

RECEIVED

Aug 11 2020

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

*Restore Outpatient  
Therapy Services*

July 30, 2020

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

**RE: Restore Outpatient Therapy of Mobile  
6720 Grejot Road  
Mobile Al. 36695**

Dear Sir or Madam:

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

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

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

Sincerely,

Debbie Culpepper  
Director of Outpatient Programs

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

Exhibit A

Service Area being requested: Mobile County and surrounding areas

Financial Breakdown:

a. Equipment	<u>\$ 35,000</u>
b. 1st year operating cost	<u>\$ 175,000</u>
c. Capitol Cost	
a. Leases	<u>\$57,600</u>
b. Land/Building cost	<u>\$ n/a</u>
c. Construction cost	<u>\$ n/a</u>

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

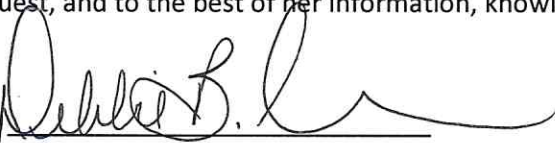
July 30, 2020

Page 2

RE:

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

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

By: 

Debbie B. Culpepper

SUBSCRIBED AND SWORN TO BEFORE ME THIS 30<sup>th</sup> DAY OF JULY 2020.



Notary Public

My Commission Expires  
May 16, 2023

My commission expires: \_\_\_\_\_

