



New Freestanding Clinic Form

New providers are required to submit the following:

1	Cover letter providing the details of the request, signed by the provider's CEO/CFO and addressed to =>	Monique Grimm Director Bureau of Hospital & Clinic Rate Setting One Commerce Plaza, Room 1432 99 Washington Avenue Albany, New York 12210		
2	Copy of the Certificate of Need (CON) approval letter issued by the Division of Health Facility Planning. For copies or questions email: cons@health.ny.gov			
3	Copy of the Operating Certificate.			
4	If the building is leased, a copy of the lease.			
5	Annual Visits / Procedures projected as part of the Certificate of Need (CON) process	Total Annual Visits	Total Annual Medicaid Fee-for-Service Visits	
6	Provider Type ==>		<i>Refer to Grouping per NYCRR Part 86-4.13</i>	
7	Itemized details of the Total CON-approved capital costs. Note : Complete all applicable information. All items may NOT apply to your facility.			
		CON Approved Capital Costs (\$ Value)	Useful Life of the Asset	Depreciation / Amortization per Year
a.	Rent (if the building is leased)			
b.	Building			
c.	Renovation & Demolition			
d.	Construction Contingency			
e.	Architect / Engineering Fees			
f.	Other Fees			
g.	Moveable Equipment			
h.	Financing Costs			
i.	Interim Interest Expense			
j.	CON Fees			
	Total Project Cost approved per the CON application	\$0		\$0