

Attachment 1:

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

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

Who we are:



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

High Quality Diagnostic Care Provided Locally



■ Patients would continue to check in at radiology and then would enter the mobile environment.

■ Providing PET/CT in a mobile environment provides care locally. Expanding access is critical to maintaining local care.

■ With a growing demand for cancer care, timeliness to treatment is critical and is commonly referenced as a quality measure.

■ PET/CT is a radiology based imaging tool which is valuable in staging cancer, evaluating Alzheimer's disease, and also has cardiac applications.

What is a mobile PET/CT?



- 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

Our Vision:



- 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

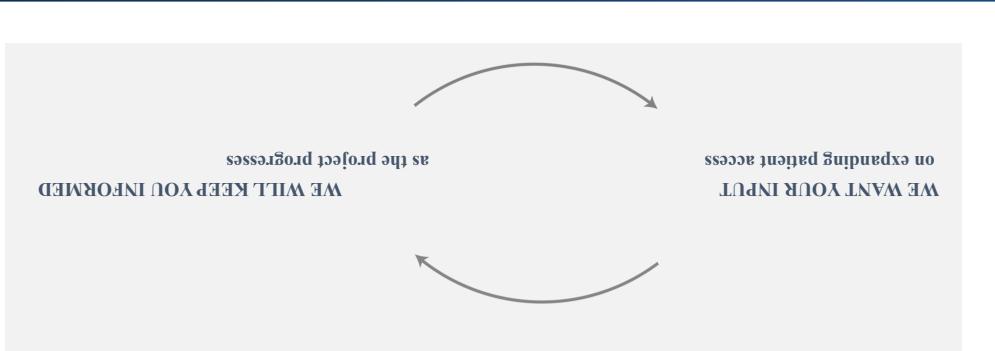
Summary: PET/CT Services in the Town of Weymouth



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 patient 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



WE WANT YOUR INPUT
WE WILL KEEP YOU INFORMED
as the project progresses
on expanding patient access

Next Steps



Notice of Intent

Attachment 2:

GANNETT
New England
LocaliQ

Not an invoice

Order Confirmation

Customer Name:	Shield Health Care Group
Order Number:	11934503
Date:	12/18/2025
Customer Address:	700 Congress St # 204 Kerry Whelan Quincy MA 02169-0928
Prepayment:	\$ 0.00
Customer:	Shield Health Care Group
Address:	700 Congress St # 204 Kerry Whelan Quincy MA 02169-0928
Contact Name:	Kerry Whelan
Contact Phone:	1.0000
Line Count:	42.0000
Column Count:	1.0000
Contact:	Kerry Whelan
Line Count:	12/23/2025 - 12/23/2025
Category:	Public Notices
Start - End:	12/23/2025 - 12/23/2025
# insertions:	1
Print:	NEO GUI The Patriot Ledger 1
Product:	NEO WickedLocal.com 1
Category:	Public Notices
Start - End:	12/23/2025 - 12/23/2025
# insertions:	1
Print:	NEO WickedLocal.com 1

Total Cash Order Confirmation Amount Due	\$217.94
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!	
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

**55 Foggy Road
LEGAL NOTICE
Public Announcemnt
Concerning a Proposed
Health Care Project**

Ad Preview

Notice of Intent: [Full DON Application SIEM](#)

Tax ID: 04-3548940	NPI: 1437108222
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Technology	PET/CT	Hours	Phone Number	(800) 258-4738
Siemens Biograph MCT 40		Thurs: 7:00 a.m. – 9:30 p.m. Tues: 7:00 a.m. – 8:00 p.m.		

MARIAH VERHAGEN
Notary Public
State of Wisconsin

Please do not use this form for payment remittance.

THIS IS NOT AN INVOICE!

PO #: Jerry Whelan
Customer No: 1511235
Order No: 11934503
Payment Cost: \$217.94
Tax Amount: \$0.00
Public Callion Cost: \$217.94
kerry Whelan

My commission expires

Notary, State of WI, County of Brown

Legal Clerk

Eric

Sworn to and subscribed before on 12/23/2025

and that the fees charged are legal.

12/23/2025

STATE OF MASSACHUSETTS, COUNTY OF NORFOLK

700 Congress ST # 204 Quincy MA 02169-0928

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AFFIDAVIT OF PUBLICATION

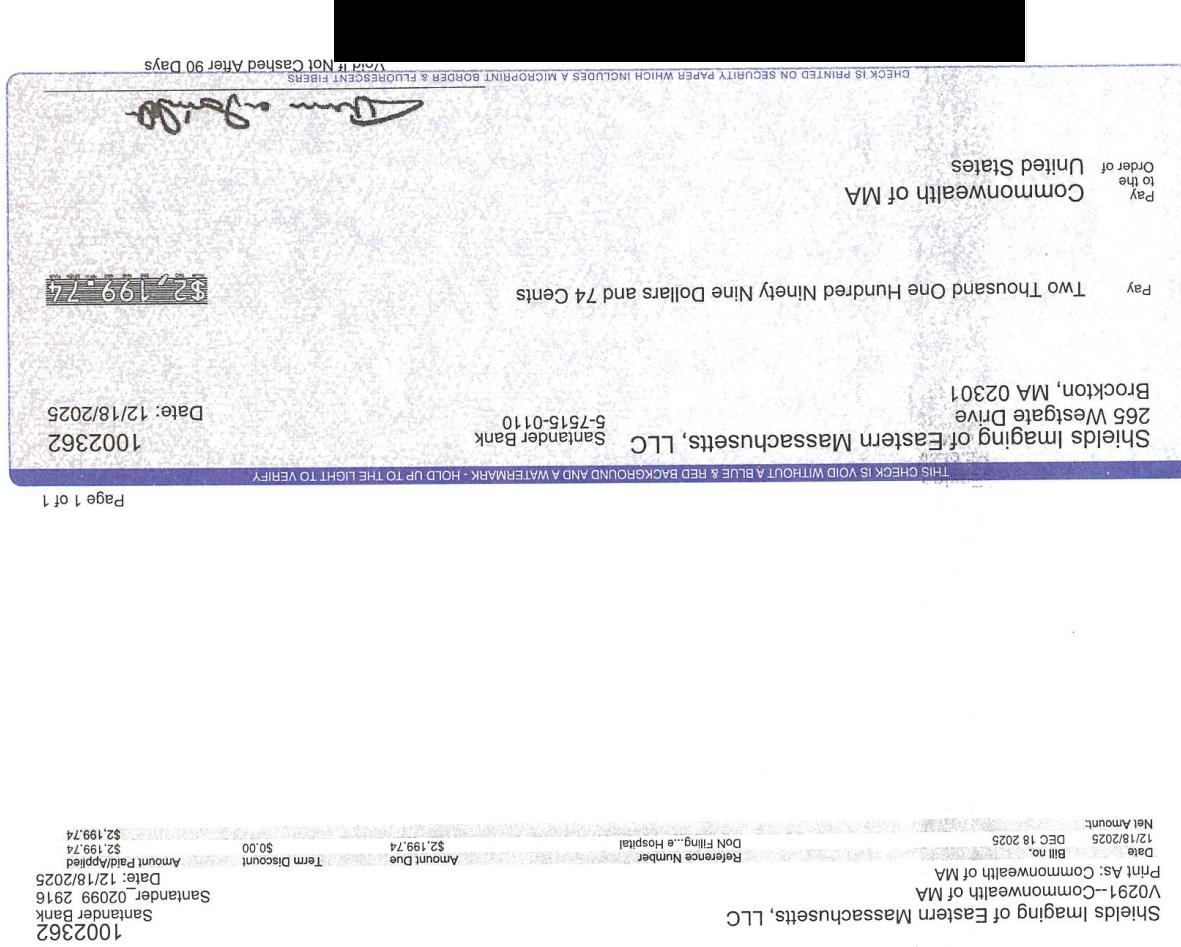
NEW ENGLAND LOCALIO

PO Box 631210 Cincinnati, OH 45263-1210

Application Filing Fee Check

Attachment 3:

SIEM-25121212-RE



value=WR30gVZ6BjV0S00s0Bk.S9Lh61EjK4V1CgkYnIM-
<https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSummary.aspx?sys>

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

Certificate of Organization

Attachment 4:

		Date/time Stamp: <input type="text"/>	This document is ready to print: <input type="checkbox"/>
<p>Name: <input type="text"/> Signature: <input type="text"/> Date: <input type="text"/></p> <p>Thomas Shields 12/12/2025</p> <p><i>[Handwritten Signature]</i></p> <p>All parties must sign. Add additional names as needed</p> <p>LLC</p>			
<p>b. The Proposed Project is exempt from zoning by-laws or ordinances.</p> <p>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,</p> <p>11. 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,</p> <p>10. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has sufficient interest in the Site or facility; and otherwise become a part of the Final Action pursuant to 105 CMR 100.360;</p> <p>9. I understand that, if Approved, the Applicant, as Holder of the DNI, 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 determines become a part of the Final Action pursuant to 105 CMR 100.315;</p> <p>8. I have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of previously issued Notices of Determination of Need and the terms and Conditions attached therein;</p> <p>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 with relevant federal, state, and local laws and regulations, as well as with all applicable contracts, and good standing with relevant federal, state, and local laws and regulations, as well as with all applicable contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.;</p> <p>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 all carriers or third-party administrators, public and commercial, for the payment of health care services with the information contained herein is accurate and true;</p> <p>5. 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;</p> <p>4. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;</p> <p>3. I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation;</p> <p>2. The Applicant is NA;</p> <p>1. The undersigned certifies under the pains and penalties of perjury:</p>			

Applicant Name: <input type="text"/> Shields Imaging of Eastern Massachusetts, LLC		Applicant Type: <input type="checkbox"/> DON-Required Equipment
Application Number: <input type="text"/> 251212-RF		Original Application Date: <input type="text"/> 02/01/2001
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.		

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

