



Restore Outpatient
Therapy Services

"A community of professionals committed to excellence in service."

245 CAHABA VALLEY PARKWAY, SUITE 200
PELHAM, AL 35214

RECEIVED

Feb 12 2019

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

February 11, 2019

Mr. Alva M. Lambert, Executive Director
State Planning and Health Development Agency
P.O. Box 303025
Montgomery, Al. 36130-3025

Dear Mr. Lambert,

Restore Therapy Services Outpatient would like to request a letter of non reviewability for an outpatient therapy clinic located at 2300 N Cedar St. Foley, Alabama located in Baldwin County. We will only be providing a single service of Physical Therapy. Please find listed below the required information per guidelines.

Name of Company: Restore Therapy Services Outpatient

Contact address and information:

Restore Therapy Services Outpatient
Debbie Culpepper
245 Cahaba Valley Parkway
Suite 200
Pelham, Al 35124
(205) 999-2195

Service Area: Baldwin County

Services Provided: Physical Therapy

Financial Breakdown:

Equipment: Using some already owned and an additional 5,000

First Year Operating Cost: Estimate 120,000

Lease/Rent: 8,000

Building Construction: None

Financial Interest: N/A

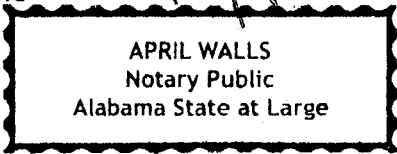
Fee paid online February 11, 2019

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm that he/she is the Director of Outpatient Programs for Restore Therapy Services Outpatient, has knowledge of the facts in this request, and to the best of his/her/their information, knowledge, and belief such facts are true and correct.

Debbie Culpepper
Printed Name

[Signature]
Signature



Affiant _____ (Seal)

SUBSCRIBED AND SWORN to before me this 11th day of February

[Signature]
Notary Public

My Commission expires: _____ My Commission Expires
January 30, 2023

Please do not hesitate to contact me if you have any questions or need additional information at (205) 999-2195. Thank you in advance for your consideration.

Sincerely,

[Signature]
Debbie B. Culpepper
Restore Therapy Services

Enclosures

Your Receipt

PURCHASE RECEIPT

SHPDA

PO Box 303025
Montgomery AL 36130-3025
(334)242-4109
bradford.williams@shpda.alabama.gov
OTC Local Ref ID: 33300294

Status: **APPROVED**
Customer Name: Debbie Culpepper
Type: AmericanExpress
Credit Card Number: **** * 1940

Alabama total amount charged USD\$1,036.00

Items	Location	Quantity	TPE Order ID	Total Amount
Letter of Non-Reviewability		1	41150536	\$1,000.00
Applicant Name: Restore Therapy Services Outpatient				
Filing Date: 2/11/2019				
Phone Number: 2059992195				
Email Address: dculpepper@restoretherapy.com				
Total remitted to the SHPDA				\$1,000.00