

Hillsboro Predictive Rural Health Clinic

owned by MAHA CLINIC, LLC

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September 21, 2026

The Honorable Commissioner of Health

Virginia Department of Health

Office of Licensure and Certification

Certificate of Public Need Program

9960 Mayland Drive, Suite 401

Richmond, Virginia 23233

RE: Letter of Intent — Certificate of Public Need Application: Introduction of Mobile Magnetic Resonance Imaging (MRI) Services — Philips BlueSeal 1.5T System — Hillsboro Predictive Rural Health Clinic.

MAHA Clinic, LLC [Hillsboro/Loudoun/ Virginia]

Dear Commissioner:

I. INTRODUCTION AND PROJECT IDENTIFICATION

MAHA Clinic, LLC (hereinafter "MAHA Clinic," "the Applicant," or "the Facility") hereby submits this Letter of Intent (LOI) to the Virginia Department of Health (VDOH), Office of Licensure and Certification, Certificate of Public Need (COPN) Program, in accordance with the requirements set forth under Article 1.1 of Chapter 4 of Title 32.1 of the Code of Virginia, and specifically pursuant to the provisions of § 32.1-102.1:3 and the regulations of the State Board of Health governing the COPN review process. This Letter of Intent constitutes formal notice of the Applicant's intention to submit

a complete Certificate of Public Need application during the applicable batch review cycle as established by the Commissioner and VDOH.

Hillsboro Predictive Rural Health Clinic owned by MAHA Clinic, LLC is a Virginias-*licensed outpatient medical facility / primary care practice* organized under the laws of the Commonwealth of Virginia, with its principal place of business located at [36329 Charles Town Pike, Hillsboro, Virginia, 20132]. The Applicant is not a general hospital as defined under § 32.1-123 of the Code of Virginia. MAHA Clinic operates as an outpatient, ambulatory care facility providing primary care, preventive medicine, and ancillary diagnostic services to the communities it serves in *applicable planning Blueridge district and Loudoun Western rural locality*.

The Applicant proposes to introduce **mobile** Magnetic Resonance Imaging (MRI) services through the acquisition and operation of one (1) Philips BlueSeal 1.5 Tesla (T) helium-free superconducting MRI system. The proposed project involves: (a) full-time stationing of the MRI unit at MAHA Clinic's primary facility location as the primary deployment site for routine diagnostic imaging services; and (b) a once-monthly mobile deployment rotation to identified rural and underserved communities in the Northern Virginia, Western Maryland, and Eastern West Virginia corridor. The Applicant further notifies the Commissioner of its intent to register the proposed MRI equipment pursuant to § 32.1-102.1:2(B) of the Code of Virginia no fewer than thirty (30) calendar days prior to the date upon which the Applicant will become contractually obligated to acquire such equipment.

The Applicant submits this Letter of Intent in good faith and represents that a complete, formal COPN Application, inclusive of all required documentation, financial projections, service area analyses, and supporting materials as specified in 12 VAC 5-220 et seq. and the VDOH COPN Program application requirements, will be filed within the applicable batch review cycle. No project development activity, capital commitment, or equipment acquisition shall be initiated prior to issuance of the COPN by the Commissioner.

II. FACILITY AND APPLICANT PROFILE

A. Identity and Organizational Structure

The Applicant, MAHA Clinic, LLC, is a limited liability company organized and existing under the laws of the Commonwealth of Virginia. [*Partnership with BioAro member-managed or manager-managed LLC; multi-member structure.*] The principal contact and authorized representative for all purposes

relating to this COPN submission is [*Wendy Bautista MD, CEO MAHA Clinic*], reachable at [*36329 Charlestown Pike, 4439392736, wendy.bautista91@gmail.com*].

B. Facility Description and Current Services

MAHA Clinic operates as a licensed outpatient medical facility in the Commonwealth of Virginia. The Clinic provides a comprehensive suite of primary care and preventive medicine services, including but not limited to: routine and acute primary care visits; preventive health screenings and wellness examinations; chronic disease management (including but not limited to diabetes, hypertension, and musculoskeletal conditions); immunizations and preventive immunology services; ancillary laboratory services; and patient education and care coordination services. The Facility does not maintain licensed inpatient beds and does not operate as a hospital or nursing home within the meaning of § 32.1-123 of the Code of Virginia.

Current facility capacity and operational metrics are as follows:

- Licensed facility type: [*Insert Virginia-licensed facility classification: licensed outpatient facility*]
- Licensed beds: None (outpatient/ambulatory only)
- Annual patient visits (approximate): *1200 patients/year*
- Operating hours: *Monday–Friday, 8:00 a.m. – 5:00 p.m., with extended hours as applicable*
- Payor mix (approximate): *30 % Medicare, 15 % Medicaid, 45% Commercial, 10% Self-Pay/Charity*

C. Licensure and Accreditation Status

MAHA Clinic holds all applicable licensure required by the Commonwealth of Virginia for the operation of an outpatient medical facility, including but not limited to [*Virginia licensure — e.g., Virginia Department of Health outpatient facility license, Virginia Department of Health Professions registrations, applicable CMS certifications*]. The Facility is *not yet* accredited by Joint Commission however we plan to submit for accreditation on August 2027 after first year of operations.

D. Financial Condition

MAHA Clinic is financially solvent and in good standing with all applicable state and federal regulatory authorities. Audited financial statements or reviewed financial statements for the most recently completed fiscal year end [*there are no current audits as this is a new entity Philips letter of*

partnership] will be provided as an attachment to the complete COPN application. The Applicant's preliminary financial pro forma supporting the proposed MRI project is attached hereto as Exhibit C and will be expanded and finalized for submission with the formal application.

III. PROPOSED PROJECT DESCRIPTION

A. Technology: Philips BlueSeal 1.5T Helium-Free MRI System

The Applicant proposes to acquire one (1) Philips BlueSeal 1.5 Tesla superconducting Magnetic Resonance Imaging system (hereinafter, the "BlueSeal MRI" or "the System"). The Philips BlueSeal 1.5T represents a significant technological advancement in clinical MRI, distinguished by the following characteristics that are directly relevant to the Applicant's mobile deployment model and public need justification:

- **Helium-Free Sealed Magnet Architecture:** The Blue Seal system utilizes a fully sealed superconducting magnet containing approximately two (2) liters of liquid helium permanently sealed within the magnet cryostat — a reduction of approximately 99.9% compared to conventional 1.5T MRI systems that require 1,500–2,000 liters of liquid helium. The sealed design eliminates the risk of cryogenic quench events and the associated hazards of helium venting, obviating the requirement for conventional quench pipes, external helium supply infrastructure, and associated facility build-out costs.
- **Magnetic Field Strength:** The System operates at 1.5 Tesla field strength, consistent with standard clinical MRI applications and capable of performing the full spectrum of routine diagnostic MRI examinations, including neurological, musculoskeletal, abdominal, pelvic, cardiac, and vascular imaging protocols.
- **FDA Clearance:** The Philips BlueSeal 1.5T MRI system has received 510(k) clearance from the United States Food and Drug Administration (FDA) for clinical diagnostic imaging use, confirming its safety and effectiveness for the intended clinical applications described herein.
- **Compact Bore and Mobile-Capable Design:** The BlueSeal system features an ultra-short-bore magnet design that reduces physical footprint relative to conventional systems. The System is specifically engineered for mobile trailer or transport platform deployment, enabling relocation of the fully operational unit without interruption of magnetic field

integrity or system performance. This design characteristic is central to the Applicant's mobile rural deployment model described in Section III.B below.

- **Reduced Infrastructure Requirements:** The elimination of quench pipe infrastructure and liquid helium supply logistics substantially reduces the site preparation burden at satellite deployment locations, enabling cost-effective deployment to rural and underserved communities that could not otherwise support conventional MRI infrastructure.

Technical specifications for the Philips BlueSeal 1.5T MRI system are provided in Exhibit A attached hereto.

B. Operational Model

The proposed operational model encompasses two complementary deployment modes:

1. Full-Time Primary Deployment — Hillsboro Predictive Rural Health Clinic owned by MAHA Clinic: The BlueSeal MRI unit will be stationed full-time at MAHA Clinic's primary facility location at *[Insert Address, City, Virginia, ZIP]* as the primary site of operation. At this location, the System will be housed in *[a dedicated mobile MRI trailer/platform positioned on site / a dedicated MRI suite within the facility — describe configuration]*, with appropriate radiofrequency (RF) shielding, patient access infrastructure, and support facilities. The primary site will serve MAHA Clinic's established patient population and physician referral network, providing routine outpatient diagnostic MRI services during standard operating hours.

2. Once-Monthly Rural Mobile Deployment: On a scheduled monthly rotation, the BlueSeal MRI unit will be transported via its mobile platform to one of the designated rural deployment communities identified in Section IV.B below. Each monthly mobile deployment will be planned to maximize scan volume and community access during the deployment period, which is anticipated to be *a 3 -5 three-to-five-day deployment window, or specific 1 week* per monthly cycle between Hillsboro and Warrenton sites. Coordination with local health departments, federally qualified health centers, community health workers, and primary care referral sources will be established to ensure optimal patient access and care coordination at each rural deployment site.

C. Geographic Service Area — Rural Deployment Communities

The Applicant's identified rural mobile deployment communities are located within the Northern Shenandoah Valley and Northern Virginia/Western Maryland/Eastern West Virginia rural corridor, as follows:

State	Community / Locality	County / Jurisdiction	Designation Notes
Virginia	Hillsboro	Loudoun County	Rural unincorporated community; limited local health services
Virginia	Round Hill	Loudoun County	Small incorporated town; limited diagnostic imaging access
Virginia	Purcellville	Loudoun County	Town; western Loudoun rural corridor
West Virginia	Winchester area communities	Frederick County, WV / City of Winchester, VA border area	Cross-border rural access; underserved corridor
West Virginia	Harpers Ferry	Jefferson County, WV	Rural/historical community; limited local MRI access
Maryland	Brunswick	Frederick County, MD	Small city; limited proximate diagnostic imaging
Maryland	Petersville	Frederick County, MD	Unincorporated rural community; no local MRI access

The proposed Virginia Planning District applicable to the Applicant's primary facility and Virginia service area communities is Planning District [7 — *Northern Shenandoah Valley, or applicable planning district — this application confirms the correct planning district designation with VDOH prior to final application submission*]. The Applicant acknowledges that VDOH COPN review for MRI services is conducted on a planning district basis corresponding to Hillsboro Blue Ridge district Northern Shenandoah Valley and will confirm the appropriate planning district designation and applicable review criteria in the formal application.

A map depicting the proposed primary facility location and all identified rural deployment communities, together with distances to the nearest existing MRI facilities, is attached hereto as Exhibit B.

D. Hours of Operation and Projected Scan Volume

At the primary MAHA Clinic site, MRI services are anticipated to operate [*five (5) to six (6) days per week, Monday through Saturday*], during the hours of [*7:00 a.m. to 7:00 p.m., or as determined by patient demand*], with on-call availability as clinically warranted. Estimated scan throughput at the primary site is projected at *eight (8) to twelve (12) scans per operating day, approximately 2,000–3,000 scans per year at primary site*, based on the following methodology including referral base, community need assessments.

During each monthly rural deployment, the mobile unit will operate during scheduled deployment hours to be coordinated with local clinical partners. Total estimated annual scan volume inclusive of both primary-site and mobile deployments is projected at [1500-1800] scans in Year 1, growing to [2000] scans in Year 3, consistent with the financial projections attached as Exhibit C.

E. Staffing Plan

The Applicant proposes the following staffing model for MRI services:

- **MRI Technologists:** All MRI scanning procedures will be performed by licensed Radiologic Technologists holding ARRT certification in Magnetic Resonance Imaging (ARRT(MR)) or equivalent state-recognized credential, in full compliance with applicable Virginia Board of Medicine and Virginia Department of Health Professional licensing requirements. The Applicant proposes employing [TBD— *e.g., two (2) full-time equivalent MRI technologists*] at the primary site, with qualified mobile coverage staff for rural deployments.
- **Radiologist Oversight:** All MRI examinations will be interpreted by a licensed, board-certified radiologist. The Applicant will provide radiologist coverage through [*a teleradiology services agreement with a VDOH-compliant teleradiology provider / employment of a part-time or full-time radiologist / a formal radiology coverage agreement with [Radiology Maryland, ROCC Tele-radiology]*], ensuring timely and clinically appropriate interpretation of all studies. Preliminary and final interpretations will be provided within timeframes consistent with applicable ACR and clinical standards.
- **Referring Physician Integration:** MAHA Clinic's existing primary care and specialist physician referral network will serve as the primary source of MRI referrals. The Applicant will implement a structured referral coordination program and electronic order management system to facilitate appropriate utilization and clinical integration.
- **Administrative and Safety Personnel:** Trained MRI safety officers, patient scheduling coordinators, and administrative support staff will be designated and trained in accordance with ACR MRI Safety Guidelines and applicable federal and state requirements.

F. Equipment Registration — § 32.1-102.1:2

The Applicant expressly acknowledges the requirement under § 32.1-102.1:2(B) of the Code of Virginia that no person shall acquire replacement or new MRI equipment without first registering

such acquisition with the Commissioner and the appropriate regional health planning agency. Such registration shall be made no fewer than thirty (30) calendar days prior to the date upon which the Applicant becomes contractually obligated to acquire the equipment. The Applicant hereby commits, unconditionally, to fulfilling this registration requirement in strict accordance with the applicable statutory timeline and VDOH procedural requirements, and will not enter into any binding equipment acquisition, lease, or purchase agreement prior to satisfying this obligation.

IV. CAPITAL EXPENDITURE DISCLOSURE

A. Estimated Project Cost

In compliance with the capital expenditure disclosure requirements of § 32.1-102.1:2(C) of the Code of Virginia and applicable COPN Program regulations, the Applicant provides the following preliminary, good-faith estimate of total project capital expenditure. These figures represent reasonable estimates based on currently available market data and manufacturer information and are subject to revision upon completion of final procurement negotiations, site assessments, and engineering analysis:

Cost Component	Estimated Cost Range (Preliminary)	Notes
Philips BlueSeal 1.5T MRI System (equipment, installation, and manufacturer commissioning)	\$1,200,000 – \$1,800,000	Includes factory-to-site delivery, installation, and initial calibration
Mobile Transport Platform / Trailer (custom MRI-rated trailer with RF shielding, patient access, climate control, and utility systems)	\$300,000 – \$500,000	Includes trailer fabrication/procurement, MRI-compatible RF shielding, HVAC, and patient ramp systems
Primary Site Preparation — MAHA Clinic (RF shielding, utility connections, patient staging area, safety infrastructure)	\$150,000 – \$300,000	Site-specific build-out; final cost subject to engineering assessment
Information Technology, PACS, and RIS Integration (Picture Archiving and Communication System, Radiology Information System)	[\$50,000 – \$150,000]	Integration with existing clinic EMR and teleradiology infrastructure
Staffing, Training, and Pre-Opening Costs	[\$50,000 – \$100,000]	MRI technologist recruitment, ARRT credentialing support, safety officer training, operational readiness
Contingency Reserve (10%)	[\$175,000 – \$285,000]	Prudent contingency for unforeseen project costs

Cost Component	Estimated Cost Range (Preliminary)	Notes
TOTAL ESTIMATED PROJECT COST	\$1,925,000 – \$3,135,000	Preliminary estimate; subject to revision in formal application

The Applicant acknowledges that, as a medical care facility other than a general hospital, the capital expenditure registration threshold applicable under § 32.1-102.1:2(C) of the Code of Virginia and the regulations of the Board shall be observed. The Applicant will confirm the applicable threshold amount as revised by VDOH for the relevant period and will comply with all applicable registration requirements. The Applicant further notes that the estimated total project cost may fall within the range requiring both equipment registration and COPN review, and the Applicant is submitting this Letter of Intent accordingly.

B. Financing Approach

The Applicant proposes to finance the project through a combination of *equity financing from Applicant operating capital / member equity venture investment contributions BioAro*] and [*equipment financing or lease arrangements with a qualified commercial lender or medical equipment financing institution*]. [*Virginia Rural Health transformation program Provider Interoperability submission*] The Applicant's financial position and proposed financing structure will be documented in full in the formal COPN application, including audited or reviewed financial statements and a complete pro forma financial analysis.

C. Project Development Timeline

Subject to and contingent upon issuance of a Certificate of Public Need by the Commissioner, the Applicant anticipates the following preliminary project development schedule:

- **COPN Application Filing:** Next applicable batch review cycle following this Letter of Intent submission
- **COPN Issuance (anticipated):** [*Estimated based on VDOH review cycle timeline*]
- **Equipment Registration (§ 32.1-102.1:2):** At minimum thirty (30) calendar days prior to contractual equipment commitment, following COPN issuance

- **Equipment Acquisition and Site Preparation:** Within six (6) to twelve (12) months of COPN issuance
- **Operational Commencement:** Within twelve (12) to eighteen (18) months of COPN issuance

No capital commitments, construction activities, equipment orders, or project expenditures subject to COPN review will be undertaken prior to issuance of the Certificate of Public Need.

V. SERVICE AREA JUSTIFICATION AND DEMONSTRATION OF PUBLIC NEED

A. Geographic Service Area

The Applicant's proposed primary service area encompasses the Northern Virginia western rural corridor, extending into contiguous portions of Western Maryland and Eastern West Virginia. This geographic corridor — hereinafter referred to as the "Service Area" — is characterized by a combination of rural and semi-rural communities distributed across Loudoun County (Virginia), Frederick County (Maryland), and Jefferson County (West Virginia), with the corridor extending northwestward through the lower Shenandoah Valley region. The Service Area broadly corresponds to Planning District [7 (*Northern Shenandoah Valley*) and/rural Western Northern Virginia Planning District — to be confirmed with VDOH] and surrounding jurisdictions.

B. Documented Access Gap — MRI Services in the Service Area

A critical and demonstrable deficiency in access to Magnetic Resonance Imaging services exists across the rural communities comprising the Applicant's proposed Service Area. Many residents of Hillsboro, Round Hill, Purcellville (Virginia), Harpers Ferry (West Virginia), Brunswick, and Petersville (Maryland) are currently required to travel distances exceeding thirty (30) to sixty (60) minutes or more, one-way, to access the nearest available MRI facility. For elderly patients, patients with limited transportation access, patients with musculoskeletal or neurological conditions that impair driving, and low-income patients who cannot afford the costs of extended travel, this access barrier represents a clinically significant and inequitable obstacle to timely diagnostic care.

The access gap in the Service Area is attributable to several structural factors:

- The concentration of MRI facilities in higher-density urban and suburban centers (e.g., Leesburg, Winchester, Frederick, Hagerstown), leaving rural communities in the intervening corridor without proximate imaging access;

- The historically high capital and infrastructure cost of conventional superconducting MRI systems, which has deterred outpatient and rural facility investment in MRI services;
- The absence of mobile MRI deployment programs serving this specific geographic corridor on a scheduled, recurring basis;
- Limitations in public transportation and paratransit services in rural Loudoun County and the adjacent portions of Jefferson County (WV) and Frederick County (MD).

C. Rural Health Disparities and Delayed Diagnosis

Extensive peer-reviewed literature and federal health data document the adverse clinical outcomes associated with delayed or forgone diagnostic imaging in rural and medically underserved populations. Rural residents experience disproportionately elevated rates of musculoskeletal conditions, neurological diseases, oncologic diagnoses requiring imaging surveillance, and cardiovascular disease — conditions for which MRI is a primary or adjunct diagnostic modality. Delayed access to MRI services in rural settings is associated with:

- Later-stage cancer detection and reduced oncologic treatment options;
- Delayed diagnosis of neurological conditions including stroke sequelae, multiple sclerosis, and intracranial pathology;
- Avoidable musculoskeletal surgeries resulting from inadequate pre-operative imaging;
- Increased emergency department utilization and avoidable hospitalizations attributable to undiagnosed or late-diagnosed conditions;
- Disproportionate impact on elderly patients, patients with disabilities, and Medicaid and uninsured populations with limited means to travel to distant imaging centers.

D. Population Demographics Supporting Demonstrated Need

The Service Area population demonstrates demographic characteristics consistent with elevated MRI utilization need:

- **Aging Population:** The rural communities within the Service Area include a significant proportion of residents aged 65 and older, a demographic with substantially higher per-capita MRI utilization rates for musculoskeletal, neurological, and oncologic indications;
- **Transportation Limitations:** Rural communities in Loudoun County's western towns and Frederick County (MD) are characterized by limited public transit infrastructure, placing

particular burden on elderly and mobility-impaired residents requiring imaging services at distant facilities;

- **Medically Underserved Designation:** [*Medically Underserved Designation Analysis*

*The service area communities of **Hillsboro** (Loudoun County), **Warrenton** (Fauquier County), and **Appomattox** (Appomattox County) experience distinct federal health professional and facility designations established by the Health Resources and Services Administration (HRSA).*

- **1. Hillsboro (Loudoun County)**

- **Designation Context:** *While Loudoun County overall is often recognized for high median income and fast-paced economic growth, certain pockets—particularly its western rural communities like Hillsboro—face significant geographic and transportation barriers to specialized health services.*

- **HRSA HPSA Status:** *Portions of western Loudoun County are designated as **Health Professional Shortage Areas (HPSAs)** for primary care and mental health services, driven by the ratio of population to active primary care physicians relative to the expansive rural geography.*

- **2. Warrenton (Fauquier County)**

- **Designation Context:** *Fauquier County surrounds Warrenton and combines suburban growth centers with wide rural expanses.*
- **HRSA HPSA & MUA Status:** *Fauquier County holds **Medically Underserved Area (MUA)** and **Medically Underserved Population (MUP)** designations for specific low-income and elderly cohorts. Furthermore, parts of the county are federally classified as HPSAs for low-income populations, reflecting challenges in healthcare affordability and localized provider availability.*

- **High-Need Clinical Populations:** *The Service Area exhibits elevated rates of musculoskeletal conditions, occupational injuries (consistent with rural and agricultural workforce demographics), and chronic neurological conditions requiring periodic MRI surveillance.*

E. Alignment with VDOH State Health Services Plan Priorities

The proposed project is directly aligned with the priorities and goals articulated in the Virginia State Health Services Plan, including but not limited to:

- **Rural Access:** The State Health Services Plan identifies expansion of health care access in rural and underserved communities as a priority objective. The Applicant's mobile MRI model directly implements this objective by delivering clinical imaging services to communities that currently lack proximate access;
- **Health Equity:** The mobile deployment model reduces financial, geographic, and transportation barriers to diagnostic imaging, advancing equitable access for low-income, elderly, and mobility-limited populations in the Service Area;
- **Preventive and Early Diagnostic Services:** Timely access to MRI services facilitates early detection of malignant and non-malignant conditions, consistent with Virginia's health plan goal of reducing preventable illness and disease burden;
- **Reducing Avoidable Hospitalizations:** Improved access to outpatient diagnostic imaging reduces reliance on emergency department-initiated imaging and may reduce avoidable inpatient admissions for conditions that could be managed with earlier outpatient diagnosis and intervention.

F. Absence of Unnecessary Duplication

The Applicant respectfully submits that the proposed project will not create unnecessary duplication of existing MRI services, as contemplated under the COPN review criteria. The mobile deployment model is specifically designed to serve rural communities that are not currently within the reasonable service radius of existing MRI providers. The once-monthly deployment schedule, rather than a fixed competing facility, is calibrated to supplement — not duplicate — existing imaging capacity by bringing services to populations who otherwise forgo or significantly delay access to MRI. The primary site at Predictive Hillsboro and Warrenton Rural Health Clinica owned by MAHA Clinic LLC serves the Clinic's established patient population with documented unmet need for on-site diagnostic imaging, reducing the burden on existing regional imaging centers and improving care coordination within the Applicant's integrated care model.

VI. CRITERIA ALIGNMENT — § 32.1-102.1:3 STATUTORY REVIEW FACTORS

Pursuant to § 32.1-102.3 and the criteria established under § 32.1-102.1:3 and applicable Board regulations for determining public need, the Applicant addresses each applicable statutory review criterion as follows:

A. Relationship of the Project to the Long-Term Health Care State Plan

The proposed project is consistent with and directly advances the goals of the Virginia State Health Services Plan. The introduction of mobile MRI services to rural and underserved communities in the Service Area aligns with state health plan priorities regarding expansion of diagnostic imaging access in geographically underserved areas, promotion of health equity, and reduction of preventable health disparities between rural and urban populations. The innovative use of helium-free mobile MRI technology reflects the State Health Plan's recognition of technological advancement as a means of improving access and quality of care. The Applicant's model — combining full-time outpatient diagnostic services with scheduled rural mobile deployment — represents a cost-effective, scalable approach to implementing state health plan goals.

B. Need for Enhanced Facilities and Services to Serve the Population of the Area

As documented in Section V of this Letter of Intent, there exists a demonstrable and documented need for MRI services in the rural communities of the Service Area. Residents of Hillsboro, Round Hill, Purcellville, Harpers Ferry, Brunswick, and Petersville currently lack reasonable proximate access to MRI services, with travel times to the nearest existing MRI facilities exceeding thirty (30) to sixty (60) minutes for many Service Area residents. This access deficit results in delayed diagnosis, reduced quality of care, and inequitable health outcomes for Service Area populations. The proposed project directly addresses this need by introducing MRI capacity at MAHA Clinic's primary facility and delivering mobile MRI services to the identified rural communities on a scheduled monthly basis. The project does not propose to enhance an existing facility's capacity at the expense of geographic access equity; rather, it introduces new, geographically distributed access points where none currently exist.

C. Extent to Which the Project Is Accessible to All Residents of the Proposed Area

Accessibility for all residents of the Service Area is a foundational design principle of the proposed project. The Applicant makes the following specific commitments to maximize access:

- The Applicant will accept and actively seek patients enrolled in Medicare, Medicaid (Virginia, West Virginia, and Maryland programs, as applicable), TRICARE, and all major commercial insurance plans;
- A formal charity care policy will be adopted and implemented, providing for sliding-scale fee reductions or complete fee waivers for uninsured and underinsured patients who demonstrate financial need, consistent with applicable Virginia law and COPN program requirements;
- The mobile deployment model specifically targets the rural communities identified in Section III.C, bringing services to these communities rather than requiring residents to travel to a central facility;
- Scheduling will be designed to accommodate working patients through extended morning and evening hours at both the primary site and during mobile deployments;
- The Applicant will implement ADA-compliant access at all deployment sites and will ensure that the mobile MRI platform complies with applicable accessibility requirements for patients with mobility impairments.

D. Immediate Economic Impact and Financial Feasibility of the Project

The Applicant represents that the proposed project is financially feasible based on the following considerations: (i) the projected scan volume at the primary site and during monthly mobile deployments, as detailed in the financial pro forma attached as Exhibit C, supports a financially viable operational model within [*see table above Year 2 / Year 3*] of operation; (ii) the capital structure described in Section IV.B distributes financing risk across equity and debt instruments; (iii) the helium-free design of the BlueSeal system substantially reduces ongoing operational costs associated with cryogen maintenance and quench infrastructure relative to conventional MRI systems; and (iv) the mobile deployment model allows the Applicant to generate revenue across multiple deployment sites using a single capital asset, improving asset utilization. The economic impact of the project on the Service Area communities is positive: the project will create local employment, reduce resident expenditures on travel and time costs associated with distant imaging access, and contribute to the local health care economy. A complete pro forma financial analysis is provided in Exhibit C.

E. Impact of Changes in Population, Demographics, and Technology on Demand

Demand for MRI services in the Service Area is projected to increase over the coming decade based on the following demographic and technological trends: (i) the population aged 65 and older in Loudoun County and adjacent jurisdictions is projected to increase significantly over the next ten years, driving commensurate increases in demand for musculoskeletal, neurological, and oncologic MRI services; (ii) advancing clinical guidelines increasingly recommend MRI as the imaging modality of choice for a broad range of conditions including prostate cancer screening, breast cancer supplemental screening, cardiac evaluation, and neurological assessment, expanding the clinical indications driving MRI utilization; (iii) the adoption of value-based care models and population health management incentivizes earlier diagnosis and preventive imaging, supporting increased outpatient MRI utilization; and (iv) the demonstrated technological advancement represented by the Philips BlueSeal system — specifically its mobile capability — creates a new capacity to serve previously inaccessible populations efficiently and safely, reducing barriers that previously prevented mobile MRI deployment.

F. Existing Quality, Utilization, and Other Controls Applicable to the Project

MRI services are subject to a comprehensive and well-established framework of quality, safety, and utilization controls. The Applicant will operate the proposed MRI service in full compliance with all applicable controls, including: (i) ACR (American College of Radiology) MRI Accreditation standards for equipment performance, image quality, and personnel qualifications; (ii) Virginia Board of Medicine regulations applicable to the practice of radiology and the supervision of radiologic technologists; (iii) Virginia Department of Health regulations applicable to outpatient diagnostic imaging facilities; (iv) CMS Conditions of Participation applicable to Medicare-enrolled providers; (v) FDA regulations applicable to MRI equipment safety and performance; and (vi) the Applicant's internal quality assurance program, including regular equipment performance testing, image quality review, radiologist peer review, and clinical appropriateness monitoring. The Applicant intends to seek ACR MRI Accreditation for the proposed service and will implement all accreditation standards as a condition of operation.

G. Any Risk to the Health or Well-Being of the Public

The Applicant submits that the proposed project presents no material or undue risk to the health or well-being of the public. Specifically: (i) the Philips BlueSeal 1.5T MRI system is FDA-cleared and has been designed, manufactured, and validated in accordance with applicable safety standards for clinical MRI; (ii) the elimination of liquid helium quench risk in the BlueSeal sealed magnet design

removes a significant safety hazard associated with conventional MRI deployment, particularly in mobile and remote settings; (iii) all MRI personnel will be fully credentialed, trained in MRI safety protocols, and supervised in accordance with ACR MRI Safety Guidelines; (iv) appropriate RF shielding will be installed at all deployment sites to prevent electromagnetic interference; (v) patient screening protocols for MRI contraindications (implanted devices, ferromagnetic objects, pregnancy) will be strictly implemented; and (vi) emergency response protocols will be established and rehearsed for each deployment site. The Applicant does not anticipate that the introduction of this project will create any adverse competitive impact on existing MRI providers of such magnitude as to threaten the availability or quality of care for existing patients served by those providers.

VII. COMPLIANCE AND REGULATORY COMMITMENTS

The Applicant hereby makes the following formal commitments to the Commissioner of Health and the Virginia Department of Health, Certificate of Public Need Program, in connection with this Letter of Intent and any COPN issued pursuant to the formal application to follow:

1. Compliance with COPN Program Requirements. The Applicant commits to full and unconditional compliance with all applicable provisions of Title 32.1, Chapter 4, Article 1.1 of the Code of Virginia, the regulations of the State Board of Health governing the Certificate of Public Need Program (12 VAC 5-220 et seq.), and all administrative guidance, policies, and procedural requirements of the VDOH COPN Program, as the same may be amended from time to time.

2. Equipment Registration. Pursuant to § 32.1-102.1:2(B), the Applicant will register the proposed MRI equipment acquisition with the Commissioner and the appropriate regional health planning agency at minimum thirty (30) calendar days prior to the date on which the Applicant will become contractually obligated to acquire the equipment. The Applicant will not execute any binding purchase agreement, lease agreement, or other contractual commitment for the acquisition of the BlueSeal MRI system prior to completing this registration in full compliance with applicable law.

3. No Premature Project Initiation. The Applicant will not initiate any component of the proposed project — including capital expenditure, construction, site preparation, equipment procurement, or operational development — that is subject to COPN review, prior to the issuance of a Certificate of Public Need by the Commissioner. The Applicant acknowledges that any such premature action

would constitute a violation of § 32.1-102.1:2 of the Code of Virginia and could subject the Applicant to civil penalties and injunctive relief.

4. Conditions of Certificate. The Applicant agrees to accept and comply with all conditions that the Commissioner may attach to any COPN issued pursuant to the formal application, including but not limited to conditions relating to service volume commitments, charity care obligations, payor mix requirements, reporting obligations, and operational parameters.

5. Annual Reporting. The Applicant will provide all annual reports and utilization data required by the COPN Program, including reports on scan volume, payor mix, charity care provided, and any other information required under applicable regulations and COPN conditions, in a timely and complete manner.

6. Charity Care and Access Commitments. The Applicant commits to: (a) accept patients enrolled in the Medicare and Medicaid programs (Virginia, Maryland, and West Virginia, as applicable) for MRI services, without discrimination based on payor status; (b) implement and maintain a formal charity care policy providing financial assistance to uninsured and underinsured patients who qualify based on demonstrated financial need, in accordance with the Applicant's established charity care criteria; (c) not refuse to provide medically necessary MRI services on the basis of a patient's inability to pay; and (d) provide charity care at a level consistent with applicable COPN conditions and, at minimum, in accordance with applicable state and federal requirements. The charity care policy will be posted conspicuously at the primary site and at all mobile deployment locations, and will be made available to patients upon request.

7. Compliance with All Applicable Law. The Applicant will operate the proposed MRI service in compliance with all applicable federal, state, and local laws and regulations, including but not limited to HIPAA, Anti-Kickback Statute, Stark Law, applicable Virginia professional licensing statutes, FDA medical device regulations, and all CMS Conditions of Participation applicable to the Applicant's Medicare and Medicaid enrollment.

VIII. CONTACT INFORMATION AND AUTHORIZED REPRESENTATIVE

All correspondence, requests for additional information, and communications from the VDOH COPN Program relating to this Letter of Intent and the subsequent formal COPN application should be directed to the Applicant's authorized representative as follows:

Contact Information	Details
Authorized Representative Name	[WENDY BAUTISTA]
Title	[CEO MAHA Clinic LLC — <i>e.g., Chief Executive Officer / Managing Member / Executive Director</i>]
Organization	MAHA Clinic, LLC
Mailing Address	[36329 Charlestown Pike Hillsboro VA 20132]
Telephone (Direct)	[4439392736]
Facsimile	
Electronic Mail	[wendy.bautista91@gmail.com]
Virginia Facility License No.	submitted date pending license estimated date
Federal Tax ID (EIN)	42-4304405

The Applicant respectfully requests that the Commissioner's office acknowledge receipt of this Letter of Intent and provide confirmation of the applicable batch review cycle and formal application submission deadline for the proposed project.

The Applicant and its authorized representative remain available to meet with VDOH COPN Program staff to discuss this project at the convenience of the Commissioner's office. The Applicant welcomes the opportunity to provide additional information, clarification, or supplemental materials as may be requested.

Respectfully submitted,

[Wendy Bautista MD PhD]

[Chief Executive Officer]

MAHA Clinic, LLC

440 Monticello Avenue 1802 621737

[Norfolk, Virginia]

Telephone: [4439392736]

Email: [wendy.bautista91@gmail.com]

Date: August 7, 2026

IX. CERTIFICATE OF AUTHENTICITY

I, the undersigned, being duly authorized to act on behalf of MAHA Clinic, LLC, hereby certify, under penalty of law, that the information contained in this Letter of Intent — including all representations, descriptions, estimates, commitments, and supporting materials attached hereto — is true, accurate, and complete to the best of my knowledge, information, and belief as of the date of this submission. I further certify that I am aware of the statutory and regulatory requirements of the Virginia Certificate of Public Need Program as set forth in Title 32.1, Chapter 4, Article 1.1 of the Code of Virginia, and that MAHA Clinic, LLC will comply fully with all applicable requirements, conditions, and obligations of the COPN Program in connection with this submission and any Certificate of Public Need issued pursuant thereto. I understand that any material misrepresentation or omission in this Letter of Intent or in the formal COPN application may constitute grounds for denial of the application, revocation of any issued certificate, and/or other civil or administrative sanctions as provided under the Code of Virginia.

Executed this 7th day of August, 2026, at [City, State].

[AUTHORIZED REPRESENTATIVE SIGNATURE — WENDY BAUTISTA GUZMAN]

[CEO]

MAHA Clinic, LLC

Enclosures / Exhibits:

- **Exhibit A** — Philips BlueSeal 1.5T MRI System: Technical Specifications and FDA Clearance Documentation

- **Exhibit B** — Proposed Service Area Map (Primary Site and Rural Deployment Communities; Distances to Nearest Existing MRI Facilities)
- **Exhibit C** — Preliminary Pro Forma Financial Projections (Three-Year)
- **Exhibit D** — Virginia Facility Licensure Documentation (Current)
- **Exhibit E** — *[Proposed Charity Care Policy — Draft] (if available at time of LOI submission)*
- **Exhibit F** — *[Letters of Support from Community Stakeholders, Local Health Departments, or Referring Physicians] (if available at time of LOI submission)*

cc:], Regional Health Planning Agency — [Insert applicable Regional Health Planning Agency name and address]

cc: [Jeff Stibel CEO Legal Zoom team], Legal Counsel to MAHA Clinic, LLC