

October 22, 2018

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: <u>Project No. DoN #18080612-AM</u> <u>Shields Imaging of Eastern Massachusetts, LLC</u>

Dear Attorney Mann:

We write on behalf of Shields Imaging of Eastern Massachusetts, LLC ("Holder") with regard to the above-captioned Determination of Need ("DoN") significant amendment approval. In accordance with 105 CMR 100.310 (K), please find enclosed the Holder's Attestation of MassHealth Participation. This letter also services as notice to the Parties of Record of the Holder's submission of this required Attestation.

Sincerel

Andrew S. Levine

Enclosure

cc: Sherman Lohnes, Esq., Director, Division of Health Care Facility Licensure and Certification Rebecca Rodman, Esq., Deputy General Counsel Daniel Gent, Health Care Facility Licensure and Certification Mary Byrnes, Center for Health Information and Analysis ((hcf.data2@state.ma.us) Steven Sauter, MassHealth Katherine Mills, Health Policy Commission (hpc-dph.filings@state.ma.us) Eric Gold, Office of the Attorney General (hcd-don-filings@state.ma.us) William Demianiuk, Chief Operating Officer, Shields Health Care Group <u>dph.don@state.ma.us</u>

Attestation of MassHealth Participation Pursuant to 105 C.M.R. § 100.310(K)

I, the undersigned Authorized Manager and Board Representative of Shields Imaging of Eastern Massachusetts, LLC (the "Holder"), hereby attest that the Holder is in receipt of the Determination of Need Notice of Final Action, dated October 1, 2018, issued to the Holder by the Massachusetts Department of Public Health (the "Department") with respect to Application Number: 18080612-AM. Pursuant to 105 CMR 100.310(K), the Holder further attests that it is a participating provider in the MassHealth program.

Signed under the pains and penalties of perjury this 18 day of October, 2018.

Shields Imaging of Eastern Massachusetts, LLC

By: Thomas A. Shields Its: Authorized Manager and Board Representative