



February 21, 2024

Via E-Mail to: shpda.online@shpda.alabama.gov

State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

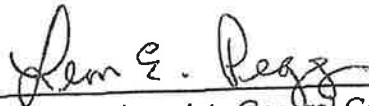
RE: **REQUEST FOR REVIEWABILITY DETERMINATION**

Dear Madam/Sir:

P4 Physical Therapy, Limited Partnership ("P4") herein requests a determination of nonreviewability in connection with its application to operate a rehabilitation center in the State of Alabama. P4 currently operates an outpatient physical therapy clinic located at 209 Fitness Way, Suite D, Athens, AL 35611. P4 would like to add the services of an occupational therapist ("OT") to its facility. P4 anticipates additional yearly cost of \$10,000 to \$20,000 for OT services plus new equipment costs of \$8,000 to \$10,000. P4 is majority owned by U.S. Physical Therapy, Inc., a Nevada corporation.

We thank you for your review. You may contact the undersigned at the below address, by phone to 713-297-6386 or e-mail to lpegg@usph.com.

P4 Physical Therapy, Limited Partnership

By: 
Leon Pegg, Associate General Counsel

[attestation of corporate officer on following page]

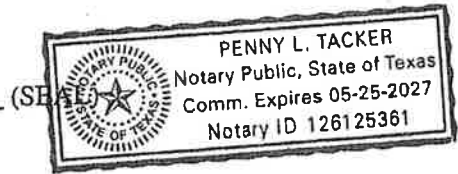
1300 W. Sam Houston Pkwy, Ste 300, Houston, Texas 77042; 713.297.7000; 713.297.7090 Fax



State of Texas §
County of Harris §

The undersigned, being first duly sworn, hereby make oath or affirm that he is the Vice President of P4 Physical Therapy, Limited Partnership, has knowledge of the facts in this request, and to the best of his information, knowledge and belief, such facts are true and correct.

Affiant *Michael Best*



SUBSCRIBED AND SWORN to before me this 21 day of February.

Penny L. Tacker

My commission expires 5.25.2027

Notary Public



RV2024-013
RECEIVED
Mar 05 2024
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

March 5, 2024

Via E-Mail to: shpda.online@shpda.alabama.gov

State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104
Attn: Emily T. Marsal, Executive Director

RE: **RV2024-013; P4 PHYSICAL THERAPY**

RESPONSE TO REQUEST FOR ADDITIONAL INFORMATION

Dear Ms. Marsal:

This letter is written in response to your letter dated February 28, 2024 requesting additional information on the request of P4 Physical Therapy, Limited Partnership ("P4") for a determination of non-reviewability in connection with its application to operate a rehabilitation center in the State of Alabama. Please note the following:

- 1) P4 currently operates an outpatient physical therapy clinic located at 209 Fitness Way, Suite D, Athens, AL 35611. This clinic is located in Limestone County, and P4 proposes to expand its services to include the services of an occupational therapist such that the services of both physical therapy and occupational therapy are provided to citizens of Limestone County.
- 2) P4 does not anticipate any capital expenditures other than equipment costs totaling less than \$10,000.00. As P4 currently operates under an existing lease, there would be no additional lease expense to add an occupational therapist, nor would there be any land/building costs or construction costs. P4 anticipates the additional equipment needed to consist of the following:

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- a. Weight
- b. Bailey lift box
- c. Baseline grip dynamometer
- d. Baseline pinch gauge
- e. Purdue Pegboard
- f. Minnesota Rate of Man Dexterity
- g. H Frame treatment table (grey)
- h. Single side stairs 30"
- i. Weights 2 (25#) 5 (10#)

We thank you for your review. Should you require any additional information, then please contact the undersigned at the below address, by phone to 713-297-6386 or e-mail to lpegg@usph.com.

P4 Physical Therapy, Limited Partnership

By: Leon E. Pegg
Leon Pegg, Associate General Counsel

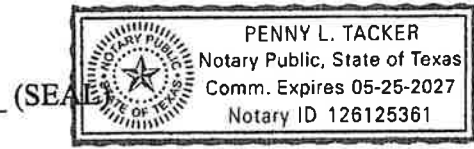
[attestation of corporate officer on following page]



State of Texas §
County of Harris §

The undersigned, being first duly sworn, hereby make oath or affirm that he is the Vice President of P4 Physical Therapy, Limited Partnership, has knowledge of the facts in this request, and to the best of his information, knowledge and belief, such facts are true and correct.

Affiant [Signature]



SUBSCRIBED AND SWORN to before me this 5 day of March 2024

[Signature]

My commission expires 5.25.2027

Notary Public