



This Certificate is granted under the authority of RCW 70.38. Issuance of this Certificate does not constitute approval under any other local, federal or state statute, implementing rules and regulations. Examples where additional approval may be necessary include, but are not limited to, construction plan approval through the Construction Review Unit of the Department of Health, facility licensing/certification through the Department of Social and Health Services or Department of Health, and other federal or local jurisdiction permits.

**Certificate of Need #1423 is issued to:**

**Legal Name of Applicant:** North Cascade Eye Associates, PS  
**Address of Applicant:** 2100 Little Mountain Lane, Mount Vernon, Washington 98274  
**Type of Service:** Ambulatory Surgery Center  
**Facility Name:** North Cascade Eye Associates, PS  
dba Eye Associates Surgery Center  
**Facility Address:** 2100 Little Mountain Lane, Mount Vernon, Washington 98274

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION OF JUNE 14, 2010 (CN App #10-20)**

**Description/Services To Be Provided:**

This certificate approves the establishment of an ambulatory surgery center.

**Conditions**

1. The ambulatory surgery center associated with North Cascade Eye Associates, PS will provide charity care in compliance with the charity care policies provided in its Certificate of Need application and the requirements of the applicable law. North Cascade Eye Associates, PS will use reasonable efforts to provide charity care in an amount comparable to the average amount of charity care provided by the two hospitals located in the east Skagit County Planning Area during the three most recent years. For historical years 2006-2008, these amounts are 1.54% of gross revenue and 3.30% of adjusted revenue. North Cascade Eye Associates, PS will maintain records documenting the amount of charity care it provides and demonstrating its compliance with its charity care policies and applicable law.
2. North Cascade Eye Associates is limited to providing only those services described within the application and relied upon by the department in this evaluation.
3. North Cascade Eye Associates is limited to two operating rooms at the surgery center.

**Service Area**

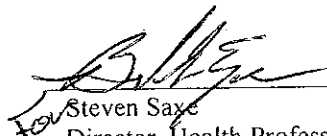
East Skagit County

**Approved Capital Expenditure**

The approved capital expenditure associated with this project is \$331,298 and is solely limited to equipment.

**This Certificate authorizes commencement of the project from June 28, 2010, to June 28, 2012, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

Date Certificate Issued: June 28, 2010

  
Steven Saxe  
Director, Health Professions and Facilities

**This Certificate is not transferable.**