

LEE L. JOHNSON
TREASURER
SYMBOL HEALTHCARE, INC.

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June 6, 2023

Via Email to FSLCON@doh.wa.gov

Eric Hernandez, Program Manager
Certificate of Need Program
Department of Health
111 Israel Road SE
Tumwater, WA 98501

Dear Mr. Hernandez:

In accordance with WAC 246-310-080, **Eagle Healthcare LLC**, hereby submits a letter of intent proposing to establish a Medicare certified/Medicaid eligible home health agency. In conformance with the requirements of WAC, the following information is provided:

1. A Description of the Extent of Services Proposed:

Eagle Healthcare LLC, is proposing to establish a Medicare certified/Medicaid eligible home health agency in **Yakima County**, including all required home health services.

2. Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated at \$15,500.

3. Description of the Service Area:

The primary service area for the hospice agency will be **Yakima County**.

Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,

Eagle Healthcare LLC

By:



Lee L. Johnson, Treasurer

Direct office line: (208) 401-1369