

Attachment 1:

Community Engagement Consultation:
Presentation to South Shore Hospital PFAC,
December 11, 2025

High Quality Diagnostic Care Provided Locally

*PET/CT Services Provided by Shields Health and South Shore Health in the
Town of Weymouth*



Who we are:

- Lou Masella, Vice President PET/CT Network, Shields Health
- Haley Cammarata, Sr. Director of Operations, Shields Health
- Art Mombourquette, South Shore Health



Our vision:

- Welcome and thank you for your interest in this project
- We are excited to share our plans to provide full-week PET/CT services in the Town of Weymouth
- This project will use a combination of inside space and a mobile PET/CT unit aligned within the existing building multiple days per week
- PET/CT services will provide greater local access to cancer treatment and memory services
- The service will operate on an outpatient fee schedule which will lower the cost of services
- Today's presentation is an opportunity to introduce you to some of the individuals involved, solicit your feedback & any answer questions

South Shore Health



What is a mobile PET/CT?

- PET/CT is a radiology based imaging tool which is valuable in staging cancer, evaluating Alzheimer's disease, and also has cardiac applications.
- With a growing demand for cancer care, timeliness to treatment is critical and is commonly referenced as a quality measure.
- Providing PET/CT in a mobile environment provides care locally. Expanding access is critical to maintaining local care.
- Patients would continue to check in at radiology and then would enter the mobile environment that is temporarily attached to the building, enclosed from the outside elements.



South Shore Health





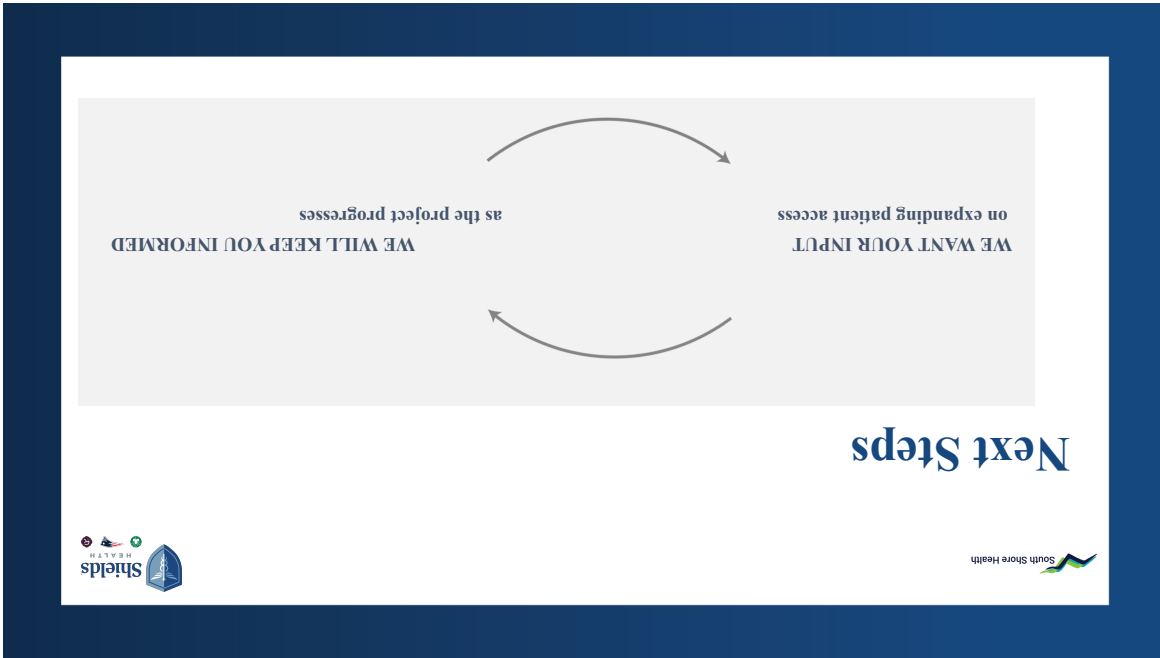
Benefits of a mobile PET/CT service

01	High Value	<ul style="list-style-type: none">• Outpatient reimbursement with a high value service creates high patient satisfaction with lower out of pocket responsibility
02	Provides greater patient experience	<ul style="list-style-type: none">• Greater scheduling• Highly experienced technical staff• State of the art equipment
03	Keeps care to the community	<ul style="list-style-type: none">• Easy, convenient location• Transportation assistance• Provides local option for physicians and patients
04	Increases accessibility of care	<ul style="list-style-type: none">• Efficient weekly offered care minimizes time to treatment• Shifts appropriate care from inpatient to outpatient



Summary: PET/CT Services in the Town of Weymouth

- PET/CT Service multiple days per week, expanding with demand
- Cancer staging, Alzheimer's disease evaluation, cardiac applications
- Located in the Town of Weymouth
- Mobile environment built to transition seamlessly from a building
- Lower cost of care



Attachment 2: Notice of Intent



Order Confirmation

Not an Invoice

Date:	12/18/2025	Order Number:	11934503	Prepayment Amount:	\$ 0.00
Column Count:	1.0000	Line Count:	42.0000	Height in Inches:	4.3500

Account Number:	1511235
Customer Name:	Shields Health Care Group
Customer Address:	Shields Health Care Group 700 Congress ST # 204 Kerry Whelan Quincy MA 02169-0928
Contact Name:	Kerry Whelan
Contact Phone:	
Contact Email:	kerry@shields.com
PO Number:	Kerry Whelan

Print			
Product	#Insertions	Start - End	Category
NEO QUI The Patriot Ledger	1	12/23/2025 - 12/23/2025	Public Notices
NEO wicklocal.com	1	12/23/2025 - 12/23/2025	Public Notices

As an incentive for customers, we provide a discount off the total order cost equal to the 3.99% service fee if you pay with Cash/Check/ACH. Pay by Cash/Check/ACH and save!

Total Cash Order Confirmation Amount Due	\$217.94
Tax Amount	\$0.00
Service Fee 3.99%	\$8.70
Cash/Check/ACH Discount	-\$8.70
Payment Amount by Cash/Check/ACH	\$217.94
Payment Amount by Credit Card	\$226.64
Order Confirmation Amount	\$217.94

Ad Preview

**55 Fogg Road
LEGAL NOTICE
Public Announcement
Concerning a Proposed
Health Care Project**

Shields Imaging of Eastern Massachusetts, LLC ("Applicant") located at 700 Congress Street, Suite 204, Quincy, MA 02169 intends to file a Notice of Determination of Need Application ("Application") for the acquisition of a PETCT unit and five additional days of PET/CT services at Shields Imaging of Massachusetts, LLC located at 55 Fogg Road, South Weymouth, MA 02190. The total value of the Project is \$1,099,871. The Applicant does not anticipate any price or service impacts on the Applicant's existing Patient Panel as a result of the Proposed Project. Any ten Taxpayers of Massachusetts may register in connection with the intended Application by no later than January 22, 2026 or 30 days from the Filing Date, whichever is later, by contacting the Department of Public Health, Determination of Need Program at, 67 Forest Street, Marlborough, MA 01752.

AD#11934503
PL 12/23/2025

Shields Health website: <https://shields.com/locations/south-shore-hospital/>

Shields PET/CT at South Shore Hospital

12/19/25, 1:30 PM

		
Phone Number	PET/CT Hours	Technology
(800) 258-4738	Tues: 7:00 a.m. – 9:30 p.m. Thurs: 7:00 a.m. – 8:00 p.m.	Siemens Biograph mCT 40

Tax ID: 04-3548940	NPI: 1437108222
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Notice of Intent: [Full DON Application SIEM](#)

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Street, Marlborough, MA
01752.
AD#11934503
PL 12/23/2025

STATE OF MASSACHUSETTS, COUNTY OF NORFOLK

The Patriot Ledger, a newspaper printed and published in
the city of Quincy, and of general circulation in the County
of Norfolk, State of Massachusetts, and personal knowledge
of the facts herein state and that the notice hereto annexed
was published in said newspapers in the issue:

12/23/2025

and that the fees charged are legal.

Sworn to and subscribed before on 12/23/2025



Legal Clerk

Notary, State of WI, County of Brown

8.25.26

My commission expires

Publication Cost: \$217.94

Tax Amount: \$0.00

Payment Cost: \$217.94

Order No: 11934503

Customer No: 1511235

PO #: Kerry Whelan

THIS IS NOT AN INVOICE!

Please do not use this form for payment remittance.

of Copies: 0

MARIAH VERHAGEN
Notary Public
State of Wisconsin

Attachment 3:

Application Filing Fee Check

1002362
Santander Bank
Date: 12/18/2025
Santander 02099 2916
Print As: Commonwealth of MA
V0291--Commonwealth of MA
Reference Number DoN Filing...e Hospital
Amount Due \$2,199.74
Term Discount \$0.00
Amount Paid/Applied \$2,199.74
Net Amount 12/18/2025 DEC 18 2025

Page 1 of 1

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

Shields Imaging of Eastern Massachusetts, LLC
265 Westgate Drive
Brookton, MA 02301

Pay Two Thousand One Hundred Ninety Nine Dollars and 74 Cents

Pay to the Order of Commonwealth of MA

1002362
Date: 12/18/2025
Santander Bank
5-7515-0110

[Signature]

VOID IT NOT Cashed After 90 Days

Attachment 4:

Certificate of Organization

Certificate OF ORGANIZATION
Shields Imaging of Eastern Massachusetts, LLC
Articles of Organization (2001):

<https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSummary.aspx?sysvalue=WR3OgVzz6BjV0uS0oseOBK.S9Lh6IEJRK4vJlCGKYNI-M->



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: 25121212-RE Original Application Date: 02/01/2001

Applicant Name: Shields Imaging of Eastern Massachusetts, LLC

Application Type: Don-Required Equipment

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

Describe the role /relationship: NA

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is NA;
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 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.;
6. 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);
7. 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;
8. 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;
9. 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;
10. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or Facility; and 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,
11. 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

Name: Thomas Shields

Signature:

Date: 12/12/2025

Date/time Stamp:

☐ This document is ready to print: