

**Acknowledgment of Receipt of Determination of Need and
Attestation Regarding Participation in MassHealth**

Pursuant to 105 C.M.R. § 100.310(A)(2) we, the undersigned chief executive officer and board chair of **Beth Israel Lahey Health Surgery Center Plymouth, LLC** (the "Holder"), hereby acknowledge that the Holder is in receipt of the Determination of Need Notice of Final Action, dated **July 17, 2024**, issued by the Massachusetts Department of Public Health (the "Department") with respect to Application No. **22062915-AS**. This attestation is being provided to the Department and to all Parties of Record within thirty (30) days of the Determination of Need Notice of Final Action.

In addition, pursuant to 105 CMR 100.310(A)(11), we hereby attest that **Beth Israel Lahey Health Surgery Center** (the Health Care Facility or Facilities for which the Notice of Determination has been issued) **intends to participate** in MassHealth pursuant to 130 CMR 400.000 through 499.000.

IN WITNESS WHEREOF, the undersigned have duly executed this Attestation on this
_____ (date)



Kevin Coughlin, President, Beth Israel Deaconess Hospital – Plymouth



Date