# APPENDIX 7:

# CHANGE IN SERVICE FORM

# Massachusetts Department of Public Health
# Determination of Need
# Change in Service

Version: DRAFT 6-14-17

**DRAFT**

Application Number: TIM-25041809-RE  Original Application Date: 04/21/2025

## Applicant Information

Applicant Name: Tellica Imaging - Massachusetts, LLC

Contact Person: Brad Isaacson  Title: President and Chief Operating Officer

Phone: 6107727252  Ext:  E-mail: brad.isaacson@tellicaimaging.com

## Facility: Complete the tables below for each facility listed in the Application Form

**1** Facility Name: Tellica Imaging - Massachusetts, LLC (located in Bedford)  CMS Number:  Facility type: Clinic

## Change in Service

2.2 Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable.

| Add/Del Rows | | Licensed Beds | Operating Beds | Change in Number of Beds ( +/-) | | Number of Beds After Project Completion (calculated) | | Patient Days | Patient Days | Occupancy rate for Operating Beds | | Average Length of Stay | Number of Discharges | Number of Discharges |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Existing | Existing | Licensed | Operating | Licensed | Operating | (Current/ Actual) | Projected | Current Beds | Projected | (Days) | Actual | Projected |
| | **Acute** | | | | | | | | | | | | | |
| | Medical/Surgical | | | | | | | | | 0% | 0% | | | |
| | Obstetrics (Maternity) | | | | | | | | | 0% | 0% | | | |
| | Pediatrics | | | | | | | | | 0% | 0% | | | |
| | Neonatal Intensive Care | | | | | | | | | 0% | 0% | | | |
| | ICU/CCU/SICU | | | | | | | | | 0% | 0% | | | |
| + - | | | | | | | | | | 0% | 0% | | | |
| | Total Acute | | | | | | | | | 0% | 0% | | | |
| | **Acute Rehabilitation** | | | | | | | | | 0% | 0% | | | |
| + - | | | | | | | | | | 0% | 0% | | | |
| | Total Rehabilitation | | | | | | | | | 0% | 0% | | | |
| | **Acute Psychiatric** | | | | | | | | | | | | | |

| Add/Del Rows | | Licensed Beds Existing | Operating Beds Existing | Change in Number of Beds ( +/-) Licensed | Operating | Number of Beds After Project Completion (calculated) Licensed | Operating | Patient Days (Current/ Actual) | Patient Days Projected | Occupancy rate for Operating Beds Current Beds | Projected | Average Length of Stay (Days) | Number of Discharges Actual | Number of Discharges Projected |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Adult | | | | | | | | | 0% | 0% | | | |
| | Adolescent | | | | | | | | | 0% | 0% | | | |
| | Pediatric | | | | | | | | | 0% | 0% | | | |
| | Geriatric | | | | | | | | | 0% | 0% | | | |
| + - | | | | | | | | | | 0% | 0% | | | |
| | Total Acute Psychiatric | | | | | | | | | 0% | 0% | | | |
| | **Chronic Disease** | | | | | | | | | 0% | 0% | | | |
| + - | | | | | | | | | | 0% | 0% | | | |
| | Total Chronic Disease | | | | | | | | | 0% | 0% | | | |
| | **Substance Abuse** | | | | | | | | | | | | | |
| | detoxification | | | | | | | | | 0% | 0% | | | |
| | short-term intensive | | | | | | | | | 0% | 0% | | | |
| + - | | | | | | | | | | 0% | 0% | | | |
| | Total Substance Abuse | | | | | | | | | 0% | 0% | | | |
| | **Skilled Nursing Facility** | | | | | | | | | | | | | |
| | Level II | | | | | | | | | 0% | 0% | | | |
| | Level III | | | | | | | | | 0% | 0% | | | |
| | Level IV | | | | | | | | | 0% | 0% | | | |
| + - | | | | | | | | | | 0% | 0% | | | |
| | Total Skilled Nursing | | | | | | | | | 0% | 0% | | | |

2.3 Complete the chart below If there are changes other than those listed in table above.

| Add/Del Rows | **List other services** if Changing e.g. OR, MRI, etc | Existing Number of Units | Change in Number +/- | Proposed Number of Units | Existing Volume | Proposed Volume |
|---|---|---|---|---|---|---|
| + - | MRI Service (Proposed Volume = Number of Scans) | 0 | 1 | 1 | 0 | 5,040 |
| + - | CT Service (Proposed Volume = Number of Scans) | 0 | 1 | 1 | 0 | 7,560 |

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