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

Pursuant to 105 C.M.R. § 100.310(A)(2) I, the undersigned president, duly authorized, of <u>Emerson</u> <u>Endoscopy and Digestive Health Center, LLC</u> (the "Holder"), hereby acknowledge that the Holder is in receipt of the Determination of Need Notice of Final Action, dated <u>February 22, 2021</u>, issued by the Massachusetts Department of Public Health (the "Department") with respect to Application No. <u>#20090210-AS</u>. 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 <u>Emerson Endoscopy and</u> <u>Digestive Health Center, LLC</u> (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 has duly executed this Attestation on this February 22, 2021(date)

Christine Schuster _____ Name, President, Duly Authorized

Christine Schuster

Signature