. This Agreement will not confer any rights or remedies upon any person other than the parties and their respective successors and permitted assigns.

7.3 Entire Agreement. This Agreement (including the documents referred to herein and the schedules attached hereto) constitutes the entire agreement between the parties, and supersedes any prior understandings, agreements, or representations by or between the parties, written or oral, to the extent they related in any way to the subject matter hereof.

7.4 Succession and Assignment. This Agreement will be binding upon and inure to the benefit of the parties and their respective successors and permitted assigns. No party may assign either this Agreement or any of its rights, interests or obligations hereunder without the prior written approval of the other party.

7.5 Counterparts. This Agreement may be executed and delivered (including by electronic or facsimile transmission) in several counterparts, each of which shall be an original, so that all of which taken together shall constitute one and the same instrument.

7.6 Headings. The Section headings contained in this Agreement are inserted for convenience only and will not affect in any way the meaning or interpretation of this Agreement.

7.7 Notices. Any notice, request or other communication hereunder (each, a "**Notice**") shall be delivered to a party at its address set forth below. All Notices shall be in writing, sent by first class mail or by private or commercial courier, and deemed to have been duly given upon proper delivery to the proper address. Either party may change the address to which Notices hereunder are to be delivered by giving the other party notice in the manner herein set forth.

If to MIA:	If to YNHASC:
Medical Imaging Associates, P.C. 11 Lunar Drive Woodbridge, CT 06525 Attention: Zenon Protopapas, M.D.	Yale-New Haven Ambulatory Services Corporation 20 York Street New Haven, CT 06510 Attention: President
With a copy to:	With a copy to:
Day Pitney LLP 242 Trumbull Street Hartford, CT 06103 Attn: Robert G. Siegel, Esq.	Yale-New Haven Hospital Legal and Risk Services Department 789 Howard Avenue, CB 230 New Haven, CT 06510 Attention: General Counsel

7.8 Governing Law. This Agreement will be governed by, and construed and enforced in accordance with, the laws of the State of Connecticut, without giving effect to its conflict of laws principles.

7.9 Amendments and Waivers. No amendment of any provision of this Agreement will be valid unless the same is in writing and signed by YNHASC and MIA. No waiver by either party of any default, misrepresentation or breach of warranty or covenant hereunder, whether intentional or not, will be deemed to extend to any prior or subsequent default, misrepresentation or breach of warranty or covenant hereunder, or affect in any way any rights arising by virtue of any prior or subsequent such occurrence.

7.10 Severability. Any term or provision of this Agreement that is invalid or unenforceable in any situation in any jurisdiction will not affect the validity or enforceability of the remaining terms and provisions hereof or the validity or enforceability of the offending term or provision in any other situation or in any other jurisdiction.

7.11 Construction. The parties have participated jointly in the negotiation and drafting of this Agreement. In the event an ambiguity or question of intent or interpretation arises, this Agreement will be construed as if drafted jointly by the parties, and no presumption or burden of proof will arise favoring or disfavoring either party by virtue of the authorship of any of the provisions of this Agreement. Any reference to any federal, state or local statute or law will be deemed also to refer to all rules and regulations promulgated thereunder, unless the context requires otherwise. The word "including" will mean including without limitation. The parties intend that each representation, warranty and covenant contained herein will have independent significance. If any party has breached any representation, warranty or covenant contained herein in any respect, the fact that there exists another representation, warranty or covenant relating to the same subject matter (regardless of the relative levels of specificity) that the party has not

breached will not detract from or mitigate the fact that the party is in breach of the first representation, warranty or covenant.

[Signature page follows.]

IN WITNESS WHEREOF, the parties hereto have executed this Partnership Interest Purchase Agreement as of the date first above written to be effective on and after the Effective Time.

MEDICAL IMAGING ASSOCIATES, P.C.

By: _____
Name: Zenon Protopapas, M.D.
Title: President

YALE-NEW HAVEN AMBULATORY SERVICES CORPORATION

By: _____
Name: James M. Staten
Title: Treasurer

APPENDIX III

CVs

GAYLE L. CAPOZZALO, FACHE

ADDRESS

Office: Yale New Haven Health
789 Howard Avenue
New Haven, CT 06519
(203) 688-2605

Home: 110 Lower Road
Guilford, CT 06437
(203) 453-9758

HEALTH SERVICES EXPERIENCE

1997-Present **Executive Vice President, Strategy & System Development, Yale New Haven Health System (YNHHS),** New Haven, Connecticut. Major regional multi-hospital system in Connecticut with assets and annual revenues in excess of $2 billion. Report to YNHHS President/CEO; a member of the System senior leadership team consisting of: The President/CEO of YNHHS/YNHH, Chief Operating Officers of Yale-New Haven Hospital the CEOs of Greenwich Hospital and Bridgeport Hospital and Chief Financial Officer of YNHHS. Responsible for leading and directing the growth, diversification, clinical and operational integration, strategy, performance management and annual performance measurement process for the System. Direct shared and corporate services, including performance management, human resources, legal, leadership development, training and education, clinical quality, patient safety, operational measurement and improvement, corporate compliance and privacy, strategic planning, government relations, emergency preparedness, grant development, and business development.

Member of the following YNHHS Boards of Directors:

- Greenwich Hospital and related corporations, Greenwich, CT
- Bridgeport Hospital and related corporations, Bridgeport, CT
- Ambulatory Services Corporation – provides radiology, surgery and recovery services in southern CT
- Shoreline Surgical Corporation – a joint venture with physicians (chair)
- Physician practice foundation for physician employment (chair)

Accomplishments:

- Established, developed and led non-profit physician foundation to employ physicians across the System
- Led the transition of a $40 million Ambulatory Services Corporation through turnaround and restructuring.
- Continued the expansion of the System by adding hospitals and ambulatory centers and physician practices
- Created and directed the development of statewide service lines in Oncology, Cardiology and Pediatrics
- Facilitated the establishment and strategic direction of Yale-New Haven Hospital service lines in eight specialties
- Led the development of a full-service 80,000 square foot ambulatory care center, including ambulatory surgery, radiation therapy, satellite emergency services, laboratory services, physician offices and radiology services.
- Instrumental in the design and implementation of a Systemwide performance management strategy and structure to enhance clinical quality, patient safety and operations performance. The strategy included the development of a performance management infrastructure, full-time performance management coordinators, an electronic balanced scorecard to provide managers with timely, detailed information to monitor, communicate and improve performance and an Institute for

Excellence to develop leadership for the future. Responsible for directing and managing the effort.
- Created and direct the Institute for Excellence, Systemwide management development, succession planning and corporate leadership, training and education function.
- Led the integration and standardization of clinical and administrative services across the System.
- Led the development of a Systemwide three-year standardization project that standardized 365 operational and administrative processes across the System.
- Created and manage Systemwide Office of Emergency Preparedness, Systemwide corporate compliance, Systemwide compensation and benefit management, and Systemwide strategic planning process to enhance collaboration, improve performance and create economies of scale.

1993 – 1997 **Senior Vice President. Organizational Development. Sisters of Charity of the Incarnate Word Health Care System (SCH),** Houston, Texas. Major Catholic multi-hospital system (14th largest health care system - $2 billion in assets) (3932 acute beds, 620 long-term care and residential beds and numerous health businesses and programs). Report to System President/CEO; a member of the senior leadership team of the System; interact regularly with System governance and member of Board Committees. Responsible for leading and directing Systemwide Leadership Development, System Organizational Development, Growth and Diversification of the Ministry, System Managed Care, System Human Resources, System Continuous Quality Improvement and Quality Assurance, System Strategic Planning and System Communications functions including staffs. Responsible for leading the System efforts in the development and operation of integrated community health networks (ICHN) and mergers and acquisitions.

Accomplishments:
- Instrumental in the design and implementation of a regionalization strategy for (SCH), health care centers and services in Southeast Texas.
- Instrumental in the design and implementation of a regionalization strategy for (SCH), health care centers and services in the state of Louisiana.
- Lead the transition of the Sisters of Charity of the Incarnate Word to co-sponsorship of Catholic Healthcare West, including the transition of two (SCH), health care centers to CHW.
- Lead the development, implementation and governance of a statewide joint venture triple option insurance product in Louisiana with Ochsner Clinic. The HMO grew from 70,000 to 130,000 lives in one year.
- Instrumental in the development, implementation and governance of a $100 million joint venture health network in Houston, Texas between (SCH), and Memorial Health System, the largest not for profit health care system in Houston. The $100 million health network includes physician practices, group practices, management services organization, clinics, home health, wellness services, and a PPO, TPA, HMO and indemnity insurance product
- Lead the development, implementation and management of numerous physician hospital organizations (PHO) in Louisiana and Texas.
- Lead the development, implementation, governance and management of a Louisiana statewide MSO, employing 75 physicians and managing 35 physician practices.
- Lead the development, implementation, governance and management of a risk insurance joint venture with Arkansas Blue Cross/Blue Shield.
- Directed a 25,000 enrollee Department of Defense HMO until its integration into the

Memorial SCH Health Network.

- Member of governing board of two HMOs, PPOs and insurance companies. Member of governing board and officer of a 75-physician management services organization (MSO).
- Instrumental in the development and implementation of the reengineering of (SCH), corporate office resulting in a reduction of hierarchy, initiation of process work teams, reduction of costs and focus on strategic leadership and creating the System's future.
- Initiated and administered Systemwide leadership development program including education, succession planning, competency based behavior performance evaluations, etc.
- Lead the development and administration of a systemwide initiative to fast track qualified women to senior leadership.
- Instrumental in the reduction of costs per weighted discharge by 25% in a three-year period.

1982 - 1993 **Strategic Development. SSM Health Care System.** St. Louis, Missouri. Major Catholic multi-hospital system (4,000 acute beds, 500 long term care and residential beds and numerous health businesses and programs).

1986 – 1993 **Senior Vice President** Reported to System President/CEO; a member of the senior leadership of the System; interacted regularly with System governance; directed Corporate Strategic Planning, Corporate Communications, Corporate Managed Care, Physician/Hospital Organization Directors and staffs. Member of Board of Directors for all System for profit corporations. Responsibilities included organizing and directing the System strategic planning process; developing strategic planning policies and marketing strategies for the System; directing research and development function of the System; directing managed care activities of the System; directing networking activities of the System, e.g., collaboration, acquisition and affiliation; directing communication function of the System including advertising and public relations. Instrumental in implementing Clinical Quality Improvement. Responsible for leading System cross functional teams in implementing a new System-wide strategic and financial planning process which incorporates Continuous Quality Improvement principles, implementing patient-focused care, developing integrated delivery networks in specific geographical areas and establishing System-wide customer feedback mechanisms for physicians. Responsible for managing and/or consulting in Continuous Quality Improvement, strategic planning, marketing, delivery system integration and managed care at twenty-four member institutions and programs. Responsibilities also included developing Continuous Quality Improvement implementation plans, curriculum and teaching Continuous Quality Improvement courses throughout the System. Lead the system efforts to regionalize all health care centers and services in the greater St. Louis area

1982 - 1986 **Corporate Director of Planning/Marketing**. Reported to President of the Governing Board of the System. Supervised corporate planning, marketing and managed care staffs. Responsibilities included organizing and directing the first system planning process and development of a new structure for the system. Responsibilities also included directing the marketing research, product development, marketing strategy development and alternative delivery activity of the system.

1981 – 1982 **Principal, Health Studies Institute. Inc.,** Columbia, Missouri. Consultant and Project Director for planning, management and education to health care organizations.

1980 - 1981 **Business Development Staff. St. Louis University Hospital and Clinics,** St. Louis, Missouri. Major responsibility included the development of an education subsidiary corporation. Reported to the Chief Operating Officer of the hospital.

1978 - 1980 **Faculty Member. University of Missouri-Columbia. Graduate Studies in Health Services Management.** Major responsibilities included developing and coordinating a baccalaureate degree program in Health Services Management; developing and teaching courses in health care delivery, management and planning. Other responsibilities included student advisement and curriculum design.

EDUCATION

2002 Post-Master studies: St. Louis University, Center for Health Services Education and Research, St. Louis, Missouri, specialized in Health Services Marketing and Administration. Doctoral comprehensive examinations completed. (Grade point 3.95 on 4.0 scale.) Fifteen graduate credit hours in marketing.

1978 Master of Science in Public Health (MSPH) with a concentration in Health Planning; University of Missouri-Columbia, Department of Health Services Management, May 1978. (Grade point 4.0 on 4.0 scale.) Program accredited by Accrediting Commission on Education for Health Services Administration. Stuart A. Wesbury, Jr. Award for Academic Excellence. Class President.

Bachelor of Arts; University of Maryland, College Park, Maryland. Graduated in Political Science and History. Dean's list; Mortar Board; Who's Who Among Students in Colleges and Universities; President, Associated Women Students; University of Maryland Alumni Outstanding Leadership Award.

APPOINTMENTS

Professional

- Chair-Elect, American College of Healthcare Executives (ACHE) (2011)
- Board Member, VHA Northeast (2001-Present); Chair (2010 – 2013)
- Board Member, Secretary, Past Chair, Connecticut Association of Healthcare Executives (2004-Present)
- Board Member, Greenwich Health Care Services. (1997-Present)
- Board Member, Bridgeport Hospital & Healthcare Services. (1997–Present)
- Alumni Board, University of Missouri-Columbia (2003–Present)
- American College of Healthcare Executives (ACHE) Regents Advisory Council– CT. (1999-Present)
- Co-Chair, The Leadership Institute (2008–2010)Board Member, Board of Governors, American College to Healthcare Executives (2007-2010)
- Board Member, Board of Overseers, Malcolm Baldrige National Quality Award (2006– 2009)
- Regent, American College of Healthcare Executives (Connecticut) (2004–2007)
- Program Committee, European Forum on Quality Improvement in Health Care. (1995-1999)
- Member, Review Board, Quality Management in Health Care Magazine. (1993-2006)
- Board Member, Institute for Healthcare Improvement. (1993-2001)
- Co-Chair, National Forum on Quality Improvement in Healthcare, sponsored by the Institute for Healthcare Improvement. (1992,1993,1994)
- Vice Chairperson, Executive Committee, Healthcare Quality Management Network, Institute for Healthcare Improvement. (1991-1994)
- Member, Holy Cross Health System, Board of Directors, Mission & Planning Committee (1990-1994)
- President, Catholic Health System Planners and Marketers. (1988-1989)

- Member, Strategic Planning Committee, Society of Healthcare Planning and Marketing (AMA) (1988-1989)
- Co-Chairperson, Membership Committee, Society of Healthcare Planning and Marketing (19851987)
- Chairperson, St. Louis Association of Women in Health Administration. (1984-1986)
- Vice Chairperson, ACHE Ad Hoc Committee of Women in Health Administration. (1982-1984)

Community

- Board Member/Chair, Connecticut Public Broadcasting. (1999-Present)
- Board Member, International Festival of Arts & Ideas. (2008-Present)
- Board Member/Secretary, New Haven Symphony Orchestra. (1999-2007)
- Member, Executive Committee, National Migrant Worker Council, Inc. (1993-1995)
- Board Member, National Migrant Worker Council, Inc. (1992-1995)

Education Faculty

- Faculty Member, Yale University, Department of Epidemiology and Public Health. (2000-Present)
- Preceptor, University of Missouri-Columbia, Health Services Management (June 2003 – Present)
- Faculty Member, Institute for Healthcare Improvement, Boston, MA. (1992-Present)
- Adjunct Faculty Member, St. Louis University, Center for Health Services Education and Research, St. Louis, MO. (1985-Present)

PROFESSIONAL MEMBERSHIPS

- Fellow, American College of Healthcare Executives (ACHE)
- Member, Society of Healthcare Planning and Marketing (AHA).
- Member, American College of Health Care Marketing.

PRESENTATIONS AND PUBLICATIONS

2011

Presentation, Long Island University, Westchester Campus
THE HEALTHCARE REFORM FALL-OUT: STRATEGIC CHOICES FOR HEALTHCARE LEADERS

Presentation, American College of Healthcare Executives
FORCES OF CHANGE: NEW LEADERSHIP TO IMPROVE HEALTHCARE IN AMERICA

2010

Presentation, Institute for Healthcare Improvement
ACHIEVING COMPREHENSIVE, SAFE PATIENT FLOW IN AN ACADEMIC MEDICAL CENTER

Presentation, Columbia University
MANAGEMENT CHALLENGES IN THE EVOLVING HEALTHCARE AND INSURANCE SYSTEM

Presentation, The Leadership Institute
YALE NEW HAVEN HEALTH AND EMERGING SOCIAL MEDIA

Presentation, American College of Healthcare Executives
ACHE, NEW JERSEY REGENT BREAKFAST

Presentation, American College of Healthcare Executives Rhode Island Chapter
THE CASE FOR ACHE IN 2010 AND BEYOND

2009

Presentation, The Leadership Institute
PERFORMANCE EXCELLENCE

Presentation, Yale School of Public Health
YALE HEALTHCARE MANAGEMENT PROGRAM

Presentation, Yale University School of Public Health, Class of '54 Reunion
HEALTHCARE REFORM

2008

Presentation, American College of Healthcare Executives
ACHE REFLECTIONS ON LEADERSHIP

2006

Presentation, Institute for Healthcare Improvement
USING MEASUREMENT TO GUIDE IMPROVEMENT

2005

Presentation, Institute for Healthcare Improvement
USING MEASUREMENT TO GUIDE IMPROVEMENT

Presentation, The Leadership Institute
HOSPITALS NOT FOR PROFIT STATUS

Presentation, University of Columbia-Missouri Alumni Meeting
HEALTHCARE IN THE 2000s

Presentation, The Leadership Institute
YALE NEW HAVEN HEALTH HEART INSTITUTE

2004

Presentation, SG2
TECHNOLOGY EVALUATION AND ADOPTION PLANNING

Presentation, Better Management LIVE Worldwide
ACHIEVING PERFORMANCE EXCELLENCE IN A COMPLEX HEALTHCARE DELIVERY SYSTEM

Presentation, The Leadership Institute
STRATEGY ORGANIZATION AND STAFFING: LEADERSHIP INSTITUTE STRATEGISTS' FORUM

Presentation, Institute for Healthcare Improvement National Forum on Quality Management
A PERFORMANCE MANAGEMENT INITIATIVE: YALE NEW HAVEN HEALTH SYSTEM'S STRATEGY

2003

Presentation, Institute for Healthcare Improvement National Forum on Quality Improvement
STAYING AHEAD OF EMERGING SCIENCE AND TECHNOLOGY

2002

Presentation, National Committee for Quality Healthcare
USING TECHNOLOGY TO DELIVER QUALITY HEALTHCARE

Presentation, Institute for Healthcare Improvement National Forum on Quality Improvement
MEDICAL SCIENCE AND TECHNOLOGY: OPPORTUNITY OR THREAT

2001

Presentation, Institute for Healthcare Improvement National Forum on Quality Improvement
WOMEN EXECUTIVES AND THE GLASS CEILING

Presentation, The Leadership Institute
LEVERAGING CLINICAL DEVELOPMENT TO CREATE AN ENTREPRENEURIAL ENVIRONMENT

Presentation, Modern Healthcare 2001 Healthcare IT Outsourcing Summit
LEVERAGING THE INTERNET TO ENHANCE CUSTOMER RELATIONSHIPS

Presentation, American College of Healthcare Executives
2020 VISION: USING SCIENCE AS THE BASIS FOR HEALTH SYSTEM STRATEGY

2000

Presentation, Institute for Healthcare Improvement National Forum on Quality Improvement
WOMEN IN LEADERSHIP IN THE NEXT CENTURY

Presentation, VHA Northeast
TRENDS IN HEALTH SYSTEM DEVELOPMENT

1999

Presentation, Institute for Healthcare Improvement National Forum on Quality Improvement
WOMEN IN LEADERSHIP IN THE NEXT CENTURY

Presentation, Yale University, Epidemiology and Public Health
THE STRATEGIC APPLICATION OF INFORMATION TECHNOLOGY IN AN INTEGRATED DELIVERY SYSTEM: CHALLENGES & CONSIDERATIONS

Presentation, American College of Healthcare Executives
HEALTHCARE MERGERS, ACQUISITIONS & AFFILIATIONS: EMERGING TRENDS IN THE INDUSTRY

Presentation, Yale University, Epidemiology and Public Health
EVALUATING HORIZONTAL, VERTICAL & VIRTUAL SYSTEM PERFORMANCE

1998

Presentation, Institute for Healthcare Improvement's Tenth Annual National Forum on Quality Improvement in Healthcare (Orlando, FL)
TAKING LEADERSHIP INTO ACTION

Presentation, Second European Forum on Quality Improvement in Health Care (Vienna))
STRATEGIC QUALITY PLANNING: THE WAY TO FOCUS YOUR IMPROVEMENT EFFORTS

1997

Presentation, Institute for Healthcare Improvement's Ninth Annual National Forum on Quality Improvement in Healthcare (Orlando, FL)
TAKING LEADERSHIP INTO ACTION

Presentation, Visiting Nurses Association Annual Meeting
TAKING LEADERSHIP INTO ACTION

Presentation, Second European Forum on Quality Improvement in Health Care (Paris)
STRATEGIC QUALITY PLANNING: THE WAY TO FOCUS YOUR IMPROVEMENT EFFORTS

1996

Presentation, First European Forum on Quality Improvement in Health Care (London)
STRATEGIC QUALITY PLANNING: THE WAY TO FOCUS YOUR IMPROVEMENT EFFORTS

1995

Capozzalo, Gayle; Bisognano, Maureen; Gaucher, BSN, MSN, Ellen; Ryan, FSM, Sr Mary Jean "The Glass Ceiling in Health Care: A Roundtable Discussion," Quality Connection,

Presentation, Institute for Healthcare Improvement's Seventh Annual National Forum on Quality Improvement in Healthcare (Orlando, FL)
FOCUSING YOUR IMPROVEMENT EFFORTS

Symposium, Institute for Healthcare Improvement's 7th Annual National Forum on Quality Improvement in Health Care (Orlando, FL)
WHERE'S THE FEMALE LEADERSHIP?

Presentation, National Association for Healthcare Quality 20th Annual Educational Conference (Minneapolis, MN)
STRATEGIC QUALITY PLANNING: THE WAY TO FOCUS YOUR IMPROVEMENT EFFORTS

Presentation, Lovelace Health System's Dreams and Nightmares: Designs for Integrated Healthcare System (Santa Fe, NM)

Presentation, Baltimore Medical System Annual Meeting (Baltimore, MD)
INTEGRATED HEALTH SYSTEMS

Capozzalo, Gayle, McCorkle, Vincent J.; Roberts, Curtis S. "Inventing the Future.- Health Progress,

Presentation, Quality Management Network
DEVELOPING INTEGRATED COMMUNITY HEALTH NETWORKS

Course, Institute for Healthcare Improvement
DEVELOPING AND MANAGING AN INTEGRATED HEALTH SYSTEM

1994

Presentation, Institute for Healthcare Improvement Sixth Annual National Forum on Quality Improvement in Health Care (San Diego, CA)
STRATEGIC QUALITY PLANNING: THE WAY TO FOCUS YOUR IMPROVEMENT EFFORTS

Presentation, Catholic Health System Planners & Marketers (Houston, TX):
INTEGRATED COMMUNITY HEALTH NETWORK DEVELOPMENT IN THE (SCH), HEALTH CARE SYSTEM

Presentation, Texas Gulf Coast Association for Health Care Quality (Houston, TX):
THE AFFECTS OF MERGER MANIA ON REAL PEOPLE

Capozzalo, Gayle; Hlywak, Jr., FHFMA, John W.; Kenny, MBA, Barbara; Krivenko, M D . Charles A. "Experts Discuss How Benchmarking Improves the Healthcare Industry.", Healthcare Financial Management

Presentation, Texas Association of Homes for the Aging 35th Annual Meeting (Dallas, TX):
PREPARING FOR A MANAGED CARE ENVIRONMENT

Presentation, Texas Society for Healthcare Quality Annual Meeting (Dallas, TX):
WILL QUALITY BE A STRATEGY OF HEALTHCARE REFORM?

Presentation, Southwest Society for Healthcare Marketing (Houston, TX):
INTEGRATION OF CQI WITH STRATEGIC AND FINANCIAL PLANNING

1993

Presentation, Institute for Healthcare Improvement Fifth Annual National Forum on Quality Improvement in Health Care (Orlando, FL):
APPLYING THE PRINCIPLES OF CQI TO ORGANIZATION-WIDE STRATEGIC PLANNING

Presentation, Texas Gulf Coast Association for Health Care Quality (Houston, TX):
WILL QUALITY BE A STRATEGY OF HEALTH CARE REFORM?

Presentation, American Academy of Medical Administrators 36th Annual Conference (San Antonio, TX):
PERFORMANCE INDICATORS OF INTEGRATED COMMUNITY HEALTH NETWORKS

Capozzalo, Gayle. "Quality Improvement Principles Power New Strategic and Financial Planning Process," The Quality Letter for Healthcare Leaders

Presentation, Managing and Maintaining Continuous Quality in Health Care, Institute for International Studies, (Toronto, CA):
STRATEGIC PLANNING FOR QUALITY IMPROVEMENT

Presentation, Benchmarking Conference, Healthcare Forum (Chicago, IL):
BENCHMARKING: A NEW STRATEGIC PLANNING PROCESS

Presentation, Sisters of Mercy Health Care System (Pontiac, MI):
A NEW STRATEGIC PLANNING MODEL

Presentation, Healthcare Forum, Power of Quality Conference (San Diego, CA):
INTEGRATING CQI PRINCIPLES INTO STRATEGIC PLANNING

Presentation, Quality Management Network, Institute of Healthcare Improvement (Boston, MA): **MAKING LEARNING FUN**

Two-day course, Ochsner Medical Clinic (New Orleans, LA):
PRINCIPLES OF CONTINUOUS QUALITY IMPROVEMENT IN HEALTH CARE

Capozzalo, Gayle. "Letting Values Define Quality," case study presented in CQI: A Self-Instruction Guide for Hospital Leaders. Joint Commission on Accreditation of Healthcare Organizations, 1993.

1992

Minicourse, Institute for Healthcare Improvement Fourth Annual Forum on Quality Improvement in Healthcare, sponsored by the Institute for Healthcare Improvement (Orlando, FL):
APPLYING THE PRINCIPLES OF CQI TO ORGANIZATION-WIDE STRATEGIC PLANNING

Presentation, American Health Care Association Executive Forum (San Francisco, CA)
QUALITY IMPROVEMENT PROCESS IN LONG TERM CARE

Presentation, Catholic Health Association's System Communicators Forum (St.Louis, MO):
TOTAL QUALITY MANAGEMENT & THE COMMUNICATOR'S FUNCTION

Keynote speaker, Holy Cross Health System annual leadership retreat (Hilton Head, SC):
LESSONS LEARNED IN IMPLEMENTATION OF CQI IN HEALTH CARE

Presentation, Kaiser Permanente 7th Inter-Regional Middle Management Program (Washington, DC):
WHAT IS CQI?

Panel member, "Implementing TQM in Health Care: A Ten Element Approach." teleconference sponsored by GOAL/QPC, broadcast from University of Notre Dame MSA Program through the Health and Science Network (filmed in South Bend, IN):
CASE STUDY: INTEGRATING TQM IN A MULTIPLE HOSPITAL SYSTEM

Panel member, American Hospital Association teleconference (filmed in Chicago):
CONTINUOUS QUALITY IMPROVEMENT: CAN IT WORK IN HOSPITALS?

Medical Group Management Association 10th Annual CRAHCA Conference. Co-presented with Andrew Kosseff, MD (Denver, CO):
JOINT HOSPITAL/MEDICAL GROUP TQI PROJECTS

Ryan, FSM, Sr. Mary Jean and Capozzalo, Gayle. "New Way of Working: A System Transforms Itself Through Continuous Quality Improvement," Health Progress, 1992

1991

Presentation, InnSSMed, sponsored by the SSM Health Care System (San Antonio, TX)
THE SSM HEALTH CARE SYSTEM QUALITY JOURNEY

Capozzalo, Gayle. "Collaboration: A Source of Strength," Health Progress, 1991

Presentation, Fourth Annual National Forum on Healthcare Quality, sponsored by the Joint Commission on Accreditation of Healthcare Organizations (Chicago, IL):
THE BENEFITS OF CQI NETWORK MEMBERSHIP

Workshop, Institute for Healthcare Improvement Third Annual National Forum on Quality Improvement in Health Care, sponsored by the National Demonstration Project for Quality Improvement in Health Care (Atlanta, GA):
IMPLEMENTING TOTAL QUALITY MANAGEMENT IN A HEALTH CARE SYSTEM: CASE STUDIES

Minicourse, Institute for Healthcare Improvement Third Annual National Forum on Quality Improvement in Health Care, sponsored by the National Demonstration Project for Quality Improvement in Health Care (Atlanta, GA):
PRINCIPLES OF QUALITY IMPROVEMENT IN HEALTH CARE

Capozzalo, Gayle. "Hands-on Healers" - Health Progress, 1991

Presentation, Regional Hot Topics Series, The Health Care Quality Challenge, sponsored by the St. Louis Chapter of Clinical Lab Managers Association (St. Louis, MO):
WHAT IS CQI?

Two-day course, Four Comers Workshop, sponsored by the Colorado Medical Records Association (Durango, CO):
IMPLEMENTATION OF CONTINUOUS QUALITY IMPROVEMENT

1990

Presentation, Sisters of Providence Health System (Seattle, WA):
QUALITY IMPROVEMENT IN A CATHOLIC MULTI-FACILITY ENVIRONMENT

Institute for Healthcare Improvement Second Annual National Forum on Quality Improvement in Health Care, sponsored by the National Demonstration Project for Quality Improvement in Health Care (Boston, MA):
QUALITY IMPROVEMENT IN A CATHOLIC MULTI-FACILITY ENVIRONMENT

1989

Dolan, Thomas and Lane, Gayle. "The Politics of Health Care Delivery." Medical Group Management. 26 (56-69).

Dolan, Thomas and Lane, Gayle. "The Regulation of Health Care Delivery." Medical Group Management. 26 29-31.

Dolan, Thomas and Lane, Gayle. "The Planning of Health Care Delivery." Medical Group Management. 26 3640

Vincent Tammaro
215 Union Avenue, Harrison New York 10528
Home: (914) 548-5675, Business: (203) 688-3926

PROFILE

A Knowledgeable Healthcare Professional - Executive with 17 years of progressive responsibility, including strong financial and accounting knowledge base, providing financial leadership, creativity and strategic vision.

Accomplished Business Record - Major milestones include implementation of internal control initiatives, integrating various delivery networks of a major health system into a cohesive unit, providing strategic business leadership over clinical service lines and managing/completing joint strategic initiatives with major business partners.

Emphasis on High-Performance Teams – A distinguished record of building high-performance teams, development of sustainable competence and "bench strength" and professional networks within the organization and the industry.

PROFESSIONAL EXPERIENCE

Yale-New Haven Health System — New Haven, CT

Senior Vice President, Corporate Finance	Nov. 2012 - Present
Vice President, Corporate Finance	Jan. 2009 – Nov. 2012
System Director, Corporate Finance	2005-2008
Director of Financial Reporting	2002-2005

Emphasis on High-Performance Teams

- Provide leadership, strategic vision and executive communication for the Finance and Financial Reporting department;
- Directly oversee the activities of the following Health System areas: Corporate Finance, Tax Compliance, Payroll, Accounts Payable and Internal Control functions and the Revenue Cycle Process;
- Maintain a customer-service focused department to ensure that customer's financial information needs are met; in addition ensure that the financial staff understands the scope of service provided by each department and primary business relationships;

Financial Reporting and Communication

- Communicate and present certain financial reporting highlights and topics to various Finance and Audit Committees of the Boards;
- Provide consistent and accurate realization/reporting of revenue, third party reimbursement activity, cash receipts, accounts receivable, insuring that applicable internal controls are present;
- Manage the Health System external audit function, involving the interaction with Ernst & Young in the audits of approximately 20 entities across the Health System. Additionally, interpret and communicate all significant accounting pronouncements;

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Corporate Governance and Strategic Leadership	• Participate in the annual budget process, strategic planning, risk management, debt offering processes; • Coordinate the outsourced internal audit function, including involvement in developing the risk assessment and audit plan; • Develop policies and procedures and provide ongoing support for staff functions in accordance with applicable laws and regulations, and industry best practices.
Integrated Financial Leadership in Operations	• Assigned financial oversight responsibilities for the Y-NHH Internal Medicine Service Lines Saint Raphael Campus; • Participate on various Health System steering and management committees including Revenue Cycle, Information Systems, Supply Chain, Self Insured Malpractice Program, Benefit Plans and other strategic committees;

Ernst & Young – Manager (February 1997 – December 2001)

Planning, coordinating and supervising the execution of audit and non-audit engagements for various healthcare organizations in Metro New York Area. Such activities included preparation of certified financial statements, evaluation of internal control environments and assessing policies and procedures with resulting recommendations for improvement, due diligence engagements resulting from planned/finalized healthcare provider mergers and preparation of offering document associated with issuance of public debt.

Provider Experience:

Provider clients include Montefiore Medical Center, Yale New Haven Health System, Saint Vincents Hospital and Medical Center, St. Barnabas Hospital and Affiliated Organizations, Brookdale University Hospital and Medical Center, Vassar Brothers Hospital and Affiliated Organizations and Riverside Health Systems, Inc.

Sound Shore Medical Center - Senior Accountant (May 1995 – February 1997)

Senior Accountant responsibilities included account analysis and preparation of monthly financial reporting package; supervised payroll and accounts payable clerks in their day-to-day operating tasks.

EDUCATION

- Pace University, School of Business, New York, New York
  Bachelor of Business Administration, May 1996
  Major: Public Accounting

PROFESSIONAL CERTIFICATIONS

- Certified Public Accountant, New York State, October 1999 (non practicing)

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PRESENTATIONS AND PUBLICATIONS

- Implementation Guidance for FASB 136, *Transfers of Assets to a Not-for-Profit Organization or Charitable Trust That Raises or Holds Contributions for Others.* Presentation provided to Ernst & Young Regional Healthcare Industry Practice Audit and Assurance Group, 2000.
- *Valuation of Hospital Accounts Receivable Utilizing Audit Command Language (ACL) Software,* Presentation provided to Ernst & Young New York Healthcare Industry Group Senior and Staff Audit Group, 1999.
- Regular contributor to Ernst & Young on-line "best practice" Audit and Accounting guide.

AFFILIATIONS AND INTERESTS

York Enterprises — New Haven, CT

President and Board Member — January 2011 - Current

Board Member — July 2005

- Actively participate in oversight activities of local New Haven business, affiliated with Yale New Haven Health System, that operates a chain of local pharmacies which provide affordable prescription drugs to the community.
- Provide management with appropriate oversight and direction on strategic decisions, capital and operating budgets and other significant transactions;

Harrison YMCA — Harrison, NY

Youth Basketball Coach — 2008-Current

St. Gregory Catholic Church — Harrison, NY

Activity Organizer — 2009-Current
Serve as the Treasurer of the Catholic Youth Organization — 2012

Boy Scouts of America, Harrison Chapter — Harrison, NY

Den Assistant Leader — 2010-Current

References will be furnished upon request.

Denise J. Fiore
8 Spencer Court
Clinton, CT 06413
203-688-5929 (W)
860-669-0139 (H)
203-815-4324 (C)
Denise.fiore@ynhh.org

EXPERIENCE:

1978 - present — *Yale-New Haven Hospital* — *New Haven, CT*

Yale-New Haven Hospital is a voluntary, non-profit teaching hospital and serves as the primary leading affiliate of the Yale University School of Medicine. The hospital has an operating budget in excess of $2,236.8 billion and is currently licensed for 1,541 beds. With approximately 13,500 employees, the hospital is dedicated to state-of-the-art medical care, effective employee engagement, sound financial performance and progressive management. Yale-New Haven Hospital is the leading hospital of the Yale-New Haven Health System, which is a multi hospital system with revenue in excess of one billion dollars.

2010 - Present — *Vice President, Clinical Support Services*

Responsible for the strategic development, operational activities, clinical quality and financial results for areas of accountability to include Diagnostic Radiology, Laboratory Medicine, Rehabilitation Services, Respiratory Care and Patient Transport. Develops long and short term strategies for respective areas that are consistent with the hospitals' business and operating plans. Directly accountable for $125 million of operating budget expense and $1,175 full time equivalents to include 49 managers. Responsible for analysis and implementation of process improvement, to ensure efficient and coordinated flow of clinical support services, to optimize patient care needs.

2004 - 2010 — *Executive Director, Radiology, Laboratory Services and Patient Transport*

Responsibilities are diverse to include administrative and clinical liaison duties. Directly accountable for 80 million expense budget and 710 full time equivalents to include 30 managers. Clinical liaison for the Department of Diagnostic Radiology and Laboratory Medicine. Works with chiefs of these services to promote quality patient care service excellence, strategic management and effective utilization of hospital resources. Has a direct administrative responsibility for the Diagnostic Radiology, Laboratory Medicine and Patient Transport departments. Actively participates in strategic and operational planning of these departments. Responsible for Diagnostic Radiology and Laboratory Medicine support to hospital service line operating plans. Responsible for hospital wide employee engagement initiative to reduce expenses, remove waste and improve efficiency and performance.

2001 - Present — *Six Sigma Black Belt*

Responsible for oversight to key hospital personnel, in a data driven statistical approach to performance improvement, in order to improve profitability along with the enhancement quality and efficiency. Provides oversight for performance quality personnel. Responsible for leading the deployment of Lean/Six Sigma throughout the hospital since 2007.

1992 - 2004 ***Operations Director, Department of Laboratory Medicine***

Responsible for day to day administrative management of the clinical laboratories. Administrative management functions include monitoring and control of operating budget (25 million dollars), development of strategic business planning, effective employee relations, capital budget planning, and adherence to regulatory compliance. Responsible for direct supervision of 5 full time equivalents and indirectly for 205 full time equivalents. Administrative liaison for contracted laboratory services provided by Yale University School of Medicine to Yale-New Haven Hospital.

1990 - 1992 ***Buyer, Head of Laboratory Medicine Purchasing Office***

Responsible for overall purchasing needs for ten cost centers to include negotiation of laboratory supply contracts. Primarily responsible for establishment of a computerized order/inventory control system. Responsible for direct supervision of one full time equivalent.

1978 - 1990 ***Medical Technologist, Clinical Chemistry Laboratory***

Responsible for various specialized areas to include daily clinical operations. Responsible for 8-10 for full time equivalents.

EDUCATION:

1991 *Quinnipiac University, Hamden, CT*
Master of Business Administration, Concentration in Health Care Management

1974 - 1978 *Quinnipiac University, Hamden, CT*
Bachelor of Science, Medical Technology, *Cum Laude*

PROFESSIONAL MEMBERSHIPS:

American College of Healthcare Executives
Associate Member

New England Consortium for Clinical Laboratory Scientist Recruitment and Retention
Vice President, 2001 - present

Connecticut Women in Healthcare Management
President, 2000
Board of Directors, 1995 - 2000

Clinical Laboratory Management Association
Membership Advisory Council, 2000 - present

Connecticut Women in Healthcare Management, Inc.
- Board of Directors 1995 - 2000
- President, 2000
- Program Chair, 1999
- Treasurer, 1995 - 1998

American Society for Clinical Laboratory Science
- Member since 1982

COMMUNITY ACTIVITIES:

North Haven Art Guild
Member

Quinnipiac University
Mentorship to MBA Business Students

American Red Cross – Connecticut Chapter,
New Haven Board of Directors – since 2009

Quinnipiac University
School of Health Sciences Advisory Board – since 2010

AWARDS:

Quinnipiac University Outstanding Business Alumni Award, 2008

PRESENTATIONS:

"Clinical Laboratory Facility Design", *Healthcare Design Conference, Phoenix, Arizona, November 5, 2012*

"Women in Business", Panel Discussion. *Quinnipiac University MBA Program, Hamden, CT April 3, 2012*

"Leadership Key Take Always", *Quinnipiac University MBA Program, Hamden, CT, November 9, 2011*

"Where are They Now? Where are We Now?" *North East Laboratory Conference, Portland, Maine*, October 19, 2006.

"Laboratory Recruitment and Retention: Effective Regional Strategies". *Clinical Laboratory Management Association/American Society of Clinical Pathologists 2004 Conference and Exhibition,* Atlanta, Georgia, March 30, 2004.

"Six Sigma - The Next Generation of Quality Improvement in Home Care". *Northeast Home Health Leadership Summit,* Boston, Massachusetts, January 23, 2004.

"Six Sigma in Healthcare". *Panel Discussion, The Quality Colloquium at Harvard University,* Cambridge, Massachusetts, August 26, 2003.

"Financial Management for the Clinical Laboratory". *Yale-New Haven Department of Laboratory Medicine Residency Conference,* May 15, 2003.

"Yale-New Haven Hospital Six Sigma Initiative". *Leadership Transformations, Successful Strategies in Healthcare, Thibodaux Regional Medical Center, Quorum Health Resources and GE Medical Systems Conference,* New Orleans, Louisiana, April 11, 2003.

"Yale-New Haven Hospital Six Sigma Initiative". *Connecticut Hospital Association, Six Sigma for Healthcare Symposia, GE Medical Systems,* Wallingford, Connecticut, April 8, 2003.

"Six Sigma: Beyond Performance Improvement". *Panel Discussion, University HealthSystem Consortium Conference* - "Leadership to Transform the Clinical Enterprise: Successfully Navigating Change and Complexity", Baltimore, Maryland, October 3, 2002.

"Six Sigma at Yale-New Haven Hospital, A Case Study". *Yale-New Haven Hospital Department of Laboratory Medicine Continuing Education lecture series,* September 25, 2002.

"Administrative Challenges in an Academic Medical Center." V. I. Technologies, Inc. Yale School of Medicine/Yale-New Haven Hospital, June 21, 2001.

"Recruitment and Retention Issues in the Northeast." *Panel Discussion, Northeast Regional Conference sponsored by Clinical Laboratory Management Association and American Association of Clinical Chemistry,* Boxborough, Massachusetts, April 24, 2001.

"Laboratory Management Skills for the Millennium." *Quinnipiac University Class on Health Science Management,* April 23, 2001.

"A New Paradigm for Delivering Laboratory Services." The Yale-New Haven/Path Lab Model." *Clinical Laboratory Management Association and American Annual Meeting,* Dallas, Texas, June 19, 1999.

"Should your Laboratory or Hospital Form or Join a Lab Network?" *Northeast Regional Conference sponsored by Clinical Laboratory Management Association and American Association of Clinical Chemistry.* Boxborough, Massachusetts, April 27, 1999.

"Survival Techniques - Integrated Models and Lab Networks." *Greater New York Chapter Clinical Laboratory Management Association,* New York City, March 23, 1999.

"Should your Laboratory or Hospital Form or Join a Lab Network?" Clinical Laboratory Management Association Annual Meeting, Philadelphia, PA, August 20 and August 23, 1998.

Healthcare Organizations in the United States, "Symposium on Contemporary Management of the Cardiovascular Patient. Yale School of Medicine/Yale-New Haven Hospital, September 19, 1997.

PUBLICATION: "Yale-New Haven Hospital Six Sigma Initiative", Journal of Quality Health Care, October/December 2003, Volume 2, Issue 4, pgs. 26-27.

REFERENCES: furnished upon request.

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Education:

Medical Degree	1980-86	Albert-Ludwigs University, Freiburg, Germany (Magna Cum Laude) German Academic Exchange Service Scholarship

Career:

1986-87	Research Associate, Department of Biochemistry, Tufts University School of Medicine, Boston, MA
1987-90	Internal Medicine, Waterbury Hospital, Waterbury, CT
1990-94	Radiology Residency, Hospital of St. Raphael, New Haven, CT
1993-94	Chief Resident
1/95 - 1997	Assistant Professor, Department of Diagnostic Radiology, University of Maryland School of Medicine, Baltimore, MD
1997 – present	Attending, Department of Radiology, Hospital of St Raphael, New Haven, CT.
2008 – present	Medical Director, Saint Raphael Magnetic Resonance Center
2008 – present	President Medical Imaging Associates
2003	Assistant Clinical Professor of Radiology, Yale School of Medicine.

Board Certification:

1990	American Board of Internal Medicine
1994	American Board of Radiology

Professional Honors:

2006 American Roentgen Ray Society Scientific Exhibit Award: Bronze Medal.
MR Imaging of Cardiomyopathies; Can we tell them apart?

2005 American Roentgen Ray Society Scientific Exhibit Award: Certificate of Merit.
Standard Cardiac MR Imaging Planes and Normal Cardiac Anatomy:
All you wanted to know and were afraid to ask.

1996 Radiological Society of North America Scientific Award: Certificate of Merit.

Cross sectional anatomy of the pericardial recesses.

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Original Papers:

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2. Reiner BI. Siegel EL. Hooper F. Protopapas Z. Impact of filmless imaging on the frequency of clinician review of radiology images. Journal of Digital Imaging. 11(3 Suppl 1):149-50, 1998.

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Case Reports:

19. Rao SK, Protopapas Z, Vikram HR. Unusual presentation of purulent pericarditis: diagnostic contribution of MRI. Emergency Radiology. 10 (3): 152 – 154, 2003.

20. Chrissoheris M, Ali R, Vivas Y, Marieb M, Protopapas Z. Isolated noncompaction of the ventricular myocardium: contemporary diagnosis and management. Clin Cardiol. 2007 Apr;30(4):156-60.

21. Cardiac assessment of patients with Becker's Muscular Dystrophy; Costin N. Ionescu MD PhD, Ajoy Kapoor MD, Zenon Protopapas MD Constatin B. Marcu MD: Connecticut Medicine. 73(7):395-7; 2009 Aug.

Reviews, Chapters, Books:

22. Protopapas Z. Westcott JL. Transthoracic hilar and mediastinal biopsy. Radiologic Clinics of North America. 38(2):281-91, 2000.

23. Protopapas Z. Westcott JL. Transthoracic hilar and mediastinal biopsy. Journal of Thoracic Imaging. 12(4):250-8, 1997.

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7.	**Primary Department:**	**Chairman** **Department of Radiology** **Hospital of Saint Raphael.** **New Haven CT**
8.	**Citizenship:**	US Citizen
9.	**Social Security**	

II. HIGHER EDUCATION

11.	**Institutional:**	Fatima High School Fort Lee, New Jersey, 1960 Santiago de Leon de Caracas College Caracas, Venezuela Degree: B.S., 1965 Universidad Central de Venezuela Caracas, Venezuela

Degree: M.D., 1972

Internal Medicine Internship
Carney Hospital
Boston University School of Medicine
Boston, MA
July 1972 - June 1973

Diagnostic Radiology Residency
Hospital of St. Raphael
Yale University School of Medicine
New Haven, CT
July 1973 - June 1976

Cardiovascular Radiology/Special
Procedures Fellowship
Jackson Memorial Hospital
University of Miami School of Medicine
Miami, FL
July 1976 - June 1977

Master of Public Health in
Health Care Management and Policy
Harvard School of Public Health
Sept 1999 – June 2001

12. Non-Institutional: None

13. Certification, Licensure: National Board of Medical Examiners, 1974

Diplomate, American Board of Radiology, 1976

Diplomate, American Board of Radiology with added qualifications in Vascular and Interventional Radiology, 1995.

Diplomate, American Board of Radiology with Added qualifications in Neuroradiology, 1997

Washington DC- 1975-1981 (not active)

State of Florida - #0039362, issued in 1981

State of Massachusetts- #160251, issued in 1999.

State of Connecticut- # 039728, issued in 2001

III. EXPERIENCE

14. Academic:

Clinical Instructor
Department of Radiology
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1978-1982

Assistant Professor of Radiology
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January 1983-June 1986

Clinical Associate Professor of Radiology
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Miami, FL
July 1986-July 1991

Associate Professor of Clinical Radiology
University of Miami School of Medicine
August 1991-June 1996

Professor of Clinical Radiology & Surgery
University of Miami School of Medicine
July 1996-June 1998

Professor of Radiology & Surgery with tenure
University of Miami School of Medicine
July 1998-June 2001.

Visiting Professor of Radiology
Harvard Medical School
September 1999 to August 2001

Clinical Professor of Radiology
Yale University School of Medicine
Sept 2001 to present

15. Non-Academic:

Attending Radiologist
Centro Medico de Caracas

Caracas, Venezuela
1978-1982

Attending Radiologist
Jackson Memorial Medical Center
VA Medical Center
Miami, FL
1983-1986

Chairman, Department of Radiology
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Caracas, Venezuela
1986-1991

Visiting Fellow, Neuroradiology and MRI
University of Miami/MR Center
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1988- 1989

Chief, Emergency and Trauma Radiology
University of Miami/Jackson Memorial
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1991- 1999

Chief, University of Miami Radiology
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1995- 1998

Coordinator, Neuroangiography Services
Jackson Memorial Medical Center
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Attending Radiologist, Emergency Radiology
Department of Radiology-Brigham and Women's
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Chairman, Department of Radiology
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Residency Program Director
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16. Military: None

IV. PUBLICATIONS

17. Books, Chapters and Monographs Published:

Nunez Jr D El diagnostico de la lesion traumatica cervical: Una decada de cambios basados en la evidencia: Radiologia, 2006; 48(4):185-7

Nunez Jr D Facial and suprahyoid neck infections. In Franquet and Berrocal. Imagenes diagnosticas en la infeccion. Panamericana Editorial, Madrid, Spain, 2006

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18. **Juried or Refereed Journal Articles or Exhibitions:**

Gonzalez Beicos A, Nunez Jr D. Imaging of Acute Head and Neck Infections. *Rad Cl of N Am 50:73-83, 2012*

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LeBlang S, **Nuñez Jr. D**, et al: CT in gunshot wounds to the neck: Can we predict vascular injuries?. *Emergency Radiology*, 4:191-199, 1997

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Ginzburg E, Montalvo BM , LeBlang SD, **Nuñez Jr. D**, Martin L: The use of duplex ultrasonography in penetrating neck trauma. *Arch Surgery*; 131:691-693, 1996

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Lentz KA. McKenney MG, **Nuñez Jr. D**, McDowell L: Interpreting the trauma ultrasound: Observations in 62 positive cases. *Emergency Radiology*; 3: 113-117, 1996

Lentz KA, McKenney MG, **Nuñez Jr. D**, Martin L: Evaluating blunt abdominal trauma: Role for ultrasonography. *Journal of Ultrasound in Medicine*; 15: 447-451, 1996

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Castillo M, **Nuñez Jr. D**, Morillo G. Review of computed tomographic findings in thrombosis of the major abdominal venous pathways. *J Comput Tomogr*; 10:205-214, 1986

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Fishbone G, **Nuñez Jr. D,** et al. Massive splenic infarction in sickle cell hemoglobin C disease. *AJR*; 129:927-928, 1977

Nuñez Jr. D, Avella J. Intramural hematomas of the GI tract complicating anticoagulant therapy. *GEN*; 32:185-187, 1977

Nuñez Jr. D., Angiodiagnosis and angiotherapy of GI bleeding. *GEN*; 32:125-129, 1977

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Nuñez Jr. D, Bjarnason, Schwartz S. Barium findings in retrograde intussusception. *AJR*; 125:717-722,1975

19. Other Works, Publications and Abstracts:

Rybicki FJ, Nawfel RD, Ledbetter SL, **Nunez DB Jr.** *Thyroid dose estimates in routine screening for suspected Cervical Spine Injury*
Radiology, 217 (P): 322, 2000

Nuñez Jr. DB. *Imaging of lower cervical spine injuries. In Categorical Course Syllabus, American Roentgen Ray Society: Emergency and Trauma Radiology*-2000, 47-53

Montalvo BM, LeBlang SD, **Nuñez DB.** *Color Doppler Sonography in Penetrating Injuries of the Neck.* The Year Book of Emergency Medicine, Mosby, 27, 1998

Nuñez DB, Jr., Becerra JL, Fuentes D and Pagson S. *Traumatic Occlusion of the Renal Artery: Helical CT Diagnosis*. Journal of Urology, 158:1629, 1997

Coin CG, Zych GA, Fuentes D, **Nuñez Jr. D.** *Helical CT Holography of Pelvic Fractures: comparison with radiography and helical CT in the trauma setting.* Radiology, 201(B): 200, 1996

McKenney KL, McKenney MG, **Nuñez Jr. D**. *Ultrasound As A Primary Screening Modality In Blunt Abdominal Trauma: Experience With More Than 700 Patients*. Radiology, 201(B): 433, 1996

Amendola MA, Lebeille R, **Nuñez Jr. D**. *Spiral CT of uretero pelvic junction obstruction.* Radiology, 201(B): 289, 1996

Broder JD, **Nuñez Jr. D**. *Spiral CT in Trauma, Indications and Contributions to Case Management.* Radiology, 201(B):513, 1996

Zuluaga A., **Nuñez Jr. D. B.**, Fuentes-Bernardo D. A., Rivas L., Ahmad A. A., *Cervical Spine Trauma Series: How Much More Do We Learn by Routinely using Helical CT?* Radiology, 197(P):471, 1995

Shill S. D., Kiszonas R. A., **Nuñez Jr. D. B.,** *Significance of a Dense, Wide Mediastinum* Radiology, 197(P):524, 1995

Wester Jr. D. J., **Nuñez Jr. D. B.**, Lentz K. A., Martin L. C., Taubenfeld A. K., Franca E. R., *Nonopertive Management of Liver Lacerations: CT Observations* Radiology, 193(P):435, 1994

Serafini A., LeBlang S. D., **Nuñez Jr. D. B.**, Montalvo B. M., Donovan Post M. J., Becerra J. L., *Contribution of CT in Penetrating Neck Injuries* Radiology, 193(P):456, 1994

Nuñez Jr. D. B., Gomez-Jorge J. T., Mendez K. R., Lentz K. A., Becerra J. L., Yrizzary J. M., et al., *Posttraumatic Angiography: Spectrum of Lesions Treated with Transcatheter Interventions* Radiology, 193(P):382, 1994

Gomez-Jorge J. T., **Nuñez Jr. D. B.**, Lentz K. A., Becerra J. L., Henry Jr. R. P., Rivas L., *Trauma-related Abscesses and Fluid Collections: Value of imaging guided Percutaneous Interventions* Radiology, 193(P):385, 1994

Jacobs W. E., Ahmad A. A., Rivas L., **Nuñez Jr. D. B.**, *The Role of Helical CT in the Evaluation of Traumatic Vascular Injury* Radiology, 193(P):385, 1994

LeBlang S. D., **Nuñez Jr. D. B.**, Donovan Post M.J., Serafini A., Montalvo B. M., Becerra J. L., *CT of the Neck In Penetrating Trauma: Predictive Value for Vascular Injury* Radiology, 193(P):241, 1994

LeBlang S. D., Montalvo B. M., **Nuñez Jr. D.**, Becerra J.L., Kochan J., Ginsburg E., *Color Doppler Imaging in Traumatic Neck Injuries* Radiology, 189(P):394, 1993

Ahmad A. A., Coin C. G., Soto R. F., Echenique A. M., **Nuñez Jr. D**., Becerra J. L., *Evaluation of Cervical Spine Injuries in Trauma Patients: Usefulness and*

Limitations of Plain Films and Conventional and Spiral CT Radiology, 189(P):398, 1993

LeBlang S. D., **Nuñez Jr. D.**, Montalvo B.M., Lentz K., Becerra J. L., Schmaltz R., *Trauma Center US: Newer Applications Impacting on Case Management* Radiology, 189(P):421, 1993

Ahmad A. A., **Nuñez Jr. D.**, Soto R., Echenique A. M., Montalvo B. M., *Spiral CT in the Evaluation of Blunt Abdominal Trauma* Radiology, 189(P):422, 1993

Nuñez D. J, Ahmad A.A., Coin C. G., Becerra J.L., Quencer R., *Spiral CT of the Cervical Spine Primary Role in Multiple-Trauma Patients* Radiology, 189(P):259, 1993

Coin C. G., LeBlang S., **Nuñez D. Jr**., Becerra J.L., Henry R., Lerner H., *Digital Radiology of Pelvic Fractures* Radiology, 189(P):309, 1993

Lentz K. A, McKenney M., **Nuñez Jr. D.**, Axelrod A., Kirton M. O., Martin L., Et al., *Can US Replace Diagnostic Peritoneal Lavage in Blunt Abdominal Trauma?* Radiology,189(P):311, 1993

Olazabal R., Huson II H., Fishman J. E., **Nuñez Jr. D.**, Amendola M. A., *Is It Clot or Is It Not? CT Evaluation of Inferior Vena Cava Thrombosis*, Radiology 189(P):361, 1993

Mendez K, Casillas J, Montalvo BM, Yrizarry J, **Nuñez D**, *Imaging-Guided Drainage of Abdominal Post Traumatic hematomas* Radiology, 185(P):167, 1992

Nuñez Jr. D, Malave S, Leon E. CT of the psoas muscle. *J Computed Assist Tomogr*;4(5):708, 1980

Nuñez Jr. D, Barnason T, Schwartz S. Barium findings in retrograde intussusception. *Year Book of Diagnostic Radiology*; 271, 1977

20. Other works accepted for publication:

V. PROFESSIONAL

22. Editorial Responsibilities:

Associate Editor: *Radiology* – Jan 2007 to present

Associate Editor: *Emergency Radiology*- June 2001 to 2005

Reviewer: Radiology (RSNA)
American Journal of Neuroradiology (ASNR)
Emergency Radiology (ASER)
Radiographics
American Journal of Roentgenology (AJR)

Member of the Editorial Board: Emergency Radiology. Feb 2000 to present

Associate Editor of *Revista Interamericana Radiologia (Journal of the Interamerican College of Radiology)*. 1984-1989.

Editorial Advisory Board: Diagnostic Imaging 1995-1999.

International Editorial Board: Revista Mexicana de Radiologia. 1996 to present

International Advisory Board: Radiologia- Revista Espanola de Radiologia. 1996 to present.

Editorial Advisory Board of Radiolog - Continuing Professional Education Center, Inc. Princeton, NJ 1978-1983.

23. Professional and Honorary Organizations:

Member Scientific Program.Committee ARRS 2007 to present

Chairman RSNA Scientific Program Subcommittee in Emergency Radiology 2007-2010

Chairman Education Committee American Society Emergency Radiology 2006

Coordinator of Instructional Courses, Emergency Radiology Track. American Roentgen Ray Society – 2004-2009.

Writer Task Force in Neuroradiology (Emergency Radiology). American Board of Radiology. 2004-2006

Oral Boards Examiner in Neuroradiology. American Board of Radiology 2005, 2008

Member of Scientific Program Committee. Radiological Society of North America 2004-2007.

Chairman By-Laws Committee American Society Emergency Radiology 2003

Member Nominating Committee American Society Emergency Radiology 2003

Vice-President New England Roentgen Ray Society 2002-2003

President American Society Emergency Radiology 1999-2000

President-Elect American Society Emergency Radiology 1998-1999

Refresher Course Faculty- Radiological Society of North America, 1997, 1998, 1999, 2000, 2002, 2003, 2004, 2006, 2007, 2008.

Member of Committee on Standards and Accreditation of the American College of Radiology -Member of the Sub-committee on Cervical Spine Radiography, 1998-2004

Director-at-large American Society of Emergency Radiology 1997-1998

President Interamerican College of Radiology 1996-1998

President-Elect Interamerican College of Radiology 1994-1996

Program Committee Chairman American Society of Emergency Radiology, 1996-1997

Member of the Program Committee of the American Society of Emergency Radiology. 1995-1996

Member of the Site Committee of the American Society of Emergency Radiology. 1994-1995

Member of the Educational Committee of the American Society of Emergency Radiology. 1993-1994

Memberships:
Radiological Society of North America, American Roentgen Ray Society, American Society of NeuroRadiology, American Society of Emergency Radiology, Interamerican College of Radiology, American College of Radiology, New England Roentgen Ray Society, American Society Spine Radiology, Society of Chairman of Academic Radiology Departments (SCARD).

24. Honors and Awards: **Gold Medal**- American Society of Emergency Radiology, September 2004

Gold Medal- InterAmerican College of Radiology, June 2004

Certificate of Merit
Rao S, Wasyliw C, **Nunez Jr D** Spectrum of imaging findings in hyperextension injuries of the neck
Exhibited at RSNA,Chicago, IL 2003

Certificate of Merit
Nuñez Jr. D, Zuluaga A, Fuentes D, Rivas L, Becerra JL. "Cervical spine trauma series: how much more do we learn by routinely using helical CT?"
Exhibited at RSNA, Chicago, IL 1996

Magna Cum Laude
Nuñez Jr. D, LeBlang S, Montalvo B, et al: "Color Doppler Imaging in Penetrating Neck Trauma. Exhibited at the ASNR, Nashville, TN 1994

Certificate of Merit
LeBlang S, **Nuñez Jr. D**, Becerra J, Kochan J, et al. "Color Doppler Imaging in Traumatic Neck Injuries". Exhibited at the RSNA, Chicago, Il 1993.

Chief Resident, Diagnostic Radiology
Hospital of St. Raphael
Yale University School of Medicine
New Haven, CT
July 1975 - June 1976

Honorary Member- Sociedad Española de Radiologia, 1995

25. Post-Doctoral Fellowships:

Cardiovascular Radiology/Special Procedures Fellowship
Department of Radiology
University of Miami School of Medicine
Jackson Memorial Hospital
Miami, FL 33136
July 1976 - June 1977

Visiting Fellow in Neuroradiology and MRI
University of Miami MR Center
Dec 1988 - May 1989

26. Other Professional Activities:
Course and Congress Directorships:

Course Director: Categorical Course of ARRS in Emergency Radiology 2008

RSNA International Visiting Professor. Peruvian Society of Radiology at Lima and Arequipa, Peru. Nov. 2-11, 2002

Course Director: Emergency Radiology: Pearls and Perils, Harvard Medical School, Department of Continuing Education. North Carolina May 10-12 and New York Dec 14-15, 2001.

President XIX Interamerican Congress of Radiology, Miami, Florida, October 10-14 October, 1998.

Chairman: Program Committee American Society of Emergency Radiology. 1996-1997

President: XV Interamerican Congress of Radiology, Caracas, Venezuela, February 11-16, 1990

Course Director: Radiology of Hepatobiliary and Pancreatic Diseases. Sponsored by the Department of Radiology, University of Miami School of Medicine, Miami Hyatt Regency Hotel, April 2-5, 1986

Invited Lectures:

Imaging head and neck emergencies: I can't see, I can't swallow. American Society of Emergency Radiology. Miami Fl. Sept 2011

Head and Neck Emergencies: Keynote lecture New England Roentgen Ray Society Boston MA. Feb 2011

Frequent Errors in Emergent Neuroimaging, University of Miami CME Course, Palm Beach FL Feb 2011

Head and neck infections: University of Miami CME Course, Palm Beach Fl Feb 2011

Easily missed findings in Emergency Radiology: Skull base and neck, RSNA Chicago 2010

Imaging of spine trauma. San Marino Italy, Sept 2010

Imaging acute myelopathies. ASER, Seattle WA, Aug 2010

MDCT of Spine Injures: ASNR, Boston MA, May 2010

Managing your Emergency Radiology practice. Special series moderation and Presiding Officer. RSNA Chicago IL Nov 2009

Common mistakes in emergent neuroimaging, Head and neck emergent infections and MDCT of cervical spine trauma. Musculoskeletal, Neuro and Body Imaging in the ER. Miami,Fl Nov 2009

Cervical spine trauma imaging: Implications for management and Imaging head and neck infections ARRS, Boston May 2009

Emergent cervicofacial imaging: Radiology Grand Rounds. University of Maryland. April 2009

Easily missed findings in emergency radiology: Brain. Chicago, RSNA 2008

Controversies in Emergency Radiology: Screening cervical vascular injuries. Chicago 2008 RSNA

Founders lecture ASER- Reflections on the practice of emergency neuroimaging. Houston, Tx Oct 2008

Pitfalls in Trauma Radiology and Imaging assessment of the multitrauma victim at the National Congress of Radiology Seville, Spain May 2008

Emergent Infections of the Head and Neck. ARRS, Washington DC April 2008

Easily missed findings in emergency radiology: Brain, RSNA, Chicago Il, Nov 2007

Pitfalls in Emergent Neuroimaging: ASER, San Diego Ca, Oct 2007
Nontraumatic emergencies of the Head and Neck, ARRS, Orlando Fl, May 2007

Moderator Scientific session in emergency care, ARRS Orlando Fl May 2007

Neuroimaging of Emergencies (4 lectures) Head and neck infections, What we frequently miss in the ED, Cervical Spine Trauma,
Imaging Cerebrovascular injuries. RSNA sponsored symposium in Mexico City, Feb 2007

Frequently missed findings in emergent brain imaging RSNA, Chicago, Dec 2006

Presiding Officer/Moderator Scientific session in Trauma imaging and emergency care, RSNA Chicago Dec 2006

Neuroimaging of the Emergency Department patient. ARRS, Vancouver C, May 2006

Visiting Professor at Medical University of South Carolina, Charleston SC.
Lectures: Imaging Head and Neck Emergencies and Contemporary imaging of suspected spine trauma March 2006

Presiding officer/Moderator. Scientific Session A24 Emergency Radiology: CT in trauma.
RSNA Chicago IL, Dec 2005

Postgraduate course in Emergency and Trauma Radiology (6 Lectures)
Annual Symposium Hospital 12 de Octubre Madrid, Spain

MDCT in Emergency Neuroradiology: A case-based presentation
Annual meeting ARRS, New Orleans LA, May 2005

Traumatic emergencies of the brain, head and neck:
SERAM Annual Symposium- Madrid Spain, Feb 2005

Applications of MDCT: Spine trauma
Annual Assembly of RSNA, Chicago, IL Dec 2004

Visitng Professor- Neuroradiology Case presentation
Winthrob University Hospital, Mineola NY
Grand Rounds lecture: Imaging Spine Trauma, Oct. 2004

Moderator Emergency Radiology Case Panel, New England ray society, Boston MA, Oct 2004

Thoracic Vascular Injuries
International Congress of Radiology, Montreal Canada, June 2004

MDCT of Spine Trauma: Post processing and 3D rendering
American Society of NeuroRadiology, Seattle WA. May 2004

MDCT of Craniocervical Trauma. Hospital Cardarelli, University of Naples, Italy, May 2004

MDCT/Post Processing and benefits of 3D rendering for Spine Trauma
American Society of Spine Radiology, Miami Beach, Fl February 2004

Essentials of Trauma CT: Spine
Anuual Assembly of the RSNA, Chicago IL, December 2003

Overview of Trauma Imaging: A look into the future
Annual assembly of the RSNA, Chicago IL, December 2003

Cervical Spine Trauma: Imaging the unevaluable patient
American Society of Emergency Radiology, Las Vegas NV Sept. 2003

Cervical Spine Trauma: Imaging the neurologically impaired
American Society of Emergency Radiology, Las Vegas NV Sept. 2003

Visiting Professor-
Grand Rounds: Vascular and soft tissue injuries of the neck
Neuroradiology Board Review
Department of Radiology. University of Connecticut
Farmington CT, April 2003

Visiting Professor- Neuroradiology Board review
Radiology Grand Rounds lecturer: How to image the spine in the high risk trauma patient.
Department of Radiology McGill University
Montreal Canada, March 2003

Imaging the patient with suspected spine trauma,
Abdominal trauma. University of Miami Winter Symposium, Coral Gables March 2003

Brain Trauma, Cervical Spine Injuries and Facial Fractures: Lectures at Harvard University Radiology Course. Hyannis MA, Feb 2003

Imaging suspected spine trauma.
Radiology Grand Rounds. Yale University School of Medicine, Dec 2002

Essentials of Trauma CT: Spine
Annual Assembly of the RSNA, Chicago IL, December 2002

Thoracic vascular trauma, US and CT of abdominal trauma, and Cervical Spine Injuries at Peruvian Congress of Radiology, Nov. 2002

Initial imaging assessment of the traumatized abdomen. Surgical Grand Rounds at Hospital of St. Raphael New Haven CT, Sept. 2002

Brain Trauma, Cervical Spine Injuries, Facial Fractures: Harvard University Radiology Course. Hyannis MA, August 2002

Cervical Spine Trauma: Mechanistic approach and
Head and Neck Vascular Injuries:
Visiting Professor University of Washington Emergency Radiology Course. Seattle WA, August 2002

Trauma Imaging Course (Brian injuries, Facial fractures, Spine Trauma, Abdominal trauma, Vascular Injuries) in Salvador, Brasil, August 2002

Ultrasound in Abdominal Trauma, Aortic injuries, Spine trauma.
International Congress of Radiology. Cancun Mexico, July 2002

Multidetector CT of vascular injuries.
American Roentgen Ray Society, Atlanta Ga., April 2002

Multidetector CT in spine trauma: American Society Emergency Radiology, Orlando Fl, March 2002

Lecturer in annual Radiology Course: RSNA and Mexican Federation of Radiology (4 lectures), Mexico City Mexico, February 2002

Moderator: Panel of unknown cases, New England Roentgen Ray Society
Boston, MA. Nov. 2001

J.Hodak lecturer and Visiting Professor in Neuroradiology, the Barrow Neurological Institute and St. Joseph Medical Center. Phoenix, AZ. Oct. 2001

Instructional Course:
ARRS- Helical and Multidetector CT in Neuro Emergencies
Seattle, Washington May 2001

Head and Neck emergencies- 12th annual meeting, American Society of Emergency Radiology, San Francisco, California March 2001.

Refresher Course: RSNA- Helical CT of Abdominal Trauma, Nov 2000

Guest Speaker: Venezuelan Congress of Radiology- Cervical spine injuries, vascular thoracic injuries and abdominal trauma. Caracas, Venezuela. October 2000

Imaging of Lower Cervical Spine Injuries- in Emergency and Trauma Radiology Categorical Course, American Roentgen Ray Society, Washington DC. May 2000

New trends in the diagnosis and management of stroke in the Emergency Room Focus Session moderator, 11th annual meeting, American Society of Emergency Radiology, Orlando Florida. March 2000

Radiology Grand Rounds- Imaging of cervical spine injuries, Boston Medical Center, Boston University School of Medicine, February 2000.

Guess Faculty Johns Hopkins Medical School CT Symposium: The cutting edge.February 2000.

Guest speaker at the Interamerican Congress of Trauma Surgery. Aortic Injuries, Spine Trauma, Abdominal Trauma. Venezuela, Nov 1999 .

Emergency NeuroRadiology: Strategies for successful implementation.
American Society of NeuroRadiology. San Diego May 1999

Spine Trauma
American Society of NeuroRadiology. San Diego May 1999

Helical CT in Spine Trauma: Applications, protocols and pitfalls
Annual Meeting American Society Emergency Radiology. Las Vegas- March, 1999.

"Ultrasound and Helical CT of Abdominal Trauma: initial assessment" and
"Abdominal trauma: beyond the liver and the spleen"
Annual Meeting- Department of Radiology, University of Chicago- March, 1999.

Helical CT of Abdominal Trauma: Refresher Course RSNA- November 1998.

Guest speaker for Radiology Grand Rounds at Harvard Medical School/Massachusetts General Hospital. The Role Helical CT in the Evaluation of Cervical Spine Trauma, September 1998.

Guest speaker at the Sociedad de Radiologia del Peru, Lima, July, 1998.

Visiting Professor to the Hospital Naval, Lima, Peru, July, 1998.

Visiting Professor University of Cordoba/Argentina. Conferences on Abdominal Trauma, Initial Assessment and new Observations. May 1998.

Categorical course in Trauma Radiology in the Venezuelan Congress of Radiology. May 1998.

Visiting Professor/Universidad Veracruzana. Conference on Cranial Cerebral Trauma and Spine Trauma, Veracruz, Mexico. April 1998.

Coordinator and Speaker in the Interactive Workshop on Vascular Injuries/Annual Meeting of the American Society of Emergency Radiology, St. Petersburg, Florida. April 1998.

"Ultrasound and Helical Screening of the Traumatized Abdomen", "Cervical Spine: Initial Assessment", "Diagnosis and Treatment, Part I and II", "Facial Trauma", Common Intracraneal Injuries" – The international Institute for Continuing Medical Education, Inc. – Imaging in the Acute Care Setting. Cancun, Mexico, February 1998.

Emergent US and Helical CT: Options in trauma imaging. Refresher Course – RSNA, Chicago December 1997.

"Traumatismo Torácico", "Traumatismo Vascular", "Traumatismo Cerebral", "Traumatismo del cuello"- "IX Symposium Internacional de Actualización en Diágnostico por la Imagen", Zaragoza, Spain, November, 1997.

"Interventional Radiology in the Traumatized Patient", "Blunt and Penetrating Neck Trauma", 1997, presented in Central American Congress of Radiology, Guatemala, October 1997

"Helical CT Evaluation of Abdominal Trauma", "Course and Diagnostic Imaging", organized by the Asociacion Colombiana de Radiologia, Medellin, August 1997

"The Role of the Radiologist in the Emergency Room". Lecture to the Puerto Rican Association of Radiology in August, 1997

"The radiologist in the emergency room" - National Meeting of Residency in Radiology, Caracas, Venezuela, July 1997.

"Selected topics in trauma radiology" - International Course in Diagnostic Imaging, Tucumán, Argentina, June 1997.

"Imaging of blunt and penetrating neck injuries" - Curso de Imagenologia en Español, Miami, May 1997.

"Clearing the cervical spine with helical CT" - Trauma Symposium American Roentgen Ray Society Meeting, Boston, Massachusetts, May 1997.

"Cranio cerebral trauma, Abdominal trauma". - "Radiology Course in Trauma" in Malaga, Spain, February 1997.

"Helical CT and angiography for mediastinal trauma, initial evaluation of blunt abdominal trauma, abdominal trauma beyond the liver and the spleen, cervical spine trauma" - XXI Annual Course in Diagnostic Imaging, University of Florida, Mexico City, Mexico, February 1997.

"Abdominal trauma imaging" - Interamerican Congress of Radiology, Cancún, Mexico, October 1996.

"CT Helicoidal en urgencias" - Curso de Imagenologia en Español, University of Miami, Miami, Florida, July 1996.

"Blunt and penetrating cervical injuries" Radiological Congress- Radiological Association of Guatemala- November 1995.

"Imaging of neurologic emergencies" Radiological Congress- Radiological Association of Guatemala- November 1995.

Visiting Professor Univeristy of San Luis Potosi, Mexico,"Topics in emergency radiology": Head trauma, abdominal injuries, helical CT in trauma imaging, vascular interventions in the traumatized patient, October 1995.

"Monographic Course in Trauma Radiology": Brain trauma, Cervical spine injuries, Abdominal Trauma, Vascular injuries and Interventional Radiology in trauma, Imaging protocols in the trauma patient. Dictated at annual meeting of the Radiological Society of Spain, Sept. 1995.

"Vascular trauma - diagnosis and intervention". Radiological Society of Panama, Panama August 1995.

"Helical CT in trauma". Radiological Society of Panama, Panama August 1995.

"Penetrating neck injuries". Radiological Society of Panama, Panama , 1995

"Imagenología de emergencía neurologíca" and "Problemas diagnosticos en trauma abdominal". Curso de Imagenología en Español, University of Miami, Miami, July 1995.

"Peripheral vascular trauma". Venezuelen Congress of Surgery, Caracas, Venezuela, March 1995.

"Imaging of thoracic vascular injuries". Venezuelan Congress of Surgery, Caracas, Venezuela, March 1995.

"CT of acute inflammatory diseases of the abdomen". Venezuelan Congress of Surgery, Caracas, Venezuela, March 1995.

"Update in trauma radiology". The Robert Shapiro Memorial Lecture, Miami Beach, March 1995.

"The radiologist in the emergency room: The value of ultrasound, Helical CT and Interventional procedures. Interamerican Congress of Radiology, Buenos Aires, Argentina, September 1994.

"TAC Helicoidal: Aspectos Generales y Aplicaciones en Trauma". Curso de Imagenologia en Español: Miami 1994. Miami, Florida, June 1994

"Evaluacion Radiologica del Traumatismo Craneo-Encefalico y Facial". Curso de Imagenologia en Español: Miami 1994. Miami, Florida, June 1994

"Diagnostic dilemmas in emergency radiology". VI Jornadas Internacionales de Actualizacion en Diagnostico por Imagenes. Cordoba, Argentina, May 1994.

"Interventional radiology in the emergency room". VI Jornadas Internacionales de Actualizacion en Diagnostico por Imagenes. Cordoba, Argentina, May 1994.

"Craneo-facial trauma". VI Jornadas Internacionales de Actualizacion en Diagnostico por Imagenes. Cordoba, Argentina, May 1994.

"Imaging of cervical spine trauma". VI Jornadas Internacionales de Actualizacion en Diagnostico por Imagenes. Cordoba, Argentina, May 1994.

"Imaging protocols in trauma patients". VI Jornadas Internacionales de Actualizacion en Diagnostico por Imagenes. Cordoba, Argentina, May 1994.

"Brain and Facial Trauma". Congreso Centroamericano de Radiologia. Managua, Nicaragua, December 1993.

"Imaging of thoracic emergencies". Congreso Centroamericano de Radiologia. Managua, Nicaragua, December 1993.

"Radiologic anatomy of the face and paranasal sinuses ". Congreso Centroamericano de Radiologia. Managua, Nicaragua, December 1993.

"Inflammatory diseases of the CNS ". Congreso Centroamericano de Radiologia. Managua, Nicaragua, December 1993.

"Brain tumors". Congreso Centroamericano de Radiologia. Managua, Nicaragua, December 1993.

"Radiologia Intervencionista en Trauma: Aplicaciones Vasculares y No Vasculares. Curso de Imagenologia en Español: Miami 1993. Miami, FL, June 1993.

"Interventions in the Chest and Abdomen". Congress of Radiology, Sao Paulo, Brazil, April 1991.

"Interventional CT and US of the Abdomen". Review Course in Diagnostic Imaging, Cordoba, Argentina, May 1990.

"Pulmonary Nodule: Imaging Guided biopsies". Review Course in Diagnostic Imaging, Cordoba, Argentina, May 1990.

"The Thoracic Wall". Review Course in Diagnostic Imaging, Cordoba, Argentina, May 1990.

"The Pulmonary Nodule". Interamerican Congress of Radiology, Caracas, Venezuela, February 1990.

"Radiology of Urinary Infections". Radiology Seminar, San Juan, Puerto Rico, May 1989.

"Radiology of Hematuria". Radiology Seminar, San Juan, PR, May 1989

"Renal and Peripheral Angioplasty". Radiology Review Course, Quito, Ecuador, November 1988.

"Transcatheter Angioplasty". Radiology Review Course, Quito, Ecuador, November 1988.

"CT Guided Biopsies". Radiology Review Course, Quito, Ecuador, November 1988.

"Hepatobiliary Interventions". Radiology Review Course, Quito, Ecuador, November 1988.

"Transrenal Interventions". Radiology Review Course, Quito, Ecuador, November 1988.

"Thoracic Interventional Radiology". International Congress of Radiology of the Radiological Society of Peru, Lima, Peru, November 1988.

"Interventional Ultrasound". International Congress of Radiology of the Radiological Society of Peru, Lima, Peru, November 1988.

"Interventional Computed Tomography". International Congress of Radiology of the Radiological Society of Peru, Lima, Peru, November 1988.

"Interventional Techniques in Hepato-Biliary Diseases". International Congress of Radiology of the Radiological Society of Peru, Lima, Peru, November 1988.

"Interventional CT: Chest Lesions". Postgraduate Course of the Interamerican Congress of Radiology and Mt. Sinai Medical Center, Miami, FL, April 1988.

"Interventional US: Abscess Drainage". Postgraduate Course of the Interamerican Congress of Radiology and Mt. Sinai Medical Center, Miami, FL, April 1988.

"The Radiologist as a Consultant". I Venezuelan Congress of Radiology, Maracaibo, Venezuela, October 1987.

"Renal Interventions". I Venezuelan Congress of Radiology, Maracaibo, Venezuela, October 1987.

"CT of the GI Tract". I Venezuelan Congress of Radiology, Maracaibo, Venezuela, October 1987.

"Abscess Drainage". VIII Congress of Gastroenterology, Pto. Ordaz, Venezuela, October 1987.

"Linear and Computed Tomography in Pulmonary Diseases". Review Course in Diagnostic Imaging, Tucuman, Argentina, May 1987.

"Interventional G.I. Radiology". Review Course in Diagnostic Imaging, Tucuman, Argentina, May 1987.

"CT of the GI Tract". Review Course in Diagnostic Imaging, Tucuman, Argentina, May 1987.

"Mediastinal CT". Review Course in Diagnostic Imaging, Tucuman, Argentina, May 1987.

"Complications in Biliary Interventions". Refresher Course of the American Roentgen Ray Society 87th Annual Meeting ARRS, Miami, FL, May 1987.

"Complications in Interventional Radiology". Postgraduate Course of Interamerican College of Radiology and Mt. Sinai Medical Center, Miami, Fl, April 1987.

"G.I. Interventions". Postgraduate Course of Interamerican College of Radiology and Mt. Sinai Medical Center, Miami, Fl, April 1987.

"CT of the GI Tract". Postgraduate Course of Interamerican College of Radiology and Mt. Sinai Medical Center, Miami, FL, April 1987.

"Transthoracic Guided Biopsies". Pan-American Congress of Chest Diseases, Caracas, Venezuela, January 1987.

"Transthoracic Guided Biopsies". Pan-American Congress of Chest Diseases, Caracas, Venezuela, January 1987.

"The Work Up of Renal Masses". XI Congress of Urology, Barquisimeto, Venezuela, November 1986.

"Interventional Ultrasound". XIV Interamerican College of Radiology Congress, Buenos Aires, Argentina, October 1986.

"Selected Topics in G.I. Interventions". XIV Interamerican College of Radiology Congress, Buenos Aires, Argentina, October 1986.

"G.I. Bleeding: Diagnosis and Management". XIV Interamerican College of Radiology Congress, Buenos Aires, Argentina, October 1986.

"Transrenal Interventions". XIV Interamerican College of Radiology Congress Buenos Aires, Argentina, October 1986.

"Diagnosis and Management of Pancreatic Fluid Collections, Radiology of Hepatobiliary Diseases: Imaging and Intervention". University of Miami School of Medicine, Miami, FL April 1986.

"Interventional Ultrasound". III Congress of Ultrasonography, Caracas, Venezuela, March 1986.

"Gallbladder Imaging". Postgraduate Course of the Interamerican College of Radiology and Mt. Sinai Medical Center, Miami, FL, March 1986.

"Refresher Course: Diagnosis and Management of Abdominal Fluid Collections". Postgraduate Course of the Interamerican College of Radiology and Mt. Sinai Medical Center, Miami, FL, March 1986.

"Interventional Radiology of the G.U. Tract". Postgraduate Course of the Interamerican College of Radiology and Mt. Sinai Medical Center, Miami, FL, March 1986.

"Imaging Guided Biopsies". Radiological Society of Dominican Republic, Dominican Republic, March 1986.

"Hepatic Imaging". Radiological Society of Dominican Republic, Dominican Republic, March 1986.

"CT of the Mediastinum". Radiological Society of Dominican Republic, Dominican Republic, March 1986.

"Interventional Radiology of the G.U. Tract". Radiology Update: 1986. Tulane University School of Medicine, New Orleans, LA February 1986.

"Radiological Management of Abscesses". Quito, Ecuador, September 1985.

"CT and US in Space Occupying Lesions of the Liver". Quito, Ecuador, September, 1985.

"Percutaneous Guided Biopsy International Course of Diagnostic Imaging". Quito, Ecuador, September 1985.

"Abdominal Biopsies Guided by CT and US Radiology". 1985 Postgraduate Course of the Colombian Radiological Society, Cartagena, Colombia, May 1985.

"G.U. Interventions". Postgraduate Course of the Colombian Radiological Society, Cartagena, Colombia, May 1985.

"Radiology of Hepatic Disease". Radiology Board Review Course of the University of Miami School of Medicine, Miami, FL, May 1985.

"Percutaneous Management of Abdominal Masses and Fluid Collections". Postgraduate Course of the Interamerican College of Radiology and Mt. Sinai Medical Center, Miami, FL, April 1985.

"Radiology of Abdominal Trauma". Postgraduate Course of the Interamerican College of Radiology and Mt. Sinai Medical Center, Miami, FL, April 1985.

"The Radiologist's Role in Endourologic Procedures". Adult and Pediatric Postgraduate Course of the Department of Urology, University of Miami School of Medicine, Miami, FL, January 1985.

"Renal CT". Postgraduate Course of the Interamerican College of Radiology, Mexico, September 1983.

"Lymphoma: Radiological Spectrum". Postgraduate Course of the Interamerican College of Radiology and Mt. Sinai Medical Center, Miami Beach, FL, April 1983.

"Radiologia del Pancreas". Postgraduate Course of the XVI Congreso Nacional de Radiologia, Madrid, Spain, September 1982.

"CT and Biopsy in Pancreatic Carcinoma". Postgraduate Course of the Interamerican College of Radiology and Mt. Sinai Medical Center, Miami Beach, FL, April 1982.

"Pancreatitis". Postgraduate Course of the Interamerican College of Radiology and Mt. Sinai Medical Center, Miami Beach, FL, April 1982

Scientific Papers:

"Computed Tomography and Fluoroscopy-guided sacroplasty for pain relief in patients with sacral insufficiency fractures"
Weissman A, Berkmen T, Gonzalez Aldo, **Nunez Jr. D.** Presented at RSNA Chicago IL, Dec 2005

"Renal Ultrasound in the ER for acute renal failure": Hilchey SD, Ledbetter MS, Benson CB, **Nunez Jr. D**
Presented at 12 Annual Meeting-American Society of Emergency Radiology, San Francisco CA, March 2001

"Thyroid dose estimates in routine screening for suspected cervical spine injury: a comparison between helical CT of the entire cervical spine and a radiographic trauma series" Rybicki FJ, Nawfel RD, Ledbetter MS, **Nunez Jr D**
Presented at RSNA, Chicago, IL. November 2000

"Are the trauma cervical spine radiographs necessary when helical CT is routine?" Rybicki FJ, Knoll B, McKenney K, **Nunez Jr D**
Presented at American Society of Emergency Radiology, Orlando, FL. April 2000

"An ultrasound hemoperitoneum score predicts the need for laparotomy in blunt trauma". McKenney KL, McKenney MG, **Nuñez Jr. D.** Presented at American Society of Emergency Radiology, Las Vegas, Nevada, March 1999.

"The feasibility of non-enhanced Helical Computed Tomography in the assessment of acute flank plain". Broder J, **Nuñez Jr D.** Presented at Resident Day University of Miami School of Medicine, Miami, Florida, June 20th, 1998.

"Initial imaging assessment of the traumatized cervical spine: do we need anterior/posterior and atlanto axial views with routine use of Helical CT. Knoll B, **Nuñez D.** Presented at Fellows Week, University of Miami School of Medicine, Miami, Florida, June 1998.

"Direct versus Indirect Signs of Traumatic Aortic Injury Revealed by Helical CT: Performance characteristics and interobserver agreement". Fishman JE, **Nuñez D**, Kane A, Rivas LA, Jacobs WE. Presented at the American Roentgen Society Meeting, May 1998.

"Helical CT of vascular injuries". Whittick W, **Nuñez Jr. D.** Presented at the 20th Annual Radiology Residence day meeting, Miami, Florida, June 1997.

"Helical CT angiography in penetrating injuries to the neck". LeBlang SD, **Nuñez Jr. D**. Presented at the 20th Annual Radiology Residence day meeting, Miami, Florida, June 1997.

"Helical CT angiography in penetrating neck injuries". LeBlang SD, **Nuñez Jr. D**. Presented at the Annual Meeting American Society of Emergency Radiology, New Orleans, LA, March 1997.

"Spiral CT of ureteral pelvic junction obstruction". Amendola MA, Lebeille R, **Nuñez Jr. D.** Presented at the RSNA 82nd Annual Meeting, Chicago, Illinois, November 1996.

"Ultrasound as the primary screening modality in blunt abdominal trauma". McKenney KL, McKennedy MG, **Nuñez Jr. D**. Presented at the RSNA 82nd Annual Meeting, Chicago, Illinois, November 1996

"CT cystography in the diagnosis of bladder ruptured". Ruiz G, Rivas L, **Nuñez Jr. D**. Presented at the Annual Fellows day meeting, Miami, Florida, May, 1996.

"The value hepatic angiography and embolization in the treatment of liver injury". Youngman V, **Nuñez Jr. D**. Presented at the Annual Fellows day meeting, Miami, Florida, May 1996.

"Helical CT of the cervical spine: how many fractures are we missing". Presented at the Annual Meeting of the American Society of Emergency Radiology, Orlando, Florida, April 1996.

"Cost reduction using Ultrasound in blunt abdominal trauma". McKenney KL, McKenney MG, **Nuñez Jr. D**. Presented at the Annual Meeting of the American Society of Emergency Radiology, Orlando, Florida, April 1996.

"Helical CT in penetrating neck trauma" Franca E, **Nuñez Jr. D**. Presented at the 18th Annual Radiology Residents Day Meeting, Miami FL., June 1995

"Helical CT in the evaluation of blunt Thoracic Trauma" Jacobs W, Fishman J, **Nuñez Jr. D**. Presented at the 18th Annual Radiology Residents Day Meeting, Miami FL, June 1995

"Color doppler imaging in penetrating neck trauma". LeBlang S, Montalvo B, **Nuñez Jr. D**, Kochan J, Becerra JL, Ginzburg E. Presented at the American Society of Emergency Radiology in Scottsdale, Arizona, March 1995.

"Ultrasound: Test of choice in blunt abdominal trauma". McKenney M, Najjar R, Lentz KA, Martin L, Sleeman D, Lopez C, Sosa J, Kirton O, **Nuñez Jr. D**. Presented at the 8th Scientific Assembly of the Eastern Association for the Surgery of Trauma. Sanibel, Florida January, 1995.

"Contribution of CT in penetrating neck trauma". LeBlang S, **Nuñez Jr. D**, Serafini A, Post J, Montalvo B, Becerra JL. Presented at the ASER, Scottsdale, Arizona, March 1995.

"Initial sonographic assessment of blunt abdominal trauma". McKenney M, Lentz KA, **Nuñez Jr. D**, Sosa JL, Martin L, Axelrod A, Kirton O, Sleeman D, Oldham C: Presented at the Western Trauma Association, Crested Butte, Colorado, March 1994.

"Helical CT of the abdomen: Proposed scanning protocol for trauma patients". **Nuñez Jr. D**, Wester J, Lentz KA, Alvarez RT. Presented at the ASER, Arizona, March 1995.

"Interpreting the trauma ultrasound: Observations in 62 positive cases". Lentz KA, McKenney M, McDowell L, **Nuñez Jr. D**. Presented at the ASER in Scottsdale, Arizona, March 1995.

"A new approach for the diagnostic work-up of penetrating neck trauma". LeBlang S, **Nuñez Jr. D**, Montalvo B. Presented at the 17th Annual Radiology Residents Day, December 1994.

"Plain films versus spiral CT in evaluation of cervical spinal injuries". Ahmad A, **Nuñez Jr. D**, Coin CG. Presented at the 17th Annual Radiology Residents Day, December 1994.

"CT of the neck in penetrating trauma: predictive value for vascular injury." LeBlang SD, **Nuñez Jr. D**, Post JD, Serafini A, Montalvo BM, et. al. presented at the RSNA 80th Annual Meeting, Chicago, IL, November 1994.

"Cervical spine injury in multiple trauma victims: value of spiral CT as a screening modality." **Nuñez Jr. D**, Ahmad A, Coin CG, Becerra JL, Lentz KA, Quencer RM presented at the ASNR Annual Meeting, Nashville, TN, May 1994.

"Color doppler imaging in penetrating neck trauma." Montalvo B, LeBlang SD, **Nuñez Jr. D**, Becerra JL, Kochan J, et. al. presented at the ASNR Annual Meeting, Nashville, TN, May 1994.

"Clearing the cervical spine injury in multiple trauma victims: a time effective protocol using spiral CT." **Nuñez Jr. D**, Ahmad A, Coin CG, Becerra JL, Henry R presented at the 5th annual Meeting of the ASER, Orlando, FL, April 1994.

"Color doppler imaging in traumatic neck injuries." Montalvo B, LeBlang SD, **Nuñez Jr. D**, Becerra JL, Kochan J, et. al. presented at the American Institute of Ultrasound in Medicine 38th Annual Convention, Baltimore, MD, March 1994

"Can ultrasound replace diagnostic peritoneal lavage in blunt abdominal trauma." Lentz K, McKenney M, **Nuñez Jr. D**, Axelrod A, Kirton MO, et. al. presented at the RSNA 79th Annual meeting, Chicago, IL, November 1993.

"Scoutview digital radiography of pelvic fractures." Coin CG, LeBlang S, **Nuñez Jr. D**, Becerra JL, Henry R, et. al. presented at the RSNA 79th Annual meeting, Chicago, IL, November 1993.

"Plain films versus spiral computed tomography in the evaluation of cervical spine injuries." Coin CG, Ahmad AA, Becerra JL, **Nuñez Jr. D**, Soto RF, et. al. presented at the RSNA 79th Annual Meeting, Chicago, IL, November 1993.

"Spiral CT of the cervical spine: primary role in multiple trauma patients." **Nuñez Jr. D**, Ahmad AA, Coin CG, Becerra JL, Quencer R presented at the RSNA 79th Annual meeting, Chicago, IL, November 1993.

"Neurointerventional therapy of the vertebral artery after traumatic occlusion". Becerra JL, Kochan J, **Nuñez Jr. D**, DePrima S, Coin CG, et. al. presented at the ASER 4th Annual Meeting. San Diego, CA, March 1993. ASNR Annual Meeting, Vancouver, CA, May 1993.

"Scoutview digital radiography in evaluation of trauma patients." Coin CG, LeBlang S, Becerra JL, **Nuñez Jr. D**, Henry R presented at the ASER 4th Annual Meeting, San Diego, CA, March 1993.

"Proposals for post residency training in emergency radiology". **Nuñez Jr. D**, Oldham SA, Quencer R presented at the ASER 4th Annual Meeting, San Diego, CA, March 1993.

"Trauma patients: are plain films sufficient to clear the cervical spine?" Coin CG, Ahmad A, Becerra JL, **Nuñez Jr. D**, Henry R presented at the ASER 4th Annual Meeting, San Diego, CA, March 1993.

"Ultrasound Evaluation of the Traumatized Abdomen". Lentz K, **Nuñez Jr. D** presented at the Radiology Residents' Day Scientific Program, University of Miami School of Medicine, Miami, FL, December 1992. "Best Paper Award".

"Interventional radiology in retroperitoneal trauma. **Nuñez Jr. D** presented at the Interamerican College of Radiology Congress, Rio de Janeiro, Brazil, November 4-7, 1992.

"Imaging guided drainage of abdominal post traumatic hematomas". Mendez K, Casillas VJ, Montalvo BM, Yrizarry JM, **Nuñez Jr. D** presented at the 78th Scientific Assembly RSNA, Chicago, Illinois, November 1992.

"The radiologist in the emergency department". **Nuñez Jr. D** presented at the Interamerican College of Radiology Congress, Rio de Janeiro, Brazil, November 4-7, 1992.

"Percutaneous management of appendiceal abscesses". **Nuñez Jr. D**, Yrizarry JM, Casillas VJ presented at the International Congress of Radiology, Paris, France, July 1989.

"Liver abscesses: surgical or radiological management?". Al-Refai F, **Nuñez Jr. D**, Yrizarry JM, Russell E presented at the 71st Annual Scientific Assembly of the Radiological Society of North America, Chicago, IL, November 17-22, 1985.

"Percutaneous transjejunal biliary dilatation: alternate management for benign strictures". Russell E, **Nuñez Jr. D**, Huber JS, Yrizarry JM, Hutson DG, Williams A presented at the 71st Annual Scientific Assembly of the Radiological Society of North America, Chicago, IL, November 17-22, 1985.

"Percutaneous management of upper abdominal fluid collection". **Nuñez Jr. D**, Yrizarry JM presented at the International Congress of Radiology". Hawaii, July 1985.

"Percutaneous nephrostomy: technical considerations and redefinition's for current applications". Marti A, **Nuñez Jr. D**, Lynne C presented at the Seventh Annual Residents Day, University of Miami/Jackson Memorial Medical Center, Miami, FL, May 1984. "Best Paper Award".

"Computed tomography of the psoas muscle". **Nuñez Jr. D**, Malave S, Leon E presented at the International Course and Symposium of Computed Tomography, Harvard Medical School, Las Vegas, NV, April 1980

"Pediatric angiography". **Nuñez Jr. D** presented at the Radiological Special Procedures Seminar, University of Miami School of Medicine, Miami, FL, March 1977.

"Retrieval techniques". **Nuñez Jr. D** presented at the Radiological Special Procedures Seminar, University of Miami School of Medicine, Miami, FL, March 1977.

"Tc pertechnetate vs. Tc DTPA in cerebral scintigraphy". **Nuñez Jr. D**, Shapiro R presented at the Interamerican Congress of Neuroradiology, Caracas, Venezuela, October 1975.

Scientific Exhibits:

Gonzalez-Beicos A, Fung AW, Sanchez M, **Nuñez Jr D**. Trauma to the ankylotic spine: Imaging spectrum of vertebral and soft tissue injuries. Exhibited at the Radiological Society of North America, Chicago IL, Dec 2005

Rao, S, Wasyliw C, **Nunez Jr. D.** Spectrum of Imaging findings in Hyperextension Injuries of the Neck. Exhibited at the Radiological Society of North America, Chicago IL, Dec 2003

Torres-Leon M, Munera F, **Nunez Jr. D** Vascular injuries of the neck and thoracic inlet: Helical CT/angiographic correlations. Exhibited at the Radiological Society of North America, Chicago.IL, Dec. 2002

Broder JD, **Nuñez Jr. D**. Spiral CT in trauma, indications and contributions to case management. Exhibited at the Radiological Society of North America Annual Meeting, Chicago, IL, November 1996.

Zuluaga A, **Nuñez Jr. D,** Fuentes D, Rivas L. Cervical Spine trauma series: How much do we learn by routinely using helical CT?. Exhibited at the Radiological Society of North America Annual Meeting, Chicago IL, November 1995.

Schill S, Kiszonas R, **Nuñez Jr. D** The widened dense mediastinum. Exhibited at the Radiological Society of North America Annual Meeting, Chicago IL, November 1995.

Fuentes-Bernardo DA, **Nuñez Jr. D**. Evaluation of intestinal and mesenteric injury following abdominal trauma: Usefulness and findings in CT. Exhibited at the American Roentgen Ray Society, Washington DC, May 1995.

Christoph CL, Posos G, Mata M, Kane-Takenfeld A, **Nuñez Jr. D**. Computed tomography of pediatric abdominal trauma. Exhibited at the American Roentgen Ray Society, Washington DC May 1995.

Gomez-Jorge J, **Nuñez Jr. D**, Lentz KA, Becerra JL, Henry RP.: "Trauma related abscesses and fluid collections: the value of imaging guided percutaneous interventions". Exhibited at the 80th Annual Meeting of the RSNA, Chicago, IL, November 1994.

LeBlang SD, Serafini A, **Nuñez Jr. D**, Montalvo BM, Post JD, et. al.: "The contribution of CT in penetrating neck injuries". Exhibited at the 80th Annual Meeting of the RSNA, Chicago, IL, November 1994.

Jacobs WE, Ahmad AA, Rivas L, **Nuñez Jr. D**: "The role of helical CT in the evaluation of traumatic vascular injury". Exhibited at 80th Annual Meeting of the RSNA, Chicago, IL, November 1994.

Nuñez Jr. D, Gomez-Jorge JT, Mendez KR, Lentz KA, Becerra JL, et. al.: "Posttraumatic angiography: spectrum of lesions treated with transcatheter interventions". Exhibited at the 80th Annual Meeting of the RSNA, Chicago, IL, November 1994.

Wester DJ, **Nuñez Jr. D**, Lentz KA, Martin LC: "Non operative management of liver lacerations: CT observations". Exhibited at the 80th Annual Meeting of the RSNA, Chicago, IL, November 1994.

LeBlang, Montalvo B, **Nuñez Jr. D**, Becerra JL, Kochan J, et. al.: Color doppler imaging in penetrating neck trauma. Exhibited at the ASNR 1994 Annual Meeting, Nashville, TN, May 1994.

LeBlang SD, Montalvo B, **Nuñez Jr. D**, Becerra JL, Kochan J, et. al.: "Color Doppler Imaging in Traumatic Neck Injuries." Exhibited at the Radiological Society of North America. Chicago, IL, 1993. Certificate of Merit Award RSNA

1993 Selected Scientific Winning Exhibit as a CD-ROM Supplement to Radiographics.

Ahmad AA, **Nuñez Jr. D**, Soto R, Echnique A, Montalvo B: "Spiral CT in the Evaluation of Blunt Abdominal Trauma." Exhibited at the Radiological Society of North America. Chicago, IL, 1993.

LeBlang SD, **Nuñez Jr. D**, Montalvo B, Lentz K, Becerra JL, et. al.: "Trauma center ultrasonography: newer applications impacting on case management." Exhibited at the Radiological Society of North America. Chicago, IL, 1993.

Ahmad AA, Coin CG, Soto RF, Echnique A, **Nuñez Jr. D**, et. al.: "Evaluation of Cervical Spine Injuries in Trauma Patients: Usefulness and Limitations of Plain Films, Conventional and Spiral Computed Tomography. Exhibited at the Radiological Society of North America. Chicago, IL, 1993.

Beerman R, **Nuñez Jr. D**: "Radiographic Evaluation of the Cocaine Smuggler." Exhibited at the Annual Roentgen Ray Society Meeting. Boston, MA, 1985.

Russell E, **Nuñez Jr. D**, Yrizarry J: "The Anatomical Aspects of Knee Arthrography." Exhibited at the Radiological Society of North America. Chicago, IL, 1978.

Nuñez Jr. D, Russell E, Yrizarry J: "Portosystemic Collaterals." Exhibited at the Special Procedures Seminar, Department of Radiology, University of Miami School of Medicine. Miami, FL, 1977.

VI. TEACHING

27. Teaching Awards Received:

"Best Teacher Award" Department of Radiology, Universidad Central de Venezuela Medical School - 1987.
"Best Teacher Award" Department of Radiology Hospital of St Raphael, Yale Medical School, 2005

28. Teaching Specialization:

1. Undergraduate:

a) Emergency Radiology Course to Junior Medical Students: 1 week/year consistent of plenary lectures and practical sessions (1992-1999).

b) Trauma Radiology Course - to Senior Medical Students on weekly sessions of 1 1/2 hours in the Department of Radiology at University of Miami (1996-1999).

2. Graduate:

Daily Emergency Radiology and NeuroRadiology case review and discussion with Radiology Residents at University of Miami (1992-1999), Brigham & Women Hospital (1999-2001) and Hospital of St Rapahel (2001 to present)

3. Housestaff:

Daily reviews and case discussions in Neuroradiology, Head and Neck and Emergency Radiology

29. Thesis and Dissertation Advising:

Advisor to senior scientific projects of graduating Radiology Residents and Fellows:

Lectures series in Neuroradiology and Head and Neck Radiology to Residents and Fellows of the Yale affiliated Radiology Programs (2001 to present)

Advisees and trainees at Hospital of St. Raphael: Mario Torres Leon, Sameet Rao, Christopher Wasyliw, Charles Lesh (2003-2005)

Advisees and trainees at Brigham and Women's Hospital: Brian Hu, Peter Halt, Sean Hilchey and Frank Rybicki (1999-2001)

Advisees and trainees at University of Miami Medical Center:

Steve Christie- Routine Subdural Windows in Brain CT examinations: Are they necessary? June 1999.

Al Rivera- Angiographic management of liver injuries, June 1999

Jon Broder – Helical CT in the Evaluation of Renal Colic, June 1998.

Barbara Knoll – Do we need the AP views to clear the cervical spine when using helical CT routinely? June 1998

Wendy Whittick, MD, "Helical CT of vascular injuries" June 1997.

Suzanne D. LeBlang, MD, "Helical CT angiography in penetrating neck injuries" June 1997.

Graciela Ruiz, MD, "CT Cystography in the Evaluation of Bladder Rupture" June 1996.

Sergio L. Selva, MD, "Transcatheter Embolization in Splenic Trauma" June 1996

Vicky Youngman, DO, "Transcatheter Embolization of Traumatic Hepatic Arterial Injuries" May, 1996.

Felipe Munera, MD, "Low Suspicion Gun Shot Wound to the Abdomen: Is there a Role for CT?" May, 1996.

Wayne Jacobs, M.D., "Helical CT in the evaluation of aortic injuries"

June, 1995.

Ed Franca, M.D., "Helical CT angiography in the evaluation of penetrating neck injuries" June, 1995.

Susan LeBlang, M.D., "A new approach for the diagnostic work-up of penetrating neck trauma" 1994. (Best paper award)

Adel Ahmad, M.D., "Plain film versus spiral CT in the evaluation of cervical spine injuries" 1994.

John Wester, M.D., "Nonoperative management of liver injuries: CT observations" 1994.

Kimberley Lentz, M.D., "Ultrasound evaluation of the traumatized abdomen" 1993. (Best paper award)

Alex Marti, M.D., "Percutaneous nephrostomy: technical considerations and re-definitions for current applications" 1984. (Best paper award)

VII SERVICE

30. University Committee and Administrative Responsibilities:

Capital Budget Committee Co-Chair, Hospital of St Raphael, 2003 to present

Graduate Medical Education Committee, Hospital of St Raphael.
Jan 2003 to present.

Emergency Department Physician Advisory Committee.
Hospital of St. Raphael. 2002-2004

PACS and Radiology Informatics Committee. Hospital of St Raphael. 2002

Emergency Medicine Chair Search Committee. Hospital of St Raphael 2004

Director of Postgraduate Education- Department of Radiology Brigham and Women's Hospital, Feb- Sept. 2001

Technical Operations Committee Department of Radiology Brigham and Women's Hospital, 1999

Trauma Quality Management Committee- Brigham and Women's Hospital, 1999

Emergency Services Steering Committee, Jackson Memorial Hospital, 1998

Resident Selection Committee. Department of Radiology, University of Miami School of Medicine, 1992, 1994, 1996.

Member - Medical School Curriculum Committee, 1996-1999.

Coordinator - Educational Programs and Fellowships for Visiting Radiologists Department of Radiology University of Miami/Jackson Memorial Medical Center, 1994-1998

International Health Center University of Miami/JMH 1996

United States Department of Transportation Multidisciplinary Crash Study Committee. Ryder Trauma Center - Jackson Memorial Medical Center, 1993.

Coordinator of Radiology Grand Rounds. University of Miami School of Medicine, 1993-1999.

Emergency Care Center Quality Assurance Committee. Jackson Memorial Medical Center, 1992-1999.

Trauma Quality Management Committee. Ryder Trauma Center - Jackson Memorial Medical Center, 1992-1999.

CURRICULUM VITAE

Name: William B. Zucconi, D.O.

Proposed for Appointment to: Assistant Clinical Professor, Department of Radiology

School: Yale University School of Medicine

Education:
BA. Studio Art, State University of NY at Geneseo, 1995
D.O. New York College of Osteopathic Medicine, 2001

Career/Academic Appointments:

1998-2002	Fellow, Dept. of Anatomy, New York College of Osteopathic Medicine
2000-2001	Instructor, Dept. of Anatomy, NY Institute of Technology, School of Allied Health
2001-2002	Transitional Year Intern, New York Hospital Queens, Flushing NY
2002-2006	Resident, Dept. of Radiology, Stony Brook University Hospital, Stony Brook NY
2005-2006	Chief Resident, Radiology, Stony Brook University Hospital, Stony Brook NY
2006-2007	Neuroradiology Fellow, Mount Sinai Medical Center, New York NY
2007- present	Radiologist, New Haven Radiology Associates, New Haven CT
2010- present	Assistant Clinical Professor of Radiology, Yale Medical School, Voluntary Faculty

Administrative Positions:

1998-1999	Student Representative to Curriculum committee, NYCOM
2004-2006	Resident representative to Radiology IT, QA and resident selection committees.
2005-2006	Chief Resident, Radiology, Stony Brook University Hospital, Stony Brook NY
2007-present	Institutional Review Board, Hospital of St. Raphael, New Haven CT
2010-present	Secretary, New Haven Radiology Associates.
2010-present	Member, Executive Committee, New Haven Radiology Associates.

Board Certification:

2006	American Board of Radiology, Diagnostic Radiology
2008	American Board of Radiology, Subspecialty Certification in Neuroradiology

Professional Honors & Recognition

A) International/National/Regional

2011:	Teacher of the Year Award, Dept. of Radiology, Hospital of St. Raphael
2006:	RSNA Resident Research Award

B) University

2006:	Resident Teacher of the Year Award, Dept. of Radiology, Stony Brook UH
2006:	Unknown Case of the Week Award, Dept. of Radiology, Stony Brook UH
2005:	Chief Resident, Radiology, Stony Brook University Hospital
1995:	First Place Award, 3D artwork, SUNY at Geneseo Student Art Exhibit

Lectures, Courses, Web-based Education:

2011 and 2012:	Sinonasal Imaging, Rhinology curriculum, Yale Otolaryngology Residency Program
2011 and 2012:	YDR Resident Neuroradiology ABR board review and lectures
2011:	Hospital of St. Raphael Spine Symposium on Spinal Tumors, "Imaging Neoplastic Disease of the Spine", Sept 2011
2010:	Resident ABR board reviews St. Vincent's Medical Center, Bridgeport CT
2007-2010:	Monthly lectures, varied topics Hosp of St. Raphael resident Neuroradiology curriculum.
2003-06:	3rd year medical student radiology lectures, Dept of Radiology SUNY Stony Brook.
2004-05:	Radiologic anatomy lectures to students of SUNY Stony Brook School of Radiologic Technology.
2000:	Anatomy Instructor, New York Institute of Technology, School of Allied Health.

Professional Organizations

2000-2001	American Association of Clinical Anatomists
2002-present	American College of Radiology
2010-present	Senior Member, American Society of Neuroradiology

BIBLIOGRAPHY:

Peer-Reviewed Manuscripts

Greenwald R, Tom S, Zucconi WB, et al. Carbon tin vibrational frequencies in substituted trimethylvinylstannanes, Main Group Metal Chemistry. 1994; 17(6): 435-8.

Zucconi WB, Guelfguat M, Solounias N. Approach to the Educational Opportunities Provided by Variant Anatomy, Illustrated by Discussion of a Duplicated Inferior Vena Cava. Clinical Anatomy 2002, 15(2): 165-168.

Cohen HL, Blummer SL, Zucconi WB. The sonographic double-track sign, not pathognomonic for hypertrophic pyloric stenosis; can be seen in pylorospasm. J Ultrasound Med 2004; 23:641-646.

Case Reports. Abstracts. Technical Notes. Letters. Exhibits. Illustrations

Abstract: Guelfguat M, Zucconi WB. Anomalous peroneus brevis muscle: anatomical and clinical significance (abstract). Clinical Anatomy 2000; 14(1). Also an Exhibit presented at Joined meeting of the American and British Associations of Clinical Anatomists, Cambridge University, UK. 7/21/00.

Zucconi WB, Guelfguat M, Solounias N. Approach to the Educational Opportunities Provided by Variant Anatomy, Illustrated by Discussion of a Duplicated Inferior Vena Cava. Exhibit: Joined meeting of the American and British Associations of Clinical Anatomists, Cambridge University, UK. 7/21/00.

Zucconi WB, Cohen HL, Newman J. et al. Tethered cord secondary to spinal lipoma. Ultrasound case of the day exhibit, RSNA 2004. November 28 –December 3.

Dougherty D, Cohen HL, Zucconi WB. Normal ovary simulating pericecal mass. Ultrasound case of the day exhibit, RSNA 2004. November 28 –December 3.

Brandman S, Gafton AR, Zucconi W, Nunez D. Did It Cross The Border? Limited and Aggressive Neck Infections. Poster Presentation, ASHNR 2008

Weinreb DB, Zucconi W, Aiken A, Gean AD, CT Perfusion imaging in acute stroke – basic concepts. Poster presentation ASNR, 2009.

Duffy P, Cameron SF, Dinauer P, Zucconi W. Femoroacetabular Impingement: A Resident-Oriented Review. Educational Exhibit, ARRS, 2010.

Illustrations:

Cover Illustration: Encyclopedia of Paleontology, Singer R (Editor) 1999, Volume 2.

Eugene JR, Iccochea R, Miglietta M, et al. The Pollack procedure, a one-stage treatment for hidradenitis suppurativa of the axilla, disease review. Contemporary Surgery 2000; 56(4): 226-235.

Greenfield M, Icochea R, Hoffman C, et al. Double lip: an unusual presentation. Cutis 2000; 66(4): 253-56.

Meyer GK, DeLaMora PA. Last Minute Pediatrics. New York, NY, McGraw Hill, 2004.

Cohen HL, Blummer SL, Zucconi WB. The sonographic double-track sign, not pathognomonic for hypertrophic pyloric stenosis; can be seen in pylorospasm. J Ultrasound Med 2004; 23:641-646.

Cohen HL, Kravets F, Zucconi WB, et al. Congenital abnormalities of the genitourinary system. Seminars in Roentgenology 2004; 39(2): 282-303.

Blummer SL, Zucconi WZ, Cohen HC, et al. The vomiting neonate: a review of the ACR appropriateness criteria and ultrasound's role in the workup of such patients. Ultrasound Quarterly 2004; 20(3):79-89.

Contributor (Selected Illustrations): ACR Professional Self Evaluation Series (PSE); Vol. 49 Gastrointestinal Disease VI, Fall, 2004

Computer animation: Femoroacetabular Impingement: A Resident-Oriented Review. Educational Exhibit, ARRS, 2010.

3. Reviews. Chapters. Books

Blummer SL, Zucconi WB, Cohen HC, et al. The vomiting neonate: a review of the ACR appropriateness criteria and ultrasound's role in the workup of such patients. Ultrasound Quarterly 2004; 20(3):79-89.

Cohen HL, Kravets F, Zucconi WB, et al. Congenital abnormalities of the genitourinary system. Seminars in Roentgenology 2004; 39(2): 282-303.

APPENDIX IV

YNHH DPH LICENSE

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0044

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493: Yale-New Haven Hospital, Inc. of New Haven, CT d/b/a Yale-New Haven Hospital, Inc. is hereby licensed to maintain and operate a General Hospital.

Yale-New Haven Hospital, Inc. is located at 20 York Street, New Haven, CT 06504.

The maximum number of beds shall not exceed at any time:
134 Bassinets
1407 General Hospital Beds

This license expires **September 30, 2013** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, October 1, 2011.

SATELLITES

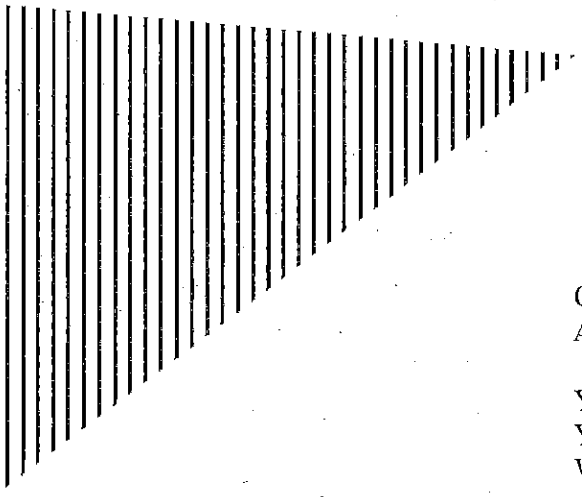
Hill Regional Career High School, 140 Legion Avenue, New Haven, CT
Branford High School Based Health Center, 185 East Main Street, Branford, CT
Walsh Middle School, 185 Damascus Road, Branford, CT
James Hillhouse High School Based Health Center, 480 Sherman Parkway, New Haven, CT
Weller Building, 425 George Street, New Haven, CT
Yale-New Haven Psychiatric Hospital, 184 Liberty Street, New Haven, CT
Yale-New Haven Shoreline Medical Center, 111 Goose Lane, Guilford, CT
Pediatric Dentistry Center, 860 Howard Avenue, New Haven, CT
YNHASC Temple Surgical Center, 60 Temple Street, New Haven, CT
YNHASC Women's Surgical Center, 40 Temple Street, New Haven, CT
Mauro-Sheridan School Based Health Center, 191 Fountain Street, New Haven, CT
Yale-New Haven Hospital Dental Center, 2560 Dixwell Avenue, Hamden, CT
Murphy School Based Health Center, 14 Brushy Plain Road, Branford, CT
P.T. Barnum Pediatric Center, 226 Mill Hill Avenue, Bridgeport, CT
Yale-New Haven Hospital-Saint Raphael Campus, 1450 Chapel Street, New Haven, CT
Adolescent Day Hospital, 646 George Street, New Haven, CT
Psychiatric Day Hospital, 1294 Chapel Street, New Haven, CT
Children's Psychiatric Day Hospital, 1450 Chapel Street, New Haven, CT
Elder Care Clinic, Atwater Clinic, 26 Atwater Street, New Haven, CT
Elder Care Clinic/Tower One, 18 Tower Lane, New Haven, CT
Elder Care Clinic/Casa Otonal, 135 Sylvan Avenue, New Haven, CT
Elder Care Clinic/Edith Johnson Tower, 114 Bristol Street, New Haven, CT
Evening Chemical Dependency Program, 1294 Chapel Street, New Haven, CT
Elder Care Clinic/Surfside, 200 Oak Street, West Haven, CT
Troup Magnet Academy School-Based Health Center, New Haven, CT
Adult PHP, 110 Sherman Avenue, Hamden, CT
Wheat, 674 Washington Avenue, West Haven, CT
Barnard Environmental Studies Magnet School, 170 Derby Avenue, New Haven, CT
Center for Women's Health/Midwifery & Chapel Pediatrics, 2 Ivy Brook Road, Suite 111, Shelton, CT
"Smiles 2 Go" Dental Mobile Van, 60 Commerce Street, East Haven, CT
Project Eldercare, 2080 Whitney Avenue, Suite 150, Hamden, CT
Chapel Pediatrics, 2080 Whitney Avenue, Suite 150, Hamden, CT
Shoreline Child and Adolescent Mental Health Services, 21 Business Park Drive, Branford, CT

License Revised to Reflect:
* Hospital of Saint Raphael merged with Yale-New Haven Hospital, Inc. effective 9/12/12

Jewel Mullen, MD, MPH, MPA
Commissioner

APPENDIX V

YNHH AUDITED FINANCIAL STATEMENTS 2012



Consolidated Financial Statements and Supplementary Information

Yale-New Haven Hospital, Inc. and Subsidiaries
Years Ended September 30, 2012 and 2011
With Report of Independent Auditors

Ernst & Young LLP

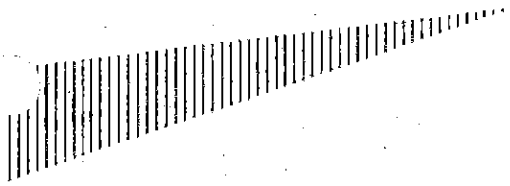
Ernst & Young

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidated Financial Statements
and Supplementary Information

Years Ended September 30, 2012 and 2011

Contents



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Report of Independent Auditors

Board of Trustees
Yale-New Haven Hospital, Inc.

We have audited the accompanying consolidated balance sheets of Yale-New Haven Hospital, Inc. and Subsidiaries (the "Hospital") as of September 30, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States and the standard applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Hospital's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Yale-New Haven Hospital, Inc. and Subsidiaries at September 30, 2012 and 2011, and the consolidated results of its operations and changes in its net assets and its cash flows for the years then ended in conformity with generally accepted accounting principles in the U.S.

As discussed in Notes 1 and 9 to the accompanying consolidated financial statements, in 2012 the Hospital changed its method of accounting for estimated insurance claims receivable and insurance claims liabilities with the adoption of Accounting Standards Update 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries.*

Ernst & Young LLP

December 21, 2012

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidated Balance Sheets

	September 30 2012	2011
	(In Thousands)	
Assets		
Current assets:		
Cash and cash equivalents	$ 64,557	$ 65,883
Short-term investments	613,360	402,559
Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately $59,610,000 in 2012 and $43,206,000 in 2011	202,909	167,383
Other receivables	48,641	56,201
Professional liabilities insurance recoveries receivable – current portion	15,739	13,514
Other current assets	47,394	24,630
Amounts on deposit with trustee in debt service fund	6,619	6,320
Total current assets	999,219	736,490
Assets limited as to use	105,688	129,997
Long-term investments	164,238	141,525
Deferred financing costs, less accumulated amortization	5,182	5,488
Professional liabilities insurance recoveries receivable – non-current	40,271	50,081
Goodwill	35,685	–
Other assets	177,199	129,845
Property, plant, and equipment:		
Land and land improvements	33,191	19,467
Buildings and fixtures	1,068,530	952,346
Equipment	426,413	419,565
	1,528,134	1,391,378
Less accumulated depreciation	601,670	566,850
	926,464	824,528
Construction in progress	63,603	43,207
	990,067	867,735
Total assets	$2,517,549	$2,061,161

	September 30	
	2012	2011
	(In Thousands)	
Liabilities and net assets		
Current liabilities:		
Accounts payable	$ **134,051**	$ 99,381
Accrued expenses	**168,508**	120,959
Professional liabilities- current portion	**15,739**	13,514
Current portion of long-term debt	**45,198**	10,185
Current portion of capital lease obligation	**55,292**	2,862
Other current liabilities	**2,926**	3,848
Total current liabilities	**421,714**	250,749
Long-term debt, net of current portion	**674,969**	509,022
Capital lease obligation, net of current portion	**52,237**	107,529
Accrued pension and postretirement benefit obligations	**280,718**	240,901
Professional liabilities	**105,313**	75,533
Other long-term liabilities	**180,195**	155,019
Deferred revenue	**53,625**	48,321
Total liabilities	**1,768,771**	1,387,074
Commitments and contingencies		
Net assets:		
Unrestricted	**676,008**	604,617
Temporarily restricted	**46,026**	43,947
Permanently restricted	**26,744**	25,523
Total net assets	**748,778**	674,087
Total liabilities and net assets	**$2,517,549**	$2,061,161

See accompanying notes.

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2012	**2011**
	(In Thousands)	
Operating revenue:		
Net patient service revenue	**$ 1,713,271**	$ 1,442,057
Other revenue	**47,684**	46,640
Total operating revenue	**1,760,955**	1,488,697
Operating expenses:		
Salaries and benefits	**757,263**	690,314
Supplies and other expenses	**758,058**	620,912
Depreciation	**73,101**	67,948
Insurance	**15,680**	13,376
Bad debts	**32,622**	26,390
Interest	**17,720**	16,867
Total operating expenses	**1,654,444**	1,435,807
Income from operations	**106,511**	52,890
Non-operating gains and losses, net	**24,098**	14,272
Excess of revenue over expenses	**130,609**	67,162

(Continued on next page.)

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets (continued)

	Year Ended September 30	
	2012	**2011**
	(In Thousands)	
Unrestricted net assets:		
Other changes in net assets	**$ 342**	$ (273)
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund	**(9,000)**	(12,000)
Transfer from Yale-New Haven Health Services Corporation	**2,900**	2,900
Net transfer from Yale-New Haven Network Corporation	**456**	6,250
Net assets released from restrictions for purchases of fixed assets	**258**	1,774
Pension and other postretirement liability adjustments	**(54,174)**	(28,727)
Increase in unrestricted net assets	**71,391**	37,086
Temporarily restricted net assets:		
Income from investments	**280**	512
Net realized gains on investments	**471**	3,065
Change in net unrealized gains and losses on investments	**6,394**	319
Bequests, contributions, and grants	**11,847**	15,280
Net assets released from restrictions for purchases of fixed assets	**(258)**	(1,774)
Net assets released from restrictions for free care	**(889)**	(782)
Net assets released from restrictions for operations	**(2,962)**	(5,003)
Net assets released from restrictions for clinical programs	**(12,804)**	(16,195)
Increase (decrease) in temporarily restricted net assets	**2,079**	(4,578)
Permanently restricted net assets:		
Change in beneficial interest in perpetual trusts	**1,221**	(733)
Increase (decrease) in permanently restricted net assets	**1,221**	(733)
Increase in net assets	**74,691**	31,775
Net assets at beginning of year	**674,087**	642,312
Net assets at end of year	**$ 748,778**	$ 674,087

See accompanying notes.

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended September 30	
	2012	2011
	(In Thousands)	
Cash flows from operating activities		
Increase in net assets	$ 74,691	$ 31,775
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation	73,101	67,948
Net realized and change in net unrealized gains and losses on investments	(60,465)	(21,801)
Change in fair value of interest rate swap agreements	7,318	4,421
Amortization of long-term debt premium	(854)	(885)
Amortization of deferred financing costs	306	317
Bad debts	32,622	26,390
Change in perpetual trusts	(1,221)	733
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund	9,000	12,000
Transfer from Yale-New Haven Health Services Corporation	(2,900)	(2,900)
Transfer from YNH- Network Corporation	(456)	(6,250)
Bequests, contributions and grants, net of restricted pledges	(14,807)	(16,941)
Pension and other postretirement liability adjustments	54,174	28,727
Changes in operating assets and liabilities:		
Accounts receivable, net	(68,148)	(58,328)
Other receivables	14,960	(20,152)
Other assets	7,593	(56,621)
Accounts payable	34,670	(1,597)
Accrued expenses	1,130	12,574
Professional insurance recoveries and liabilities	39,590	2,103
Other current liabilities, accrued pension and postretirement benefit obligations, other long-term liabilities, and deferred revenue	(32,851)	27,019
Net cash provided by operating activities	167,453	28,532
Cash flows from investing activities		
Net acquisitions of property, plant, and equipment	(97,254)	(79,667)
Capitalized interest	1,977	3,054
Cash paid for acquisition, net of cash acquired	(133,800)	—
Net change in investments	(173,049)	(27,189)
Increase in debt service fund	(299)	(1,696)
Assets whose use is limited	25,530	(65,079)
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund	(9,000)	(12,000)
Transfer from YNH Network Corporation	456	6,250
Transfer from Yale-New Haven Health Services Corporation	2,900	2,900
Net cash used in investing activities	(382,539)	(173,427)
Cash flows from financing activities		
Proceeds from issuance of debt	—	105,436
Proceeds from note payable	212,000	40,000
Payments on capital lease obligation	(2,862)	(2,622)
Repayments of long-term debt	(10,185)	(13,577)
Deferred financing costs	—	(1,956)
Bequests, contributions and grants, net of pledges	14,807	16,941
Net cash provided by financing activities	213,760	144,222
Net decrease in cash and cash equivalents	(1,326)	(673)
Cash and cash equivalents at beginning of year	65,883	66,556
Cash and cash equivalents at end of year	$ 64,557	$ 65,883

See accompanying notes.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2012

1. Organization and Significant Accounting Policies

Organization

Yale-New Haven Hospital, Inc. (the "Hospital") is a voluntary association incorporated under the General Statutes of the State of Connecticut. YNH Network Corporation ("YNHNC"), a Connecticut not-for-profit corporation, is the sole member of the Hospital, and serves as the sole member/parent for a delivery network of regional healthcare providers and related entities.

Yale-New Haven Health Services Corporation ("YNHHSC") is the sole member of YNHNC and two similar organizations. Each of these three tax-exempt organizations serves as the sole member/parent for its respective delivery network of regional healthcare providers and related entities. The Hospital continues to operate with a separate Board of Trustees, management staff and medical staff; however, YNHNC approves the Hospital's strategic plans, operating and capital budgets, and Board of Trustees appointments.

Acquisition

On September 12, 2012, the Hospital, Yale-New Haven Ambulatory Services Corporation ("ASC"), a wholly-owned subsidiary of YNHNC, Yale-New Haven Care Continuum Corporation ("YNHCCC"), a wholly owned subsidiary of YNHNC, and Medical Center Pharmacy and Home Care Center, Inc., a subsidiary of York Enterprise, Inc. ("York") which is a wholly owned subsidiary of YNHNC, acquired substantially all of the business, assets, and operations and assumed certain liabilities of the Saint Raphael Healthcare System, Inc. ("SRHS"), including substantially all of the assets of its wholly-owned subsidiary, the Hospital of Saint Raphael ("HSR"), a 511-bed acute care hospital located in New Haven, CT. Other affiliates of SRHS whose assets were acquired in connection with the transaction include the following:

- Saint Regis Health Center, Inc. d/b/a Sister Anne Virginie Grimes Health Center ("Grimes"), a tax-exempt, skilled nursing facility that operated with 120 licensed beds which was a wholly-owned subsidiary of SRHS. In connection with the transaction, YNHCCC acquired substantially all of the land, buildings, equipment and bed licenses associated with Grimes.

- Caritas Insurance Company, Ltd. ("Caritas") a Vermont-domiciled, captive insurance company licensed under Chapter 141 of Title 8 of the Vermont Statutes Annotated. Caritas is a tax-exempt supporting organization having the Hospital as its sole shareholder. Caritas provides excess professional liability coverage and general liability coverage. Caritas was a wholly-owned subsidiary of HSR.

1. Organization and Significant Accounting Policies (continued)

- Lukan Indemnity Company, Ltd. ("Lukan") a Bermuda-domiciled captive insurance company that provides primary professional liability coverage. Lukan was a wholly-owned subsidiary of HSR. In connection with the transaction, the Hospital acquired 100% of the stock of Lukan.

- DePaul Health Services Corporation ("DePaul") a Connecticut nonstock corporation which held interests in joint ventures and other assets on behalf of HSR. In connection with the transaction, ASC acquired certain interests in investments from DePaul.

- Saint Raphael Foundation, Inc. (the "Foundation") a tax-exempt fundraising foundation of HSR which was a subsidiary of SRHS. In connection with the transaction, certain assets of the Foundation were acquired by the Hospital.

The total consideration transferred by the Hospital, ASC, YNHCCC and York was approximately $237.9 million, including $160.0 million in cash and an installment payable plus the assumption of liabilities totaling $77.9 million, as follows (in thousands).

Cash consideration	$ 150,000
Installment payments	10,000
Assumption of liabilities	77,927
Total consideration transferred	$ 237,927

The acquisition of substantially all of the business, assets, and operations and assumption of liabilities of HSR included installment payments in the amount of $10 million payable in two equal installments in October 2012 and March 2013. The first installment payment of $5 million was made on October 12, 2012.

The Hospital and its affiliates have accounted for the business combination applying the acquisition method of accounting in accordance with Accounting Standards Codification Topic 805, *Business Combinations*.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The following table summarizes the estimated fair value of the assets acquired and liabilities assumed at the acquisition date. Determining the fair value of the assets acquired and liabilities assumed requires judgment and involves the use of significant accounting estimates and assumptions, including assumptions with respect to future cash inflows and outflows and discount rates, among others.

	Hospital	ASC	YNHCCC	York	Total
Assets acquired:					
Cash	$ 16,200	$ –	$ –	$ –	$ 16,200
Other current assets	7,240	–	–	187	7,427
Other receivables	7,400	–	–	–	7,400
Goodwill	35,685	–	–	–	35,685
Other long-term assets	53,771	12,500	700	–	66,971
Property, plant and equipment	100,156	–	4,075	13	104,244
	220,452	12,500	4,775	200	237,927
Liabilities assumed:					
Accrued expenses	36,419	–	775	–	37,194
Other long-term liabilities	40,733	–	–	–	40,733
Total	77,152	–	775	–	77,927
Assets and liabilities acquired	$ 143,300	$ 12,500	$ 4,000	$ 200	$ 160,000
Cash paid for acquisition	$ 150,000	$ –	$ –	$ –	$ 150,000
Installment payments	$ 10,000	$ –	$ –	$ –	10,000
Change in net assets					$ –

The Hospital recorded goodwill in the amount of $35.7 million. In determining the amount of goodwill, all assets acquired and liabilities assumed were measured at fair value as of the acquisition date. Factors contributing to goodwill that resulted from the acquisition include, but are not limited to, the efficiencies that will result from the combination of the campuses and their proximity.

YNHCCC, ASC and York each respectively paid amounts equal to the fair values for assets acquired, net of liabilities assumed, with cash provided by the Hospital.

The results of the business, assets, and operations acquired for the period September 12, 2012 through September 30, 2012 have been combined with the Hospital and included in the consolidated financial statements.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The following table summarizes amounts attributed to HRS since the acquisition date that are included in the accompanying consolidated financial statements (in thousands):

	Period From September 12, 2012 to September 30, 2012
Total operating revenue	$ 22,260
Total operating expense	23,532
Loss from operations	(1,272)
Non-operating gains and losses, net	71
Deficiency of revenue over expenses	$ (1,201)
Change in net assets:	
Unrestricted net assets	$ (1,201)
Temporarily restricted net assets	–
Permanently restricted net assets	–
Total change in net assets	$ (1,201)

The following table represents pro forma financial information, assuming the acquisition of HRS had taken place October 1, 2010. The pro forma information includes adjustments for the amortization of intangible assets. The pro forma financial information is not necessarily indicative of the results of operations as they would have been had the transaction been effected on the acquisition date (in thousands).

	Year Ended September 30	
	2012	2011
Total operating revenue	$ 2,257,918	$ 1,993,214
Total operating expense	2,162,129	1,937,853
Gain from operations	95,789	55,361
Non-operating gains and losses, net	25,465	14,665
Excess of revenue over expenses	$ 121,254	$ 70,026
Change in net assets:		
Unrestricted net assets	$ 74,634	$ (1,616)
Temporarily restricted net assets	(2,389)	(2,507)
Permanently restricted net assets	921	(2,712)
Total change in net assets	$ 73,166	$ (6,835)

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Principles of Consolidation

The accompanying consolidated financial statements present the accounts and transactions of the Hospital and its wholly-owned subsidiaries Caritas and Lukan. All significant intercompany revenue and expenses and intercompany balance sheet accounts have been eliminated in consolidation.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, including estimated uncollectibles for accounts receivable for services to patients, and liabilities, including estimated net settlements with third-party payors and professional liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the amounts of revenue and expenses reported during the period. There is at least a reasonable possibility that certain estimates will change by material amounts in the near term. Actual results could differ from those estimates.

During fiscal 2012 and 2011, the Hospital recorded a change in estimate of approximately $10.2 million and $10.6 million, respectively. Included in the change are amounts related to favorable third-party payor settlements at September 30, 2012 and 2011, respectively.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose and appreciation on permanently restricted net assets. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity. The Hospital is a partial beneficiary to various perpetual trust agreements. Assets recorded under these agreements are recognized at fair value. The investment income generated from these trusts is unrestricted and the assets are classified as permanently restricted.

The restricted funds investments are pooled with unrestricted investments to facilitate their management. Investment income is allocated to the restricted funds using the market value unit method. The Board of Trustees approves spending for certain pooled funds based on total return. Realized gains and losses from the sale of securities are computed using the average cost method.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Contributions, including unconditional promises to give, are recognized as revenue in the period received. Conditional promises to give are not recognized until the conditions on which they depend are substantially met.

Contributions receivable to be received after one year are discounted at a discount rate commensurate with the risks involved. Amortization of the discount is recognized as revenue and is classified as either unrestricted or temporarily restricted in accordance with donor imposed restrictions, if any, on the contributions.

Contributions receivable, included in other receivables and other assets in the accompanying consolidated balance sheets at September 30, 2012 and 2011, are expected to be received as follows (in thousands):

	September 30	
	2012	**2011**
Less than one year	**$ 1,596**	$ 1,187
One to five years	**2,054**	1,662
	3,650	2,849
Less unamortized discount on contributions receivable (0.2% to 4.2%)	**(108)**	(174)
	3,542	2,675
Allowance for uncollectible contributions	**(106)**	(80)
	$ 3,436	$ 2,595

Donor Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. All gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets.

1. Organization and Significant Accounting Policies (continued)

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid financial instruments with original maturities of three months or less when purchased, which are not classified as assets limited as to use and which are not maintained in the short-term or long-term investment portfolios.

Cash and cash equivalents are maintained with domestic financial institutions with deposits that exceed federally insured limits. It is the Hospital's policy to monitor the financial strength of these institutions.

Accounts Receivable

Patient accounts receivable result from the health care services provided by the Hospital. Additions to the allowance for doubtful accounts result from the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance for doubtful accounts.

The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators. See Note 2 for additional information relative to third-party payor programs.

Investments

The Hospital has designated its investment portfolio as trading. Investment income or loss (including realized gains and losses on investments, interest and dividends) and the change in net unrealized gains and losses are included in the excess of revenue over expenses unless the income or loss is restricted by donor or law.

Investments in equity securities with readily determinable fair values and investments in debt securities are measured at fair value (quoted market prices) in the accompanying consolidating balance sheets.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The Hospital participates in the Yale New Haven Health System Investment Trust (the "Trust"), a unitized Delaware Investment Trust created to pool assets for investment by the Health System non-profit entities. The Trust is comprised of two pools: the Long-Term Investment Pool ("L-TIP") and the Intermediate-Term Investment Pool ("I-TIP"). Governance of the Trust is performed by the Yale New Haven Health System Investment Committee.

Under the terms of the investment management agreement with the Trust, withdrawals of the Hospital's investment in the L-TIP can be made annually by the Hospital on July 1. Amounts withdrawn are subject to a schedule that allows larger withdrawals with longer notice periods. As of September 30, 2012, the Hospital can withdraw 100% of its investment in the L-TIP on July 1, 2013. Withdrawals of the Hospital's investment in the I-TIP in any amount can be made quarterly with 30 days advance notice.

Certain alternative investments (non-traditional, not-readily-marketable assets) are structured such that the Hospital holds limited partnership interests or pooled units and are accounted for under the equity method and utilizing Yale University's (the "University") reported net asset value per unit for measurement of the units' fair value for the Yale University investment.

Individual investment holdings within the alternative investments may, in turn, include investments in both non-marketable and market-traded securities. Valuations of those investments and, therefore, the Hospital's holdings may be determined by the investment manager or general partner. Fund of funds investments are primarily based on financial data supplied by the underlying investee funds. Values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment. The equity method reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses. The investments may indirectly expose the Hospital to securities lending, short sales of securities, and trading in futures and forwards contracts, options, swap contracts and other derivative products. While these financial instruments may contain varying degrees of risk, the Hospital's risk with respect to such transactions is limited to its capital balance in each investment. The financial statements of the investees are audited annually by independent auditors. The Hospital has made investment commitments of approximately $80.9 million in these alternative investments, of which approximately $77.4 million has been funded as of September 30, 2012.

1. Organization and Significant Accounting Policies (continued)

The Trust has an agreement with the University's investment office (the "Investment Management Agreement") which allows the University to manage a portion of the Trust's investments as part of the University's Endowment Pool (the "Pool"). Under the terms of the agreement for the years ended September 30, 2012 and 2011, the Trust transferred $50.0 million and $100.0 million, respectively, to the University in exchange for units in the Pool. The Trust's interest in the Pool is reported at fair value based on the net asset value per units held. The Pool invests in domestic equity, foreign equity, absolute return, private equity, real estate, fixed income and cash.

Under the terms of the investment management agreement with the University, withdrawals of the Trust's investment in the Pool can be made annually by the Trust on July 1. For withdrawals of amounts less than $150.0 million or 75% of the Trust's investment in the Pool, $100.0 million or 50% of the Trust's investment in the Pool, and $50.0 million or 25% of the Trust's investment in the Pool, the advance notice period is set to a maximum of 180 days, 90 days, and 30 days, respectively, prior to the University's fiscal year ending June 30. For withdrawals greater than $150.0 million or more than 75% of the Trust's investment in the Pool, the advance notice period is set to a maximum of 270 days prior to the University's fiscal year end of June 30.

In March 2006, the Hospital entered into an arrangement with the University whereby the University will manage certain Board-designated assets of the Hospital. These Board-designated assets are commingled in the University's endowment pool. At September 30, 2012 and 2011, the carrying value of assets managed by the University under this arrangement was approximately $8.5 million and $8.6 million, respectively. Because of the limitations on their use, the assets are separately classified from assets invested under the Investment Management Agreement.

In 2011, the investment management agreement between the Trust and the University was modified to allow the Trust to obtain a cash advance, up to a maximum of $75 million, on a monthly basis. For these advances interest of U.S. Prime rate, plus two percent (2%) will be paid by the Trust. Repayments on the advances are made by the Trust by way of redemptions of a sufficient number of Trust's units in the Endowment using the June 30th unit valuation. No advances have been requested or taken by the Trust.

Short-term investments represent those securities that are available for the Hospital's operations and can be converted to cash within one year.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Inventories

Inventories are stated at the lower of cost or market. The Hospital values its inventories using the first-in, first-out method with the exception of pharmacy inventories, which are valued at average cost.

Assets Limited as to Use

Assets so classified represent assets held by trustees under indenture agreements, beneficial interest in perpetual trusts and designated assets set aside by the Board of Trustees for future capital improvements and other Board approved uses. The Board of Trustees retains control and, at its discretion, may use for other purposes assets limited as to use for plant improvements and expansion. Amounts required to meet current liabilities are reported as current assets. These funds primarily consist of U.S. government securities, mutual funds, and money market funds.

Perpetual Trusts

The Hospital is the beneficiary of certain perpetual trusts held and administered by others. The present values of the estimated future cash receipts, which are measured based on the fair value of the assets held by the trust, are recognized as assets and contribution revenues at the dates the trusts are established. Distributions from the trusts related to earnings and investment income are recorded as contributions and the carrying value of the assets is adjusted for changes in the fair value.

Interest Rate Swap Agreements

The Hospital utilizes interest rate swap agreements to reduce risks associated with changes in interest rates. Interest rate swap agreements are reported at fair value. The Hospital is exposed to credit loss in the event of non-performance by the counterparties to its interest rate swap agreements. The Hospital is also exposed to the risk that the swap receipts may not offset its variable rate debt service. To the extent these variable rate payments do not equal variable interest payments on the bonds, there will be a net loss or net benefit to the Hospital.

1. Organization and Significant Accounting Policies (continued)

Benefits and Insurance

The Hospital is effectively self-insured for medical, hospitalization, and prescription drug benefits provided to employees. The Hospital makes annual contributions to the YNHHSC Voluntary Employee Beneficiary Association ("VEBA") plan to fund medical, dental, hospitalization, group term life insurance and prescription drug benefits. Annually, premiums are set to reflect the estimated cost of benefits. During the years ended September 30, 2012 and 2011, the Hospital made actuarially determined contributions, net of premium adjustments, to the VEBA plan of approximately $102.4 million and $89.3 million, respectively.

The Hospital is self-insured for workers' compensation claims. Estimated amounts are accrued for claims, including claims incurred but not reported ("IBNR") and are based on Hospital-specific experience. At September 30, 2012 and 2011, the estimated discounted liabilities for self-insured workers' compensation claims and IBNR aggregated approximately $13.3 million, discounted at 3.0%, and $13.4 million, discounted at 3.5%, respectively, and are included in accrued expenses in the accompanying consolidated balance sheets.

Professional Liability Insurance

The Hospital participates in the YNHHSC coordinated professional liability program. Based on the terms of the agreement with YNHHSC, the Hospital records the actuarially determined liabilities for IBNR professional and general liabilities and has recorded a deposit (asset) for liabilities transferred in the year ended September 30, 1998.

Property, Plant, and Equipment

Property, plant, and equipment purchased are carried at cost and those acquired by gifts and bequests are carried at fair value established at date of contribution. The carrying amounts of assets and the related accumulated depreciation are removed from the accounts when such assets are disposed of and any resulting gain or loss is included in income from operations. Depreciation of property, plant, and equipment is computed by the straight-line method in amounts sufficient to depreciate the cost of the assets over their estimated useful lives ranging from 3 to 50 years. The cost of additions and improvements are capitalized and expenditures for repairs and maintenance, including the cost of replacing minor items not considered substantial enhancements, are expensed as incurred.

1. Organization and Significant Accounting Policies (continued)

The Hospital and the Housing Authority of New Haven ("HANH") have entered into an agreement to swap parcels of land on the Legion/Howard/Sylvan/Ward block located in New Haven, Connecticut. As part of the key terms of the agreement, HANH has pledged an account to the Hospital in the amount of $5.7 million. The pledged account was established at the time the Hospital conveyed the land to HANH in July 2010. In the event that HANH fails to meet certain requirements of the agreement, including conveying its land parcel to the Hospital, the Hospital has the right to withdraw from the pledged account in the amount of $5.2 million, unless the pledged account is extended with an annual increase of approximately $180,000. As of September 30, 2012, no events have occurred that would require an increase to the pledged account or that would require the Hospital to withdraw funds from the pledged account.

Goodwill

Goodwill is not amortized but instead tested at least annually for impairment or more frequently when events or changes in circumstances indicate that the assets might be impaired. This impairment test is performed annually at the reporting unit level. The Hospital evaluates goodwill at the entity level as management has determined that the Hospital's operation comprise a single reporting entity. Goodwill is considered to impaired if the carrying value of the reporting unit, including goodwill, exceeds the reporting unit's fair value. Reporting unit fair value is estimated using both income (discounted cash flows) and market approaches.

The discounted cash flow approach requires the use of assumptions and judgments including estimates of future cash flows and the selection of discount rates. The market approach relies on comparisons to publicly traded stocks or to sales of similar companies. The Hospital has determined that no goodwill impairment exists at September 30, 2012.

Deferred Revenue

Deferred revenue includes amounts which have been received that relate to future years. Amounts will be reduced as revenue is earned.

Excess of Revenue Over Expenses

In the accompanying statements of operations and changes in net assets, excess of revenue over expenses is the performance indicator. Peripheral or incidental transactions are included in excess of revenue over expenses. Those gains and losses deemed by management to be closely

1. Organization and Significant Accounting Policies (continued)

related to ongoing operations are included in other revenue; other gains and losses are classified as non-operating gains and losses. Included in non-operating gains and losses are expenses incurred related to the acquisition of the Saint Raphael.

Consistent with industry practice, contributions of, or restricted to, property, plant, and equipment, transfers of assets to and from affiliates for other than goods and services, and pension and other post-retirement liability adjustments are excluded from the performance indicator but are included in the changes in net assets.

Income Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the "Code"), and is exempt from Federal income taxes on related income pursuant to Section 501(a) of the Code. The Hospital also is exempt from state income tax.

Operating Expenses

The Hospital records amounts received from the University, area hospitals and other local healthcare providers for costs incurred on behalf of those organizations as reductions to expenses. For the years ended September 30, 2012 and 2011, the Hospital recorded approximately $52.9 million as reductions to expenses.

Deferred Financing Costs

The Hospital capitalizes costs incurred in connection with the issuance of long-term debt and amortizes these costs over the life of the respective obligations using the effective interest method.

Impairment of Assets

The Hospital reviews property, equipment and intangible assets for impairment whenever events or changes in circumstances indicate that the carrying amount of the assets may not be recoverable. If such impairment indicators are present, the Hospital recognizes a loss on the basis of whether these amounts are fully recoverable.

1. Organization and Significant Accounting Policies (continued)

Change in Accounting Principle

In August 2010, the Financial Accounting Standards Board ("FASB") issued ASU 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*, which provides clarification to companies in the health care industry on the accounting for and presentation of professional and similar contingent liabilities. Under the new guidance, these liabilities should not be presented net of insurance recoveries and an insurance recovery receivable should be recognized on the same basis as the liabilities, subject to the need for a valuation allowance for uncollectible accounts. The new guidance became effective for the Hospital as of October 1, 2011. The Hospital elected to retrospectively adopt the guidance as of October 1, 2010. The adoption resulted in an increase to current assets and liabilities of approximately $13.5 million and an increase to long-term assets and liabilities of approximately $50.1 million as of September 30, 2011. The adoption did not affect the Hospital's financial condition, net results of operations, or cash flows.

New Accounting Pronouncements

In July 2011, the FASB issued Accounting Standards Update No. 2011-07, "Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities" ("ASU 2011-07"). Under ASU 2011-07, provision for bad debts related to patient service revenue will be presented as a deduction from patient service revenue (net of contractual allowances and discounts) on the statement of operations with enhanced footnote disclosure on the policies for recognizing revenue and assessing bad debts. The Hospital will adopt the presentation changes to the statement of operations for periods beginning after December 15, 2011.

In August 2010, the FASB issued Accounting Standards Update ("ASU") 2010-23, *Measuring Charity Care for Disclosure*. The new guidance requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided. Separate disclosure of the amount of any cash reimbursements received for providing charity care must also be disclosed. The new disclosure requirements became effective for the Hospital on October 1, 2011 and are included in the accompanying consolidated financial statements for all periods presented.

1. Organization and Significant Accounting Policies (continued)

Reclassifications

Certain reclassifications have been made to the year ended September 30, 2011 balances previously reported in the balance sheets in order to conform with the year ended September 30, 2012 presentation.

2. Accounts Receivable for Services to Patients and Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. The difference is accounted for as allowances. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, fee-for-service, discounted charges and per diem payments. Net patient service revenue is affected by the State of Connecticut Disproportionate Share program, includes premium revenue and is reported at the estimated net realizable amounts due from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations.

Third-party payor receivables included in other receivables were $28.4 million and $31.1 million at September 30, 2012 and 2011, respectively. Third-party payor receivables included in other long-term assets were $16.7 million and $12.3 million at September 30, 2012 and 2011, respectively. Third-party payor liabilities included in other current liabilities were $2.8 million and $1.3 million at September 30, 2012 and 2011, respectively. Third-party payor liabilities included in other long-term liabilities were $28.6 million and $28.3 million at September 30, 2012 and 2011, respectively.

The Hospital has established estimates based on information presently available, of amounts due to or from Medicare, Medicaid and third-party payors for adjustments to current and prior year payment rates, based on industry-wide and Hospital-specific data. Such amounts are included in the accompanying balance sheets.

Additionally, certain payors' payment rates for various years have been appealed by the Hospital. If the appeals are successful, additional income applicable to those years might be realized.

2. Accounts Receivable for Services to Patients and Net Patient Service Revenue (continued)

Revenue from Medicare and Medicaid programs accounted for approximately 27% and 14%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2012 and approximately 29% and 14%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2011. Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 30% and 29%, respectively, for the year ended September 30, 2012 and approximately 31% and 28%, respectively, for the year ended September 30, 2011. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and are subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term.

The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing except as disclosed in Note 10. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Hospital. Cost reports for the Hospital, which serve as the basis for final settlement with government payors, have been settled by final settlement through 2006 for Medicare and 1995 for Medicaid. Other years remain open for settlement.

The significant concentrations of accounts receivable for services to patients include 28% from Medicare, 11% from Medicaid, and 61% from non-governmental payors at September 30, 2012 and 30% from Medicare, 8% from Medicaid, and 62% from non-governmental payors at September 30, 2011.

Net patient service revenue is comprised of the following for the years ended September 30, 2012 and 2011 (in thousands):

	2012	2011
Gross revenue from patients	**$ 5,740,304**	$ 4,443,296
Deductions:		
Contractual allowances	**3,948,050**	2,939,940
Charity and free care (at charges)	**78,983**	61,299
Net patient service revenue	**$ 1,713,271**	$ 1,442,057

3. Uncompensated Care and Community Benefit Expense

The Hospital's commitment to community service is evidenced by services provided to the poor and benefits provided to the broader community. Services provided to the poor include services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured.

The Hospital makes available free care programs for qualifying patients. In accordance with the established policies of the Hospital, during the registration, billing and collection process a patient's eligibility for free care funds is determined. For patients who were determined by the Hospital to have the ability to pay but did not, the uncollected amounts are classified as bad debt expense. For patients who do not avail themselves of any free care program and whose ability to pay cannot be determined by the Hospital, care given but not paid for, is classified as charity care.

Together, charity care and bad debt expense represent uncompensated care. The estimated cost of total uncompensated care is approximately $69.8 million and $55.9 million for the years ended September 30, 2012 and 2011, respectively. The estimated cost of uncompensated care is based on the ratio of cost to charges, as determined by claims activity.

The estimated cost of charity care provided was $47.8 million and $32.3 million for the years ended September 30, 2012 and 2011, respectively. The estimated cost of charity care is based on the ratio of cost to charges. The allocation between bad debt and charity care is determined based on management's analysis on the previous 12 months of hospital data. This analysis calculates the actual percentage of accounts written off or designated as bad debt versus charity care while taking into account the total costs incurred by the hospital for each account analyzed.

For the years ended September 30, 2012 and 2011, bad debt expense, at charges, was $32.6 million and $26.4 million, respectively. The bad debt expense is multiplied by the ratio of cost to charges for purposes of inclusion in the total uncompensated care amount identified above.

The Connecticut Disproportionate Share Hospital Program ("CDSHP") was established to provide funds to hospitals for the provision of uncompensated care and is funded, in part, by a 1% assessment on hospital net inpatient service revenue. During the years ended September 30, 2012 and 2011, the Hospital received $73.2 million and $33.0 million, respectively, in CDSHP distributions, of which approximately $51.9 million and $23.0 million was related to charity care. The Hospital made payments into the CDSHP of $56.5 million and $14.1 million for the years ended September 30, 2012 and 2011, respectively, for the 1% assessment.

3. Uncompensated Care and Community Benefit Expense (continued)

Additionally, the Hospital provides benefits for the broader community which includes services provided to other needy populations that may not qualify as poor but need special services and support. Benefits include the cost of health promotion and education of the general community, interns and residents, health screenings, and medical research. The benefits are provided through the community health centers, some of which service non-English speaking residents, disabled children, and various community support groups. The Hospital voluntarily assists with the direct funding of several City of New Haven programs, including an economic development program and a youth initiative program.

In addition to the quantifiable services defined above, the Hospital provides additional benefits to the community through its advocacy of community service by employees. The Hospital's employees serve numerous organizations through board representation, membership in associations and other related activities. The Hospital also solicits the assistance of other healthcare professionals to provide their services at no charge through participation in various community seminars and training programs.

4. Investments and Assets Limited as to Use

The composition of investments, including investments held by the Trust, amounts on deposit with trustee in debt service fund and assets limited as to use is set forth in the following table (in thousands):

	2012	2011
Money market funds	$ 156,663	$ 108,579
U.S. equity securities	28,378	11,113
U.S. equity securities –common collective trusts	6,331	33,319
International equity securities (a)	40,019	37,523
Fixed income:		
U.S. government	87,329	41,719
U.S. government – common collective trusts	82,872	58,205
International government (b)	43,236	31,704
Commodities	676	1,010
Hedge funds:		
Absolute return (c)	48,614	44,783
Long/short equity (d)	12,205	12,653
Real estate (e)	9,905	10,168
Interest in Yale University endowment pool (f)	361,550	278,719
Perpetual trusts (g)	12,127	10,906
Total	$ 889,905	$ 680,401

4. Investments and Assets Limited as to Use (continued)

(a) Investments with external international equity and bond managers that are domiciled in the United States. Investment managers may invest in American or Global Depository Receipts (ADR, GDR) or in direct foreign securities.

(b) Investments with external commodities futures manager.

(c) Investment with external multi-strategy fund of funds manager investing in publicly traded equity and credit holdings which may be long or short positions.

(d) Investment with an external long-short equity fund of funds manager with underlying portfolio investments consisting of publicly traded equity positions.

(e) Investments with external direct real estate managers and fund of funds managers. Investment vehicles include both closed end REITs and limited partnerships.

(f) Yale University Endowment Pool maintains a diversified investment portfolio, through the use of external investment managers operating in a variety of investment vehicles, including separate accounts, limited partnerships and commingled funds. The pool combines an orientation to equity investments with an allocation to non-traditional asset classes such as an absolute return, private equity, and real assets.

(g) Investments consist of several domestic and international equity and fixed income mutual funds, REITs, commodities and money market funds. There is also an investment in a hedge fund of funds.

The Hospital's ownership percentage of the Trust was approximately 85.8% and 85.2% as of September 30, 2012 and 2011, respectively. The Hospital's prorata portion of the Trust's investments are included above in the table.

Included in assets limited as to use at September 30, 2012 are funds to be used for the various renovations and expansion at the Hospital which was funded by the Series M bond (see Note 7). These funds consisted of money market funds of approximately $13.3 million and $60.7 million at September 30, 2012 and 2011, respectively.

5. Endowment

The Hospital's endowment includes donor-restricted endowment funds. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

5. Endowment (continued)

The Hospital has interpreted the Connecticut Uniform Prudent Management of Institutional Funds Act ("CUPMIFA") as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Hospital classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment related to the Hospital's beneficial interest in perpetual trusts made in accordance with the direction of the applicable donor gift instrument at the time of the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital in a manner consistent with the standard of prudence prescribed by CUPMIFA. In accordance with CUPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the fund; (2) the purposes of the Hospital and the donor-restricted endowment fund; (3) general economic conditions; (4) the possible effect of inflation and deflation; (5) the expected total return from income and the appreciation of investments; (6) other resources of the Hospital; and (7) the investment and spending policies of the Hospital.

Changes in endowment net assets for the year ended September 30, 2012 are as follows (in thousands):

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ 37,338	$ 25,523	$ 62,861
Investment return:			
Investment income	249	–	249
Net appreciation (realized and unrealized)	6,213	–	6,213
Total investment return	6,462	–	6,462
Contributions	2	–	2
Appropriation of endowment assets for expenditure	(7,124)	–	(7,124)
Other changes:			
Change in value of beneficial interest trusts	–	1,221	1,221
Endowment net assets, end of year	$ 36,678	$ 26,744	$ 63,422

5. Endowment (continued)

Changes in endowment net assets for the year ended September 30, 2011 are as follows (in thousands):

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ 41,829	$ 26,256	$ 68,085
Investment return:			
Investment income	443	–	443
Net appreciation (realized and unrealized)	3,104	–	3,104
Total investment return	3,547	–	3,547
Contributions	2	–	2
Appropriation of endowment assets for expenditure	(8,040)	–	(8,040)
Other changes:			
Change in value of beneficial interest trusts	–	(733)	(733)
Endowment net assets, end of year	$ 37,338	$ 25,523	$ 62,861

	September 30 2012	2011
	(*in thousands*)	
The portion of perpetual endowment funds subject to a time restriction under CUPMIFA:		
Without purpose restrictions	$ 8,297	$ 8,478
With purpose restrictions	28,381	28,860
Total endowment funds classified as temporarily restricted net assets	$ 36,678	$ 37,338

Return Objectives and Risk Parameters

The Hospital has adopted investment and spending policies for endowed assets that attempt to provide a predictable stream of funding to programs supported by its endowment. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity.

Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce results that over time provide a rate of return that meets the spending policy objectives adjusted for inflation. Actual returns in any given year may vary from this amount.

5. Endowment (continued)

Strategies Employed for Achieving Objectives

To satisfy its long-term rate of return objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Hospital targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

Spending Policy and How the Investment Objectives Relate to Spending Policy

The Hospital has a policy of appropriating for distribution each year based on a combination of the weighted average of the prior year spending adjusted for inflation and the amount that would have been spent using a predetermined percentage of the current market value of the endowment fund. In establishing this policy, the Hospital considered the long-term expected return on its endowment.

6. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes (in thousands):

	September 30	
	2012	**2011**
Plant improvement and expansion	**$ 568**	$ 441
Specific hospital operations, teaching, research, free care, and training	**45,458**	43,506
	$ 46,026	$ 43,947

Permanently restricted net assets of approximately $26.7 million and $25.5 million at September 30, 2012 and 2011, respectively, consist of donor restricted endowment principal and beneficial interests in perpetual trusts. The income generated from permanently restricted funds is expendable for purposes designated by donors, including research, free care, health care, and other services.

7. Debt

A summary of debt is as follows (in thousands):

	September 30 2012	2011
Hospital revenue bonds financed with the State of Connecticut Health and Educational Facilities Authority ("CHEFA"):		
Series J (5.12% effective interest rate)	**$ 159,110**	$ 164,295
Series K (3.11% effective interest rate)	**94,955**	98,305
Series L (3.68% effective interest rate)	**107,460**	107,460
Series M (5.24% effective interest rate)	**100,175**	101,825
Bank line of credit payable	**187,000**	–
Bank line of credit payable	**25,000**	–
Capital lease obligation – November 2010	**53,827**	55,309
Capital lease obligation – December 2010	**53,702**	55,082
Bank note payable (0.08% effective interest rate)	**40,000**	40,000
	821,229	622,276
Add: premium	**6,467**	7,322
Less: current portion	**(100,490)**	(13,047)
	$ 727,206	$ 616,551

In September 2006, the Hospital issued Series J revenue bonds totaling approximately $280.9 million. The proceeds, including a premium of approximately $10.1 million, were used to finance a portion of the construction costs of the Cancer Hospital, and to pay for bond issuance costs. The bond premium was being amortized and was included in capitalized interest through March 2010. As of the opening of the Cancer Hospital, the bond premium was amortized in the statement of operations. The Series J revenue bonds were issued in three sub-series as follows: (1) Series J-1, approximately $174.4 million, consisting of approximately $83.7 million of serial bonds and approximately $90.7 million in term bonds bearing interest at 5% per annum; (2) Series J-2, approximately $40.0 million of revenue bonds bearing interest at 3.65% at September 30, 2007; (3) Series J-3, approximately $66.5 million of revenue bonds bearing interest 3.70% at September 30, 2007. Series J-2 and J-3 revenue bonds were refunded during the year ended September 30, 2008 by the issuance of Series L revenue bonds.

In May 2008, the Hospital issued Series K and Series L revenue bonds totaling approximately $216.6 million. The Series K revenue bonds were issued as Variable Rate Demand Bonds ("VRDBs") in two sub-series, Series K-1 and K-2, approximately $54.6 million each, with an effective rate of 1.1% in 2011 and 2010. The proceeds from the Series K issuance were used to

7. Debt (continued)

refund the Series I revenue bonds. The Series L revenue bonds were issued as VRDBs in two sub-series, Series L-1 and L-2, approximately $53.7 million each, with an effective rate of 0.8% in 2012 and 2011. The proceeds from the Series L issuance were used to refund the Series J-2 and J-3 revenue bonds.

Both the Series K and Series L VRDBs are required to be supported by letter of credit facilities ("LOCs") which have been executed with two financial institutions. These LOCs are scheduled to expire on May 2, 2016 and May 14, 2016.

In December 2010, the Hospital issued Series M revenue bonds totaling approximately $104.4 million. The proceeds, including a premium of approximately $1.0 million, are being used to finance costs for the expansion and renovations to the Adult Emergency Department, the purchase and installation of machinery and equipment, various renovations and improvements to the Hospital's infrastructure, and to pay for bond issuance costs. The bond premium is being amortized and is included in capitalized interest. The Series M revenue bonds were issued as one series consisting of approximately $33.9 million of serial bonds bearing interest at 4.69%, and approximately $17.6 million, $17.8 million, and $35.1 million in term bonds bearing interest at 5.25%, 5.75%, and 5.50%, respectively, per annum.

On August 30, 2011, the Hospital entered into a loan agreement with Bank of America, N.A. (the "Bank") for $40.0 million. The Hospital agreed to repay the Bank the aggregate principal amount in five equal annual payments of $8.0 million, beginning on October 1, 2012. The loan bears interest at a rate equal to LIBOR plus 0.50% per annum with an option to convert to a fixed rate loan upon formal notification to the Bank, which may include a portion of or the total outstanding loan balance at the time notification is made.

In July 2012, the Hospital entered into a line of credit with the Bank in the amount of $27.0 million which was subsequently increased to $187.0 million upon the execution of the HSR asset purchase agreement. In July 2012, the Hospital drew the unconditional loan of $27.0 million to outfit a new facility. In September 2012, the Hospital drew the remaining $160.0 million to fund the acquisition of HSR. The line of credit requires the Hospital to repay the Bank in 24 equal monthly installments commencing on August 1, 2013. The full amount of the remaining balance is due on July 12, 2015. This obligation bears interest at a rate equal to LIBOR plus 0.45% per annum.

7. Debt (continued)

In September 2012, the Hospital drew on its $50.0 million line of credit with the U.S. Bank, established in January 2012, in the amount of $25.0 million. The U.S. Bank line of credit requires repayment of the aggregate principal amount on the 364th day subsequent to the advance. This obligation bears interest at a rate equal to LIBOR plus 0.50% per annum.

The terms of the various financing arrangements between CHEFA and the Hospital, the financial institutions providing the LOCs and the Hospital, and the Bank and the Hospital provide for financial covenants regarding the Hospital's debt service coverage ratio, liquidity ratio, and debt to capitalization ratio, among others. As of September 30, 2012 and 2011, the Hospital was in compliance with these covenants.

Sinking fund installment amounts are to be made in accordance with the Series J, K, L, and M financing agreements. Required monthly payments on the revenue bonds by the Hospital to a trustee are in amounts sufficient to provide for the payments of principal, interest, and sinking fund installments, in accordance with the terms of the agreements, and certain other annual costs of CHEFA.

Scheduled principal payments on all debt, including capital lease obligations, are as follows (in thousands):

	Debt	Capital Lease Obligations
2013	$ 45,198	$ 58,757
2014	204,512	4,647
2015	19,445	4,821
2016	19,945	4,879
2017	20,425	4,879
Thereafter	404,175	63,810
	$ 713,700	141,793
Less interest		(34,264)
Total capital lease obligation		$ 107,529

Capitalized interest at September 30, 2012 and 2011 totaled $26.9 million and $24.9 million, respectively.

7. Debt (continued)

The Hospital has entered into interest rate swap agreements with financial institutions related to the Hospital's Series K and Series L debt, and future obligations. The Series K and Series L swaps were carried over as part of the refunding of the Series I and Series J debt. On September 20, 2012, the Hospital entered into a Forward Starting Interest Rate swap, a LIBOR Swap Rate Lock and a SIFMA Rate Lock swap with two different counterparties. The agreements require the Hospital to pay a fixed rate and receive a floating rate based on LIBOR or SIFMA. The change in market value, as well as the net interest paid or received under the swap agreement, for the Series J/Series L swap has been capitalized as part of the interest costs related to construction of the Cancer Hospital until construction was complete. Once the Cancer Hospital became operational these amounts were recorded in the statements of operations.

The swap agreements fix the interest rate at a level viewed as desirable by the Hospital. Such agreements expose the Hospital to credit risk in the event of non-performance by the counterparties, some of which is collateralized. At September 30, 2012 and 2011, the fair value of all swap agreements based on current interest rates was approximately $39.3 million and $31.9 million, respectively, representing a payable to the counterparties (recorded in other long-term liabilities).

For the Series K swap, there was an unfavorable change in fair value of approximately $0.9 million for the years ended September 30, 2012 and 2011 which was recorded in the excess of revenue over expenses. As a result of the unfavorable change in market value of the Series K swap, $4.6 million and $4.2 million has been collateralized by the Hospital and is being held by the financial institution as of September 30, 2012 and 2011, as required by the swap agreement.

For the Series L swaps, there was an unfavorable change in fair value of approximately $2.0 million and $3.5 million for the years ended September 30, 2012 and 2011, respectively, which was recorded in excess of revenue over expenses. No collateral was required under the Series L swap agreement for the years ended September 30, 2012 and 2011.

For the Forward Starting Interest Rate swap, the LIBOR Swap Rate Lock and the SIFMA Rate Lock swaps, there was an unfavorable change in fair value of $1.0 million, $1.9 million, and $1.6 million, respectively, for the year ended September 30, 2012, which was recorded in excess of revenue over expenses.

7. Debt (continued)

The following table summarizes the Hospital's interest rate swap agreements (in thousands):

Swap Type	Expiration Date	Hospital Receives	Hospital Pays	Notional Amount at September 30, 2012	2011
Series K – Fixed to Floating	July 1, 2025	LIBOR	3.11%	$ 63,977	$ 66,269
Series L – Fixed to Floating	July 1, 2036	LIBOR	3.68%	44,505	44,505
Forward Starting Interest Rate Swap	July 1, 2053	67% of LIBOR	2.84%	50,000	–
LIBOR Swap Rate Lock	July 1, 2043	LIBOR	2.73%	92,000	–
SIFMA Rate Lock	July 1, 2048	SIFMA	2.66%	50,000	–
				$ 300,482	$ 110,774

For the years ended September 30, 2012 and 2011, the Hospital paid approximately $16.5 million and $15.8 million, respectively, for interest related to long-term debt, exclusive of the swap agreements.

Arbitrage rules apply for Series J-1 and Series M tax-exempt debt. The rules require that, in specified circumstances, earnings from the investment of tax-exempt bond proceeds which exceed the yield on the bonds must be remitted to the Federal government.

The Hospital has entered into a contract to lease space in a building adjacent to the Hospital. The Hospital's rental obligation commenced December 2009. This lease has a term of twenty years from the commencement date with the option to extend the lease for four successive terms of ten years. Rental payments will increase by 5% every five years. The Hospital is also subject to additional rent for its share of expenses, as defined in the contract. The Hospital has the option to purchase the property at the end of the fifth, tenth, or twentieth years or at the end of each of the first three ten-year extension periods.

The Hospital has entered into an agreement to lease space in a building located at 2 Howe Street, New Haven, Connecticut. The Hospital's rental obligation commenced during the first quarter of fiscal 2010. The Hospital will lease these spaces for three years after which the Hospital has the obligation to purchase the property for approximately $53.6 million.

Assets recorded under the capital lease obligations totaled $115.1 million as of September 30, 2012 and 2011. Accumulated depreciation for the capital lease obligations totaled $8.0 million and $4.2 million at September 30, 2012 and 2011, respectively.

8. Pensions and Postretirement Benefits

The Hospital has qualified and non-qualified defined benefit pension plans covering substantially all employees and executives. The benefits provided are based on age, years of service and compensation. The Hospital's policy is to fund the pension benefits with at least the minimum amounts required by the Employee Retirement Income Security Act of 1974.

The employees formerly employed by SRHS will receive credit for such past service solely for purposes of determining such employee's eligibility to participate in the qualified defined benefit pension plan and vesting under this plan, but not for purposes of establishing an opening accumulation account or for any other purpose under this plan.

The Hospital also sponsors a contributory 403(b) plan, covering substantially all employees. The Hospital's contributions for the 403(b) plan are determined based on employee contributions and years of service. The Hospital contributed approximately $11.9 million and $10.9 million for the years ended September 30, 2012 and 2011, respectively. The Hospital maintains a Section 457 non-qualified deferred compensation plan. Contributions are made on a pre-tax basis. The balances recorded at September 30, 2012 and 2011 in other assets and other long-term liabilities were $21.7 million and $18.4 million, respectively. The employees formerly employed by SRHS shall receive credit for such past service solely for purposes of determining such employee's eligibility to participate in the contributory 403(b) plan and vesting under this plan but not for any other purpose under this plan.

The Hospital also provides certain health care and life insurance benefits upon retirement to substantially all its employees. The Hospital's policy is to fund these annual costs as they are incurred from the general assets of the Hospital. The estimated cost of these postretirement benefits is actuarially determined and accrued over the employees' service periods.

Included in unrestricted net assets at September 30, 2012 and 2011 are the following amounts that have not yet been recognized in net periodic pension cost: unrecognized prior service credit of $0.1 million and $0.3 million, respectively, and unrecognized actuarial losses of $183.6 million and $129.7 million, respectively. The prior service credit and actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending September 30, 2013 are $0.6 million and $9.6 million, respectively.

8. Pensions and Postretirement Benefits (continued)

The following table sets forth the change in benefit obligation, change in plan assets, and the reconciliation of underfunded status of the Hospital's defined benefit plans as of September 30, 2012 and 2011 (in thousands):

	Defined Benefit Pension Plans		Postretirement Benefits Plan	
	2012	2011	2012	2011
Change in benefit obligation:				
Benefit obligation at prior measurement date	$ 405,642	$ 374,050	$ 63,687	$ 58,103
Service cost	22,106	18,385	3,442	3,092
Interest cost	18,803	17,407	3,183	3,014
Actuarial loss	53,111	13,409	10,588	818
Benefits paid	(24,189)	(17,609)	(1,270)	(1,340)
Benefit obligation at current measurement date	475,473	405,642	79,630	63,687
Change in plan assets:				
Fair value of assets at prior measurement date	225,895	228,281	–	–
Actual return on plan assets	25,511	2,338	–	–
Employer contributions	44,735	12,885	1,270	1,340
Benefits paid	(24,189)	(17,609)	(1,270)	(1,340)
Fair value of assets at current measurement date	271,952	225,895	–	–
Accrued benefit cost	$ (203,521)	$ (179,747)	$ (79,630)	$ (63,687)

Benefit Obligation and Assumptions

The projected benefit obligation, accumulated benefit obligation and fair value of plan assets for the defined benefit plans were as follows (in thousands):

	September 30	
	2012	2011
Projected benefit obligation	$ (475,473)	$ (405,642)
Accumulated benefit obligation	(398,939)	(342,050)
Fair value of plan assets	271,952	225,895

8. Pensions and Postretirement Benefits (continued)

At September 30, 2012 and 2011, the underfunded status of the qualified defined benefit pension plan was approximately $154.1 million and $136.8 million, respectively, and that of the non-qualified defined benefit pension plan was approximately $49.4 million and $43.0 million, respectively. Additionally, there are assets limited as to use of approximately $64.7 million and $58.4 million, which are available to satisfy the obligations of the non-qualified defined benefit pension plan at September 30, 2012 and 2011, respectively.

The net periodic benefit cost for the years ended September 30, 2012 and 2011 is as follows (in thousands:

	Defined Benefit Pension Plans		Postretirement Benefits Plan	
	2012	2011	2012	2011
Service cost	$ 22,106	$ 18,385	$ 3,442	$ 3,092
Interest cost	18,803	17,407	3,183	3,014
Expected return on plan assets	(20,521)	(19,350)	–	–
Amortization of prior service cost	(462)	(462)	259	264
Recognized net actuarial loss	4,738	2,711	–	–
Net periodic benefit cost	$ 24,664	$ 18,691	$ 6,884	$ 6,370

Weighted-average assumptions and dates used to determine benefit obligations at September 30, 2012 and 2011 are as follows:

	Defined Benefit Pension Plans		Postretirement Benefits Plan	
	2012	2011	2012	2011
Discount rate for determining benefit obligations at year-end, qualified plan	3.60%	4.80%	4.00%	5.10%
Discount rate for determining benefit obligations at year end, non-qualified plan	4.00	5.10	–	–
Rate of compensation increase	5.00	5.00	–	–

8. Pensions and Postretirement Benefits (continued)

Weighted-average assumptions used to determine net periodic benefit cost for the years ended September 30, 2012 and 2011 are as follows:

	Defined Benefit Pension Plans		Postretirement Benefits Plan	
	2012	2011	2012	2011
Discount rate for determining net periodic benefit cost at year-end, qualified plan	4.80%	4.80%	5.10%	5.30%
Discount rate for determining net periodic benefit cost at year end, non-qualified plan	5.10	5.30	–	–
Expected rate of return on plan assets	7.75	7.75	–	–
Rate of compensation increase	5.00	5.00	–	–

For measurement purposes relating to the postretirement benefits plan, a 7.0% and 8.0% annual rate of increase in the per capita cost of covered health care benefits was assumed for fiscal 2012 and fiscal 2011, respectively. Rates are assumed to decline to 4.0% through fiscal 2014.

Assumed health care cost trend rate assumptions have a significant effect on the amounts reported. A 1% change in the assumed healthcare cost trend rate would have the following effects (in thousands):

	1% Increase	1% Decrease
Effect on total of service and interest cost components	$ 13	$ (15)
Effect on postretirement benefit obligation	142	(144)

8. Pensions and Postretirement Benefits (continued)

The asset allocation of the Hospital's qualified pension plan at September 30, 2012 and 2011 was as follows:

	Target Allocation	Percentage of Plan Assets	
Asset Category	**2013**	**2012**	**2011**
Equity securities	36%	42%	41%
Debt securities	26	27	28
Real assets	14	11	12
All other assets	24	20	19
Total	100%	100%	100%

The pension assets carried at fair value, as of September 30, 2012 and 2011 are classified in the following tables (see Footnote 14 for description) (in thousands):

	September 30, 2012			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 18,306	$ –	$ –	$ 18,306
U.S. equity securities	53,150	–	–	53,150
International equity securities	58,819	–	–	58,819
Fixed income:				
U.S. government	53,392	–	–	53,392
International government	12,985	6,425	–	19,410
Commodities	5,469	–	6,127	11,596
Private Equity	–	–	509	509
Hedge funds:				
Absolute return	–	32,115	–	32,115
Long/short equity	–	7,871	–	7,871
Real estate	–	–	16,784	16,784
Total investments	$ 202,121	$ 46,411	$ 23,420	$ 271,952

8. Pensions and Postretirement Benefits (continued)

	September 30, 2011			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 4,673	$ –	$ –	$ 4,673
U.S. equity securities	47,070	–	–	47,070
International equity securities	45,118	–	–	45,118
Fixed income:				
U.S. government	51,551	–	–	51,551
International government	13,260	–	–	13,260
Commodities	4,923	–	5,745	10,668
Private Equity	–	–	331	331
Hedge funds:				
Absolute return	–	29,362	–	29,362
Long/short equity	–	8,235	–	8,235
Real estate	–	–	15,627	15,627
Total investments	$ 166,595	$ 37,597	$ 21,703	$ 225,895

The following is a rollforward of the pension assets classified as level 3 of the valuation hierarchy as described in Note 15:

	Commodities	Private Equity	Real Estate	Total
Fair value at September 30, 2010	$ 5,852	$ –	$ 14,599	$ 20,451
2011 Realized and unrealized gains and losses	686	–	3,049	3,735
2011 Purchases, sales, transfers, issuances and settlements, net	(793)	331	(2,021)	(2,483)
Fair value at September 30, 2011	**5,745**	**331**	**15,627**	**21,703**
2012 Realized and unrealized gains and losses	**18**	**(57)**	**206**	**167**
2012 Purchases, sales, transfers, issuances and settlements, net	**364**	**235**	**951**	**1,550**
Fair value at September 30, 2012	**$ 6,127**	**$ 509**	**$ 16,784**	**$ 23,420**

The Hospital's investment strategy for its pension assets balances the liquidity needs of the pension plan with the long-term return goals necessary to satisfy future pension obligations. The target asset allocation seeks to capture the equity premium granted by the capital markets over the long-term, while ensuring security of principal to meet near-term expenses and obligations through the fixed income allocation. The allocation of the investment pool to various sectors of the markets is designed to reduce volatility in the portfolio. The Hospital's pension portfolio

8. Pensions and Postretirement Benefits (continued)

return assumption of 7.75% is based on the targeted weighted-average return of comparative market indices for the asset classes represented in the portfolio and discounted for pension expenses. The actual return on assets of the pension plan for the years ended September 30, 2012 and 2011 was 11.1% and 2.7 %, respectively.

The future cash flows of the Hospital relative to retirement benefits are expected to be as follows (in thousands):

	Defined Benefit Pension Plans	Postretirement Benefits Plan
Estimated benefit payments related to years ending September 30:		
2013	$ 35,244	$ 2,521
2014	35,199	2,832
2015	36,398	3,063
2016	36,570	3,316
2017	38,078	3,646
2018 to 2022	202,611	24,096

The Hospital expects to contribute approximately $41.6 million for pension benefits and $2.5 million for postretirement benefits payments in fiscal 2013.

9. Professional Liability Insurance

In 1978, the Hospital and a number of other academic medical centers formed the Medical Centre Insurance Company, Ltd (the "Captive") to insure for professional and comprehensive general liability risks. In 1997, the Captive formed MCIC Vermont, Inc. to write direct insurance for the professional and general liability risks of the shareholders. Since 1997, the Captive has acted as a reinsurer for varying levels of per claim limit exposure. MCIC Vermont, Inc. has reinsurance coverage from outside reinsurers for amounts above the per claim limits. Premiums are based on modified claims made coverage and are actuarially determined based on actual experience of the Hospital, the Captive and MCIC Vermont, Inc.

In fiscal 1998, the Hospital entered into a purchase and sales management agreement with YNHHSC that transferred the Hospital's participation in the Captive to YNHHSC for its book value as calculated by the Captive. Under the terms of the agreement, the Hospital retains certain elements of control and assumes limited risk associated with the ongoing operation of the Captive. The Hospital pays insurance premiums to YNHHSC.

9. Professional Liability Insurance (continued)

Additionally, because the purchase and sales management agreement entered into with YNHHSC in 1998 meet criteria for deposit accounting, the Hospital recorded an actuarially determined liability for IBNR professional and general liabilities with an offsetting deposit (asset) of an equal amount (approximately $11.8 million).

The estimate for modified claims-made professional liabilities and the estimate for incidents that have been incurred but not reported aggregated approximately $84.5 million and $89.0 million at September 30, 2012 and 2011, respectively for the Hospital. The undiscounted estimate for incidents that have been incurred but not reported aggregated approximately $29.7 million and $30.4 million for the Hospital at September 30, 2012 and 2011, respectively, and is included in professional insurance liabilities in the accompanying consolidated statements of financial position at the actuarially determined present value of approximately $28.5 million and $25.4 million, respectively, based on a discount rate of 3.0% and 3.5% for the years ended September 30, 2012 and 2011, respectively.

The Hospital has recorded related insurance recoveries receivable of approximately $56.0 million and $63.6 million at September 30, 2012 and 2011, respectively, in consideration of the expected insurance recoveries for the total discounted modified claims-made insurance. The current portion of professional liabilities and the related insurance receivable represents an estimate of expected settlements and insurance recoveries over the next 12 months.

Lukan, the Hospital sponsored professional liability program, continues to manage all incidents and claims reported to Lukan prior to the acquisition of SRHS, as well as extending professional liability coverage for post acquisition risks to certain affiliated community clinicians.

Prior to the acquisition of SRHS, Caritas provided excess professional liability and general liability insurance to SRHS and their employed clinicians. Caritas continues to manage all incidents and claims reported prior to the acquisition of SRHS.

Caritas and Lukan have recorded the undiscounted estimate for claims-made professional liabilities and the estimate for incidents that have been incurred but not reported aggregated of approximately $36.6 million at September 30, 2012 and are included in professional liabilities in the accompanying consolidated statements of financial position.

9. Professional Liability Insurance (continued)

The Hospital's estimates for professional insurance liabilities are based upon complex actuarial calculations which utilize factors such as historical claims experience for the Hospital and related industry factors, trending models, estimates for the payment patterns of future claims and present value discount factors. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Revisions to estimated amounts resulting from actual experience differing from projected expectations are recorded in the period the information becomes known or when changes are anticipated.

10. Commitments and Contingencies

Leases

The Hospital leases certain office, clinical and parking spaces under non-cancelable operating leases that range in terms ending in 2013 through 2024. Future minimum lease payments under these leases are as follows (in thousands):

2013	$ 12,419
2014	10,929
2015	8,180
2016	7,448
2017	6,350
Thereafter	18,018
	$ 63,344

The Hospital incurred net rent and parking expense under these leases of approximately $10.9 million and $10.1 million for each of the years ended September 30, 2012 and 2011, respectively.

Cancer Hospital

The Hospital has a shared facilities and services agreement with the University in connection with the Cancer Hospital which is recorded as deferred revenue. Deferred revenue, from this agreement, at September 30, 2012 and 2011 was $46.6 million and $48.3 million, respectively.

10. Commitments and Contingencies (continued)

Litigation

Various lawsuits and claims arising in the normal course of operations are pending or are in progress against the Hospital. Such lawsuits and claims are either specifically covered by insurance as explained in Note 9 or are deemed to be immaterial. While the outcomes of the lawsuits and claims cannot be determined at this time, management believes that any loss which may arise from these will not have a material adverse effect on the financial position or changes in net assets of the Hospital.

The Hospital has received requests for information from certain governmental agencies relating to, among other things, patient billings. These requests cover several prior years relating to compliance with certain laws and regulations. Management is cooperating with those governmental agencies in their information requests and ongoing investigations. The ultimate results of those investigations, including the impact on the Hospital, cannot be determined at this time.

11. Functional Expenses

The Hospital provides general acute health care services to residents within its geographic area. Net expenses related to providing these services are as follows (in thousands):

	Year Ended September 30	
	2012	**2011**
Health care services	**$ 1,422,822**	$ 1,234,794
General and administrative	**231,622**	201,013
	$ 1,654,444	$ 1,435,807

12. Related Party Transactions

The Hospital provided facility space and certain services to related parties as follows (in thousands):

	Year Ended September 30 2012	2011
Recovery of expenses:		
YNHHSC:		
Facility rental	$ 2,883	$ 2,736
Shared services	230	2,322
Other	–	1,190
	$ 3,113	$ 6,248
Bridgeport Hospital:		
Resident fees	$ 2,379	$ 2,444
Other	1,107	1,000
	$ 3,486	$ 3,444
Ambulatory Services Corporation:		
Salaries and benefits	$ 5,654	$ 4,993
Other	336	185
	$ 5,990	$ 5,178

YNHHSC is the sole member of Bridgeport Hospital Healthcare Services, Inc., which is the sole member of Bridgeport Hospital.

YNHNC is the parent organization of Yale-New Haven Ambulatory Services Corporation, a Connecticut, non-stock taxable corporation.

The Hospital purchased certain services from YNHHSC as follows (in thousands):

	Year Ended September 30 2012	2011
Operating expenses:		
Professional and general liability insurance	$ 20,948	$ 20,654
Information systems	37,673	18,805
System business office	17,739	15,198
Other business services	67,613	47,529
	$ 143,973	$ 102,186

12. Related Party Transactions (continued)

Amounts receivable from and payable to related organizations included in other receivables, other assets, accounts payable and other long-term liabilities, respectively, in the accompanying balance sheets are as follows (in thousands):

	September 30 2012	2011
Other receivables:		
YNHHSC	$ 2,283	$ 2,974
Bridgeport Hospital	–	362
York Enterprises, Inc.	482	133
Ambulatory Services Corporation	369	894
Greenwich Hospital	560	23
Northeast Medical Group, Inc.	–	340
Other assets:		
YNH Care Continuum Corporation	4,000	–
Ambulatory Services Corporation	12,500	–
	$ 20,194	$ 4,726
Accounts payable:		
YNHHSC	$ 28,503	$ 23,960
Greenwich Hospital	–	51
Bridgeport Hospital	1,501	–
YNH Network Corporation	613	–
York Enterprises, Inc.	16	19
Northeast Medical Group Inc.	2,912	–
YNH Care Continuum Corporation	407	–
Other long-term liabilities:		
YNHHSC	42,385	38,162
	$ 76,337	$ 62,192

The Hospital maintains certain investments for YNHHSC employees that participate in the Hospital's sponsored benefit plans. The costs associated with the YNHHSC employees that participate in benefit plans are recovered by the Hospital.

The Hospital funds certain capital assets purchased by YNHHSC. Included in prepaid expenses and other assets were approximately $13.9 million and $49.8 million, respectively, at September 30, 2012 and approximately $2.7 million and $30.7 million, respectively, at September 30, 2011.

12. Related Party Transactions (continued)

Additionally, for the years ended September 30, 2012 and 2011, the Hospital funded YNHHSC approximately $9.0 million and $12.0 million, respectively, as part of its participation in the New Clinical Program Development Corporation ("NCPDC"). The NCPDC was established for the purpose of funding and supporting clinical research and clinical programs. The NCPDC Board approves the funding of initiatives.

13. Other Revenue

Other revenue consisted of the following (in thousands):

	Year Ended September 30	
	2012	**2011**
Cafeteria and vending	$ **7,756**	$ 7,129
Contributions	**2,960**	2,667
Parking income	**4,087**	3,555
Net assets released from restrictions for operations	**2,962**	5,003
Net assets released from restrictions for free care	**889**	782
Net assets released from restrictions for medical research and clinical programs	**12,804**	16,195
Grants	**8,314**	7,432
Electronic health records incentive payment	**2,649**	–
Other	**5,263**	3,877
	$ **47,684**	$ 46,640

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act ("HITECH"). The provisions were designed to increase the use of electronic health record ("EHR") technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Initial Medicaid incentive payments are available to providers that adopt, implement, or upgrade certified EHR technology. In subsequent years, providers must demonstrate meaningful

13. Other Revenue (continued)

use of such technology to qualify for additional Medicaid incentive payments. Hospitals that do not successfully demonstrate meaningful use of EHR technology are subject to payment penalties or downward adjustments to their Medicare payments beginning in federal fiscal year 2015.

The Hospital uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments. Under this accounting policy, EHR incentive payment revenue is recognized when the Hospital is reasonably assured that the EHR meaningful use criteria for the required period of time were met and that the grant revenue will be received. EHR incentive payment revenue totaling $2.6 million for Medicaid for the year ended September 30, 2012, is included in other revenue in the accompanying 2012 consolidated statement of operations. Income from incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated. Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government.

14. Non-Operating Gains and Losses, Net

Non-operating gains and losses consisted of the following (in thousands)

	Year Ended September 30	
	2012	**2011**
Income from investments, donations and other, net	**$ 5,959**	$ 21,138
Change in unrealized gains and losses on investments	**47,932**	(1,949)
Change in fair value of swaps, including counterparty payments	**(12,610)**	(9,781)
Acquisition costs related to Saint Raphael Healthcare System	**(22,103)**	(6,051)
Medical residents FICA tax refund	**4,920**	10,915
	$ 24,098	$ 14,272

15. Fair Value Measurements

In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. The Hospital also considers nonperformance risk in the overall assessment of fair value.

15. Fair Value Measurements (continued)

ASC 820-10, *Fair Value Measurements,* establishes a three tier valuation hierarchy for fair value disclosure purposes. This hierarchy is based on the transparency of the inputs utilized for the valuation. The three levels are defined as follows:

- **Level 1:** Quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities. This established hierarchy assigns the highest priority to Level 1 assets.
- **Level 2:** Observable inputs that are based on data not quoted in active markets, but corroborated by market data.
- **Level 3:** Unobservable inputs that are used when little or no market data is available. The Level 3 inputs are assigned the lowest priority.

Financial assets carried at fair value as of September 30, 2012 are classified in the following table in two of the three categories described above (in thousands):

	September 30, 2012			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 64,557	$ –	$ –	$ 64,557
Money market funds	156,663	–	–	156,663
U.S. equity securities	28,378	–	–	28,378
International equity securities	40,019	–	–	40,019
Fixed income				
U.S. government	87,329	–	–	87,329
International government	26,227	17,009	–	43,236
Interest in Yale University endowment pool	–	–	361,550	361,550
Investments at fair value	$ 403,173	$ 17,009	$ 361,550	781,732
Common collective trusts				89,203
Alternative investments				71,400
Perpetual trusts				12,127
Investments not at fair value				172,730
Total investments				$ 954,462
Liabilities:				
Interest rate swaps	$ –	$(39,269)	$	$ (39,269)

15. Fair Value Measurements (continued)

Financial assets carried at fair value as of 2011 are classified in the following table in two of the three categories described above (in thousands):

	September 30, 2011			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 65,883	$ –	$ –	$ 65,883
Money market funds	108,579	–	–	108,579
U.S. equity securities	11,113	–	–	11,113
International equity securities	37,523	–	–	37,523
Fixed income				
U.S. government	41,719	–	–	41,719
International government	31,704	–	–	31,704
Interest in Yale University endowment pool	–	–	278,719	278,719
Investments at fair value	$ 296,521	$ –	$ 278,719	575,240
Common collective trusts				91,524
Alternative investments				68,614
Perpetual trusts				10,906
Investments not at fair value				171,044
Total investments				$ 746,284
Liabilities:				
Interest rate swaps	$ –	$ (31,951)	$	$ (31,951)

The following is a rollforward of assets classified as level 3 of the valuation hierarchy:

Interest in Yale University Endowment Pool:	
Fair value at September 30, 2010	$ 175,332
2011 Unrealized gains	15,641
2011 Purchases	87,746
Fair value at September 30, 2011	278,719
2012 Unrealized gains	38,570
2012 Purchases	44,261
Fair value at September 30, 2012	$ 361,550

The fair value of debt was approximately $741.7 million and $528.9 million at September 30, 2012 and 2011, respectively. The fair value of the capital leases was approximately $112.6 million and $118.7 million at September 30, 2012 and 2011, respectively.

15. Fair Value Measurements (continued)

The amounts reported in the table as detailed above do not include assets invested in the Hospital's defined benefit pension plan (see Note 8). In addition, included in the table above are investments at September 30, 2012 and 2011 in common collective trusts totaling approximately $89.2 million and $91.5 million, respectively, other alternative investments totaling approximately $71.2 million and $68.6 million, respectively, and perpetual trusts totaling approximately $12.1 million and $10.9 million, respectively, that are accounted for under the equity method of accounting (see Note 1). The interest rate swaps listed above are classified in the accompanying balance sheets as other long-term liabilities at September 30, 2012 and 2011.

The following is a summary of total investments as of September 30, 2012 with restrictions to redeem the investments at the measurement date, any unfunded capital commitments and investment strategies of the investees (in thousands):

Description of Investment	Carrying Value	Unfunded Commitment	Redemption Frequency	Notice Period	Funds Availability
Hedge funds:					
Long/short equity	$ 12,205	$ –	Annually	100 days	December 31
Absolute return	48,614	–	Annually	100 days	December 31
Real estate	9,905	3,507	N/A	N/A	N/A
Commodities	676	9,963	N/A	N/A	N/A

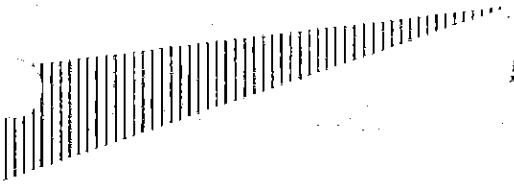
16. Medical Residents FICA Tax Refund

In March 2010, the Internal Revenue Service ("IRS") announced that, for periods ending before April 1, 2005, medical residents would be eligible for student exception of Federal Insurance Contributions Act ("FICA") taxes. Under the student exception, FICA taxes do not apply to wages for services performed by students employed by a school, college, or university where the student is pursuing a course of study. As a result, the IRS will allow refunds for institutions that file timely FICA refund claims and provide certain information to meet the requirements of perfection, established by the IRS, for their claims applicable to periods prior to April 1, 2005. Institutions are potentially eligible for medical resident FICA refunds for both the employer and employee portions of FICA taxes paid, plus statutory interest. For the year ended September 30, 2012 and 2011, the Hospital has recorded estimated net revenue of approximately $4.9 million and $10.9 million, respectively, in non-operating gains and losses, related to FICA medical resident refunds claims that have met the IRS refund requirements. At September 30, 2012 and 2011, the Hospital recorded a net receivable of approximately $18.2 million and $24.7 million, respectively included in other assets and a payable of approximately $13.8 million at September 30, 2012 and 2011 included in other long-term liabilities. The Hospital has established its estimate based on information presently available and this estimate is subject to change as the IRS adjudicates the claims.

17. Subsequent Events

Subsequent events have been evaluated through December 21, 2012, which is the date the financial statements were available to be issued. No events have occurred that require disclosure or adjustment of the financial statements.

Supplementary Information



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Report of Independent Auditors on Supplementary Information

Board of Trustees
Yale-New Haven Hospital, Inc. and Subsidiaries

We have audited the consolidated financial statements of Yale-New Haven Hospital, Inc. and Subsidiaries as of and for the years ended September 30, 2012 and 2011, and have issued our report thereon dated December 21, 2012 which contained an unqualified opinion on those financial statements. Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheets consolidating statement of operations and change in net assets are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statement as a whole.

Ernst & Young LLP

December 21, 2012

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet

September 30, 2012

(In Thousands)

	Hospital	Lukan	Caritas	Eliminations	Total
Assets					
Current assets:					
Cash and cash equivalents	$ 64,528	$ 20	$ 9	$ –	$ 64,557
Short-term investments	571,302	26,650	15,408	–	613,360
Accounts receivable for services to patients, net	202,909	–	–	–	202,909
Other receivables	48,257	384	–	–	48,641
Professional liabilities insurance recoveries receivable –current portion	15,739	–	–	–	15,739
Other current assets	47,328	20	46	–	47,394
Amounts on deposit with trustee in debt service fund	6,619	–	–	–	6,619
Total current assets	956,682	27,074	15,463	–	999,219
Assets limited as to use	105,688	–	–	–	105,688
Long-term investments	156,946	7,292	–	–	164,238
Deferred financing costs, less accumulated amortization	5,182	–	–	–	5,182
Professional liabilities insurance recoveries receivable –non-current	40,271	–	–	–	40,271
Goodwill	35,685	–	–	–	35,685
Other assets	188,494	–	1,331	(12,626)	177,199
Property, plant, and equipment:					
Land and land improvements	33,191	–	–	–	33,191
Buildings and fixtures	1,068,530	–	–	–	1,068,530
Equipment	426,413	–	–	–	426,413
	1,528,134	–	–	–	1,528,134
Less accumulated depreciation	601,670	–	–	–	601,670
	926,464	–	–	–	926,464
Construction in progress	63,603	–	–	–	63,603
	990,067	–	–	–	990,067
Total assets	$ 2,479,015	$ 34,366	$ 16,794	$ (12,626)	$ 2,517,549

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet (continued)

September 30, 2012
(In Thousands)

	Hospital	Lukan	Caritas	Eliminations	Total
Liabilities and net assets (deficiency)					
Current liabilities:					
Accounts payable	$ 133,902	$ 85	$ 64	$ –	$ 134,051
Accrued expenses	168,508	–	–	–	168,508
Professional liabilities –current portion	15,739	–	–	–	15,739
Current portion of debt	45,198	–	–	–	45,198
Current portion of capital lease obligation	55,292	–	–	–	55,292
Other current liabilities	2,847	–	79	–	2,926
Total current liabilities	421,486	85	143	–	421,714
Long-term debt, net of current portion	674,969	–	–	–	674,969
Long-term capital lease obligation, net of current portion	52,237	–	–	–	52,237
Accrued pension and postretirement benefit obligations	280,718	–	–	–	280,718
Professional liabilities	68,733	29,802	6,778		105,313
Other long-term liabilities	178,469	395	1,331	–	180,195
Deferred revenue	53,625	–	–	–	53,625
Total liabilities	1,730,237	30,282	8,252	–	1,768,771
Net assets:					
Unrestricted	676,008	4,084	8,542	(12,626)	676,008
Temporarily restricted	46,026	–	–	–	46,026
Permanently restricted	26,744	–	–	–	26,744
Total net assets	748,778	4,084	8,542	(12,626)	748,778
Total liabilities and net assets	$ 2,479,015	$ 34,366	$ 16,794	$ (12,626)	$ 2,517,549

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

Year Ended September 30, 2012
(In Thousands)

	Hospital	Lukan	Caritas	Eliminations	Total
Operating revenue:					
Net patient service revenue	$ 1,713,271	$ –	$ –	$ –	$ 1,713,271
Other revenue	47,560	124	–	–	47,684
Total operating revenue	1,760,831	124	–	–	1,760,955
Operating expenses:					
Salaries and benefits	757,263	–	–	–	757,263
Supplies and other expenses	758,217	–	–	(159)	758,058
Depreciation	73,101	–	–	–	73,101
Insurance	15,328	215	137	–	15,680
Bad debts	32,622	–	–	–	32,622
Interest	17,720	–	–	–	17,720
Total operating expenses	1,654,251	215	137	(159)	1,654,444
Income (loss) from operations	106,580	(91)	(137)	159	106,511
Nonoperating gains (losses), net:	24,029	70	(1)	–	24,098
Excess (deficiency) of revenue over expenses	130,609	(21)	(138)	159	130,609

(Continued on next page.)

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets (continued)

Year Ended September 30, 2012
(In Thousands)

	Hospital	Lukan	Caritas	Eliminations	Total
Unrestricted net assets:					
Excess (deficiency) of revenue over expenses (continued)	$ 130,609	$ (21)	$ (138)	$ 159	$ 130,609
Other changes in net assets	342	–	–	–	342
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund	(9,000)	–	–	–	(9,000)
Transfer from Yale-New Haven Health Services Corporation	2,900	–	–	–	2,900
Net Transfer from YNH Network Corporation	456	–	–	–	456
Net assets released from restrictions for purchases of fixed assets	258	–	–	–	258
Pension and other postretirement liability adjustments	(54,174)	–	–	–	(54,174)
Increase (decrease) in unrestricted net assets	71,391	(21)	(138)	159	71,391
Temporarily restricted net assets:					
Income from investments	280	–	–	–	280
Net realized gains on investments	471	–	–	–	471
Change in net unrealized gains and losses on investments	6,394	–	–	–	6,394
Bequests and contributions	11,847	–	–	–	11,847
Net assets released from restrictions for purchases of fixed assets	(258)	–	–	–	(258)
Net assets released from restrictions for free care	(889)	–	–	–	(889)
Net assets released from restrictions for operations	(2,962)	–	–	–	(2,962)
Net assets released from restrictions for clinical programs	(12,804)	–	–	–	(12,804)
Increase in temporarily restricted net assets	2,079	–	–	–	2,079
Permanently restricted net assets:					
Change in beneficial interest in perpetual trusts	1,221	–	–	–	1,221
Increase in permanently restricted net assets	1,221	–	–	–	1,221
Increase (decrease) in net assets	74,691	(21)	(138)	159	74,691
Net assets (deficiency) at beginning of year	674,087	4,105	8,680	(12,785)	674,087
Net assets (deficiency) at end of year	$ 748,778	$ 4,084	$ 8542	$ (12,626)	$ 748,778

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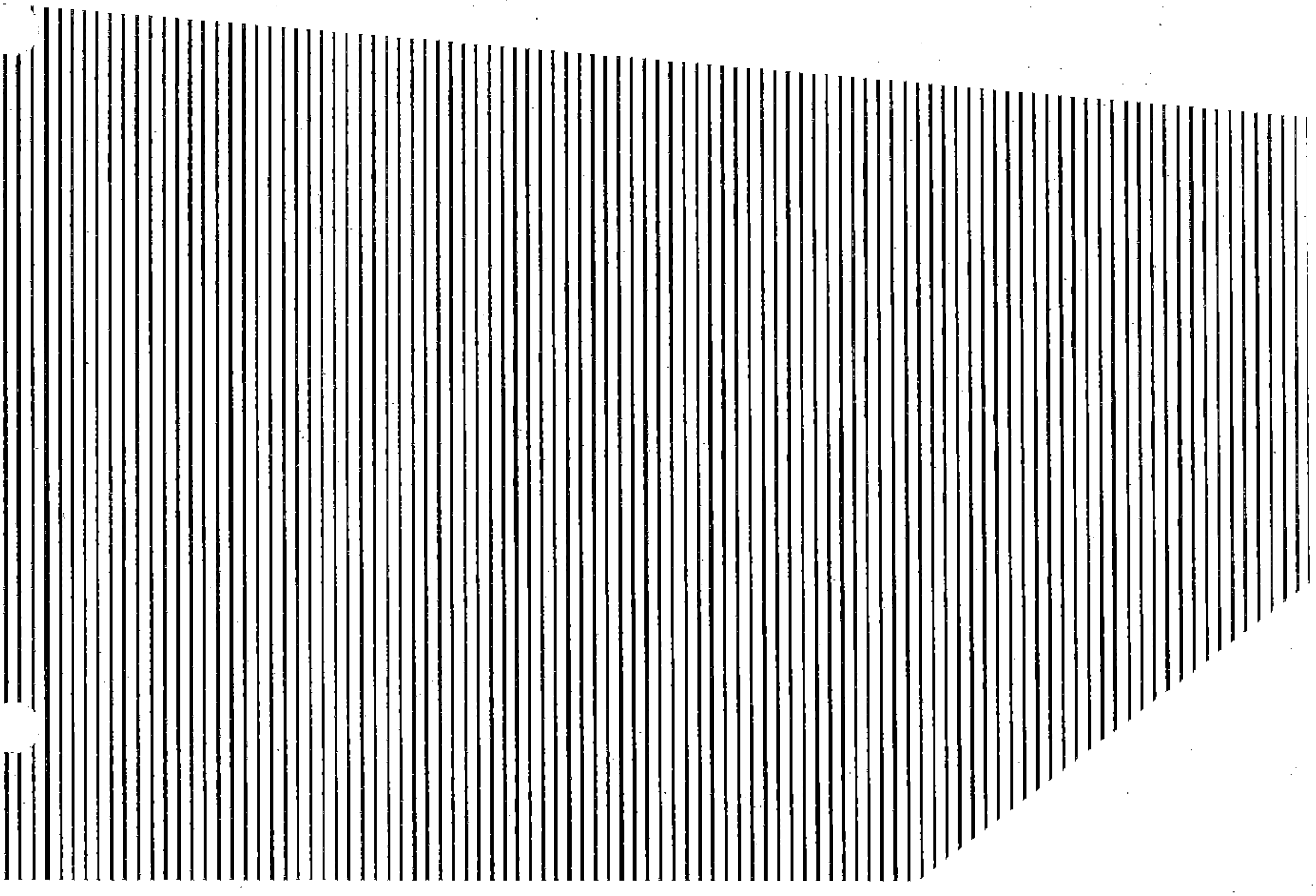

APPENDIX VI

SRMRC AUDITED FINANCIAL STATEMENTS 2012

Saint Raphael Magnetic Resonance Center

Financial Statements

September 30, 2012

ParenteBeard

CONFIDENCE THROUGH CLARITY

Saint Raphael Magnetic Resonance Center

Table of Contents
September 30, 2012

ParenteBeard

Independent Auditors' Report

To the Partners of
Saint Raphael Magnetic Resonance Center

We have audited the accompanying statement of financial position of Saint Raphael Magnetic Resonance Center (the "Center") as of September 30, 2012, and the related statements of operations, changes in partners' equity and cash flows for the year ended. These financial statements are the responsibility of the Center's Management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Saint Raphael Magnetic Resonance Center at September 30, 2012, and the results of their operations, changes in partners' equity and cash flows for the year ended, in conformity with accounting principles generally accepted in the United States of America.

ParenteBeard LLC

New York, New York
December 14, 2012

Saint Raphael Magnetic Resonance Center

Statement of Financial Position
September 30, 2012

Assets

Current Assets		
Cash	$	1,194,766
Accounts receivable (net of allowance for doubtful accounts of $1,063,076 in 2012)		1,017,978
Prepaid expenses		52,886
Total current assets		2,265,630
Capital Reserve Fund (Restricted Cash)		1,008,539
Property, Equipment and Improvements:		
Equipment		6,729,340
Furniture and fixtures		61,470
Building improvements		818,972
Total		7,609,782
Less: accumulated depreciation		6,917,927
Property, equipment and improvements, net		691,855
Total assets	$	3,966,024

Liabilities and Partners' Equity

Current Liabilities		
Accounts payable	$	22,030
Accrued physcians' fees		247,200
Accrued taxes and expenses		80,551
Notes payable		66,000
Total current liabilities		415,781
Partners' Equity		3,550,243
Total liabilities and partners' equity	$	3,966,024

See notes to financial statements

Saint Raphael Magnetic Resonance Center

Statement of Operations
Year Ended September 30, 2012

Operating Revenues	
Net patient service revenue	$ 6,524,140
Operating Expenses	
Payroll	1,023,107
Physician fees	1,046,600
General and administrative	250,412
Maintenance and repairs	402,080
Billing service	251,321
Rent	153,054
Insurance	200,821
Property tax	69,556
Power requirements	99,436
Pension	27,476
Contrast agents	164,844
Supplies and other	100,808
Provision for bad debt	559,428
Interest	6,563
Depreciation	191,067
Total expenses	4,546,573
Income from operations	1,977,567
Non-Operating Income	
Non-operating revenue	248,636
Interest	6,447
Net Income	$ 2,232,650

See notes to financial statements

Saint Raphael Magnetic Resonance Center

Statement of Changes in Partnes' Equity
Year Ended September 30, 2012

	Total	Medical Imaging Associates, PC	DePaul Health Services Corporation	Yale-New Haven Ambulatory Services Corporation
Partners' Equity, Beginning of Year	$ 4,087,593	$ 2,043,797	$ 2,043,796	$ -
Withdrawls and distributions	(2,770,000)	(1,385,000)	(1,385,000)	-
Net income	2,232,650	1,116,325	1,116,325	-
Assignment of partner equity (see Note1)	-	-	(1,775,121)	1,775,121
Partners' Equity, End of Year	$ 3,550,243	$ 1,775,122	$ -	$ 1,775,121

See notes to financial statements

Saint Raphael Magnetic Resonance Center

Statement of Cash Flows
Year Ended September 30, 2012

Cash Flows from Operating Activities	
Net Income	$ 2,232,650
Adjustments to reconcile net income to net cash provided by operating activities:	
Depreciation	191,067
Changes in assets and liabilities:	
Accounts receivable	(379,694)
Prepaid expenses	(1,030)
Accounts payable	(21,522)
Accrued physcians' fees	(14,406)
Accrued taxes and expenses	6,428
Net cash provided by operating activities	2,013,493
Cash Flows from Investing Activities	
Capital reserve fund (restricted cash)	(136,141)
Cash Flows from Financing Activities	
Repayment of note payable	(72,000)
Withdrawls and distributions	(2,770,000)
Net cash used in financing activities	(2,842,000)
Decrease in cash	(964,648)
Cash, Beginning	2,159,414
Cash, Ending	$ 1,194,766
Supplemental Disclosure of Cash Flow Information	
Interest paid	$ 6,563

See notes to financial statements

1. Organization and Nature of Operations

Saint Raphael Magnetic Resonance Center (the "Center") is a partnership formed in 1987. The Center operates under a partnership agreement dated September 29, 1987 between Medical Imaging Associates, P.C. ("MIA") and DePaul Health Services Corporation ("DePaul"). DePaul held its partnership interest on behalf of the Hospital of Saint Raphael ("HSR"). The Center is a magnetic resonance imaging facility which provides inpatient and outpatient services for patients in the New Haven, Connecticut area.

On September 12, 2012, Yale-New Haven Hospital, Inc., Yale-New Haven Ambulatory Services Corporation ("ASC"), Yale-New Haven Care Continuum Corporation and Medical Center Pharmacy and Home Care Center, Inc. acquired substantially all of the business, assets and operations and assumed certain liabilities of the Saint Raphael Healthcare System, Inc., including substantially all of the assets of its wholly-owned subsidiary, HSR.

In connection with the acquisition, the DePaul interest was assigned to ASC. As of September 30, 2012, the Center is owned 50% by MIA and 50% by ASC. As of that date, carrying value of the Center's assets and liabilities approximate fair value.

On September 11, 2012, ASC entered into a Partnership Interest Purchase Agreement with MIA to purchase the 50% interest owned by MIA. The closing date of the transaction will be no earlier than one year from the anniversary date of the purchase agreement and no later than thirty days following such anniversary date.

2. Summary of Significant Accounting Policies

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Accounts Receivable

Patient accounts receivable result from the health care services provided by the Center. Additions to the allowance for doubtful accounts result from the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance for doubtful accounts. The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in third party health care coverage and other collection indicators.

Net Patient Service Revenues

Net patient service revenues is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered. Self-pay revenue is recorded at published charges with charitable allowances deducted to arrive at net self-pay revenue. All other patient services revenue is recorded at published charges with contractual allowances deducted to arrive at patient services, net. Reimbursement rates are subject to revisions under the provisions of reimbursement regulations. Adjustments for such revisions are recognized in the fiscal year incurred.

Non-Operating Revenue

In 2004 the Center entered into an agreement with the HSR (a related party) to have access to their film storage system. In 2012, the Center and HSR negotiated a new monthly access fee that was retroactively applied to prior years. As a result of the new monthly access fee the Center received a retroactive settlement for $248,636 in 2012.

Income Taxes

The Center is exempt from income tax as it is a partnership and as such is considered a pass-through entity for tax purposes. On such basis, the Center will not incur any liability for income taxes.

Property, Equipment and Improvements

Property, equipment and improvements is recorded at cost. Expenditures for additions to property and equipment or expenditures which extend the useful lives of the assets are capitalized. Expenditures for maintenance and repairs are charged to operations as incurred. When items are disposed of, the cost and related accumulated depreciation are eliminated from the accounts and any gain or loss is reflected in net income. Depreciation is computed using the straight-line method over the estimated useful lives of the assets ranging from 5 to 39 years.

Charity Care

The Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Center does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenues.

The Center maintains records to identify and monitor the level of charity care that it provides. The costs associated with the charitable care services provided are estimated by applying the cost-to-charge ratio from the most recently filed cost report, to the amount of gross uncompensated charges for the patients receiving charity care. Total charity care costs were approximately $9,384 for the year ended September 30, 2012.

New Accounting Pronouncements

Charity Care

In August 2010, the Financial Accounting Standards Board ("FASB") issued amended disclosure guidance relating to the measurement of charity care provided. The guidance requires that direct and indirect costs be used as the basis of measurement for charity care disclosure purposes. The guidance was also amended to require disclosure of the method used to identify or determine such costs. The adoption of the amended guidance revised the disclosure in the notes to the Center's financial statements but did not impact amounts reported in the primary financial statements.

Patient Service Revenue, Provision for Bad Debts and Allowance for Doubtful Accounts

In July 2011, the FASB issued Accounting Standards Update No. 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts ("ASU 2011-07") to amend and expand existing authoritative accounting guidance. The guidance requires the provision for bad debts to be reported as a deduction from patient service revenues and includes enhanced disclosures for patient service revenue and the allowance for doubtful accounts. The guidance is effective for the first annual period ending after December 15, 2012. Adoption of the guidance will required the Center to report the provision for bad debts as a deduction from revenue and included additional disclosure in the notes to the financial statements.

Subsequent events

The Center evaluated subsequent events for recognition or disclosure through December 14, 2012, the date the financial statements were available to be issued.

3. Concentrations of Credit Risk

The Center maintains its cash accounts in commercial banks. Non-interest bearing accounts are fully insured by the Federal Deposit Insurance Corporation through December 31, 2012. Interest bearing accounts are insured up to $250,000 permanently.

The Center's primary operations and service area include the communities of New Haven, Connecticut. The Center grants credit without collateral to its patients, who are insured under third-party payor arrangements, with Medicare, Medicaid, and various commercial insurance companies.

The significant concentrations of accounts receivable for services to patients include approximately 15% from Medicare and Medicaid, 9% self pay, and 75% from commercial insurance and other payors at September 30, 2012.

The significant concentrations of net patient service revenue include approximately 18% from Medicare and Medicaid, 2% self pay, and 75% from commercial insurance and other payors at September 30, 2012.

4. Capital Reserve Fund (Restricted Cash)

Restricted cash includes designated assets set aside by the Board of Directors and management for future use. The Board designated funds are set aside for capital improvements over which the Board retains control and may at its discretion subsequently use for other purposes.

5. Note Payable

Under a Loan Agreement the Center has a bank term loan with an original loan amount of $360,000. The monthly principal payment is $6,000 and the loan is collateralized by the bank deposits of the Center as defined in the Loan Agreement. Interest is payable monthly at a rate of 6.18%. The term note matures in August 2013. The outstanding balance at September 30, 2012 is $66,000.

Under the Loan Agreement, the Center is required to comply with certain covenants. At September 30, 2012, the Center is in compliance with these covenants.

6. Retirement Plan

The Center sponsors a simplified employee pension plan (the "Plan") which covers substantially all of its employees meeting minimum age and service requirements. Under the terms of the Plan, the Center funds discretionary contributions (3% in 2012) of eligible compensation. The Center's contribution to the Plan for the year ended September 30, 2012, was $27,476.

7. Commitments

The Center has a billing services agreement with a third party that will terminate on the earlier of the closing of the ASC purchase of MIA (see Note 1) or October 12, 2013. The billing service expense for the year ended September 30, 2012 was $251,321.

The Company leases facility space from HSR (a related party) under an operating lease. The lease will terminate on the earlier of the closing of the ASC purchase of MIA (see Note 1) or October 12, 2013. The rent expense for the year ended September 30, 2012 was $153,054 for the facility space.

8. Contingencies

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. Government activity continues to increase with respect to investigations and allegations concerning possible violations by health care providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Management is not aware of any material incidents of noncompliance; however, the possible future financial effects of this matter on the Center, if any, are not presently determinable.

9. Functional Expenses

The Center provides health care related services to individuals within its geographic location. Expenses related to providing these services in 2012 approximate the following:

Healthcare services	$ 4,296,161
General and administrative	250,412
Total	$ 4,546,573

APPENDIX VII

OHCA FINANCIAL ATTACHMENT I

Office of Health Care Access
Financial Attachment I

Yale-New Haven Hospital
(All dollars are in thousands)
Proposal for the Transfer of Ownership of St Raphael MRI Imaging Center to Yale-New Haven Hospital

Total Facility:	FY 2012	FY 2013	FY 2013	FY 2013	FY 2014	FY 2014	FY 2014	FY 2015	FY 2015	FY 2015	FY 2016	FY 2016	FY 2016
Description	Actual Results	Projected w/out CON	Projected Incremental	Projected with CON	Projected w/out CON	Projected Incremental	Projected with CON	Projected w/out CON	Projected Incremental	Projected with CON	Projected w/out CON	Projected Incremental	Projected with CON
Net Patient Revenue													
Non- Government	$ 860,140	$ 1,164,381	$ -	$ 1,164,381	$ 1,229,971	$ 4,590	$ 1,234,561	$ 1,304,374	$ 4,813	$ 1,309,187	$ 1,379,340	$ 4,890	$ 1,384,230
Medicare	590,993	809,034	-	809,034	822,116	1,919	824,035	847,043	2,013	849,056	880,833	2,045	882,877
Medicaid and Other Medical Assistance	251,911	341,015	-	341,015	354,193	1,753	355,945	371,275	1,838	373,113	392,021	1,867	393,888
Other Government	10,227	13,844	-	13,844	13,856	83	13,941	13,872	86	13,959	13,885	89	13,974
Total Net Patient Revenue	$ 1,713,271	$ 2,319,274	$ -	$ 2,319,274	$ 2,420,136	$ 8,345	$ 2,428,483	$ 2,536,564	$ 6,750	$ 2,545,314	$ 2,666,079	$ 8,890	$ 2,674,969
Other Operating Revenue	$ 47,684	$ 60,727	$ -	$ 60,727	$ 60,727	$ -	$ 60,727	$ 60,727	$ -	$ 60,727	$ 60,727	$ -	$ 60,727
Revenue from Operations	$ 1,760,955	$ 2,380,001	$ -	$ 2,380,001	$ 2,480,865	$ 8,345	$ 2,489,210	$ 2,597,291	$ 6,750	$ 2,606,041	$ 2,726,806	$ 8,890	$ 2,735,696
Salaries and Fringe Benefits	$ 757,263	$ 1,053,715	$ -	$ 1,053,715	$ 1,159,251	$ 1,228	$ 1,160,479	$ 1,161,845	$ 1,277	$ 1,163,122	$ 1,222,724	$ 1,329	$ 1,224,053
Professional / Contracted Services	374,830	520,852	-	520,852	471,809	973	472,782	518,842	973	519,815	557,345	973	558,318
Supplies and Drugs	378,271	522,854	-	522,854	551,159	781	551,940	560,995	803	561,798	611,670	816	612,486
Bad Debts	32,622	35,046	-	35,046	36,097	-	36,097	37,180	-	37,180	38,295	-	38,295
Other Operating Expense	12,497	17,366	-	17,366	17,887	1,139	19,026	18,423	1,166	19,589	18,976	1,192	20,168
Subtotal	$ 1,555,484	$ 2,149,833	$ -	$ 2,149,833	$ 2,236,203	$ 4,121	$ 2,240,324	$ 2,337,085	$ 4,219	$ 2,341,304	$ 2,449,010	$ 4,310	$ 2,453,320
Depreciation/Amortization	73,101	$ 102,560	$ -	$ 102,560	$ 108,838	$ 256	$ 109,094	$ 113,235	$ 256	$ 113,491	$ 116,460	$ 256	$ 116,715
Interest Expense	17,720	42,420	-	42,420	44,111	-	44,111	43,490	-	43,490	47,848	-	47,848
Lease Expense	10,139	14,089	-	14,089	14,512	-	14,512	14,947	-	14,947	15,396	-	15,396
Total Operating Expense	$ 1,654,444	$ 2,308,902	$ -	$ 2,308,902	$ 2,403,664	$ 4,377	$ 2,408,041	$ 2,508,757	$ 4,476	$ 2,513,233	$ 2,630,714	$ 4,566	$ 2,635,280
Gain/(Loss) from Operations	$ 106,511	$ 71,099	$ -	$ 71,099	$ 77,201	$ 3,968	$ 81,169	$ 88,534	$ 4,275	$ 92,809	$ 96,092	$ 4,324	$ 100,416
Plus: Non-Operating Revenue	$ 24,098	$ 39,099	$ -	$ 39,099	$ 40,840	$ -	$ 40,840	$ 42,708	$ -	$ 42,708	$ 44,804	$ -	$ 44,804
Revenue Over/(Under) Expense	$ 130,609	$ 110,198	$ -	$ 110,198	$ 118,041	$ 3,968	$ 122,009	$ 131,242	$ 4,275	$ 135,517	$ 140,896	$ 4,324	$ 145,220
Number of FTE's	10,807	10,862	-	10,862	10,938	13.9	10,951	11,015	13.9	11,028	11,093	13.9	11,107
Inpatient Cases	59,427	80,208		80,208	81,950		81,950	83,660		83,660	85,458		85,458
Patient Days	309,398	417,201		417,201	423,031	-	423,031	428,493	-	428,493	433,777	-	433,777
Outpatient encounters	774,085	844,267		844,267	875,626	-	875,626	906,249	-	906,249	942,186	-	942,186
MRI Procs			-			8,886			9,230			9,345	

Notes:

APPENDIX VIII

OHCA FINANCIAL ASSUMPTIONS

YALE-NEW HAVEN HOSPITAL

Proposal for the Transfer of Ownership of St Raphael MRI Imaging Center to Yale-New Haven Hospital

Assumptions

Net Revenue Rate Increases	FY 2013	FY 2014	FY 2015	FY 2016
1) Government	0.0 - 2.8%	0.0 - 2.8%	0.0 - 2.8%	0.0 - 2.8%
2) Non-Government	5.0 - 8.0%	5.0 - 6.0%	4.5 - 6.0%	4.0 - 6.0%

	FY 2013	FY 2014	FY 2015 0	FY 2016
EXPENSES				
A. Salaries and Fringe Benefits	5.0%	5.0%	5.0%	5.0%
B. Non-Salary				
1) Medical and Surgical Supplies	3.5%	3.5%	3.5%	3.5%
2) Pharmacy and Solutions	6.0%	6.0%	6.0%	6.0%
3) Malpractice Insurance	3.0%	3.0%	3.0%	3.0%
4) Professional and Contracted Services	2.5%	2.5%	2.5%	2.5%
5) All Other Expenses	3 - 4%	3 - 4%	3 - 4%	3 - 4%

	FY 2013	FY 2014	FY 2015	FY 2016
FTEs				
1) Total estimated FTEs	10,861.5	10,937.5	11,014.5	11,092.6

Note - The above increase projections reflect all changes relating to Medicare and Medicaid reimbursement regulations.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

February 22, 2013 VIA FAX

Nancy Rosenthal
Senior Vice President/Health Systems Development
Department of Planning & Business Development
Yale-New Haven Hospital
20 Howe Street
New Haven, CT 06510

Mr. Zenon Protopapas
Medical Director, SRMRC
Medical Imaging Associates
330 Orchard Street, Suite 10B
New Haven, CT 06511

RE: Certificate of Need Application; Docket Number: 13-31819-CON
Proposal to Transfer the Ownership of Saint Raphael Magnetic Resonance Center to Yale-New Haven Hospital

Dear Ms. Rosenthal and Mr. Protopapas,

On January 25, 2013, the Office of Health Care Access ("OHCA") received your initial Certificate of Need ("CON") application for transfer of ownership of Saint Raphael Magnetic Resonance Center to Yale-New Haven Hospital, at a total capital expenditure of 4,200,000.

OHCA has reviewed the CON application and requests additional information pursuant to General Statutes § 19a-639a(c):

1. On page 18 of the CON application, it states that during the past four years the total volume for both scanners has ranged between 8,500 and 9,000 annually. Provide the historical, current and projected volume for each scanner in the table below. Please reconcile the historical volume to schedule 450 (HRS).

MRI scans	**Historical Volume**			**Estimated**	**Projected Volume (First 3 Full Operational FYs)**		
	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
Inpatient							
Outpatient							
ED							
Total							

1. Please identify the current primary and secondary service area towns that are served by SRMRC and identify how they were determined.

In responding to the questions contained in this letter, please repeat each question before providing your response. **Paginate and date** your response (i.e., each page in its entirety). Information filed after the initial CON application submission (i.e. completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicants' document preceding it. Please reference "Docket Number: 13-31819-CON." Submit one (1) original and five (5) hard copies of your response. In addition, please submit a scanned copy of your response including all attachments on CD in an Adobe format (.pdf) and in an MS Word format.

If you have any questions concerning this letter, please feel free to contact me at (860) 418-7007.

Sincerely,

A. Veyberman

Alla Veyberman
Health Care Analyst

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*** TX REPORT ***
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STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: NANCY ROSENTHAL

FAX: 203.863.4736

AGENCY: YALE-NEW HAVEN HOSPITAL

FROM: OHCA

DATE: 2/22/2013 **Time:**

NUMBER OF PAGES: 3
(including transmittal sheet

Comments:
Docket Number: 13-31819-CON

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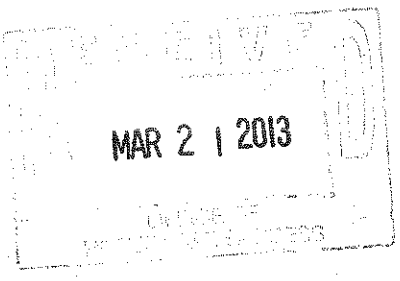
Phone: (860) 418-7001 ***Fax: (860) 418-7053***

YALE NEW HAVEN HEALTH

March 21, 2013



Alla Veyberman
Health Care Analyst
Office of Healthcare Access
410 Capitol Avenue
MS #13HCA
P.O. Box 340308
Hartford, CT 06106

Re: Docket Number 13-31819-CON
Proposal to Transfer the Ownership of Saint Raphael Magnetic Resonance Center to Yale-New Haven Hospital

Dear Ms. Veyberman:

Enclosed please find the original, five (5) hard copies and an electronic copy on CD of responses to OHCA's February 6, 2013 completeness questions for the above referenced CON application.

Please do not hesitate to contact me with any questions or concerns. I can be reached at (203) 863-3908.

Thank you for your time and support of this important project.

Sincerely,

Nancy Rosenthal
Senior Vice President – Health Systems Development

Enclosures

789 Howard Avenue
New Haven, CT 06519

Yale-New Haven Hospital
Saint Raphael Magnetic Resonance Center

Transfer of Ownership of Saint Raphael Magnetic Resonance Center to Yale-New Haven Hospital

Docket Number: 13-31819-CON

Responses to Completeness Questions

March 21, 2013

Yale-New Haven Hospital (YNHH)
Saint Raphael Magnetic Resonance Center (SRMRC)

Certificate of Need Application
Docket Number: 13-31819-CON

Transfer of Ownership of Saint Raphael Magnetic Resonance Center to Yale-New Haven Hospital

Responses to Completeness Questions

1. On page 18 of the CON application, it states that during the past four years the total volume for both scanners has ranged between 8,500 and 9,000 annually. Provide the historical, current and projected volume for each scanner in the table below. Please reconcile the historical volume to schedule 450 (HSR).

   SRMRC volumes are not tracked by scanner and therefore the historical volumes provided below are for both MRI scanners operated by SRMRC. SRMRC also does not track ED volume separately and any ED volume which occurred was included in outpatient volumes.

   Projected volumes are based on the transfer of ownership to YNHH and include a conservative volume increase in conjunction with increased activity at the Saint Raphael campus. Projected ED scan volume is assumed to be 1% of the outpatient volume which is consistent with historical levels at SR campus.

MRI Scans	*Historical Volume*			Estimated	Projected Volume (First 3 Full Operational FYs)**		
	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
Inpatient	2,133	2,114	2,047	2,047	2,114	2,118	2,120
Outpatient	7,257	7,008	6,531	6.531	6,714	7,041	7,153
ED*					68	71	72
Total	**9,390**	**9,122**	**8,578**	**8,578**	**8,896**	**9,230**	**9,345**

Notes:
ED volume is not tracked by SRMRC and is included in outpatient volume.
FY 2013 volumes are assumed to remain flat from FY 2012 due to YNHH acquisition of HSR and transitional year. FY 2014-2016 volumes assumed to increase conservatively (4%, 4% and 1%) building volume back to FY 2010 levels by 2016. Volume increases are expected as a result of increased patient activity on the Saint Raphael campus by YNHH. Projected ED volume is assumed to equal 1% of outpatient volume based on historical HSR volumes.

It is difficult to reconcile SRMRC historical volumes to HSR's Schedule 450 since SRMRC is a separate entity and provided MRI services to HSR as well as the community at large. SRMRC has its own database and billing system, separate from what was used by HSR.

Schedule 450 for FY 2010 and 2011 was prepared several years ago by HSR and YNHH is not aware of the specific methodology that was used by HSR to record and report the MRI scan volume.

2. Please identify the current primary and secondary service area towns that are served by SRMRC and identify how they were determined

SRMRC's primary and secondary service area towns closely mirror those that were served by HSR. The primary service area towns include those which comprise approximately 60-70% of the volume and secondary service area towns comprise the next 20-25% of the volume. The towns are listed below:

Primary Towns:
East Haven, Hamden, New Haven, North Haven, West Haven

Secondary Towns:
Ansonia, Bethany, Branford, Derby, Guilford, Huntington, Madison, Meriden, Milford, North Branford, Northford, Orange, Oxford, Seymour, Wallingford, and Woodbridge.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

April 19, 2013

VIA FAX

Nancy Rosenthal
Senior Vice President/Health Systems Development
Department of Planning & Business Development
Yale-New Haven Hospital
20 Howe Street
New Haven, CT 06510

Mr. Zenon Protopapas
Medical Director, SRMRC
Medical Imaging Associates
330 Orchard Street, Suite 10B
New Haven, CT 06511

RE: Certificate of Need Application; Docket Number: 13-31819-CON
Proposal to Transfer the Ownership of Saint Raphael Magnetic Resonance Center to Yale-New Haven Hospital

Dear Ms. Rosenthal and Mr. Protopapas,

On March 21, 2013, the Office of Health Care Access ("OHCA") received completeness responses to the Certificate of Need ("CON") application for transfer of ownership of Saint Raphael Magnetic Resonance Center to Yale-New Haven Hospital, at a total capital expenditure of 4,200,000.

OHCA has reviewed the responses and requests the following additional information pursuant to General Statutes §19a-639a(c).

1. Based on your current primary and secondary service area towns, there are limited provider-based imaging centers in the service area. On page of 17 of the application it is stated that after the purchase, Yale-New Haven Hospital will operate SRMRC as a provider-based center. Based on the above, please provide information on the following:

    a. How current SRMRC charges will be affected by going to a provider base setting?
    b. Provide a copy of the current SRMRC's chargemaster and a copy of one it will have after SRMRC will be incorporated into YHNN's Radiology department?
    c. How will the proposed transfer impact the billing model?

2. Please provide information about how the Applicants plan to notify current and future SRMRC's patients about the transfer if approved.

In responding to the questions contained in this letter, please repeat each question before providing your response. **Paginate and date** your response (i.e., each page in its entirety). Information filed after the initial CON application submission (i.e. completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicants' document preceding it. Please reference "Docket Number: 13-31819-CON." Submit one (1) original and five (5) hard copies of your response. In addition, please submit a scanned copy of your response including all attachments on CD in an Adobe format (.pdf) and in an MS Word format.

If you have any questions concerning this letter, please feel free to contact me at (860) 418-7007.

Sincerely,

A. Veyberman

Alla Veyberman
Health Care Analyst

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*** TX REPORT ***
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RECIPIENT ADDRESS	92038634736
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ST. TIME	04/19 13:57
TIME USE	00'35
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STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: NANCY ROSENTHAL/ZENON PROTOPAPAS

FAX: 203.863.4736/203.789.4120

AGENCY: YALE-NEW HAVEN HOSPITAL

FROM: OHCA

DATE: 4/19/2013 **Time:**

NUMBER OF PAGES: 3
(including transmittal sheet

Comments:
Docket Number: 13-31819-CON

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS

Phone: (860) 418-7001 Fax: (860) 418-7053

YALE NEW HAVEN HEALTH

May 17, 2013

Alla Veyberman
Health Care Analyst
Office of Healthcare Access
410 Capitol Avenue
MS #13HCA
P.O. Box 340308
Hartford, CT 06106

Re: Docket Number 13-31819-CON
Proposal to Transfer the Ownership of Saint Raphael Magnetic Resonance Center to Yale-New Haven Hospital

Dear Ms. Veyberman:

Enclosed please find the original, five (5) hard copies and an electronic copy on CD of responses to OHCA's April 19, 2013 completeness questions for the above referenced CON application.

Please do not hesitate to contact me with any questions or concerns. I can be reached at (203) 863-3908.

Thank you for your time and support of this important project.

Sincerely,

Nancy Rosenthal

Nancy Rosenthal
Senior Vice President – Health Systems Development

Enclosures

789 Howard Avenue
New Haven, CT 06519

Yale-New Haven Hospital
Saint Raphael Magnetic Resonance Center

Transfer of Ownership of Saint Raphael Magnetic Resonance Center to Yale-New Haven Hospital

Docket Number: 13-31819-CON

Responses to Completeness Questions (#2)

May 28, 2013

Yale-New Haven Hospital (YNHH)
Saint Raphael Magnetic Resonance Center (SRMRC)

Certificate of Need Application
Docket Number: 13-31819-CON

Transfer of Ownership of Saint Raphael Magnetic Resonance Center to Yale-New Haven Hospital

Responses to Completeness Questions #2

a. Based on your current primary and secondary service area towns, there are limited provider-based imaging centers in the service area. On page 17 of the application it is stated that after the purchase, Yale-New Haven Hospital will operate SRMRC as a provider-based center. Based on the above, please provide information on the following:
    a. How current SRMRC charges will be affected by going to a provider base setting?
    b. Provide a copy of the current SRMRC's charge master and a copy of one it will have after SRMRC will be incorporated into YNHH's Radiology department.
    c. How will the proposed transfer impact the billing model?

Responses

a. SRMRC's current charges will no longer apply following the change of ownership to YNHH. YNHH's MRI charges will apply for MRI scans provided on the Saint Raphael campus following the change in ownership. Because the MRIs are on YNHH's Saint Raphael campus, they will be integrated fully with the services of YNHH and billed consistent with all hospital MRI services.

b. Copies of the current SRMRC and YNHH MRI charge masters have been included in Appendix I. As stated above, YNHH's charges for an MRI will apply to the MRIs on the Saint Raphael (SR) campus following the change of ownership.

   It should be emphasized that the chargemaster has little relevance to actual revenue for MRI services. For more than 89% of MRI scan volume (all payors), YNHH is paid for MRI services according to a predetermined fee schedule or contracted fee schedules. On average, outpatient MRI payments for all payors are more than 60% less than charges. YNHH conducts an in-depth review of the chargemaster on a regular basis.

c. The billing model will be the same model as all other YNHH MRI services. Prevailing fee schedules (e.g. Medicare/Medicaid) or YNHH managed care and commercial payor contracts will include the Saint Raphael campus MRIs. All billing practices at the Saint Raphael campus will be consistent with all other MRI locations at YNHH.

   It should be noted that Yale-New Haven Hospital has some of the most progressive free care and charity care policies in the United States. All patients who do not qualify for State of Connecticut Medicaid are offered financial assistance for services provided by the hospital. If a patient falls under 250% of the Federal Poverty Level (FPL), hospital

care is provided at no charge. Patients who fall between 250% and 400% of FPL receive hospital care at cost, almost an 80% discount off charges. Patient above 400% are also offered discounts, in some cases in excess of 50%. Upon the acquisition of the Hospital of Saint Raphael, free and charity care policies were extended to the Saint Raphael campus. As part of YNHH, these policies will be extended to the MRI services provided at the Saint Raphael campus and with all other hospital-based services provided there. These financial assistance policies are the most progressive policies in the State of Connecticut.

b. Please provide information about how the Applicants plan to notify current and future SRMRC patients about the transfer if approved.

Response

Patients will be notified about the change of ownership in a variety of ways, including:

- When a patient or referring physician calls to schedule an MRI at the SR campus, they will be told about the change of ownership.
- Any patient already scheduled for an MRI at the SR campus will be notified of the change in ownership at the time of their pre-appointment telephone reminder call.
- Signage in the facility will be changed to YNHH signage.

APPENDIX I

YNHH AND SRMRC MRI CHARGES

YNHH Charges
MRI Services
May 3rd, 2013

CPT Code	CPT code Description	YNHH
70336	MRI - Temporamandibular Joint	2,855
70540	MRI - Orbl, face and neck w/o contrast	2,296
70542	MRI - Orbl, face and neck with contrast	2,737
70543	MRI - Orbl, face and neck w/o and with contrast	4,326
70544	MRA - Head w/o contrast	3,126
70545	MRA - Head with contrast	2,140
70546	MRA - Head w/o and with contrast	5,536
70547	MRA - Neck w/o contrast	3,635
70548	MRA - Neck with contrast	4,213
70549	MRA - Neck w/o and with contrast	4,993
70551	MRI - Brain w/o contrast	3,113
70552	MRI - Brain with contrast	3,542
70553	MRI - Brain w/o and with contrast	4,697
70554	MRI - Brain, functinoal	3,542
70555	MRI - Brain, functinoal requiring physician administration	3,824
71550	MRI - Chest w/o contrast	2,652
71551	MRI - Chest with contrast	2,738
71552	MRI - Chest w/o and with contrast	4,466
71555	MRA - Chest w/o and with contrast	4,782
72141	MRI - cervical spine w/o contrast	3,406
72142	MRI - cervical spine with contrast	3,723
72146	MRI - thoracic spine w/o contrast	3,321
72147	MRI - thoracic spine with contrast	3,743
72148	MRI - lumbar spine w/o contrast	3,375
72149	MRI - lumbar spine with contrast	3,623
72156	MRI - cervical spine w/o and with contrast	4,703
72157	MRI - thoracic spine w/o and with contrast	4,874
72158	MRI - lumbar spine w/o and with contrast	4,957
72159	MRA - Spinal Canal	5,032
72195	MRI - Pelvis w/o contrast	3,102
72196	MRI - Pelvis with contrast	3,545
72197	MRI - Pelvis w/o and with contrast	4,994
72198	MRA - Pelvis w/o or with contrast	4,896
73218	MRI - Upper extremity other than joint w/o contrast	2,986
73219	MRI - Upper extremity other than joint with contrast	3,011
73220	MRI - Upper extremity other than joint w/o and with contrast	3,421
73221	MRI - Upper extremity joint w/o contrast	3,257
73222	MRI - Upper extremity joint with contrast	4,014
73223	MRI - Upper extremity joint w/o and with contrast	5,051
73225	MRA - Upper extremity w/o or with contrast	4,983
73718	MRI - Lower extremity other than joint w/o contrast	3,467
73719	MRI - Lower extremity other than joint with contrast	3,823
73720	MRI - Lower extremity other than joint w/o and with contrast	4,981
73721	MRI - Lower extremity joint w/o contrast	2,438
73722	MRI - Lower extremity joint with contrast	2,948
73723	MRI - Lower extremity joint w/o and with contrast	3,444
73725	MRA - Lower extremity w/o or with contrast	3,894
74181	MRI - Abdomen w/o contrast	2,926
74182	MRI - Abdomen with contrast	3,321
74183	MRI - Abdomen w/o and with contrast	4,993
74185	MRA - Abdomen w/o and with contrast	5,200
75557	Cardiac MRI for morphology w/o contrast	2,787
75559	Cardiac MRI for morphology with street imaging	DNP
75561	Cardiac MRI for morphology w/o contrast and w/ contrast	4,982
75563	Cardiac MRI for morphology w/o contrast and w/ contrast w	2,273
76376	3D Rendering w/interpretation, independent station	616
76377	3D Rendering w/interpretation, independent station req	915
77021	Magnetic resonance guidance for needle placement	3,495
77058	MRI Breast with and/or with contrast unilateral	2,442
77059	Bilateral	2,073

SRMRC Charge Listing

CPT	DECRIPTION	Charge
70336	**MRI - TEMPOROMANDIBULAR JOINT**	$ 1,440.00
70540	**MRI-Orbi, face and neck w/o contrast**	$ 1,420.00
70542	with contrast	$ 1,795.00
70543	w/o and with contrast	$ 2,215.00
70544	**MRA-Head w/o contrast**	$ 1,395.00
70545	with contrast	$ 1,725.00
70546	w/o and with contrast	$ 2,160.00
70547	**MRA-Neck w/o contrast**	$ 1,395.00
70548	with contrast	$ 1,725.00
70549	w/o and with contrast	$ 2,160.00
70551	**MRI-Brain w/o contrast**	$ 1,440.00
70552	with contrast	$ 1,820.00
70553	w/o and w/contrast	$ 2,250.00
70554	**MRI-Brain , functional**	$ 1,980.00
70555	requiring physician administration	$ 2,270.00
71550	**MRI-Chest, without contrast**	$ 1,440.00
71551	with contrast	$ 1,810.00
71552	w/o and w/contrast	$ 2,235.00
71555	**MRA-Chest with or w/o contrast**	$ 1,930.00
72141	**MRI-Cervical spine w/o contrast**	$ 1,460.00
72142	with contrast	$ 1,840.00
72146	**MRI-Thoracic spine without contrast**	$ 1,460.00
72147	with contrast	$ 1,825.00
72148	**MRI-Lumbar spine w/o contrast**	$ 1,445.00
72149	with contrast	$ 1,820.00
72156	**MRI-Cervical spine w/o and w/contrast**	$ 2,285.00
72157	**MRI-Thoracic spine w/o and w/contrast**	$ 2,285.00
72158	**MRI-Lumbar spine w/o contrast and w/contrast**	$ 2,255.00
72159	**MRA-Spinal canal**	$ 2,135.00
72195	**MRI-Pelvis w/o contrast**	$ 1,440.00
72196	with contrast	$ 1,810.00
72197	w/o and w/contrast	$ 2,235.00
72198	**MRA-Pelvis with or without contrast**	$ 1,920.00
73218	**MRI-Upper extremity other than joint w/o contrast**	$ 1,420.00
73219	with contrast	$ 1,795.00
73220	w/o and w/contrast	$ 2,220.00
73221	**MRI-Upper extremity joint w/o contrast**	$ 1,425.00
73222	with contrast	$ 1,795.00
73223	w/o and w/contrast	$ 2,215.00
73225	**MRA-Upper extremity with or without contrast**	$ 2,100.00
73718	**MRI-Lower extremity other than joint w/o contrast**	$ 1,420.00
73719	with contrast	$ 1,795.00
73720	w/o and w/contrast	$ 2,215.00

SRMRC Charge Listing

73721	**MRI-Lower extremity, joint, without contrast**	$ 1,425.00
73722	**MRI-Lower extremity, joint, with contrast**	$ 1,795.00
73723	w/o and w/contrast	$ 2,215.00
73725	**MRA-Lower extremity with or without contrast**	$ 1,925.00
74181	**MRI-Abdomen without contrast**	$ 1,440.00
74182	with contrast	$ 1,810.00
74183	w/o and w/contrast	$ 2,235.00
74185	**MRA-Abdomen with or without**	$ 1,915.00
75557	**Cardiac MRI for morphology w/o contrast**	$ 1,545.00
75559	with street imaging	$ 1,695.00
75561	**Cardiac MRI for morphology w/o and w/contrast**	$ 2,095.00
75563	with stress imaging	$ 2,375.00
76376	**3D Rendering w/interpretation, independent station**	$ 250.00
76377	requiring image postprocessing	$ 320.00
77021	**Magnetic resonance guidance for needle placement**	$ 1,505.00
77058	**MRI-Breast, with and/or with contrast unilateral**	$ 2,135.00
77059	**Bilateral**	$ 2,135.00

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

June 5, 2013

VIA FACISIMILE ONLY

Nancy Rosenthal
Senior Vice President
Yale-New Haven Hospital
20 Howe Street
New Haven, CT 06510

Mr. Zenon Protopapas
Medical Director, SRMRC
Medical Imaging Associates
330 Orchard Street, Suite 10B
New Haven, CT 06511

RE: Certificate of Need Application; Docket Number: 13-31819-CON
Yale-New Haven Hospital and Saint Raphael Magnetic Resonance Center
Proposal to Transfer the Ownership of Saint Raphael Magnetic Resonance Center to Yale-New Haven Hospital

Dear Ms. Rosenthal and Mr. Protopapas,

This letter is to inform you that, pursuant to Section 19a-639a (d) of the Connecticut General Statutes, the Office of Health Care Access has deemed the above-referenced application complete as of June 5, 2013.

If you have any questions regarding this matter, please feel free to contact me at (860) 418-7007.

Sincerely,

A. Veyberman

Alla Veyberman
OHCA Health Care Analyst

****
*** TX REPORT ***
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STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: NANCY ROSENTHAL/ZENON PROTOPAPAS

FAX: 203.863.4736/203.789.4120

AGENCY: YALE-NEW HAVEN HOSPITAL

FROM: OHCA

DATE: 6/5/13 **Time:**

NUMBER OF PAGES: 1
(including transmittal sheet

Comments:
Docket Number: 13-31819-CON

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS

Phone: (860) 418-7001 ***Fax: (860) 418-7053***