

December 18, 2018

**BARRETT  
& SINGAL**

Via Email and Hand Delivery – Return Receipt Requested

Nora Mann, Esq., Program Director  
Determination of Need Program  
Department of Public Health  
250 Washington Street  
Boston, MA 02108

Re: Natick Surgery Center, LLC Determination of Need Application  
#-18121721-AS

Dear Attorney Mann:

We write to provide you with additional documentation for the above-captioned Determination of Need (“DoN”) Application submitted to your office electronically on December 17, 2018. Please find enclosed the original Affidavit of Truthfulness (Exhibit 1) and the filing fee (Exhibit 2) for the Natick Surgery Center, LLC DoN Application #-18121721-AS.

We thank you for your assistance with this matter. Please do not hesitate to contact Crystal Bloom, Esq. or me if you have any questions or require additional information.

Sincerely,



Andrew S. Levine

Enclosure

cc: R. Rodman, Esq.  
[dph.don@state.ma.us](mailto:dph.don@state.ma.us)

**Attachment/Exhibit**

**1**



**Massachusetts Department of Public Health**  
**Determination of Need**  
**Affidavit of Truthfulness and Compliance**  
**with Law and Disclosure Form 100.405(B)**

Version: 7-6-17

**Instructions:** Complete Information below. When complete check the box "This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: **dph.don@state.ma.us** Include all attachments as requested.

Application Number:  Original Application Date:

Applicant Name:

Application Type:

Applicant's Business Type:  Corporation  Limited Partnership  Partnership  Trust  LLC  Other

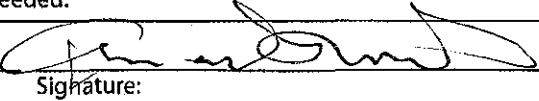
Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application?  Yes  No

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is the sole corporate member or sole shareholder of the Health Facility[ies] that are the subject of this Application;
2. I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation;
3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;
4. I have read this application for Determination of Need including all exhibits and attachments, and certify that all of the information contained herein is accurate and true;
5. I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);
6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);
7. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and all carriers or third-party administrators, public and commercial, for the payment of health care services with which the Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.;
8. I have caused proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 100.405(E) and 301 CMR 11.00; will be made if applicable
9. If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in accordance with 105 CMR 100.405(G);
10. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all previously issued Notices of Determination of Need and the terms and conditions attached therein;
11. I have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of Determination of Need as established in 105 CMR 100.415;
12. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that otherwise become a part of the Final Action pursuant to 105 CMR 100.360;
13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
14. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or,
  - a. if the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or,
  - b. The Proposed Project is exempt from zoning by-laws or ordinances.

LLC

All parties must sign. Add additional names as needed.

Type name here  Signature:  Date:   
 Name: **THOMAS A. SHIELDS**

This document is ready to print:  Date/time Stamp:

\*been informed of the contents of  
 \*\*have been informed that  
 \*\*\*issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017  
 Affidavit of Truthfulness

**Attachment/Exhibit**

**2**

# Shields Health Care Group, Inc.

90259317

VENDOR NO: 1875

NAME: Commonwealth of MA

CHECK DATE: 12/5/2018

REFERENCE	INV. DATE	INV. DESCRIPTION	GROSS AMOUNT	DISCOUNT TAKEN	NET AMOUNT PAID
DEC 04 2018	12/4/2018	Natick ASC - DON Filing Fee	20,113.83	0.00	20,113.83
<b>TOTAL &gt;</b>			20,113.83	0.00	20,113.83

THIS CHECK IS VOID WITHOUT A BLUE & RED BACKGROUND AND A WATERMARK. HOLD UP TO THE LIGHT TO VERIFY.

Shields Health Care Group, Inc.

55 Christy's Drive  
 Brockton, MA 02301  
 Fed ID# 04-3164965  
 75860002874

Santander Bank  
 6-7515/0110

90259317

DATE	12/5/2018
AMOUNT	20,113.83

PAY Twenty Thousand One Hundred Thirteen and 83/100\*\*\*\*\*

Acct#

TO THE ORDER OF  
 Commonwealth of MA  
 250 Washington St.  
 Boston, MA 02108

*Carol A. Shields*  
*[Signature]*

CHECK IS PRINTED ON SECURITY PAPER WHICH INCLUDES A MICROPRINT BORDER & FLUORESCENT FIBERS.

Void if not Cashed After 90 Days

⑈90259317⑈ ⑆011075150⑆ 75860002874⑈