



New Freestanding Clinic Form

New providers are required to submit the following:

1	Cover letter providing the details of Janet Baggetta the request, signed by the Director provider's CEO/CFO and addressed Bureau of Hospital & Clinic Rate Setting to => 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