



**Rhode Island Department of Health**  
Hospital Conversions/Mergers Program  
Three Capitol Hill, Room 410  
Providence, RI 02908-5097  
Phone: (401) 222-2788

[www.health.state.ri.us/hospitals/about/mergers](http://www.health.state.ri.us/hospitals/about/mergers)

### REQUEST FOR EXPEDITIOUS REVIEW

(Pursuant to R.I. Gen. Laws § 23-17.14-12.1)

Updated 08.09.2018

1. Please provide the following information for the **acquiree**:

Name:
Address:

Contact Information for the President or Chief Executive Officer:

Name:	Telephone:
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Information for the person to contact regarding this proposal:

Name:	Telephone:
E-mail:	Fax number:

2. Please provide the following information for the **acquiror**:

Name:
Address:

Contact Information for the President or Chief Executive Officer:

Name:	Telephone:
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Information for the person to contact regarding this proposal:

Name:	Telephone:
E-mail:	Fax number:

3. Please affirm that acquiree **and** acquiror are both nonprofit corporations exempt from taxation under section 501(a) of the United States Internal Revenue Service Code as organizations described in section 501(c)(3) of such code that have directly or indirectly continuously operated at least one licensed hospital either in Rhode Island or in another jurisdiction either on its own or it is part of a health care system that has operated for at least the preceding three (3) years (mark with an 'X'): Yes \_\_\_\_\_

4. Please affirm that the proposed conversion involves one of the following (mark with an 'X'):
- \_\_\_ a. Two (2) or more hospitals that are not in common control with another hospital;
  - \_\_\_ b. One hospital not under common control with another hospital and a hospital system parent corporation;
  - \_\_\_ c. Two (2) affiliated hospitals the conversion of which was previously approved in accordance with chapter 17.14 of title 23 and another hospital or hospital system parent corporation;
  - \_\_\_ d. One or more hospital(s) that are determined to be distressed as under (a)(2) of chapter 17.14-12.1 of title 23, including hospitals that are part of a not-for-profit hospital system parent corporation, as acquire.

5. Please provide an Executive Summary of the proposed conversion (on a separate page).
6. Please identify the following information regarding the acquiree, **and provide** audited financial statements for the two most recently completed fiscal years and unaudited financial statements for all of the completed quarters of the current fiscal year.

Fiscal Year	Operating Profit/(Loss)	Days Cash on Hand	Current Assets to Liability Ratio	Long-term Debt to Capitalization	Inpatient Occupancy Rate
20____					
20____					
1 <sup>st</sup> Quarter of 20____					
2 <sup>nd</sup> Quarter of 20____					
3 <sup>rd</sup> Quarter of 20____					

7. Please identify the most recent rating assigned to the acquiree by each of the major rating agencies:

Rating Agency	Grade Assigned to Acquiree
Standard & Poor's	
Moody's	
Fitch Group	

8. Please have the President or Chief Executive Office of the **acquiree** attest to the following:

*"I certify that the acquiree operates a distressed Rhode Island hospital facing significant financial hardship that may impair their ability to continue to operate effectively without the proposed conversion. I certify that the information contained in this material is complete, accurate and correct."*

\_\_\_\_\_  
Signed by President or Chief Executive Officer

\_\_\_\_\_  
Name of Acquiree

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

9. Please have the President or Chief Executive Office of the **acquiror** attest to the following:

*“I certify that the information as to the acquiror contained in this material is complete, accurate and correct.”*

\_\_\_\_\_  
Signed by President or Chief Executive Officer

\_\_\_\_\_  
Name of Acquiror

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_