



*Restore Outpatient
Therapy Services*

RV2021-001
RECEIVED
Oct 07 2020
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

October 7, 2020

Via Electronic Mail – shpda.online@shpda.alabama.gov
Alabama State Health Planning
& Development Agency
100 North Union Street Suite 870
Montgomery, Alabama 36104

**RE: Restore Outpatient Therapy Services
6328 Farley Lane
Birmingham, Al. 35242**

Dear Sir or Madam:

The purpose of this letter is to request a determination, pursuant to the Alabama Certificate of Need Program Rules and Regulations ("Regulations") 410-1-7-.02, that the proposed establishment by Restore Outpatient Therapy Services, a single specialty Rehabilitation Agency in Jefferson County Alabama is not subject to Certificate of Need review. Our request is based on the following facts:

The proposed clinic will be providing a single service – Physical Therapy.

Thank you for your attention to this matter. If you have any questions or require additional information, please feel free to contact Debbie Culpepper at 205-999-2195 or email at dculpepper@restoretherapy.com. Payment for the filing fee has been paid online via shpda's online payment system. Please let me know if you have any questions.

Sincerely,

Debbie Culpepper
Director of Outpatient Programs

October 7, 2020

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RE:

Alabama- Request for CON determination, letter of Non-Reviewability

The undersigned, being duly sworn, hereby makes oath or affirms that she is the Director of Outpatient Programs for Restore Therapy Outpatient Services and that she has knowledge of the facts in this request, and to the best of her information, knowledge and belief, such facts are true and accurate.

By: Debbie B. Culpepper

Debbie B. Culpepper

SUBSCRIBED AND SWORN TO BEFORE ME THIS 7th DAY OF OCTOBER 2020.

Meghan Jackson

Notary Public

My Commission Expires
May 16, 2023

My commission expires: _____



Letter of Non-Reviewability
Request for review – new clinic start up

Exhibit A

Service Area being requested: Hwy 280 Birmingham and surrounding areas

Financial Breakdown:

a. Equipment	<u>\$ 25,000</u>
b. 1st year operating cost	<u>\$ 135,000</u>
c. Capitol Cost	
a. Leases	<u>\$42,000</u>
b. Land/Building cost	<u>\$ n/a</u>
c. Construction cost	<u>\$ n/a</u>

Financial interest by any other health care facilities of groups: N/A