

ASTRIA SUNNYSIDE HOSPITAL

January 28, 2019

Janis Sigman, Manager
Certificate of Need Program
Department of Health
P.O. Box 47852
Olympia, WA 98504-7852

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JAN 28 2019

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

Sunnyside Community Hospital Association (Astria Sunnyside) herewithin submits a letter of intent proposing to establish an adult elective percutaneous coronary intervention program. In conformance with WAC, the following information is provided:

1. A Description of the Extent of Services Proposed:

Astria Sunnyside proposes to establish an adult elective percutaneous coronary intervention program.

2. Estimated Cost of the Proposed Project:

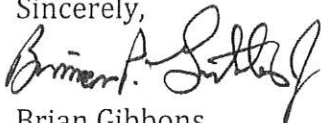
The capital expenditure is \$0.

3. Description of the Service Area:

For purposes of the CN Program's PCI service area definitions (WAC 246-310-705(5)), Astria Sunnyside is located in PCI planning area #4 (Kittitas, Yakima and Klickitat East).

Thank you for your interest in this matter. Please contact me directly with any questions.

Sincerely,



Brian Gibbons,
Chief Executive Officer