Massachusetts Department of Public Health Determination of Need Application

**Application Number: NEWCO-17082413-TO**

On Behalf of CareGroup, Inc., Lahey Health System, Inc., and Seacoast Regional Health Systems, Inc.

September 2017

**Application Components**

1. DoN Application
	1. Application form
	2. Response to Questions 2.1, 6.5., 6.6., and 13. Factor 1
	3. Exhibits
	4. Affiliated Parties Forms
	5. Change in Service Forms
2. Filing Fee (Copy)
3. Documentation
	1. Notices of Intent (Copy)
	2. Affidavit of Truthfulness Forms
	3. Independent CPA Certification
	4. Notification of Material Change (Copy)
	5. Articles of Organization