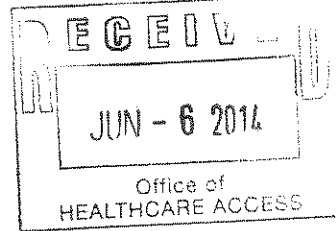




PAUL E. KNAG  
203.653.5407 DIRECT TELEPHONE  
860.240.5711 DIRECT FACSIMILE  
PKNAG@MURTHALAW.COM



June 4, 2014

VIA FIRST-CLASS MAIL

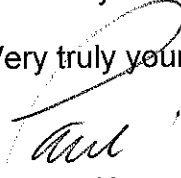
Kimberly Martone  
410 Capitol Avenue, MS#13HCA  
P. O. Box 340308  
Hartford, CT 06134-0308

Re: Newton Diagnostic

Dear Kimberly:

Enclosed is Form 2020. Please call me if you have questions.

Very truly yours,



Paul E. Knag



# State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

## SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

	Petitioner
Full Legal Name	Newtown Diagnostic Imaging, LLC
Doing Business As	Newtown Diagnostic Imaging
Name of Parent Corporation	N/A (Newtown Diagnostic Imaging is a physician practice)
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	153 South Main St. Newtown, CT 06470
What is the Petitioner's Status: P for profit and NP for Nonprofit	P
Contact Person at Facility, including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this	Adam Welber, M.D., Medical Director

matter.	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	153 South Main St. Newtown, CT 06470
Contact Person's Telephone Number	203-426-3002
Contact Person's Fax Number	203-426-6411
Contact Person's e-mail Address	awelber@fastmail.net

**SECTION II. GENERAL PROPOSAL INFORMATION**

- a. Proposal/Project Title: Relocation of MRI and CT Scanners
- b. Estimated Total Project Cost: \$75,000
- c. Location of proposal, identifying Street Address, Town and Zip Code: Relocating to 13.61 acre site (Parcel BR-2) on Riverview Rd. in Danbury, CT 06810
- d. List each town this project is intended to serve: Newtown, Sandy Hook, Bethel, Southbury and Danbury
- e. Estimated starting date for the project: November 2016

**SECTION IV. PROPOSAL DESCRIPTION**

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable:

1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and the target population to be served.

Newtown Diagnostic Imaging, LLC ("NDI") owns and operates a free-standing imaging center located at 153 South Main Street in Newtown, Connecticut that provides MRI, CT, ultrasound and general radiology services. NDI provides these services to residents of Newtown and surrounding towns, including Sandy Hook, Bethel, Southbury and Danbury.

NDI intends to move its operations to a new location (parcel BR-2) on Riverview Road in Danbury, Connecticut. Included in this move are an MRI scanner (General Electric Signa V 1.5 Tesla) and a CT scanner (General Electric CT single slice). Both of these machines were acquired by NDI after the issuance of a CON Determination Report under Docket Number 03-30170-DTR on September 16, 2003. NDI believes that it can more effectively serve the patients of its service area from the new location.

NDI is a physician practice and thus is not, and is not required to be, licensed by the Department of Public Health. A copy of NDI's current Certificate of Use is attached hereto.

**SECTION V. AFFIDAVIT**

Petitioner: Newtown Diagnostic Imaging, LLC

Project Title: Relocation of MRI and CT Scanners

I, Adam Welber, M.D., Medical Director of Newtown Diagnostic Imaging, LLC being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge.

Adam Welber MD \_\_\_\_\_  
Signature Date 5/27/2014

Subscribed and sworn to before me on May 27, 2014

Christopher T Elmendorf \_\_\_\_\_  
Notary Public/Commissioner of Superior Court

My commission expires: December 31, 2014





**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH  
*Office of Health Care Access*

May 9, 2014

VIA FACSIMILE ONLY

Adam Welber, M.D.  
Newtown Diagnostic Imaging, LLC  
153 South Main Street  
Newtown, CT 06470

RE: Certificate of Need Determination Report Number 14-31919-DTR  
Relocation of MRI and CT Scanners

Dear Dr. Welber:

On June 6, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Newtown Diagnostic Imaging, LLC ("Petitioner") with respect to the relocation of its MRI and CT scanners.

The Petitioner is a free-standing imaging center located at 153 South Main Street, Newtown, Connecticut. The Petitioner provides CT, MRI, ultrasound and general radiology services to residents of Newtown and surrounding towns, including Sandy Hook, Bethel, Southbury and Danbury. The Petitioner owns an MRI scanner and a CT scanner, both of which were issued a Determination Report under Docket Number 03-30170-DTR on September 16, 2003. The Petitioner intends to relocate its facility, including the MRI and CT scanners, to Danbury, Connecticut.

Connecticut General Statutes § 19a-638(a) does not require CON review for the relocation of imaging equipment. Therefore, OHCA hereby determines that a CON is not required for the proposed relocation.

Sincerely,

Kimberly R. Martone  
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR

*An Equal Opportunity Provider*

*(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)*  
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308  
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

\* \* \* COMMUNICATION RESULT REPORT ( JUN. 9. 2014 3:21PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : JUN. 9. 2014 3:21PM  
FILE MODE OPTION

ADDRESS

RESULT

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361 MEMORY TX

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REASON FOR ERROR  
E-1) HANG UP OR LINE FAIL  
E-3) NO ANSWER

E-2) BUSY  
E-4) NO FACSIMILE CONNECTION



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Adam Welber, M.D.

FAX: 203-426-6411

AGENCY: Newtown Diagnostic Imaging, LLC

FROM: OHCA

DATE: 5/9/14 Time:

NUMBER OF PAGES: 2

*(including transmittal sheet)*

**Comments:**

Attached is the CON Determination for DN: 14-31919-DTR

**PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.**

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA  
P.O.Box 340308  
Hartford, CT 06134