



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

**Department of
Health and Social Services**

Division of Health Care Services
Certificate of Need Program

350 Main Street, Room 510
P.O. Box 110660
Juneau, Alaska 99801-0660
Main: 907.465.8616
Fax: 907.465.6861

February 21, 2013

VIA ELECTRONIC MAIL and CERTIFIED MAIL, RETURN RECEIPT REQUESTED #7007 0710 0000 1695 2166

Matt A. Heilala, DPM
Alaska Foot and Ankle Specialists
950 E. Bogard, Suite 238
Wasilla, Alaska 99654

Dear Dr. Heilala,

The Certificate of Need (CON) program has finished its review of your CON application, as outlined in 7 AAC 07.050, for construction of an ambulatory surgical facility in the Matanuska-Susitna Borough area of Alaska.

The following information is requested prior to the department declaring your application as complete:

1. In your Letter of intent to the Department a certified cost estimate was submitted by Kumin Associates, Inc. stating the facility will be 9,700 square feet for a total construction cost of \$5,710,468. In your CON application, on page 34, it states total construction costs are \$2,803,995 for an 11,000 square foot facility (page 3). Please provide us with a modified certified cost estimate which outlines the differences between the Letter of Intent and the CON application.
2. In your Letter of Intent to the Department a certified cost estimate was submitted by Medical Source Systems for equipment for a total of \$2,580,474. In your CON application, on page 34, it states an equipment total of \$2,812,888. Please provide us with a modified certified cost estimate which outlines the differences between the Letter of Intent and the CON application.

As outlines in 7 AAC 07.050, you have 60 days, until April 22, 2013, to provide the Department with the requested information.

Sincerely,

A handwritten signature in blue ink, appearing to read "Karen Lawfer", followed by a horizontal line.

Karen Lawfer
CON Coordinator

CC: Lori Aoyama, Health Facilities Planning & Development via electronic mail