



STATE OF TENNESSEE
HEALTH SERVICES AND DEVELOPMENT AGENCY
500 Deaderick Street, Suite 850
Nashville, TN 37243
615/741-2364

NOTICE OF REPLACEMENT AND/OR UPGRADE OF MAJOR MEDICAL EQUIPMENT

TCA §68-11-1607(a)(6), requires that notification be made to the Tennessee Health Services and Development Agency of the replacement and/or upgrade of any major medical equipment that would not require an additional Certificate of Need. Such notification shall be made prior to acquisition of such equipment. PLEASE NOTE that a separate form is to be used for each type of equipment for which notification is being provided.

Should you wish to provide information not specifically requested or further information with regard to information reported, please attach a separate page to provide such narrative.

- Cardiac Catheterization**
- Computerized Axial Tomography**
- Extracorporeal Lithotripsy**
- Linear Accelerator**
- Magnetic Resonance Imagery**
- Positron Emission Tomography**
- Other (Describe):** _____

1. NAME AND ADDRESS OF FACILITY

(Name)

(Street Address)

(County)

(Mailing Address, if different from Street Address)

(City) (State) (Zip) (Telephone Number)

2. CONTACT PERSON OR AUTHORIZED AGENT

(Name)

(Title)

(Company)

(Email Address)

(Mailing Address)

(Telephone Number)

(City) (State) (Zip) (Fax Number)

3. **EQUIPMENT REPLACEMENT/UPGRADE INFORMATION** (Continued)

A. Original Equipment Information

Brand Name: _____

Type of Equipment (ex.: 64 Slice CT) _____

Date Equipment Acquired: _____

Other Information
(ex.: Serial Number): _____

Cost of Equipment: _____

Expected Useful Life (years): _____

B. Replacement/Upgraded Equipment Information

Replacement Equipment

Upgraded Equipment

Brand Name: _____

Type of Equipment (ex.: 64 Slice CT) _____

Date Equipment Acquired: _____

Other Information
(ex.: Serial Number): _____

Owned or Leased: _____

Leased By Whom: _____

Fixed or Mobile Unit: _____

Number of Days Per
Week If Mobile: _____

Cost of Equipment: _____

Expected Useful Life (yrs): _____

I hereby certify that this information is true to the best of my knowledge, information and belief, and that supplemental written notification will be filed with the Tennessee Health Services and Development Agency in the event of any change in the information given in this report.

Signature

Date