

Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

In the Matter of)
)
) WC Docket 02-60
Rural Health Care Support Mechanism)

REQUEST FOR REVIEW BY PARKVIEW HEALTH SYSTEM, INC.

Michael T. Batt
HALL RENDER KILLIAN
HEATH & LYMAN, P.C.
Suite 2000, Box 82064
One American Square
Indianapolis, Indiana 46282

ATTORNEYS FOR
PARKVIEW HEALTH SYSTEM,
INC.

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EXECUTIVE SUMMARY

The Parkview Consortium ("Consortium") is comprised of Indiana and Ohio healthcare providers serving the needs of northeast Indiana and northwest Ohio. The Consortium members are all entities owned or controlled exclusively by Parkview Health System, Inc., an Indiana not-for-profit corporation ("Parkview") which is exempt as a 501(c)(3) entity and is a "hospital organization" within the meaning of the Internal Revenue Code. The mission of Parkview includes the provision of hospital services and a broad array of ambulatory care services. Parkview operates within the limitations imposed on it pursuant to Indiana nonprofit corporate law and as a hospital organization under the Internal Revenue Code.

The delivery model for healthcare services is evolving. While diagnosis, emergency response, monitoring and treatment continue to be provided in the rural setting, major acute-care services (in-patient stays in excess of 3 days) and specialists are concentrated in the urban setting. As a result, the rural population is served through integrated healthcare delivery models (i.e., health systems) that involve rural based primary care physicians coordinating with urban specialists to provide advanced healthcare services. Coordination of care between rural and urban healthcare providers necessitates the exchange of electronic patient information through a broadband network. The exclusion of nonprofit health system urban ambulatory care facilities from the Healthcare Connect Fund creates an impediment to deploying advanced technologies to serve the healthcare needs of rural residents.

The Consortium appeals the arbitrary USAC determination that urban ambulatory care service locations that are owned and operated as part of a nonprofit integrated healthcare delivery system are not "not-for-profit hospital" locations. *See* Exhibit index. The authorizing statute provides the Commission with the authority to provide funding to "not-for-profit hospitals." The

phrase "not-for-profit hospital" has been used by Congress to refer to a nonprofit entity, the principal purpose of which is the promotion of hospital services and which directly or indirectly operates one or more hospital facilities. As such, the analysis to be applied by USAC in determining a site is "not-for-profit hospital" is an analysis based on the operations of the corporate entity in total and not the specific function of a site within an integrated healthcare delivery system. The Consortium requests that the Commission instruct USAC that a "not-for-profit hospital" means a nonprofit entity the principal purpose of which is the promotion of hospital services and which directly or indirectly operates one or more hospital facilities.

DISCUSSION

The Consortium, on behalf of its individual aggrieved members, hereby respectfully requests that the Federal Communications Commission ("Commission") review the decision of the Universal Services Administrative Company ("USAC" or "Administrator") that various facilities operated directly, jointly or as a wholly controlled subsidiary, do not constitute "eligible providers" under the Commission's Healthcare Connect Fund ("Program"), and further requests that the Commission advise USAC that a "not-for-profit hospital" means a nonprofit entity, the principal purpose of which is the promotion of hospital services and which directly or indirectly¹ operates one or more hospital facilities. Such definition and use of the term "not-for-profit hospital" is consistent with other uses of the term by Congress.

¹ Laws prohibiting the "Corporate Practice of Medicine" in some states may require that certain ambulatory care services be provided through wholly controlled subsidiaries of an entity holding a hospital license. Thus, the definition of "not-for-profit hospital" should include wholly controlled subsidiaries of nonprofit entities in order to provide parity between similarly situated healthcare providers delivering services in different states.

Standing

The Consortium is seeking funding for an initial network of 65 service locations, 13 of which have been denied for "an ineligible HCP type".² The service locations deemed ineligible by USAC are owned or controlled by Parkview and are a component of an integrated healthcare delivery system serving rural Indiana and Ohio residents. On behalf of the respective members of the Consortium and applicants for funding that were denied the Consortium is qualified to file this appeal as a "person aggrieved by an action taken by a division of the Administrator."³

Standard of Review

The Standard of Review of the Commission when hearing appeals from USAC is *de novo*.⁴ Further, when interpreting statutes the Commission must apply rules of statutory interpretation which give meaning to each and every word in the statute. "The cardinal principle of statutory construction [is] that courts must give effect, if possible, to every clause and word of a statute..."⁵

The Telecommunications Act of 1996

As part of the Telecommunications Act of 1996 (TA-96),⁶ Congress recognized the value of providing rural health care providers (HCPs) with "an affordable rate for the services necessary for the provision of telemedicine and instruction relating to such services."⁷ TA-96 mandated that telecommunications carriers provide telecommunications services to rural public

² See Denials identified in Exhibit Index

³ 47 C.F.R. §54.710(c)

⁴ 47 CFR § 54.723

⁵ *Williams v. Taylor*, 529 U.S. 362, 364, 120 S.Ct. 1495, 146 L.Ed.2d 389 (2000); *Gonzalez-Vera v. Townley*, 597 F. Supp. 2d 98, 101 (D.D.C. 2009) aff'd, 595 F.3d 379 (D.C. Cir. 2010).

⁶ Telecommunications Act of 1996, Pub. L. No. 104-104, 110 Stat. 56 (1996). The TA-96 amended the Communications Act of 1934 (Communications Act or Act).

⁷ S. Report No. 104-230 at 133 (1996); see also 47 U.S.C. § 254(b)(3), (h).

or nonprofit HCPs at rates that are "reasonably comparable" to rates in urban areas.⁸ Eligible HCPs, as defined in the TA-96, only include

- (1) post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools;
- (2) community health centers or health centers providing health care to migrants;
- (3) local health departments or agencies;
- (4) community mental health centers;
- (5) not-for-profit hospitals;
- (6) rural health clinics; and
- (7) consortia of HCPs consisting of one or more entities falling into the first six categories.⁹

For purposes of this appeal eligibility is a two part test: (1) is the HCP either a nonprofit or public entity and (2) is the entity a not-for-profit hospital.

The Healthcare Connect Fund

The Commission established the Program in 2013 to "expand healthcare providers (HCP) access to broadband, especially in rural areas, and encourage the creation of state and regional broadband networks."¹⁰ In announcing the Program, the Commission wisely noted that healthcare to rural residents is provided through a network of rural and urban providers delivering advanced telehealth services.¹¹ The Commission concluded that including non-rural HCPs in consortia would provide significant healthcare benefits to both rural and non-rural patients for reasons further documented in the order.¹² The Commission expressed the desire for the Program to be extended to all entities eligible within its statutory authority.

In addition, the Commission acknowledged that "not-for-profit hospitals" included the associated service locations of data centers and administrative offices. The Commission noted that the new rule providing support for connection to off-site data centers and administrative

⁸ 47 U.S.C. § 254(h)(1)(A).

⁹ 47 U.S.C. § 254(h)(7)(B).

¹⁰ HCF Order at para. 1.

¹¹ HCF Order at para 6.

¹² HCF Order at para. 60.

offices "recognizes 'best practices' in health care facility and infrastructure design and the way in which HCPs increasingly accomplish their data storage and transmission requirements."¹³ The out-patient facilities, physician offices and imaging centers utilized by "not-for-profit hospitals" are essential components of the delivery of care and are as integral to patient care as administrative offices and data centers.

Not-for-Profit Hospital

The service locations that have been deemed ineligible by USAC and are under appeal relate to facilities which were identified by the Consortium as "not-for-profit hospitals." All of these locations are operated directly or indirectly by an entity, Parkview, which is incorporated as an Indiana nonprofit corporation and which is exempt from federal income tax pursuant to Section 501(c)(3) of the Internal Revenue Code. As a tax-exempt entity operating hospital facilities, Parkview is obligated to file a Schedule 990H disclosing detailed information regarding the benefits it provides to the community. The service locations deemed ineligible are identified on the Schedule 990H.¹⁴

The statute authorized the Commission to provide funding to nonprofit and governmental ... "not-for-profit hospitals." The rules of statutory interpretation mandate that the Commission give meaning and effect to every phrase of the statute.¹⁵ The phrase "not-for-profit" modifying the term hospital must be given effect. This phrase refers to an attribute of a corporate entity, not an attribute of a physical facility. Had Congress has used the term "hospital" or "hospital facility" it might be reasonable for USAC's interpretation referring to a building which is licensed or provides hospital services to stand. However, in this instance Congress referred to a

¹³ HCF Order at para. 140.

¹⁴ Parkview Health System, Inc. IRS Form 990, Schedule H. (Exhibit N)

¹⁵ *Williams v. Taylor*, 529 U.S. 362, 364, 120 S.Ct. 1495, 146 L.Ed.2d 389 (2000); *Gonzalez-Vera v. Townley*, 597 F. Supp. 2d 98, 101 (D.D.C. 2009) aff'd, 595 F.3d 379 (D.C. Cir. 2010).

"not-for-profit hospital" as reference to a corporate entity. *See* uses of the term "nonprofit hospital"¹⁶, "not-for-profit hospital"¹⁷, or more recently "hospital organization."¹⁸ Consistent with the precedent and intent of Congress, the FCC should interpret "not-for-profit hospital" to be a reference to the corporate entity and not the building.

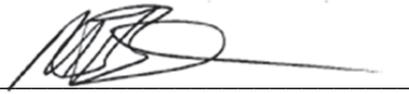
PRAYER FOR RELIEF

The Consortium respectfully requests that the Commission instruct USAC that the attached list of locations are operated by entities which are eligible entities (as not-for-profit hospitals) and that such service locations are eligible for funding under the Program.

Respectfully submitted,

PARKVIEW HEALTH SYSTEM, INC.

By: _____


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mbatt@hallrender.com

Its Attorneys

October 31, 2014

¹⁶ 26 U.S.C. 4253(h) (definition of nonprofit hospital)

¹⁷ 42 U.S.C. 701

¹⁸ 26 U.S.C. 501

Harber, Cheryl C.

From: rhcadmin@usac.org
Sent: Tuesday, September 02, 2014 11:50 AM
To: Dummett, William A.
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 02-Sep-2014
Health Care Provider (HCP) Number: 38864
HCP Name: PPG Pierceton
FCC Form 460 Application Number: 38864-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
 - Post-secondary educational institution offering health care instruction, teaching hospital, or medical school
 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP
 An ineligible HCP type

If you wish to appeal this decision, you may file an appeal with USAC, or directly to the FCC.

The appeal **must be filed within 60 days of the date of this letter**. Detailed instructions for filing appeals are available at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx?pgm=telecom>

For questions or assistance, or if you believe you have received this email in error, contact the Rural Health Care Help Desk at (800) 453-1546 between 9:30 AM and 4:30 PM ET Monday - Friday or by email at rhc-assist@usac.org.

**Rural Health Care (RHC) Universal Service
Eligibility and Registration Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information

1 Date Submitted: 06/30/2014	
2 Applying to:	<input checked="" type="radio"/> Determine eligibility of an HCP site <input type="radio"/> Determine eligibility of Consortium <input type="radio"/> Register an off-site data center <input type="radio"/> Register an ineligible site <input type="radio"/> Register an off-site administrative office
2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.	
2b If applying as an off-site administrative office, list all sites (eligible and ineligible) that will use the services of this administrative office.	

Block 2: Site Information – Physical Site

Enter the actual physical location of the site.

3 HCP Number 38864	4 Site Name PPG Pierceton	
5 Name of Legal Entity Parkview Health System, Inc. d/b/a Parkview Physician Group - Family Medicine, Pierceton		
6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity: 0023762479		
6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):		
7 Site Contact Name Martha Heintzelman		
8 Address Line 1 5 Matchett Industrial Drive		
9 Address Line 2	10 County Kosciusko	
11 Geo Location (if no street address)		
12 City Pierceton	13 State IN	14 Zip Code 46562
15 Phone (574) 594-2136 Ext.	16 Email martha.heintzelman@parkivew.com	

Block 3: Consortium Information

17 HCP Number	
18 Name of Consortium	
19 Is the Consortium a legal entity? <input type="radio"/> Yes <input type="radio"/> No If yes, Consortium FCC RN:	
20 Consortium has a written agreement allocating legal and financial responsibility. <input type="radio"/> Yes <input type="radio"/> No	
If yes, submit the agreement to USAC. If no, see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the Healthcare Connect Fund.	
21 Consortium Leader Type:	
<input type="radio"/> The Consortium <input type="radio"/> An eligible HCP participating in the Consortium <input type="radio"/> Ineligible State organization <input type="radio"/> Ineligible public sector (government) entity <input type="radio"/> Ineligible non-profit entity HCP Number: _____	
A state organization, public sector entity, or non-profit entity may obtain an exemption to allow the organization to perform vendor functions and provide application assistance. Submit any such request for exemption.	
22 Consortium Leader Contact Information	23 Name of Consortium Leader
Consortium applicants are required to have a Letter of Agency from each eligible HCP that authorizes the Consortium to file forms on the HCP's behalf. Submit a Letter of Agency for each eligible HCP.	
24 List participating sites by HCP Number (eligible/ineligible)	

Block 4: Contact Information

25 Primary Account Holder/Project Coordinator Name Ronald Double		
26 Employer Parkview Health System, Inc.		
27 Address Line 1 10501 Corporate Drive	<input type="radio"/> Same as Physical Location	
28 Address Line 2		
29 City Fort Wayne	30 State IN	31 Zip Code 46845
32 Phone # (260) 373-7004 Ext.	33 Email ron.double@parkview.com	

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

Block 5: Eligibility Category

43 Select the category that describes the HCP site
(If seeking an eligibility determination for a Consortium, "Consortium of the above" will be automatically selected)

A. Community health center or health center providing health care to migrants

B. Community mental health center

C. Local health department/agency

D. Non-profit hospital

E. Part-time eligible entity located in an ineligible facility

F. Post-secondary educational Institution offering health care instruction, teaching hospital, or medical school

G1. Rural health clinic

G2. Is this a mobile rural health care provider? Yes No

H. Dedicated ER of rural, for-profit hospital

I. Consortium of the above

44 Provide a brief explanation of why this site qualifies as the organization type selected above:
 This site is located in a rural area and provides physician services, and services and supplies incidental to the services of a physician.

Block 6: Additional Information

45 Non-Profit Tax ID (EIN): 35-1972384

46 National Provider Identifier: 1932130952	47a Organization Taxonomy Code: 193200000X
Explanation if necessary (see instructions)	47b Site Taxonomy Code: 193200000X
	Explanation if necessary (see instructions)

48 If a Non-Profit Hospital, is this a Critical Access Hospital? Yes No

49 If a Non-Profit Hospital, how many licensed patient beds are at the site? _____

50 Is the site location: On Tribal lands Otherwise affiliated with a Tribe
 Operated by the Indian Health Service N/A

51 [Reserved] 52 [Reserved]

Block 7: Certifications and Signatures

53 I certify that I am authorized to submit this request on behalf of the site or consortium.

54 I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.

55 If applying as an individual health care provider site, I certify that the health care provider is a non-profit or public entity and that the site is located in a FCC designated rural area, or is grandfathered rural pursuant to 47 C.F.R. Sec. 54.600(b)(2).

56 If applying as a consortium, I certify that the eligible health care providers participating in the consortium are non-profit or public entities.

57 I understand that all documentation associated with this form must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.

58 If applying as a consortium, I understand I must obtain letters of agency from each consortium member that grants me the authority to complete, sign, and submit all forms for the funding year(s) for which support is sought.

59 Signature	60 Date 06/30/2014
61 Printed Name of Authorized Person William Dummett	
62 Title/Position of Authorized Person Attorney	
63 Phone (317) 977-1427 Ext.	64 Email wdummett@hallrender.com
65 Employer Hall Render Killian Heath & Lyman	66 Employer's FCC RN 0021677794

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Third Party Authorization Effective Start Date:

Third Party Authorization Effective End Date:

Harber, Cheryl C.

From: rhcadmin@usac.org
Sent: Thursday, September 11, 2014 5:10 PM
To: Dummett, William A.
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 11-Sep-2014
Health Care Provider (HCP) Number: 39732
HCP Name: PPG
FCC Form 460 Application Number: 39732-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
 - Post-secondary educational institution offering health care instruction, teaching hospital, or medical school
 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP
 An ineligible HCP type

If you wish to appeal this decision, you may file an appeal with USAC, or directly to the FCC.

The appeal **must be filed within 60 days of the date of this letter**. Detailed instructions for filing appeals are available at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx?pgm=telecom>

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**Rural Health Care (RHC) Universal Service
 Eligibility and Registration Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information		
1 Date Submitted: 08/19/2014		
2 Applying to:	<input checked="" type="radio"/> Determine eligibility of an HCP site <input type="radio"/> Determine eligibility of Consortium <input type="radio"/> Register an off-site data center	<input type="radio"/> Register an ineligible site <input type="radio"/> Register an off-site administrative office
2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.		
2b If applying as an off-site administrative office, list all sites (eligible and ineligible) that will use the services of this administrative office.		
Block 2: Site Information – Physical Site		
Enter the actual physical location of the site.		
3 HCP Number	39732	4 Site Name PPG
5 Name of Legal Entity Parkview Hospital, Inc. d/b/a Parkview Physicians Group - Family Medicine		
6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity: 0023789183		
6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):		
7 Site Contact Name Amanda Colby		
8 Address Line 1 8911 Liberty Mills Road		
9 Address Line 2		10 County Allen
11 Geo Location (if no street address)		
12 City	Fort Wayne	13 State IN
14 Zip Code		46804
15 Phone	(260) 373-9471	16 Email amanda.colby@parkview.com
Block 3: Consortium Information		
17 HCP Number		
18 Name of Consortium		
19 Is the Consortium a legal entity? <input type="radio"/> Yes <input type="radio"/> No If yes, Consortium FCC RN:		
20 Consortium has a written agreement allocating legal and financial responsibility. <input type="radio"/> Yes <input type="radio"/> No		
If yes, submit the agreement to USAC. If no, see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the Healthcare Connect Fund.		
21 Consortium Leader Type:		
<input type="radio"/> The Consortium <input type="radio"/> Ineligible State organization <input type="radio"/> An eligible HCP participating in the Consortium <input type="radio"/> Ineligible public sector (government) entity <input type="radio"/> Ineligible non-profit entity		
HCP Number: _____		
A state organization, public sector entity, or non-profit entity may obtain an exemption to allow the organization to perform vendor functions and provide application assistance. Submit any such request for exemption.		
22 Consortium Leader Contact Information		23 Name of Consortium Leader
Consortium applicants are required to have a Letter of Agency from each eligible HCP that authorizes the Consortium to file forms on the HCP's behalf. Submit a Letter of Agency for each eligible HCP.		
24 List participating sites by HCP Number (eligible/ineligible)		
Block 4: Contact Information		
25 Primary Account Holder/Project Coordinator Name Ronald Double		
26 Employer Parkview Health System, Inc.		
27 Address Line 1 10501 Corporate Drive		<input type="radio"/> Same as Physical Location
28 Address Line 2		
29 City	Fort Wayne	30 State IN
31 Zip Code		46845
32 Phone #	(260) 373-7004	33 Email ron.double@parkview.com

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

Block 5: Eligibility Category

43 Select the category that describes the HCP site
(If seeking an eligibility determination for a Consortium, "Consortium of the above" will be automatically selected)

A. Community health center or health center providing health care to migrants

B. Community mental health center

C. Local health department/agency

D. Non-profit hospital

E. Part-time eligible entity located in an ineligible facility

F. Post-secondary educational Institution offering health care instruction, teaching hospital, or medical school

G1. Rural health clinic

G2. Is this a mobile rural health care provider? Yes No

H. Dedicated ER of rural, for-profit hospital

I. Consortium of the above

44 Provide a brief explanation of why this site qualifies as the organization type selected above:
This site is engaged in delivery of ambulatory care services in support and coordination with the operations of a licensed facility.

Block 6: Additional Information

45 Non-Profit Tax ID (EIN): 35-1972384

46 National Provider Identifier: <u>1932130952</u>	47a Organization Taxonomy Code: <u>193200000X</u>
Explanation if necessary (see instructions)	47b Site Taxonomy Code: <u>207Q00000X</u>
	Explanation if necessary (see instructions)

48 If a Non-Profit Hospital, is this a Critical Access Hospital? Yes No

49 If a Non-Profit Hospital, how many licensed patient beds are at the site? 0

50 Is the site location: On Tribal lands Otherwise affiliated with a Tribe
 Operated by the Indian Health Service N/A

51 [Reserved] 52 [Reserved]

Block 7: Certifications and Signatures

53 I certify that I am authorized to submit this request on behalf of the site or consortium.

54 I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.

55 If applying as an individual health care provider site, I certify that the health care provider is a non-profit or public entity and that the site is located in a FCC designated rural area, or is grandfathered rural pursuant to 47 C.F.R. Sec. 54.600(b)(2).

56 If applying as a consortium, I certify that the eligible health care providers participating in the consortium are non-profit or public entities.

57 I understand that all documentation associated with this form must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.

58 If applying as a consortium, I understand I must obtain letters of agency from each consortium member that grants me the authority to complete, sign, and submit all forms for the funding year(s) for which support is sought.

59 Signature	60 Date 08/19/2014
61 Printed Name of Authorized Person William A. Dummett	
62 Title/Position of Authorized Person Attorney	
63 Phone (317) 977-1427 Ext.	64 Email wdummett@hallrender.com
65 Employer Hall Render Killian Health & Lyman	66 Employer's FCC RN 0021677794

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

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Third Party Authorization Effective Start Date:

Third Party Authorization Effective End Date:

Harber, Cheryl C.

From: rhcadmin@usac.org
Sent: Thursday, September 11, 2014 5:10 PM
To: Dummett, William A.
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 11-Sep-2014
Health Care Provider (HCP) Number: 39733
HCP Name: PPG Holtsclaw
FCC Form 460 Application Number: 39733-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
 - Post-secondary educational institution offering health care instruction, teaching hospital, or medical school
 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP
 An ineligible HCP type

If you wish to appeal this decision, you may file an appeal with USAC, or directly to the FCC.

The appeal **must be filed within 60 days of the date of this letter**. Detailed instructions for filing appeals are available at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx?pgm=telecom>

For questions or assistance, or if you believe you have received this email in error, contact the Rural Health Care Help Desk at (800) 453-1546 between 9:30 AM and 4:30 PM ET Monday - Friday or by email at rhc-assist@usac.org.

**Rural Health Care (RHC) Universal Service
 Eligibility and Registration Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information		
1 Date Submitted: 08/19/2014		
2 Applying to: <input checked="" type="radio"/> Determine eligibility of an HCP site <input type="radio"/> Register an ineligible site <input type="radio"/> Determine eligibility of Consortium <input type="radio"/> Register an off-site administrative office <input type="radio"/> Register an off-site data center		
2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.		
2b If applying as an off-site administrative office, list all sites (eligible and ineligible) that will use the services of this administrative office.		
Block 2: Site Information – Physical Site		
Enter the actual physical location of the site.		
3 HCP Number 39733	4 Site Name PPG Holtsclaw	
5 Name of Legal Entity Parkview Health System, Inc. d/b/a Parkview Physicians Group - Family Medicine, Holtsclaw		
6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity: 0020209474		
6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):		
7 Site Contact Name Cheryl Sicks		
8 Address Line 1 4666 W. Jefferson Blvd		
9 Address Line 2 Suite 140	10 County Allen	
11 Geo Location (if no street address)		
12 City Fort Wayne	13 State IN	14 Zip Code 46804
15 Phone (260) 373-9280 Ext.	16 Email cheryl.sicks@parkview.com	
Block 3: Consortium Information		
17 HCP Number		
18 Name of Consortium		
19 Is the Consortium a legal entity? <input type="radio"/> Yes <input type="radio"/> No If yes, Consortium FCC RN:		
20 Consortium has a written agreement allocating legal and financial responsibility. <input type="radio"/> Yes <input type="radio"/> No		
If yes, submit the agreement to USAC. If no, see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the Healthcare Connect Fund.		
21 Consortium Leader Type: <input type="radio"/> The Consortium <input type="radio"/> Ineligible State organization <input type="radio"/> An eligible HCP participating in the Consortium <input type="radio"/> Ineligible public sector (government) entity HCP Number: _____ <input type="radio"/> Ineligible non-profit entity		
A state organization, public sector entity, or non-profit entity may obtain an exemption to allow the organization to perform vendor functions and provide application assistance. Submit any such request for exemption.		
22 Consortium Leader Contact Information		23 Name of Consortium Leader
Consortium applicants are required to have a Letter of Agency from each eligible HCP that authorizes the Consortium to file forms on the HCP's behalf. Submit a Letter of Agency for each eligible HCP.		
24 List participating sites by HCP Number (eligible/ineligible)		
Block 4: Contact Information		
25 Primary Account Holder/Project Coordinator Name Ronald Double		
26 Employer Parkview Health System, Inc.		
27 Address Line 1 10501 Corporate Drive		<input type="radio"/> Same as Physical Location
28 Address Line 2		
29 City Fort Wayne	30 State IN	31 Zip Code 46845
32 Phone # (260) 373-7004 Ext.	33 Email ron.double@parkview.com	

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

Block 5: Eligibility Category

43 Select the category that describes the HCP site
(If seeking an eligibility determination for a Consortium, "Consortium of the above" will be automatically selected)

A. Community health center or health center providing health care to migrants

B. Community mental health center

C. Local health department/agency

D. Non-profit hospital

E. Part-time eligible entity located in an ineligible facility

F. Post-secondary educational Institution offering health care instruction, teaching hospital, or medical school

G1. Rural health clinic

G2. Is this a mobile rural health care provider? Yes No

H. Dedicated ER of rural, for-profit hospital

I. Consortium of the above

44 Provide a brief explanation of why this site qualifies as the organization type selected above:
 This site is engaged in delivery of ambulatory care services in support and coordination with the operations of a licensed facility.

Block 6: Additional Information

45 Non-Profit Tax ID (EIN): 35-1972384

46 National Provider Identifier: 1932130952	47a Organization Taxonomy Code: 193200000X
Explanation if necessary (see instructions)	47b Site Taxonomy Code: 207Q00000X
	Explanation if necessary (see instructions)

48 If a Non-Profit Hospital, is this a Critical Access Hospital? Yes No

49 If a Non-Profit Hospital, how many licensed patient beds are at the site? 0

50 Is the site location: On Tribal lands Otherwise affiliated with a Tribe
 Operated by the Indian Health Service N/A

51 [Reserved] 52 [Reserved]

Block 7: Certifications and Signatures

53 I certify that I am authorized to submit this request on behalf of the site or consortium.

54 I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.

55 If applying as an individual health care provider site, I certify that the health care provider is a non-profit or public entity and that the site is located in a FCC designated rural area, or is grandfathered rural pursuant to 47 C.F.R. Sec. 54.600(b)(2).

56 If applying as a consortium, I certify that the eligible health care providers participating in the consortium are non-profit or public entities.

57 I understand that all documentation associated with this form must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.

58 If applying as a consortium, I understand I must obtain letters of agency from each consortium member that grants me the authority to complete, sign, and submit all forms for the funding year(s) for which support is sought.

59 Signature	60 Date 08/19/2014
61 Printed Name of Authorized Person William A. Dummett	
62 Title/Position of Authorized Person Attorney	
63 Phone (317) 977-1427 Ext.	64 Email wdummett@hallrender.com
65 Employer Hall Render Killian Heath & Lyman	66 Employer's FCC RN 0021677794

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Third Party Authorization Effective Start Date:

Third Party Authorization Effective End Date:

Harber, Cheryl C.

From: rhcadmin@usac.org
Sent: Thursday, September 11, 2014 5:10 PM
To: Dummett, William A.
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 11-Sep-2014
Health Care Provider (HCP) Number: 39734
HCP Name: Inverness MOB
FCC Form 460 Application Number: 39734-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
 - Post-secondary educational institution offering health care instruction, teaching hospital, or medical school
 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP
 An ineligible HCP type

If you wish to appeal this decision, you may file an appeal with USAC, or directly to the FCC.

The appeal **must be filed within 60 days of the date of this letter**. Detailed instructions for filing appeals are available at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx?pgm=telecom>

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**Rural Health Care (RHC) Universal Service
Eligibility and Registration Form**

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Block 1: General Information

1 Date Submitted: 08/19/2014	
2 Applying to:	<input checked="" type="radio"/> Determine eligibility of an HCP site <input type="radio"/> Determine eligibility of Consortium <input type="radio"/> Register an off-site data center <input type="radio"/> Register an ineligible site <input type="radio"/> Register an off-site administrative office
2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.	
2b If applying as an off-site administrative office, list all sites (eligible and ineligible) that will use the services of this administrative office.	

Block 2: Site Information – Physical Site

Enter the actual physical location of the site.

3 HCP Number 39734	4 Site Name Inverness MOB	
5 Name of Legal Entity Parkview Health System, Inc d/b/a Inverness Surgery Center		
6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity: 0020209474		
6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):		
7 Site Contact Name Kari Policinski		
8 Address Line 1 8028 Carnegie Blvd.		
9 Address Line 2	10 County Allen	
11 Geo Location (if no street address)		
12 City Fort Wayne	13 State IN	14 Zip Code 46804
15 Phone (260) 469-6637 Ext.	16 Email kari.policinski@parkview.com	

Block 3: Consortium Information

17 HCP Number	
18 Name of Consortium	
19 Is the Consortium a legal entity? <input type="radio"/> Yes <input type="radio"/> No If yes, Consortium FCC RN:	
20 Consortium has a written agreement allocating legal and financial responsibility. <input type="radio"/> Yes <input type="radio"/> No	
If yes, submit the agreement to USAC. If no, see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the Healthcare Connect Fund.	
21 Consortium Leader Type: <input type="radio"/> The Consortium <input type="radio"/> An eligible HCP participating in the Consortium HCP Number: _____ <input type="radio"/> Ineligible State organization <input type="radio"/> Ineligible public sector (government) entity <input type="radio"/> Ineligible non-profit entity	
A state organization, public sector entity, or non-profit entity may obtain an exemption to allow the organization to perform vendor functions and provide application assistance. Submit any such request for exemption.	
22 Consortium Leader Contact Information	23 Name of Consortium Leader
Consortium applicants are required to have a Letter of Agency from each eligible HCP that authorizes the Consortium to file forms on the HCP's behalf. Submit a Letter of Agency for each eligible HCP.	
24 List participating sites by HCP Number (eligible/ineligible)	

Block 4: Contact Information

25 Primary Account Holder/Project Coordinator Name Ronald Double		
26 Employer Parkview Health System, Inc.		
27 Address Line 1 10501 Corporate Drive	<input type="radio"/> Same as Physical Location	
28 Address Line 2		
29 City Fort Wayne	30 State IN	31 Zip Code 46845
32 Phone # (260) 373-7004 Ext.	33 Email ron.double@parkview.com	

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

Block 5: Eligibility Category

43 Select the category that describes the HCP site
(If seeking an eligibility determination for a Consortium, "Consortium of the above" will be automatically selected)

A. Community health center or health center providing health care to migrants

B. Community mental health center

C. Local health department/agency

D. Non-profit hospital

E. Part-time eligible entity located in an ineligible facility

F. Post-secondary educational Institution offering health care instruction, teaching hospital, or medical school

G1. Rural health clinic

G2. Is this a mobile rural health care provider? Yes No

H. Dedicated ER of rural, for-profit hospital

I. Consortium of the above

44 Provide a brief explanation of why this site qualifies as the organization type selected above:
 This site is engaged in delivery of ambulatory care services in support and coordination with the operations of a licensed facility.

Block 6: Additional Information

45 Non-Profit Tax ID (EIN): 20-1394120

46 National Provider Identifier: 1932130952	47a Organization Taxonomy Code: 193200000X
Explanation if necessary (see instructions)	47b Site Taxonomy Code: 207Q00000X
	Explanation if necessary (see instructions)

48 If a Non-Profit Hospital, is this a Critical Access Hospital? Yes No

49 If a Non-Profit Hospital, how many licensed patient beds are at the site? 0

50 Is the site location: On Tribal lands Otherwise affiliated with a Tribe
 Operated by the Indian Health Service N/A

51 [Reserved] 52 [Reserved]

Block 7: Certifications and Signatures

53 I certify that I am authorized to submit this request on behalf of the site or consortium.

54 I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.

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59 Signature	60 Date 08/19/2014
61 Printed Name of Authorized Person William A. Dummett	
62 Title/Position of Authorized Person Attorney	
63 Phone (317) 977-1427 Ext.	64 Email wdummett@hallrender.com
65 Employer Hall Render Killian Health & Lyman	66 Employer's FCC RN 0021677794

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Harber, Cheryl C.

From: rhcadmin@usac.org
Sent: Thursday, September 11, 2014 5:10 PM
To: Dummett, William A.
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 11-Sep-2014
Health Care Provider (HCP) Number: 39735
HCP Name: PPG Southwest
FCC Form 460 Application Number: 39735-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

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 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

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A for-profit HCP
 An ineligible HCP type

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**Rural Health Care (RHC) Universal Service
Eligibility and Registration Form**

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Block 1: General Information

1 Date Submitted: 08/19/2014	
2 Applying to:	<input checked="" type="radio"/> Determine eligibility of an HCP site <input type="radio"/> Determine eligibility of Consortium <input type="radio"/> Register an off-site data center <input type="radio"/> Register an ineligible site <input type="radio"/> Register an off-site administrative office
2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.	
2b If applying as an off-site administrative office, list all sites (eligible and ineligible) that will use the services of this administrative office.	

Block 2: Site Information – Physical Site

Enter the actual physical location of the site.

3 HCP Number 39735	4 Site Name PPG Southwest	
5 Name of Legal Entity Parkview Health System, Inc. d/b/a Parkview Physicians Group - Family Medicine, Southwest		
6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity: 0020209474		
6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):		
7 Site Contact Name Cheryl Sicks		
8 Address Line 1 10515 Illinois Road		
9 Address Line 2	10 County Allen	
11 Geo Location (if no street address)		
12 City Fort Wayne	13 State IN	14 Zip Code 46814
15 Phone (260) 373-9200 Ext.	16 Email Cheryl.sicks@parkview.com	

Block 3: Consortium Information

17 HCP Number	
18 Name of Consortium	
19 Is the Consortium a legal entity? <input type="radio"/> Yes <input type="radio"/> No If yes, Consortium FCC RN:	
20 Consortium has a written agreement allocating legal and financial responsibility. <input type="radio"/> Yes <input type="radio"/> No	
If yes, submit the agreement to USAC. If no, see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the Healthcare Connect Fund.	
21 Consortium Leader Type:	
<input type="radio"/> The Consortium <input type="radio"/> An eligible HCP participating in the Consortium <input type="radio"/> Ineligible State organization <input type="radio"/> Ineligible public sector (government) entity <input type="radio"/> Ineligible non-profit entity	
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24 List participating sites by HCP Number (eligible/ineligible)	

Block 4: Contact Information

25 Primary Account Holder/Project Coordinator Name Ronald Double		
26 Employer Parkview Health System, Inc.		
27 Address Line 1 10501 Corporate Drive	<input type="radio"/> Same as Physical Location	
28 Address Line 2		
29 City Fort Wayne	30 State IN	31 Zip Code 46845
32 Phone # (260) 373-7004 Ext.	33 Email ron.double@parkview.com	

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

Block 5: Eligibility Category

43 Select the category that describes the HCP site
(If seeking an eligibility determination for a Consortium, "Consortium of the above" will be automatically selected)

A. Community health center or health center providing health care to migrants

B. Community mental health center

C. Local health department/agency

D. Non-profit hospital

E. Part-time eligible entity located in an ineligible facility

F. Post-secondary educational Institution offering health care instruction, teaching hospital, or medical school

G1. Rural health clinic

G2. Is this a mobile rural health care provider? Yes No

H. Dedicated ER of rural, for-profit hospital

I. Consortium of the above

44 Provide a brief explanation of why this site qualifies as the organization type selected above:
 This site is engaged in delivery of ambulatory care services in support and coordination with the operations of a licensed facility.

Block 6: Additional Information

45 Non-Profit Tax ID (EIN): 35-1972384

46 National Provider Identifier: 1932130952	47a Organization Taxonomy Code: 193200000X
Explanation if necessary (see instructions)	47b Site Taxonomy Code: 207Q00000X
	Explanation if necessary (see instructions)

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49 If a Non-Profit Hospital, how many licensed patient beds are at the site? 0

50 Is the site location: On Tribal lands Otherwise affiliated with a Tribe
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51 [Reserved] 52 [Reserved]

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54 I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.

55 If applying as an individual health care provider site, I certify that the health care provider is a non-profit or public entity and that the site is located in a FCC designated rural area, or is grandfathered rural pursuant to 47 C.F.R. Sec. 54.600(b)(2).

56 If applying as a consortium, I certify that the eligible health care providers participating in the consortium are non-profit or public entities.

57 I understand that all documentation associated with this form must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.

58 If applying as a consortium, I understand I must obtain letters of agency from each consortium member that grants me the authority to complete, sign, and submit all forms for the funding year(s) for which support is sought.

59 Signature	60 Date 08/19/2014
61 Printed Name of Authorized Person William A. Dummett	
62 Title/Position of Authorized Person Attorney	
63 Phone (317) 977-1427 Ext.	64 Email wdummett@hallrender.com
65 Employer Hall Render Killian Heath & Lyman	66 Employer's FCC RN 0021677794

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Third Party Authorization Effective Start Date:

Third Party Authorization Effective End Date:

Harber, Cheryl C.

From: rhcadmin@usac.org
Sent: Thursday, September 11, 2014 5:10 PM
To: Dummett, William A.
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 11-Sep-2014
Health Care Provider (HCP) Number: 39736
HCP Name: PPG Parklake Peds
FCC Form 460 Application Number: 39736-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
 - Post-secondary educational institution offering health care instruction, teaching hospital, or medical school
 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP
 An ineligible HCP type

If you wish to appeal this decision, you may file an appeal with USAC, or directly to the FCC.

The appeal **must be filed within 60 days of the date of this letter**. Detailed instructions for filing appeals are available at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx?pgm=telecom>

For questions or assistance, or if you believe you have received this email in error, contact the Rural Health Care Help Desk at (800) 453-1546 between 9:30 AM and 4:30 PM ET Monday - Friday or by email at rhc-assist@usac.org.

**Rural Health Care (RHC) Universal Service
Eligibility and Registration Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information

1 Date Submitted: 08/19/2014	
2 Applying to:	<input checked="" type="radio"/> Determine eligibility of an HCP site <input type="radio"/> Determine eligibility of Consortium <input type="radio"/> Register an off-site data center <input type="radio"/> Register an ineligible site <input type="radio"/> Register an off-site administrative office
2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.	
2b If applying as an off-site administrative office, list all sites (eligible and ineligible) that will use the services of this administrative office.	

Block 2: Site Information – Physical Site

Enter the actual physical location of the site.

3 HCP Number 39736	4 Site Name PPG Parklake Peds	
5 Name of Legal Entity Parkview Health System, Inc. d/b/a Parkview Physicians Group - Pediatrics, Park Lake		
6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity: 0020209474		
6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):		
7 Site Contact Name Donna Britton-Ogrady		
8 Address Line 1 2402 Lake Avenue		
9 Address Line 2	10 County Allen	
11 Geo Location (if no street address)		
12 City Fort Wayne	13 State IN	14 Zip Code 46805
15 Phone (260) 486-3000 Ext.	16 Email donna.britton-ogradey@parkview.com	

Block 3: Consortium Information

17 HCP Number	
18 Name of Consortium	
19 Is the Consortium a legal entity? <input type="radio"/> Yes <input type="radio"/> No If yes, Consortium FCC RN:	
20 Consortium has a written agreement allocating legal and financial responsibility. <input type="radio"/> Yes <input type="radio"/> No	
If yes, submit the agreement to USAC. If no, see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the Healthcare Connect Fund.	
21 Consortium Leader Type:	
<input type="radio"/> The Consortium <input type="radio"/> An eligible HCP participating in the Consortium HCP Number: _____	<input type="radio"/> Ineligible State organization <input type="radio"/> Ineligible public sector (government) entity <input type="radio"/> Ineligible non-profit entity
A state organization, public sector entity, or non-profit entity may obtain an exemption to allow the organization to perform vendor functions and provide application assistance. Submit any such request for exemption.	
22 Consortium Leader Contact Information	23 Name of Consortium Leader
Consortium applicants are required to have a Letter of Agency from each eligible HCP that authorizes the Consortium to file forms on the HCP's behalf. Submit a Letter of Agency for each eligible HCP.	
24 List participating sites by HCP Number (eligible/ineligible)	

Block 4: Contact Information

25 Primary Account Holder/Project Coordinator Name Ronald Double		
26 Employer Parkview Health System, Inc.		
27 Address Line 1 10501 Corporate Drive	<input type="radio"/> Same as Physical Location	
28 Address Line 2		
29 City Fort Wayne	30 State IN	31 Zip Code 46845
32 Phone # (260) 373-7004 Ext.	33 Email ron.double@parkview.com	

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

Block 5: Eligibility Category

43 Select the category that describes the HCP site
(If seeking an eligibility determination for a Consortium, "Consortium of the above" will be automatically selected)

A. Community health center or health center providing health care to migrants

B. Community mental health center

C. Local health department/agency

D. Non-profit hospital

E. Part-time eligible entity located in an ineligible facility

F. Post-secondary educational Institution offering health care instruction, teaching hospital, or medical school

G1. Rural health clinic

G2. Is this a mobile rural health care provider? Yes No

H. Dedicated ER of rural, for-profit hospital

I. Consortium of the above

44 Provide a brief explanation of why this site qualifies as the organization type selected above:
This site is engaged in delivery of ambulatory care services in support and coordination with the operations of a licensed facility.

Block 6: Additional Information

45 Non-Profit Tax ID (EIN): 35-1972384

46 National Provider Identifier: <u>1932130952</u> Explanation if necessary (see instructions)	47a Organization Taxonomy Code: <u>193200000X</u>
	47b Site Taxonomy Code: <u>208000000X</u> Explanation if necessary (see instructions)

48 If a Non-Profit Hospital, is this a Critical Access Hospital? Yes No

49 If a Non-Profit Hospital, how many licensed patient beds are at the site? 0

50 Is the site location: On Tribal lands Otherwise affiliated with a Tribe
 Operated by the Indian Health Service N/A

51 [Reserved] 52 [Reserved]

Block 7: Certifications and Signatures

53 I certify that I am authorized to submit this request on behalf of the site or consortium.

54 I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.

55 If applying as an individual health care provider site, I certify that the health care provider is a non-profit or public entity and that the site is located in a FCC designated rural area, or is grandfathered rural pursuant to 47 C.F.R. Sec. 54.600(b)(2).

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57 I understand that all documentation associated with this form must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.

58 If applying as a consortium, I understand I must obtain letters of agency from each consortium member that grants me the authority to complete, sign, and submit all forms for the funding year(s) for which support is sought.

59 Signature	60 Date 08/19/2014
61 Printed Name of Authorized Person William A. Dummett	
62 Title/Position of Authorized Person Attorney	
63 Phone (317) 977-1427 Ext.	64 Email wdummett@hallrender.com
65 Employer Hall Render Killian Heath & Lyman	66 Employer's FCC RN 0021677794

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Third Party Authorization Effective Start Date:

Third Party Authorization Effective End Date:

Harber, Cheryl C.

From: rhcadmin@usac.org
Sent: Thursday, September 11, 2014 5:10 PM
To: Dummett, William A.
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 11-Sep-2014
Health Care Provider (HCP) Number: 39737
HCP Name: PPG Lake Ave/After Hrs Clinic
FCC Form 460 Application Number: 39737-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
 - Post-secondary educational institution offering health care instruction, teaching hospital, or medical school
 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP
 An ineligible HCP type

If you wish to appeal this decision, you may file an appeal with USAC, or directly to the FCC.

The appeal **must be filed within 60 days of the date of this letter**. Detailed instructions for filing appeals are available at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx?pgm=telecom>

For questions or assistance, or if you believe you have received this email in error, contact the Rural Health Care Help Desk at (800) 453-1546 between 9:30 AM and 4:30 PM ET Monday - Friday or by email at rhc-assist@usac.org.

**Rural Health Care (RHC) Universal Service
Eligibility and Registration Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information

1 Date Submitted: 08/19/2014	
2 Applying to:	<input checked="" type="radio"/> Determine eligibility of an HCP site <input type="radio"/> Determine eligibility of Consortium <input type="radio"/> Register an off-site data center <input type="radio"/> Register an ineligible site <input type="radio"/> Register an off-site administrative office
2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.	
2b If applying as an off-site administrative office, list all sites (eligible and ineligible) that will use the services of this administrative office.	

Block 2: Site Information – Physical Site

Enter the actual physical location of the site.

3 HCP Number 39737	4 Site Name PPG Lake Ave/After Hrs Clinic	
5 Name of Legal Entity Parkview Health System, Inc. d/b/a Parkview Physicians Group - Family Medicine, Lake		
6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity: 0020209474		
6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):		
7 Site Contact Name Suzanne Redenius		
8 Address Line 1 2710 Lake Avenue		
9 Address Line 2	10 County Allen	
11 Geo Location (if no street address)		
12 City Fort Wayne	13 State IN	14 Zip Code 46805
15 Phone (260) 373-8070 Ext.	16 Email Suzanne.Redenius@parkview.com	

Block 3: Consortium Information

17 HCP Number	
18 Name of Consortium	
19 Is the Consortium a legal entity? <input type="radio"/> Yes <input type="radio"/> No If yes, Consortium FCC RN:	
20 Consortium has a written agreement allocating legal and financial responsibility. <input type="radio"/> Yes <input type="radio"/> No	
If yes, submit the agreement to USAC. If no, see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the Healthcare Connect Fund.	
21 Consortium Leader Type:	
<input type="radio"/> The Consortium <input type="radio"/> An eligible HCP participating in the Consortium HCP Number: _____	<input type="radio"/> Ineligible State organization <input type="radio"/> Ineligible public sector (government) entity <input type="radio"/> Ineligible non-profit entity
A state organization, public sector entity, or non-profit entity may obtain an exemption to allow the organization to perform vendor functions and provide application assistance. Submit any such request for exemption.	
22 Consortium Leader Contact Information	23 Name of Consortium Leader
Consortium applicants are required to have a Letter of Agency from each eligible HCP that authorizes the Consortium to file forms on the HCP's behalf. Submit a Letter of Agency for each eligible HCP.	
24 List participating sites by HCP Number (eligible/ineligible)	

Block 4: Contact Information

25 Primary Account Holder/Project Coordinator Name Ronald Double		
26 Employer Parkview Health System, Inc.		
27 Address Line 1 10501 Corporate Drive	<input type="radio"/> Same as Physical Location	
28 Address Line 2		
29 City Fort Wayne	30 State IN	31 Zip Code 46845
32 Phone # (260) 373-7004 Ext.	33 Email ron.double@parkview.com	

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

Block 5: Eligibility Category

43 Select the category that describes the HCP site
(If seeking an eligibility determination for a Consortium, "Consortium of the above" will be automatically selected)

A. Community health center or health center providing health care to migrants

B. Community mental health center

C. Local health department/agency

D. Non-profit hospital

E. Part-time eligible entity located in an ineligible facility

F. Post-secondary educational Institution offering health care instruction, teaching hospital, or medical school

G1. Rural health clinic

G2. Is this a mobile rural health care provider? Yes No

H. Dedicated ER of rural, for-profit hospital

I. Consortium of the above

44 Provide a brief explanation of why this site qualifies as the organization type selected above:
 This site is engaged in delivery of ambulatory care services in support and coordination with the operations of a licensed facility.

Block 6: Additional Information

45 Non-Profit Tax ID (EIN): 35-1972384

46 National Provider Identifier: 1932130952	47a Organization Taxonomy Code: 193200000X
Explanation if necessary (see instructions)	47b Site Taxonomy Code: 207Q00000X
	Explanation if necessary (see instructions)

48 If a Non-Profit Hospital, is this a Critical Access Hospital? Yes No

49 If a Non-Profit Hospital, how many licensed patient beds are at the site? 0

50 Is the site location: On Tribal lands Otherwise affiliated with a Tribe
 Operated by the Indian Health Service N/A

51 [Reserved] 52 [Reserved]

Block 7: Certifications and Signatures

53 I certify that I am authorized to submit this request on behalf of the site or consortium.

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56 If applying as a consortium, I certify that the eligible health care providers participating in the consortium are non-profit or public entities.

57 I understand that all documentation associated with this form must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.

58 If applying as a consortium, I understand I must obtain letters of agency from each consortium member that grants me the authority to complete, sign, and submit all forms for the funding year(s) for which support is sought.

59 Signature	60 Date 08/19/2014
61 Printed Name of Authorized Person William Dummett	
62 Title/Position of Authorized Person Attorney	
63 Phone (317) 977-1427 Ext.	64 Email wdummett@hallrender.com
65 Employer Hall Render Killian Heath & Lyman	66 Employer's FCC RN 0021677794

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Third Party Authorization Effective Start Date:

Third Party Authorization Effective End Date:

Harber, Cheryl C.

From: rhcadmin@usac.org
Sent: Thursday, September 11, 2014 5:10 PM
To: Dummett, William A.
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 11-Sep-2014
Health Care Provider (HCP) Number: 39738
HCP Name: PPG Allergy and Asthma
FCC Form 460 Application Number: 39738-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
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 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP
 An ineligible HCP type

If you wish to appeal this decision, you may file an appeal with USAC, or directly to the FCC.

The appeal **must be filed within 60 days of the date of this letter**. Detailed instructions for filing appeals are available at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx?pgm=telecom>

For questions or assistance, or if you believe you have received this email in error, contact the Rural Health Care Help Desk at (800) 453-1546 between 9:30 AM and 4:30 PM ET Monday - Friday or by email at rhc-assist@usac.org.

**Rural Health Care (RHC) Universal Service
Eligibility and Registration Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information		
1 Date Submitted: 08/19/2014		
2 Applying to: <input checked="" type="radio"/> Determine eligibility of an HCP site <input type="radio"/> Register an ineligible site <input type="radio"/> Determine eligibility of Consortium <input type="radio"/> Register an off-site administrative office <input type="radio"/> Register an off-site data center		
2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.		
2b If applying as an off-site administrative office, list all sites (eligible and ineligible) that will use the services of this administrative office.		
Block 2: Site Information – Physical Site		
Enter the actual physical location of the site.		
3 HCP Number 39738	4 Site Name PPG Allergy and Asthma	
5 Name of Legal Entity Parkview Health System, Inc. d/b/a Parkview Physicians Group - Allergy, Asthma & Immunology		
6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity: 0020209474		
6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):		
7 Site Contact Name Monica Nelson		
8 Address Line 1 3030 Lake Avenue		
9 Address Line 2		10 County Allen
11 Geo Location (if no street address)		
12 City Fort Wayne	13 State IN	14 Zip Code 46805
15 Phone (260) 373-7530 Ext.	16 Email monica.nelson@parkview.com	
Block 3: Consortium Information		
17 HCP Number		
18 Name of Consortium		
19 Is the Consortium a legal entity? <input type="radio"/> Yes <input type="radio"/> No If yes, Consortium FCC RN:		
20 Consortium has a written agreement allocating legal and financial responsibility. <input type="radio"/> Yes <input type="radio"/> No		
If yes, submit the agreement to USAC. If no, see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the Healthcare Connect Fund.		
21 Consortium Leader Type: <input type="radio"/> The Consortium <input type="radio"/> Ineligible State organization <input type="radio"/> An eligible HCP participating in the Consortium <input type="radio"/> Ineligible public sector (government) entity HCP Number: _____ <input type="radio"/> Ineligible non-profit entity		
A state organization, public sector entity, or non-profit entity may obtain an exemption to allow the organization to perform vendor functions and provide application assistance. Submit any such request for exemption.		
22 Consortium Leader Contact Information		23 Name of Consortium Leader
Consortium applicants are required to have a Letter of Agency from each eligible HCP that authorizes the Consortium to file forms on the HCP's behalf. Submit a Letter of Agency for each eligible HCP.		
24 List participating sites by HCP Number (eligible/ineligible)		
Block 4: Contact Information		
25 Primary Account Holder/Project Coordinator Name Ronald Double		
26 Employer Parkview Health System, Inc.		
27 Address Line 1 10501 Corporate Drive		<input type="radio"/> Same as Physical Location
28 Address Line 2		
29 City Fort Wayne	30 State IN	31 Zip Code 46845
32 Phone # (260) 373-7004 Ext.	33 Email ron.double@parkview.com	

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

Block 5: Eligibility Category

43 Select the category that describes the HCP site
(If seeking an eligibility determination for a Consortium, "Consortium of the above" will be automatically selected)

A. Community health center or health center providing health care to migrants

B. Community mental health center

C. Local health department/agency

D. Non-profit hospital

E. Part-time eligible entity located in an ineligible facility

F. Post-secondary educational Institution offering health care instruction, teaching hospital, or medical school

G1. Rural health clinic

G2. Is this a mobile rural health care provider? Yes No

H. Dedicated ER of rural, for-profit hospital

I. Consortium of the above

44 Provide a brief explanation of why this site qualifies as the organization type selected above:
 This site is engaged in delivery of ambulatory care services in support and coordination with the operations of a licensed facility.

Block 6: Additional Information

45 Non-Profit Tax ID (EIN): 35-1972384

46 National Provider Identifier: 1932130952	47a Organization Taxonomy Code: 193200000X
Explanation if necessary (see instructions)	47b Site Taxonomy Code: 207Q00000X
	Explanation if necessary (see instructions)

48 If a Non-Profit Hospital, is this a Critical Access Hospital? Yes No

49 If a Non-Profit Hospital, how many licensed patient beds are at the site? 0

50 Is the site location: On Tribal lands Otherwise affiliated with a Tribe
 Operated by the Indian Health Service N/A

51 [Reserved] 52 [Reserved]

Block 7: Certifications and Signatures

53 I certify that I am authorized to submit this request on behalf of the site or consortium.

54 I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.

55 If applying as an individual health care provider site, I certify that the health care provider is a non-profit or public entity and that the site is located in a FCC designated rural area, or is grandfathered rural pursuant to 47 C.F.R. Sec. 54.600(b)(2).

56 If applying as a consortium, I certify that the eligible health care providers participating in the consortium are non-profit or public entities.

57 I understand that all documentation associated with this form must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.

58 If applying as a consortium, I understand I must obtain letters of agency from each consortium member that grants me the authority to complete, sign, and submit all forms for the funding year(s) for which support is sought.

59 Signature	60 Date 08/19/2014
61 Printed Name of Authorized Person William A. Dummettq	
62 Title/Position of Authorized Person Attorney	
63 Phone (317) 977-1427 Ext.	64 Email wdummett@hallrender.com
65 Employer Hall Render Killian Heath & Lyman	66 Employer's FCC RN 0021677794

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

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THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Third Party Authorization Effective Start Date:

Third Party Authorization Effective End Date:

Harber, Cheryl C.

From: rhcadmin@usac.org
Sent: Wednesday, September 24, 2014 11:40 AM
To: Dummett, William A.
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 24-Sep-2014
Health Care Provider (HCP) Number: 39985
HCP Name: Medical Oncology Building
FCC Form 460 Application Number: 39985-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
 - Post-secondary educational institution offering health care instruction, teaching hospital, or medical school
 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP
 An ineligible HCP type

If you wish to appeal this decision, you may file an appeal with USAC, or directly to the FCC.

The appeal **must be filed within 60 days of the date of this letter**. Detailed instructions for filing appeals are available at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx?pgm=telecom>

For questions or assistance, or if you believe you have received this email in error, contact the Rural Health Care Help Desk at (800) 453-1546 between 9:30 AM and 4:30 PM ET Monday - Friday or by email at rhc-assist@usac.org.

**Rural Health Care (RHC) Universal Service
Eligibility and Registration Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information

1 Date Submitted: 09/08/2014	
2 Applying to:	<input checked="" type="radio"/> Determine eligibility of an HCP site <input type="radio"/> Determine eligibility of Consortium <input type="radio"/> Register an off-site data center <input type="radio"/> Register an ineligible site <input type="radio"/> Register an off-site administrative office
2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.	
2b If applying as an off-site administrative office, list all sites (eligible and ineligible) that will use the services of this administrative office.	

Block 2: Site Information – Physical Site

Enter the actual physical location of the site.

3 HCP Number 39985	4 Site Name Medical Oncology Building	
5 Name of Legal Entity Parkview Hospital, Inc. d/b/a Parkview Comprehensive Cancer Center		
6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity: 0023789001		
6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):		
7 Site Contact Name Stewart Graham		
8 Address Line 1 11143 Parkview Plaza Drive		
9 Address Line 2	10 County Allen	
11 Geo Location (if no street address)		
12 City Fort Wayn	13 State IN	14 Zip Code 46845
15 Phone (260) 672-4226 Ext.	16 Email Stewart.Graham@parkview.com	

Block 3: Consortium Information

17 HCP Number	
18 Name of Consortium	
19 Is the Consortium a legal entity? <input type="radio"/> Yes <input type="radio"/> No If yes, Consortium FCC RN:	
20 Consortium has a written agreement allocating legal and financial responsibility. <input type="radio"/> Yes <input type="radio"/> No	
If yes, submit the agreement to USAC. If no, see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the Healthcare Connect Fund.	
21 Consortium Leader Type:	
<input type="radio"/> The Consortium <input type="radio"/> An eligible HCP participating in the Consortium HCP Number: _____	<input type="radio"/> Ineligible State organization <input type="radio"/> Ineligible public sector (government) entity <input type="radio"/> Ineligible non-profit entity
A state organization, public sector entity, or non-profit entity may obtain an exemption to allow the organization to perform vendor functions and provide application assistance. Submit any such request for exemption.	
22 Consortium Leader Contact Information	23 Name of Consortium Leader
Consortium applicants are required to have a Letter of Agency from each eligible HCP that authorizes the Consortium to file forms on the HCP's behalf. Submit a Letter of Agency for each eligible HCP.	
24 List participating sites by HCP Number (eligible/ineligible)	

Block 4: Contact Information

25 Primary Account Holder/Project Coordinator Name Ronald Double		
26 Employer Parkview Health System, Inc.		
27 Address Line 1 10501 Corporate Drive	<input type="radio"/> Same as Physical Location	
28 Address Line 2		
29 City Fort Wayne	30 State IN	31 Zip Code 46845
32 Phone # (260) 373-7004 Ext.	33 Email ron.double@parkview.com	

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

Block 5: Eligibility Category

43 Select the category that describes the HCP site
(If seeking an eligibility determination for a Consortium, "Consortium of the above" will be automatically selected)

A. Community health center or health center providing health care to migrants

B. Community mental health center

C. Local health department/agency

D. Non-profit hospital

E. Part-time eligible entity located in an ineligible facility

F. Post-secondary educational Institution offering health care instruction, teaching hospital, or medical school

G1. Rural health clinic

G2. Is this a mobile rural health care provider? Yes No

H. Dedicated ER of rural, for-profit hospital

I. Consortium of the above

44 Provide a brief explanation of why this site qualifies as the organization type selected above:
This site is engaged in delivery of healthcare services in support and coordination with the operations of a licensed facility/

Block 6: Additional Information

45 Non-Profit Tax ID (EIN): 35-0868085

46 National Provider Identifier: <u>1366407603</u>	47a Organization Taxonomy Code: <u>193200000X</u>
Explanation if necessary (see instructions)	47b Site Taxonomy Code:
	Explanation if necessary (see instructions)
	<u>Multiple providers</u>

48 If a Non-Profit Hospital, is this a Critical Access Hospital? Yes No

49 If a Non-Profit Hospital, how many licensed patient beds are at the site? 0

50 Is the site location: On Tribal lands Otherwise affiliated with a Tribe
 Operated by the Indian Health Service N/A

51 [Reserved] 52 [Reserved]

Block 7: Certifications and Signatures

53 I certify that I am authorized to submit this request on behalf of the site or consortium.

54 I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.

55 If applying as an individual health care provider site, I certify that the health care provider is a non-profit or public entity and that the site is located in a FCC designated rural area, or is grandfathered rural pursuant to 47 C.F.R. Sec. 54.600(b)(2).

56 If applying as a consortium, I certify that the eligible health care providers participating in the consortium are non-profit or public entities.

57 I understand that all documentation associated with this form must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.

58 If applying as a consortium, I understand I must obtain letters of agency from each consortium member that grants me the authority to complete, sign, and submit all forms for the funding year(s) for which support is sought.

59 Signature	60 Date 09/08/2014
61 Printed Name of Authorized Person William Dummett	
62 Title/Position of Authorized Person Attorney	
63 Phone 3179771427 Ext.	64 Email wdummett@hallrender.com
65 Employer Hall Render	66 Employer's FCC RN 0021677794

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Third Party Authorization Effective Start Date:

Third Party Authorization Effective End Date:

Harber, Cheryl C.

From: rhcadmin@usac.org
Sent: Wednesday, September 24, 2014 11:40 AM
To: Dummett, William A.
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 24-Sep-2014
Health Care Provider (HCP) Number: 39988
HCP Name: POHCI Airport Office
FCC Form 460 Application Number: 39988-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
 - Post-secondary educational institution offering health care instruction, teaching hospital, or medical school
 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP
 An ineligible HCP type

If you wish to appeal this decision, you may file an appeal with USAC, or directly to the FCC.

The appeal **must be filed within 60 days of the date of this letter**. Detailed instructions for filing appeals are available at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx?pgm=telecom>

For questions or assistance, or if you believe you have received this email in error, contact the Rural Health Care Help Desk at (800) 453-1546 between 9:30 AM and 4:30 PM ET Monday - Friday or by email at rhc-assist@usac.org.

**Rural Health Care (RHC) Universal Service
Eligibility and Registration Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information

1 Date Submitted: 09/08/2014	
2 Applying to:	<input checked="" type="radio"/> Determine eligibility of an HCP site <input type="radio"/> Determine eligibility of Consortium <input type="radio"/> Register an off-site data center <input type="radio"/> Register an ineligible site <input type="radio"/> Register an off-site administrative office
2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.	
2b If applying as an off-site administrative office, list all sites (eligible and ineligible) that will use the services of this administrative office.	

Block 2: Site Information – Physical Site

Enter the actual physical location of the site.

3 HCP Number 39988	4 Site Name POHCI Airport Office	
5 Name of Legal Entity Parkview Occupational Health Centers, Inc.		
6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity: 0023789589		
6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):		
7 Site Contact Name Stewart Graham		
8 Address Line 1 9318 Airport Drive, Suite A		
9 Address Line 2	10 County Allen	
11 Geo Location (if no street address)		
12 City Fort Wayne	13 State IN	14 Zip Code 46809
15 Phone (260) 672-4226 Ext.	16 Email Stewart.Graham@parkview.com	

Block 3: Consortium Information

17 HCP Number	
18 Name of Consortium	
19 Is the Consortium a legal entity? <input type="radio"/> Yes <input type="radio"/> No If yes, Consortium FCC RN:	
20 Consortium has a written agreement allocating legal and financial responsibility. <input type="radio"/> Yes <input type="radio"/> No	
If yes, submit the agreement to USAC. If no, see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the Healthcare Connect Fund.	
21 Consortium Leader Type:	
<input type="radio"/> The Consortium <input type="radio"/> An eligible HCP participating in the Consortium HCP Number: _____	<input type="radio"/> Ineligible State organization <input type="radio"/> Ineligible public sector (government) entity <input type="radio"/> Ineligible non-profit entity
A state organization, public sector entity, or non-profit entity may obtain an exemption to allow the organization to perform vendor functions and provide application assistance. Submit any such request for exemption.	
22 Consortium Leader Contact Information	23 Name of Consortium Leader
Consortium applicants are required to have a Letter of Agency from each eligible HCP that authorizes the Consortium to file forms on the HCP's behalf. Submit a Letter of Agency for each eligible HCP.	
24 List participating sites by HCP Number (eligible/ineligible)	

Block 4: Contact Information

25 Primary Account Holder/Project Coordinator Name Ronald Double		
26 Employer Parkview Health System, Inc.		
27 Address Line 1 10501 Corporate Drive	<input type="radio"/> Same as Physical Location	
28 Address Line 2		
29 City Fort Wayne	30 State IN	31 Zip Code 46845
32 Phone # (260) 373-7004 Ext.	33 Email ron.double@parkview.com	

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

Block 5: Eligibility Category

43 Select the category that describes the HCP site
(If seeking an eligibility determination for a Consortium, "Consortium of the above" will be automatically selected)

A. Community health center or health center providing health care to migrants

B. Community mental health center

C. Local health department/agency

D. Non-profit hospital

E. Part-time eligible entity located in an ineligible facility

F. Post-secondary educational Institution offering health care instruction, teaching hospital, or medical school

G1. Rural health clinic

G2. Is this a mobile rural health care provider? Yes No

H. Dedicated ER of rural, for-profit hospital

I. Consortium of the above

44 Provide a brief explanation of why this site qualifies as the organization type selected above:
 This site is engaged in delivery of ambulatory care services in support and coordination with the operations of a licensed facility.

Block 6: Additional Information

45 Non-Profit Tax ID (EIN): 35-1972384

46 National Provider Identifier: 1235351602	47a Organization Taxonomy Code: 261QX0100X
Explanation if necessary (see instructions)	47b Site Taxonomy Code: 2083X0100X
	Explanation if necessary (see instructions)

48 If a Non-Profit Hospital, is this a Critical Access Hospital? Yes No

49 If a Non-Profit Hospital, how many licensed patient beds are at the site? 0

50 Is the site location: On Tribal lands Otherwise affiliated with a Tribe
 Operated by the Indian Health Service N/A

51 [Reserved] 52 [Reserved]

Block 7: Certifications and Signatures

53 I certify that I am authorized to submit this request on behalf of the site or consortium.

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59 Signature	60 Date 09/08/2014
61 Printed Name of Authorized Person William Dummett	
62 Title/Position of Authorized Person Attorney	
63 Phone 3179771427 Ext.	64 Email wdummett@hallrender.com
65 Employer Hall Render	66 Employer's FCC RN 0021677794

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Third Party Authorization Effective Start Date:

Third Party Authorization Effective End Date:

Harber, Cheryl C.

From: rhcadmin@usac.org
Sent: Wednesday, September 24, 2014 11:41 AM
To: Dummett, William A.
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 24-Sep-2014
Health Care Provider (HCP) Number: 39989
HCP Name: Charter Beacon building
FCC Form 460 Application Number: 39989-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
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 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP
 An ineligible HCP type

If you wish to appeal this decision, you may file an appeal with USAC, or directly to the FCC.

The appeal **must be filed within 60 days of the date of this letter**. Detailed instructions for filing appeals are available at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx?pgm=telecom>

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**Rural Health Care (RHC) Universal Service
Eligibility and Registration Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information		
1 Date Submitted: 09/08/2014		
2 Applying to: <input checked="" type="radio"/> Determine eligibility of an HCP site <input type="radio"/> Register an ineligible site <input type="radio"/> Determine eligibility of Consortium <input type="radio"/> Register an off-site administrative office <input type="radio"/> Register an off-site data center		
2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.		
2b If applying as an off-site administrative office, list all sites (eligible and ineligible) that will use the services of this administrative office.		
Block 2: Site Information – Physical Site		
Enter the actual physical location of the site.		
3 HCP Number 39989		4 Site Name Charter Beacon building
5 Name of Legal Entity Parkview Hospital, Inc. d/b/a Parkview Behavioral Health		
6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity: 0023789084		
6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):		
7 Site Contact Name Deb Cour		
8 Address Line 1 1720 Beacon Street		
9 Address Line 2		10 County Allen
11 Geo Location (if no street address)		
12 City Fort Wayne		13 State IN
		14 Zip Code 46805
15 Phone (260) 373-8000 Ext.		16 Email deb.cour@parkview.com
Block 3: Consortium Information		
17 HCP Number		
18 Name of Consortium		
19 Is the Consortium a legal entity? <input type="radio"/> Yes <input type="radio"/> No If yes, Consortium FCC RN:		
20 Consortium has a written agreement allocating legal and financial responsibility. <input type="radio"/> Yes <input type="radio"/> No		
If yes, submit the agreement to USAC. If no, see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the Healthcare Connect Fund.		
21 Consortium Leader Type: <input type="radio"/> The Consortium <input type="radio"/> Ineligible State organization <input type="radio"/> An eligible HCP participating in the Consortium <input type="radio"/> Ineligible public sector (government) entity HCP Number: _____ <input type="radio"/> Ineligible non-profit entity		
A state organization, public sector entity, or non-profit entity may obtain an exemption to allow the organization to perform vendor functions and provide application assistance. Submit any such request for exemption.		
22 Consortium Leader Contact Information		23 Name of Consortium Leader
Consortium applicants are required to have a Letter of Agency from each eligible HCP that authorizes the Consortium to file forms on the HCP's behalf. Submit a Letter of Agency for each eligible HCP.		
24 List participating sites by HCP Number (eligible/ineligible)		
Block 4: Contact Information		
25 Primary Account Holder/Project Coordinator Name Ronald Double		
26 Employer Parkview Health System, Inc.		
27 Address Line 1 10501 Corporate Drive		<input type="radio"/> Same as Physical Location
28 Address Line 2		
29 City Fort Wayne		30 State IN
		31 Zip Code 46845
32 Phone # (260) 373-7004 Ext.		33 Email ron.double@parkview.com

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

Block 5: Eligibility Category

43 Select the category that describes the HCP site
(If seeking an eligibility determination for a Consortium, "Consortium of the above" will be automatically selected)

A. Community health center or health center providing health care to migrants

B. Community mental health center

C. Local health department/agency

D. Non-profit hospital

E. Part-time eligible entity located in an ineligible facility

F. Post-secondary educational Institution offering health care instruction, teaching hospital, or medical school

G1. Rural health clinic

G2. Is this a mobile rural health care provider? Yes No

H. Dedicated ER of rural, for-profit hospital

I. Consortium of the above

44 Provide a brief explanation of why this site qualifies as the organization type selected above:
This site is engaged in delivery of ambulatory care services in support and coordination with the operations of a licensed facility.

Block 6: Additional Information

45 Non-Profit Tax ID (EIN): 35-0868085

46 National Provider Identifier: <u>1477798361</u>	47a Organization Taxonomy Code: <u>282N00000X</u>
Explanation if necessary (see instructions)	47b Site Taxonomy Code: <u>261QM0801X</u>
	Explanation if necessary (see instructions)

48 If a Non-Profit Hospital, is this a Critical Access Hospital? Yes No

49 If a Non-Profit Hospital, how many licensed patient beds are at the site? 85

50 Is the site location: On Tribal lands Otherwise affiliated with a Tribe
 Operated by the Indian Health Service N/A

51 [Reserved] 52 [Reserved]

Block 7: Certifications and Signatures

53 I certify that I am authorized to submit this request on behalf of the site or consortium.

54 I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.

55 If applying as an individual health care provider site, I certify that the health care provider is a non-profit or public entity and that the site is located in a FCC designated rural area, or is grandfathered rural pursuant to 47 C.F.R. Sec. 54.600(b)(2).

56 If applying as a consortium, I certify that the eligible health care providers participating in the consortium are non-profit or public entities.

57 I understand that all documentation associated with this form must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.

58 If applying as a consortium, I understand I must obtain letters of agency from each consortium member that grants me the authority to complete, sign, and submit all forms for the funding year(s) for which support is sought.

59 Signature	60 Date 09/08/2014
61 Printed Name of Authorized Person William Dummett	
62 Title/Position of Authorized Person Attorney	
63 Phone 3179771427 Ext.	64 Email wdummett@hallrender.com
65 Employer Hall Render	66 Employer's FCC RN 0021677794

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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Third Party Authorization Effective Start Date:

Third Party Authorization Effective End Date:

Harber, Cheryl C.

From: rhcadmin@usac.org
Sent: Wednesday, September 24, 2014 11:40 AM
To: Dummett, William A.
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 24-Sep-2014
Health Care Provider (HCP) Number: 39990
HCP Name: PV Occupational Health
FCC Form 460 Application Number: 39990-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
 - Post-secondary educational institution offering health care instruction, teaching hospital, or medical school
 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP
 An ineligible HCP type

If you wish to appeal this decision, you may file an appeal with USAC, or directly to the FCC.

The appeal **must be filed within 60 days of the date of this letter**. Detailed instructions for filing appeals are available at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx?pgm=telecom>

For questions or assistance, or if you believe you have received this email in error, contact the Rural Health Care Help Desk at (800) 453-1546 between 9:30 AM and 4:30 PM ET Monday - Friday or by email at rhc-assist@usac.org.

**Rural Health Care (RHC) Universal Service
Eligibility and Registration Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information		
1 Date Submitted: 09/08/2014		
2 Applying to: <input checked="" type="radio"/> Determine eligibility of an HCP site <input type="radio"/> Register an ineligible site <input type="radio"/> Determine eligibility of Consortium <input type="radio"/> Register an off-site administrative office <input type="radio"/> Register an off-site data center		
2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.		
2b If applying as an off-site administrative office, list all sites (eligible and ineligible) that will use the services of this administrative office.		
Block 2: Site Information – Physical Site		
Enter the actual physical location of the site.		
3 HCP Number 39990	4 Site Name PV Occupational Health	
5 Name of Legal Entity Parkview Occupational Health Centers, Inc.		
6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity: 0023789589		
6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):		
7 Site Contact Name Lisa Schanbacher		
8 Address Line 1 3103 East State Street		
9 Address Line 2		10 County Allen
11 Geo Location (if no street address)		
12 City Fort Wayne	13 State IN	14 Zip Code 46805
15 Phone (260) 373-9184 Ext.	16 Email Lisa.Schanbacher@parkview.com	
Block 3: Consortium Information		
17 HCP Number		
18 Name of Consortium		
19 Is the Consortium a legal entity? <input type="radio"/> Yes <input type="radio"/> No If yes, Consortium FCC RN:		
20 Consortium has a written agreement allocating legal and financial responsibility. <input type="radio"/> Yes <input type="radio"/> No		
If yes, submit the agreement to USAC. If no, see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the Healthcare Connect Fund.		
21 Consortium Leader Type: <input type="radio"/> The Consortium <input type="radio"/> Ineligible State organization <input type="radio"/> An eligible HCP participating in the Consortium <input type="radio"/> Ineligible public sector (government) entity HCP Number: _____ <input type="radio"/> Ineligible non-profit entity		
A state organization, public sector entity, or non-profit entity may obtain an exemption to allow the organization to perform vendor functions and provide application assistance. Submit any such request for exemption.		
22 Consortium Leader Contact Information		23 Name of Consortium Leader
Consortium applicants are required to have a Letter of Agency from each eligible HCP that authorizes the Consortium to file forms on the HCP's behalf. Submit a Letter of Agency for each eligible HCP.		
24 List participating sites by HCP Number (eligible/ineligible)		
Block 4: Contact Information		
25 Primary Account Holder/Project Coordinator Name Ronald Double		
26 Employer Parkview Health System, Inc.		
27 Address Line 1 10501 Corporate Drive		<input type="radio"/> Same as Physical Location
28 Address Line 2		
29 City Fort Wayne	30 State IN	31 Zip Code 46845
32 Phone # (260) 373-7004 Ext.	33 Email ron.double@parkview.com	

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

Block 5: Eligibility Category

43 Select the category that describes the HCP site
(If seeking an eligibility determination for a Consortium, "Consortium of the above" will be automatically selected)

A. Community health center or health center providing health care to migrants

B. Community mental health center

C. Local health department/agency

D. Non-profit hospital

E. Part-time eligible entity located in an ineligible facility

F. Post-secondary educational Institution offering health care instruction, teaching hospital, or medical school

G1. Rural health clinic

G2. Is this a mobile rural health care provider? Yes No

H. Dedicated ER of rural, for-profit hospital

I. Consortium of the above

44 Provide a brief explanation of why this site qualifies as the organization type selected above:
 This site is engaged in delivery of ambulatory care services in support and coordination with the operations of a licensed facility.

Block 6: Additional Information

45 Non-Profit Tax ID (EIN): 35-2064353

46 National Provider Identifier: 1235351602	47a Organization Taxonomy Code: 261QX0100X
Explanation if necessary (see instructions)	47b Site Taxonomy Code: 2083X0100X
	Explanation if necessary (see instructions)

48 If a Non-Profit Hospital, is this a Critical Access Hospital? Yes No

49 If a Non-Profit Hospital, how many licensed patient beds are at the site? 0

50 Is the site location: On Tribal lands Otherwise affiliated with a Tribe
 Operated by the Indian Health Service N/A

51 [Reserved] 52 [Reserved]

Block 7: Certifications and Signatures

53 I certify that I am authorized to submit this request on behalf of the site or consortium.

54 I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.

55 If applying as an individual health care provider site, I certify that the health care provider is a non-profit or public entity and that the site is located in a FCC designated rural area, or is grandfathered rural pursuant to 47 C.F.R. Sec. 54.600(b)(2).

56 If applying as a consortium, I certify that the eligible health care providers participating in the consortium are non-profit or public entities.

57 I understand that all documentation associated with this form must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.

58 If applying as a consortium, I understand I must obtain letters of agency from each consortium member that grants me the authority to complete, sign, and submit all forms for the funding year(s) for which support is sought.

59 Signature	60 Date 09/08/2014
61 Printed Name of Authorized Person William Dummett	
62 Title/Position of Authorized Person Attorney	
63 Phone 3179771427 Ext.	64 Email wdummett@hallrender.com
65 Employer Hall Render	66 Employer's FCC RN 0021677794

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Third Party Authorization Effective Start Date:

Third Party Authorization Effective End Date:

Harber, Cheryl C.

From: rhcadmin@usac.org
Sent: Wednesday, September 24, 2014 11:41 AM
To: Dummett, William A.
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 24-Sep-2014
Health Care Provider (HCP) Number: 39991
HCP Name: Parkview First Care - Hobson
FCC Form 460 Application Number: 39991-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
 - Post-secondary educational institution offering health care instruction, teaching hospital, or medical school
 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP
 An ineligible HCP type

If you wish to appeal this decision, you may file an appeal with USAC, or directly to the FCC.

The appeal **must be filed within 60 days of the date of this letter**. Detailed instructions for filing appeals are available at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx?pgm=telecom>

For questions or assistance, or if you believe you have received this email in error, contact the Rural Health Care Help Desk at (800) 453-1546 between 9:30 AM and 4:30 PM ET Monday - Friday or by email at rhc-assist@usac.org.

**Rural Health Care (RHC) Universal Service
Eligibility and Registration Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information

1 Date Submitted: 09/08/2014	
2 Applying to:	<input checked="" type="radio"/> Determine eligibility of an HCP site <input type="radio"/> Determine eligibility of Consortium <input type="radio"/> Register an off-site data center <input type="radio"/> Register an ineligible site <input type="radio"/> Register an off-site administrative office
2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.	
2b If applying as an off-site administrative office, list all sites (eligible and ineligible) that will use the services of this administrative office.	

Block 2: Site Information – Physical Site

Enter the actual physical location of the site.

3 HCP Number 39991	4 Site Name Parkview First Care - Hobson	
5 Name of Legal Entity Parkview Health System, Inc. d/b/a Parkview Physicians Group - Family Medicine, Hobson		
6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity: 0020209474		
6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):		
7 Site Contact Name Kristi Mayer		
8 Address Line 1 1515 Hobson Road		
9 Address Line 2	10 County Allen	
11 Geo Location (if no street address)		
12 City Fort Wayne	13 State IN	14 Zip Code 46805
15 Phone (260) 469-6601 Ext.	16 Email Kristi.Mayer@parkview.com	

Block 3: Consortium Information

17 HCP Number	
18 Name of Consortium	
19 Is the Consortium a legal entity? <input type="radio"/> Yes <input type="radio"/> No If yes, Consortium FCC RN:	
20 Consortium has a written agreement allocating legal and financial responsibility. <input type="radio"/> Yes <input type="radio"/> No	
If yes, submit the agreement to USAC. If no, see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the Healthcare Connect Fund.	
21 Consortium Leader Type: <input type="radio"/> The Consortium <input type="radio"/> An eligible HCP participating in the Consortium HCP Number: _____ <input type="radio"/> Ineligible State organization <input type="radio"/> Ineligible public sector (government) entity <input type="radio"/> Ineligible non-profit entity	
A state organization, public sector entity, or non-profit entity may obtain an exemption to allow the organization to perform vendor functions and provide application assistance. Submit any such request for exemption.	
22 Consortium Leader Contact Information	23 Name of Consortium Leader
Consortium applicants are required to have a Letter of Agency from each eligible HCP that authorizes the Consortium to file forms on the HCP's behalf. Submit a Letter of Agency for each eligible HCP.	
24 List participating sites by HCP Number (eligible/ineligible)	

Block 4: Contact Information

25 Primary Account Holder/Project Coordinator Name Ronald Double		
26 Employer Parkview Health System, Inc.		
27 Address Line 1 10501 Corporate Drive	<input type="radio"/> Same as Physical Location	
28 Address Line 2		
29 City Fort Wayne	30 State IN	31 Zip Code 46085
32 Phone # (260) 373-7004 Ext.	33 Email ron.double@parkview.com	

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
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Block 5: Eligibility Category

43 Select the category that describes the HCP site
(If seeking an eligibility determination for a Consortium, "Consortium of the above" will be automatically selected)

A. Community health center or health center providing health care to migrants

B. Community mental health center

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E. Part-time eligible entity located in an ineligible facility

F. Post-secondary educational Institution offering health care instruction, teaching hospital, or medical school

G1. Rural health clinic

G2. Is this a mobile rural health care provider? Yes No

H. Dedicated ER of rural, for-profit hospital

I. Consortium of the above

44 Provide a brief explanation of why this site qualifies as the organization type selected above:
 This site is engaged in delivery of ambulatory care services in support and coordination with the operations of a licensed facility.

Block 6: Additional Information

45 Non-Profit Tax ID (EIN): 35-1972384

46 National Provider Identifier: 1932130952	47a Organization Taxonomy Code: 193200000X
Explanation if necessary (see instructions)	47b Site Taxonomy Code: 207Q00000X
	Explanation if necessary (see instructions)

48 If a Non-Profit Hospital, is this a Critical Access Hospital? Yes No

49 If a Non-Profit Hospital, how many licensed patient beds are at the site? 0

50 Is the site location: On Tribal lands Otherwise affiliated with a Tribe
 Operated by the Indian Health Service N/A

51 [Reserved] 52 [Reserved]

Block 7: Certifications and Signatures

53 I certify that I am authorized to submit this request on behalf of the site or consortium.

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58 If applying as a consortium, I understand I must obtain letters of agency from each consortium member that grants me the authority to complete, sign, and submit all forms for the funding year(s) for which support is sought.

59 Signature	60 Date 09/08/2014
61 Printed Name of Authorized Person William Dummett	
62 Title/Position of Authorized Person Attorney	
63 Phone 3179771427 Ext.	64 Email wdummett@hallrender.com
65 Employer Hall Render	66 Employer's FCC RN 0021677794

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Third Party Authorization Effective Start Date:

Third Party Authorization Effective End Date:

**SCHEDULE H
(Form 990)**

Hospitals

OMB No 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number

35-1972384

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	No
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a	No
b If "Yes," did the organization make it available to the public?	6b	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			49,880		49,880	0.010 %
b Medicaid (from Worksheet 3, column a)			1,659,322	843,672	815,650	0.230 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			577,495	182,765	394,730	0.110 %
d Total Financial Assistance and Means-Tested Government Programs			2,286,697	1,026,437	1,260,260	0.350 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			145,427	3,500	141,927	0.040 %
f Health professions education (from Worksheet 5)			415,125		415,125	0.120 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,893,690		1,893,690	0.530 %
j Total. Other Benefits			2,454,242	3,500	2,450,742	0.690 %
k Total. Add lines 7d and 7j			4,740,939	1,029,937	3,711,002	1.040 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			869,739		869,739	0.240 %
2 Economic development			1,223,334		1,223,334	0.340 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			953,784		953,784	0.270 %
9 Other						
10 Total			3,046,857		3,046,857	0.850 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	10,763,238
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	30,615
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	5,120,851
6 Enter Medicare allowable costs of care relating to payments on line 5	6	7,018,504
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,897,653
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 IMAGING SERVICES HOLDING COMPANY LLC	HOLDING COMPANY	50.000 %		50.000 %
2 ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC	ORTHOPAEDIC HOSPITAL	60.000 %		40.000 %
3 PREMIER SURGERY CENTER LLC	SURGERY CENTER	50.000 %		50.000 %
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5				
6				
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9				
10				
11				
12				
13				

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

Name of hospital facility or facility reporting group _____

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 ____		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)		
a <input type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy

	Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 0000000000000000</u> %		
If "No," explain in Part VI the criteria the hospital facility used		
11 Used FPG to determine eligibility for providing <i>discounted</i> care?		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care <u> </u> %		
If "No," explain in Part VI the criteria the hospital facility used		
12 Explained the basis for calculating amounts charged to patients?		No
If "Yes," indicate the factors used in determining such amounts (check all that apply)		
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
13 Explained the method for applying for financial assistance?	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available upon request		
g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued)

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d** Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Part VI)

Policy Relating to Emergency Medical Care

	Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Part VI)		
21 During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	21	No
If "Yes," explain in Part VI		
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	22	No
If "Yes," explain in Part VI		

Part V Facility Information *(continued)*

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
90

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

1. **General Information**
2. **Project Description**
3. **Objectives**
4. **Methodology**
5. **Results**
6. **Conclusions**
7. **References**
8. **Appendices**
9. **Index**
10. **Table of Contents**

Section	Page	Content
1. General Information	1-5	Project title, author, date, and other basic information.
2. Project Description	6-15	Detailed description of the project, including its background and context.
3. Objectives	16-20	Clear and measurable objectives of the project.
4. Methodology	21-30	Description of the methods and techniques used in the project.
5. Results	31-45	Summary of the findings and results of the project.
6. Conclusions	46-50	Summary of the conclusions drawn from the project.
7. References	51-60	List of references used in the project.
8. Appendices	61-70	Additional information and data related to the project.
9. Index	71-75	Index of the project content.
10. Table of Contents	76-80	Table of contents of the project.

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (For number of beds, show largest to smallest)

How many non-licensed health care facilities did the organization operate during the tax year? 30

Table with 3 columns: Line and address, Type of Facility (Ambulatory), and Facility Name. Contains 30 rows of facility data including names like 'FARMINGTON HOSPITAL GROUP' and various addresses.