State of Nevada
Department of Health and Human Services
Letter of Approval Application Form

Section I. APPLICANT IDENTIFICATION AND CERTIFICATION

1.1 *Identification of Legal Applicant:* Identify the applicant as defined in NAC 439A.240: *a natural person, trust, estate, partnership, corporation (including an association, joint stock company and insurance company), state, political subdivision or instrumentality or a legal entity recognized by the State.*

Applicant Name: Oncology Consultants, PLLC
Address: P.O. Box 7038, Rancho Santa Fe, CA 92067

1.2 *Project Information*
Project Title: **New Outpatient Cancer Center in Carson City, NV**

1.3 *Description of Legal Applicant*
a. Type of Organization

☐Private for Profit Corporation	☒Limited Partnership
☐Public for Profit Corporation	☐State Organization
☐Private Non-Profit Corporation	☐County Organization
☒**General Partnership**	☐Other (Specify):

b. If a corporation, indicate where and when incorporated:
Where: **Nevada**
When: **June 30, 2023**

c. Identify principals having 25% or more ownership:

Name of Individual	Percentage Owned
No individual owns 25% or more of Oncology Consultants, PLLC	Click or tap here to enter text.

d. If a corporation, attach an appendix labeled Appendix A with a list of the chairman, directors and officers. If a partnership, attach an appendix labeled Appendix B with a list of general and limited partners, if any.

Appendix A listing owners and sole officer is attached

1.4 *Contact Person*: Identify the individual designated as the contact person who will receive all notices and communications pertaining to this application.

Name: David Greene, MD
Title: Chief Executive Officer
Organization: Oncology Consultants, PLLC
Address: P.O. Box 7038, Rancho Santa Fe, CA 92067
Office Phone: 858-603-0172
Cell Phone: Same
Email Address: daviderikgreene@gmail.com

Letter of Approval Application Form

Certification and Signature: This section should be completed and signed by the person who is authorized to commit the applicant to the project and to the expenditure of funds.

In accordance with NRS 439A.100 and the accompanying regulations, I hereby certify that this application is complete and correct to the best of my knowledge and belief. I understand that the applicant for a letter of approval has the burden of proof to satisfy all applicable criteria for review. I also understand that this application and all information submitted is public information and will be made available for public review and inspection.

Printed Name**: David Greene, MD** Title: **Chief Executive Officer**

Signature:_____ Date: **7/14/2025**

Submit the original and four (4) copies along with a check for $9,500 payable to the Department of Health and Human Services for the application fee to:

Primary Care Office
4150 Technology Way, Suite 300
Carson City, NV 89706

Note: NAC 439A.595 states that the applicant for a letter of approval has the burden of proof to satisfy all applicable criteria for review contained in NAC 439A.637, inclusive.

Section II. PROJECT DESCRIPTION

2.1 *Project Summary:* Provide a one-page description of the proposed project.

Oncology Consultants, PLLC is entirely physician-owned with 3 cancer clinics currently operating in Las Vegas and Henderson, Nevada where we take care of all patients regardless of their ability to pay.

We aim to establish a new outpatient cancer center in Carson City, Nevada, to address significant unmet needs in access to comprehensive cancer care integrated with other clinical specialties and primary care.

This state-of-the-art facility will include:

- **Radiation Oncology (featuring the Ethos adaptive radiation therapy system, the most advanced form of radiation therapy and not currently available in Northern Nevada, including Reno)**
- **Medical Oncology**
- **Cancer Survivorship Care**
- **Palliative Care**
- **Rheumatology**
- **Primary Care**

Many patients in Carson City currently travel to Reno or out of state for cancer treatment, a problem exacerbated by limited insurance coverage in the Carson City area, with reduced coverage from major insurance providers such as Aetna and United Health. Our center will concurrently address this gap and improve access to comprehensive and state-of-the-art oncology and supportive care services locally. We will expand care with an integrated cancer center that will accept all patients regardless of their insurance carrier.

Oncology Consultants proposes to lease and renovate an existing building in Carson City, NV. The center will include Ethos adaptive radiation therapy which is the most advanced form of radiation therapy and is not currently available in northern Nevada, forcing patients to travel over 270 miles to Las Vegas or California. This project is expected to serve 20 new patients per month.

Primary care, rheumatology, palliative care, and medical oncology services will begin operations early in the construction phase, while radiation oncology services (including installation of the Ethos system) will be launched as the final stage of the project, aiming to treat patients by late 2026 or early 2027.

The majority of the cost of this project is in the radiation treatment equipment and the extra office space for much-needed primary care and rheumatology. Our group is passionate about providing comprehensive services and would like to purchase the best equipment on the market for our patients. Without this stipulation, we could reasonably

complete a build for cancer-only and less advanced treatment equipment for under the $2 million threshold needed to submit a CON.

2.2 *Project Capital Expenditure Estimates*:

Total dollar amount	**$6,633,000**
For new square footage only	**$6,633,000**

2.3 *Project Location*:

Project Location	**Site to be determined. Oncology Consultants will lease and renovate an existing facility in Carson City.**
Address	**Currently available properties that are being considered include: 3476 Executive Pointe Way, 1987 Old Hot Springs Rd, 783 Basque Way, 917 Mountain St, Carson City, NV 89703**

a. Attach an appendix labeled Appendix C with documentation of ownership, lease or option to purchase.

Not currently available. Will be supplied once location is determined.

b. Attach an appendix labeled Appendix D with a location map which includes street names and a facility plot plan and/or schematic.

Not currently available. Will be supplied once location is determined.

2.4 *Project Schedule*: Complete the following schedule for the proposed project.

Step	**Target Date**
Use permit	**10/1/2025**
Building permit	**2/1/2026**
Groundbreaking/construction begins	**2/1/2026**
Construction ends	**12/1/2026**
Entire project completed	**12/1/2026**
Licensing & certification	**1/1/2027**
Services begin	**1/1/2027**

2.5 *Project Organization and Planning:*

a. Attach an appendix labeled Appendix E with an organization chart(s) showing lines of managerial and fiscal responsibility for all individuals and entities involved in this project. Show the proposed project's place in its parent organization, if appropriate.

Appendix E Organization Chart is attached

b. Describe the process by which this project was developed.
Oncology Consultants, PLLC and its physician-owners have experience opening, owning and operating over 20 radiation therapy centers across the country. We have identified a significant need in the Carson City area for advanced cancer treatment technologies and a clinic that provides care for a broader range of insurances. We have estimated the feasibility of the project and costs based on our experience in this space. Our construction partner, Siteworx Construction Inc has provided us with cost estimated based on other major projects that they have completed with our group and others.

Section III. NEED FOR THE PROJECT TO BE UNDERTAKEN

Pursuant to NAC 439A.605, the applicant must demonstrate that the population to be served has a need for the project to be undertaken based upon:

3.1 *Project Service Area and Population*

a. Identify the proposed service area.
The closest adaptive radiation therapy system is 270 miles from Carson City. We have made the reasonable assumption that patients half-way (135 mile radius) would choose to be treating in Carson City.

b. Identify the total population for the proposed service area and estimate the number of persons who will have a need for the proposed project. Use a population projection for the year which is five years from the year that the application is filed. Population projections are available from the State Demographer. If other estimates are used, cite the source of such information and show the method used to derive the estimates.
The estimated service population (including Carson City + 135 miles) is an estimated 699,000. At an estimated 445.8 cancer patients per 100,000 (per https://statecancerprofiles.cancer.gov/quick-profiles/): 3,116 new cancer patients will be diagnosed.

3.2 *Existing Providers of Similar Services*:

Provide information regarding existing providers of services similar to those proposed in this application. Explain the assumption that existing providers will not be able to meet the projected needs of the target population.
Carson Tahoe Radiation Oncology Associates is the only other radiation oncology practice in Carson City and it does not offer real-time adaptive radiation therapy. Carson Tahoe Hospital has employed medical oncologists but does not accept several major insurances, forcing many patients to leave the area for care. Dr. Anjani Pillarisetty is the only rheumatologist in Carson City. A widely referenced estimate for the need for rheumatologists is 4.29 per 100,000 population which equates to approximately 2.5 FTEs needed in Carson City (https://pmc.ncbi.nlm.nih.gov/articles/PMC7002545/).

Section IV. FINANCIAL FEASIBILITY

4.1 *Capital Expenditures*:

Cost	Total Project	Portion @ New Square Footage
Land acquisition	**$N/A**	**$N/A**
Architectural & engineering cost	**$200,000**	**$200,000**
Site development	**$55,000**	**$54,000**
Construction expenditure	**$2,000,000**	**$2,000,000**
Fixed equipment (not construction expense)	**$500,000**	**$500,000**
Major medical equipment	**$3,000,000**	**$3,000,000**
Other equipment and furnishings	**$125,000**	**$125,000**
Other (specify) **Utility Infrastructure**	**$150,000**	**$150,000**
10% Contingency	**$603,000**	**$603,000**
TOTAL PROJECT COST	**$6,633,000**	**$6,633,000**

4.2 *Proposed Funding of Project:*
Funds available as of application filing date: **$3,672,000 cash on hand**
Attach in an appendix labeled Appendix F with evidence that funds are available

Appendix F Showing Cash On Hand Attached

4.3 *Long-Term Financing*:

Loan principal	**$4,974,750**
Interest rate	**6%**
Term (years)	**10 years**

a. Identify the anticipated source(s) of long-term financing.
Bank of America has been our funding partner for other similar projects and has offered rates under 6% over 10 years routinely

b. Check anticipated debt instrument.
☐Mortgage ☐Bonds ☒**Other (Specify):Business and Personal Guarantees**

c. Will the proposed long-term loan refinance the construction loan?
☒**Yes** ☐ No

4.4 *Project Financing*
a. Provide information regarding the construction financing. Note that "financing" includes all project capital expenditures regardless of funding source.

Construction Financing:

Funding	Amount	Percent of Total
From applicant's funds	**$752,000**	**25%**
Amount to be financed	**$2,256,000**	**75%**
Total capital expenditures	**$3,008,000**	**100%**

b. Construction loan information
Source of construction loan: **Bank of America**

Loan principal	Interest rate	Total dollars	Term(years)
2,256,000	**6%**	**$2,256,000**	**10 years**

c. Provide information about existing short and long-term loans not related to the proposed project that are held by the applicant.

Lender	Interest Rate	Term	Annual Payment	Remaining Principal
Bank of America	**5.17%**	**10yr**	**$1,784,798**	**$12,446,039**
Bank of America	**5.46%**	**10yr**	**$435,098**	**$3,090,490**

4.5 *Financial Sustainability*: NAC 439A.625 requires the applicant demonstrate that it will be able to operate in a manner which is financially feasible as a result of the proposed project without unnecessarily increasing the cost to the user or payer for health service provided by the applicant.

Explain how the proposed facility is expected to become financially self-supporting within 3 years after completion or, if the new construction is an addition to an existing facility, that the financial viability of the existing facility will not be adversely affected by the proposed project.

The proposed outpatient cancer center in Carson City is expected to become financially self-supporting within three years of completion due to a combination of strong regional demand, strategic payer mix, and operational efficiency. The service area includes a population of nearly 700,000 within a 135-mile radius, with an estimated 3,100 new cancer diagnoses per year. Our center is projected to treat approximately 240–300 new patients annually, which represents a modest share of the total market. The financial model is based on a phased launch with early revenue generation from medical oncology, primary care, and rheumatology, which will begin operations shortly after renovation begins. Radiation oncology—featuring the advanced Ethos adaptive radiotherapy system—will launch during the final phase and is expected to attract both local and regional referrals due to the absence of this technology in northern Nevada. By reducing the need for patients to travel to Las Vegas or California, we anticipate steady volume growth. Additionally, the center will

operate in a leased facility with a relatively low overhead structure. With 75% of capital costs financed at favorable interest rates and 25% covered through existing reserves, the financial burden will be manageable. The project is not an addition to an existing facility, so no current revenue streams will be disrupted. Based on conservative patient volume projections and payer reimbursement models, we anticipate break-even operations within 24 to 36 months of full clinical launch.

4.6 *Financial Feasibility*: Provide a response to each of the following criteria related to financial feasibility.

a. The ability of the applicant to obtain any required financing for the proposed project;
Oncology Consultants, PLLC has a well-established track record of successfully securing and managing financing for multi-million dollar oncology projects. The applicant has an existing lending relationship with Bank of America, which currently holds loans related to prior practice acquisitions and capital equipment, including another Ethos system in Las Vegas. For the Carson City project, approximately 75% of total capital costs (estimated at $5M) will be financed through a commercial loan with Bank of America, with terms expected to be 10 years at an interest rate of 5.5–6%. The remaining 25% will be covered through retained earnings and cash-reserves. Based on prior successful financing and repayment history, as well as the applicant's strong revenue performance across existing clinics, the applicant is well-positioned to obtain and service the financing needed for this project.

b. The extent to which the proposed financing may adversely affect the financial viability of the applicant's facility because of its effect on the long-term and short-term debt of the applicant;
The proposed financing is not expected to adversely affect the financial viability of Oncology Consultants, PLLC. The anticipated loan will be structured with a 10-year term at competitive interest rates (5.5–6%), and debt service payments will be aligned with projected revenue ramp-up. Because this project is a new facility and not dependent on the financial performance of existing operations, it poses no material risk to the financial health of the applicant's currently operating clinics. Moreover, the phased opening of services—beginning with medical oncology and primary care—will generate early revenue to offset expenses, reducing reliance on bridge financing or short-term debt. Conservative financial planning and the organization's prior success managing multi-site operations with similar capital structures further mitigate financial risk.

c. The availability and degree of commitment to the applicant of the financial resources required to operate the proposed project until the project or the applicant's facility becomes financially self-supporting;
Oncology Consultants, PLLC has sufficient committed financial resources to support the Carson City cancer center throughout the start-up and ramp-up phases until it becomes financially self-sustaining. The applicant will use internal cash reserves to cover 25% of total capital costs and to fund operational shortfalls, if any, during the early months of operation. Additionally, internal financial projections and

conservative utilization estimates indicate that the Carson City facility will reach break-even within 24 to 36 months. The applicant's strong liquidity position, positive cash flow from existing clinics, and access to external financing demonstrate a high degree of readiness and commitment to support operations throughout the project's early stages.

d. The relationship between the applicant's estimated costs of operation, proposed charges and estimated revenues;
The applicant's estimated operating costs are based on actual experience managing three existing oncology clinics in Nevada and take into account both regional market conditions and the phased rollout of services. Operational expenses have been conservatively projected and account for staffing, equipment maintenance, lease obligations, and clinical support services. Proposed charges for services are consistent with regional benchmarks and aligned with Medicare and commercial payer reimbursement schedules. Estimated revenues are based on a modest initial volume of approximately 20 new cancer patients per month, with a payer mix reflecting the local population, including Medicare, Medicaid, and commercial insurance. With these projections, the applicant anticipates reaching break-even by year three and generating positive operating margins thereafter. The alignment between projected costs, charges, and reimbursement ensures that the center will be financially viable while remaining accessible to a broad range of patients.

e. The level at which the affected health services of the applicant must be used for the applicant to break even financially and the likelihood that those levels will be achieved;
Based on projected operating costs and expected reimbursement rates, the Carson City cancer center is anticipated to reach financial break-even at a volume of approximately 18–22 new cancer patients per month across its integrated service lines, including radiation oncology, medical oncology, and primary care. This threshold includes both professional and technical revenues and accounts for staffing, facility costs, and debt service. Given regional cancer incidence rates—approximately 3,100 new diagnoses annually within a 135-mile radius—and the absence of local access to adaptive radiation therapy, achieving this volume is highly feasible. The proposed center is expected to serve approximately 240–300 new patients annually (20–25/month), a conservative estimate that remains well within the local market demand. The applicant's proven operational track record, physician referral networks, and unique service offerings (including the only Ethos adaptive therapy system in Northern Nevada) further support the likelihood of reaching and sustaining breakeven volume within three years of opening.

f. Whether the applicant's projected costs of operation and charges are reasonable in relationship to each other and to the health services provided by the applicant.
The applicant's projected costs of operation and corresponding charges are reasonable and aligned with industry standards for outpatient oncology care. Operating costs are based on actual expenditures from Oncology Consultants' three existing facilities in Nevada as well as facilities in other states and include only essential clinical and

administrative staffing, facility lease, equipment servicing, and utilities. These costs have been carefully modeled to reflect a lean, efficient outpatient operation. Proposed charges for services are consistent with Medicare and commercial reimbursement rates and reflect the advanced clinical value of services provided, particularly for adaptive radiation therapy using the Ethos platform. Compared to hospital-based oncology services, the applicant's outpatient model avoids unnecessary facility fees and results in lower overall charges to payers and patients. The relationship between charges and operating costs ensures that the applicant can maintain high-quality care while remaining financially sustainable and competitively priced in the regional healthcare market.

g. Whether the projected revenues to be received by the applicant are likely to be from governmental programs if the applicant will be eligible for reimbursement from those programs.

All current Oncology Consultants physicians are contracted with Medicare, Medicaid, VA/Tricare and most commercial insurers. Our approximate breakdown of payer mix is as follows:

Source	Percentage
Medicare	**35%**
Medicaid	**15%**
Commercial Insurance	**40%**
Self-Pay/Uninsured	**5%**
Other (VA, Tricare, etc)	**5%**

4.7 *Ability to Support Operations*:

a. Identify the source and amount of funds committed to the applicant which may be required to operate the proposed project or the applicant's facility until such time as the project becomes financially self-supporting.

These resources ensure adequate cash flow to support operations during ramp-up. Financial break-even is projected within 24–36 months of launch.

Source	Amount
Internal Cash Reserves	**$1,650,000**
Bank of America (Loan Proceeds)	**$4,900,000**
Operating Revenue (Phase 1)	**$350,000 (Year 1 Estimate)**
Deferred Owner Distributions	**$250,000**
Line of Credit (Available)	**$500,000**
Existing Operating Clinic Surplus	**Contingency Backup**

b. If an existing facility, attach an appendix labeled Appendix G with copies of financial statements for the three preceding fiscal years including statements of revenues/expenses and balance sheets.

c. For a new facility, attach an appendix labeled Appendix H with a pro-forma revenue/expense statement for each of the first three full years of operation of the proposed project.

4.8 *Bed Information*:

Existing number of licensed beds	**N/A**
Number added by new construction	**N/A**
Conversion from other use	**N/A**
Number to be removed	**N/A**
Projected number of licensed beds	**N/A**

4.9 *Line Drawings*: Attach an appendix labeled Appendix I with scale drawings of all new construction and/or remodeling.

Not currently available. Will be supplied once location is determined.

Section V. EFFECT ON COSTS TO CONSUMER OR PAYOR

5.1 *Effect on Cost of Healthcare*: NAC 439A.635 requires the applicant demonstrate that the proposed project will not have an unnecessarily adverse effect on the cost of health services to users or payers.

Explain how the proposed project will result in a significant savings in costs to users or payers without an adverse effect on the quality of care or, if the proposed project will not result in a significant savings in costs to the user or payer for health services, the extent to which costs of the service are justified by:

The proposed Carson City cancer center is expected to significantly reduce the cost of cancer care for patients and payers in the region by offering outpatient radiation and medical oncology services that are currently only available in higher-cost hospital-based settings. This includes adaptive radiation therapy using the Ethos platform, which will be delivered in a physician-owned outpatient setting without facility fees.

a. A clinical or operational need.
There is a clear clinical and operational need for this project. Currently, patients in Carson City and surrounding rural areas must travel long distances—including to Las Vegas or California—to access advanced radiation technologies such as adaptive therapy. This travel creates barriers to timely care, contributes to disparities in treatment adherence, and increases both out-of-pocket expenses and indirect costs

(e.g., lost workdays, lodging, and transportation). Establishing a local facility addresses this access gap while improving continuity of care.

b. A corresponding increase in the quality of care.
The project will bring cutting-edge cancer technology and multidisciplinary care—including radiation oncology, medical oncology, rheumatology, primary care, palliative care, and survivorship services—to a community currently underserved. The use of adaptive radiation therapy (Ethos) and coordinated support services will allow for personalized treatment regimens, better targeting of tumors, and real-time response adjustments, all of which are associated with improved outcomes and fewer toxicities. Patients will also benefit from team-based management and reduced treatment delays.

c. A significant reduction in risks to the health of the patients to be served by the applicant.
By reducing geographic and financial barriers to care, the project will improve access to timely diagnosis and treatment, especially for patients with aggressive or complex cancers. The availability of adaptive radiation therapy locally minimizes treatment interruptions and ensures safer, more precise care, thereby reducing risks of disease progression, hospitalizations, or treatment-related complications. Providing care closer to home also mitigates risks associated with travel fatigue and caregiver burden, which disproportionately affect elderly and low-income patients as well as those with more advanced cancer.

5.2 *Effect on cost*: Provide a response to the following criteria related to the effect on costs.
a. The added costs to the applicant resulting from any proposed financing for the project.
Oncology Consultants, PLLC anticipates financing approximately 75% of total project costs through loans with Bank of America, with terms of 5.5% to 6% over 10 years. To date, Bank of America has provided 100% financing at interest rates in this range or lower. Any financing remotely in this range is manageable and consistent with the applicant's existing debt structure, which includes prior practice acquisitions and an Ethos machine in Las Vegas. These costs are not expected to adversely impact the financial stability of the applicant or its ability to deliver high-quality care and in fact make the project much more appealing as the bulk of our cash reserves will remain intact.

b. The relationship between project costs of construction, remodeling or renovation and the prevailing cost for similar activity in the area.
The proposed project involves renovation of an existing facility, rather than new construction. Estimated renovation and engineering costs under $3 million are reasonable and in line with regional benchmarks for clinical build-outs of similar complexity. We have likely overestimated the costs as we have built similar facilities for under $2 million without the Ethos. By avoiding ground-up construction, the applicant reduces costs and accelerates time to service, achieving better value compared to new-build alternatives.

c. The health or other benefits to be received by users compared to the cost to users or payers resulting from the proposed project.
The project offers substantial health benefits at a lower cost to users and payers compared to existing options. Patients currently must access cancer care through hospital-based facilities, which charge significantly higher fees due to facility overhead and inpatient infrastructure. By offering advanced services like adaptive radiation therapy in an outpatient physician-owned setting, the applicant ensures equal or improved clinical outcomes at a lower total cost of care. This model also reduces patient travel burden, improves treatment adherence, and enables earlier intervention.

d. Whether alternative methods of providing the proposed service are available which provide a greater benefit for the cost without adversely affecting quality of care.
No viable alternative currently exists in Carson City or nearby rural communities that offers the same combination of advanced technology, multidisciplinary care, and cost-effectiveness. Hospital systems provide less advanced treatments, but at a higher cost to patients and payers, often with longer wait times and less individualized service delivery. Establishing a physician-owned outpatient cancer center with integrated support services represents the most cost-effective method of expanding access without compromising quality.

5.3 Demonstrate that the proposed project will not have an unnecessary adverse effect on the costs of health services to the user or payer.
The proposed cancer center in Carson City will not have an unnecessarily adverse effect on the costs of health services to users or payers. On the contrary, it is expected to significantly reduce costs while improving access and quality. Currently, residents of Carson City and surrounding areas must rely on hospital-based cancer care, which typically carries higher charges due to hospital facility fees and broader institutional overhead. This results in increased out-of-pocket expenses for patients and higher reimbursement rates for payers. By establishing a physician-owned, outpatient cancer center, the applicant will introduce direct competition to the existing hospital-based monopoly. This competitive presence in the local market will create downward pressure on pricing, helping to align costs more closely with national benchmarks for outpatient cancer care. Additionally, the proposed project eliminates the need for many patients to travel long distances—including to Las Vegas or out-of-state—for advanced services like adaptive radiation therapy, thus saving patients and payers substantial costs related to travel, lodging, and treatment delays. The facility will offer services at lower per-treatment costs, while maintaining high clinical standards through state-of-the-art technology and experienced personnel. Because care will be provided in an outpatient setting with no additional hospital infrastructure costs, the result will be lower total cost of care for radiation oncology, medical oncology, and infusion services, without compromising outcomes. This project not only maintains cost control—it actively promotes it through market competition, efficient care delivery, and elimination of unnecessary charges.

Section VI. APPROPRIATENESS

6.1 Location:

a. Describe the location of the proposed project including the time for travel and distance to other facilities for required transfers of patients or transfers in the event of an emergency.
The proposed cancer center will be located in Carson City, Nevada, in a yet-to-be-finalized leased medical facility. The project involves renovation of an existing commercial or medical-use building, ensuring compliance with building codes and access to established infrastructure. Emergency transfers, if needed, can be quickly directed to Carson Tahoe Regional Medical Center, which is located within 5 to 15 minutes of any major commercial zone in Carson City. For specialized inpatient care or surgical emergencies, coordination with local hospitals ensures that transfers can occur efficiently without risk to patient safety. Given that the existing clinic affiliated with Carson Tahoe Regional Medical Center is not in the hospital itself, but rather in an office across the street, our facility still within Carson City will not delay transfer in the case of emergency. In face, the vast majority of cancer services in the country are provided on an outpatient basis.

b. Describe the distance and the time for travel required for the population to be served to reach the applicant's facility and other facilities providing similar services.
The primary population to be served resides in Carson City and surrounding rural counties within approximately 135 miles, encompassing communities in western Nevada that currently lack local access to advanced radiation oncology. Currently, patients requiring adaptive radiation therapy or comprehensive cancer care must travel over 270 miles to facilities in Las Vegas or California for comparable services. These travel distances create significant barriers to care, particularly for elderly, underserved, or medically fragile patients. The proposed facility would provide local access to state-of-the-art services, reducing travel burden and improving timely treatment adherence.

c. Describe the nature of and requirements for zoning for the area surrounding the proposed location of the project.
Zoning for the proposed facility will be confirmed upon final site selection. However, the applicant intends to lease space in an area that is already zoned for medical or commercial use, minimizing the need for zoning variances. Once a site is selected, zoning compliance and permitting will be verified and secured in coordination with Carson City planning authorities. The renovation scope is designed to remain within the constraints of existing zoning requirements, and the applicant is committed to ADA compliance, traffic flow considerations, and integration with surrounding land use.

6.2 Effect on existing costs and quality of care: Explain the extent to which:

a. The proposed project is likely to stimulate competition which will result in a reduction in costs for the user or payer.
The proposed outpatient cancer center in Carson City will introduce meaningful competition to the current healthcare market, which is dominated by a single hospital-based provider. This competition is expected to drive down costs for both users and

payers, as physician-owned outpatient facilities typically offer services—such as radiation therapy and chemotherapy—at significantly lower cost than hospital-based alternatives due to the absence of facility fees and institutional markups. The presence of this center will also encourage more efficient pricing and improved transparency across the region's oncology services.

b. The proposed project is likely to increase costs to the user or payer through reductions in market shares for services if those reductions would increase costs per unit of service.
The proposed project is not expected to increase costs to users or payers. On the contrary, by shifting appropriate services from high-cost hospital settings to a lower-cost outpatient environment, the project will lower the average cost per unit of service. While the project may lead to a reduction in market share for existing hospital-based providers, this shift will not increase per-unit costs. Instead, it will promote greater efficiency and better resource allocation, helping to control healthcare expenditures regionally.

c. The proposed project contains innovations or improvements in the delivery or financing of health services which will significantly reduce the cost of health care to the user or payer or enhance the quality of care.
Yes, the project incorporates both clinical and financial innovations that are expected to enhance care while lowering cost. Clinically, the use of the Ethos adaptive radiation therapy platform represents a significant advancement in precision cancer treatment, allowing real-time modification of plans to account for anatomical changes and tumor response. This leads to fewer side effects, improved outcomes, and reduced need for additional interventions. Financially, the project relies on a hybrid funding model using a combination of equity and structured debt, enabling sustainable operations while keeping patient costs lower than in hospital-based models. Additionally, the consolidation of services—radiation oncology, medical oncology, infusion, palliative care, and rheumatology—under one roof improves care coordination, minimizes duplication, and enhances efficiency in delivery.

6.3 *Reduction, Elimination or Relocation of Health Services or Facility:*
If the proposed project involves the reduction, elimination or relocation of an existing health facility or service, how will the needs of the population currently being served continue to be met?
The proposed project does not involve the reduction, elimination, or relocation of any existing health facility or service. It represents a net addition to the healthcare infrastructure in Carson City and the surrounding region. The new cancer center will expand access to critical oncology and supportive services—such as radiation therapy, medical oncology, infusion, rheumatology, palliative care, and survivorship—that are currently limited or entirely unavailable in the local outpatient setting. Rather than displacing existing services, the facility will fill a care gap for underserved populations and reduce the burden on regional hospital systems. No patient currently receiving care will lose access as a result of this project; in fact, they will gain closer, more affordable, and more technologically advanced treatment options. This expansion will

ensure that current and future community needs are met more effectively and will enhance the overall availability and continuity of care in the region.

6.4 *Consistency with Existing System*: Explain whether the proposed project is consistent with the existing system of health care, based upon:

a. The effect of the proposed project on the availability and the cost of existing health services in the area of required personnel.

The proposed cancer center is consistent with the existing health care system in the region and is expected to complement existing providers. The project will create new employment opportunities for oncology-trained professionals in radiation oncology, medical oncology, rheumatology, nursing, and support services. Recruitment will focus on attracting qualified personnel from within Nevada as well as from neighboring states, and will not significantly disrupt the staffing of other local facilities. By offering cancer services in a physician-owned outpatient setting, the project will also reduce the average cost of care in the region. Hospital-based systems currently dominate oncology care in Carson City and typically operate at higher cost per unit of service. Introducing outpatient alternatives with efficient staffing models and lower overhead will help rebalance cost structures while expanding service availability.

b. The extent to which the applicant will have adequate arrangements for referrals to and from other health facilities in the area which provide for avoidance of unnecessary duplication of effort, comprehensive and continuous care of patients, and communication and cooperation between related facilities or services.

Oncology Consultants, PLLC is committed to establishing strong referral relationships with local primary care providers, surgical specialists, hospitals, and diagnostic centers to ensure coordinated and comprehensive care. While the applicant currently has no formal referral agreements, it plans to develop cooperative pathways to support timely transfers, diagnostics, follow-up care, and shared clinical data. The project avoids unnecessary duplication by targeting services not currently available in the outpatient setting, such as adaptive radiation therapy, and by offering comprehensive multidisciplinary care under one roof. This model supports continuity of care and minimizes fragmentation. Patients who require inpatient treatment, surgical oncology, or specialized diagnostics will be seamlessly referred to local hospitals, while ongoing outpatient care can remain centralized in the proposed facility.

6.5 *Applicant History:* Describe the quality of care provided by the applicant for any existing health facility or service owned or operated by the applicant based upon:

a. Whether the applicant has had any adverse action taken against it with regard to a license or certificate held by the applicant and the results of that action.

Oncology Consultants, PLLC has not had any adverse actions taken against it with respect to any licenses, certifications, or regulatory approvals. The organization and its principals are in good standing with all applicable licensing boards and state and federal regulatory agencies. All facilities operated by the applicant are properly licensed, and no citations, suspensions, or disciplinary actions have been issued.

b. The extent to which the applicant has previously provided similar health services.
Oncology Consultants, PLLC currently owns and operates multiple outpatient oncology facilities in Nevada and Washington, including a center equipped with an Ethos adaptive radiation therapy system, infusional therapies, and support services. Its team of board-certified oncologists and support staff has extensive experience treating a broad range of malignancies using evidence-based protocols and advanced technologies. The applicant's success in launching and managing similar services supports its ability to expand safely and effectively into Carson City.

c. Any additional evidence in the record regarding the applicant's quality of care.
The applicant's existing facilities have demonstrated excellent quality of care, with high patient satisfaction scores, low rates of complications, and strong clinical outcomes. Oncology Consultants, PLLC is entirely owned by physicians and emphasizes personalized, technology-driven treatment supported by data collection, performance benchmarking, and multidisciplinary collaboration. The organization is committed to equity in cancer care, routinely tracking outcomes by demographic group to identify and address disparities. No patient complaints or quality-related sanctions have been lodged against the applicant, and its operational record reflects a consistent focus on compliance, patient safety, and innovation.

6.6 *Accessibility:* Explain the extent to which equal access by all persons in the area to the applicant's facility or service will be provided, based upon:

a. Whether any segment of the population in the area will be denied access to health services similar to those proposed by the applicant as a result of the proposed project.
No segment of the population will be denied access as a result of this project. As an entirely physician-owned organization, Oncology Consultants, PLLC is committed to caring for patients with all insurances as well as those with limited or no insurance as we do at our other facilities. The proposed Carson City facility is designed to increase access to essential cancer care services—especially radiation therapy, medical oncology, and infusion—for all patients in Carson City and surrounding rural areas. Rather than limiting access, the project will enhance service availability by providing a new, local outpatient alternative where none currently exists. The applicant will serve patients regardless of age, gender, race, ethnicity, insurance status, or geographic location.

b. The extent to which the applicant will provide uncompensated care, exclusive to bad debt, and the effect of the proposed project on the cost to local and state governments and other facilities for providing care to indigents.
Oncology Consultants, PLLC is committed to serving the full community, including those who are uninsured or underinsured wherever possible. The facility will provide uncompensated care as appropriate, exclusive of bad debt, and will develop sliding scale or charity care policies in accordance with industry standards. By absorbing a share of the cost of indigent care in an outpatient setting, the project will help reduce the financial burden on local and state governments, as well as on hospital emergency

departments, which often serve as a last resort for uninsured patients in need of cancer-related services. This redistribution of care to a more cost-effective outpatient setting will improve systemwide efficiency.

c. The extent to which financial barriers to access by persons of low income, including any financial preconditions to providing service, will prevent those persons from obtaining needed health services.
As we have at our other facilities, Oncology Consultants, PLLC is committed to eliminating financial barriers to care. The proposed facility will accept a wide range of insurance plans, including Medicare, Medicaid, and commercial insurers, which collectively represent the majority of the local payer mix. Additionally, a self-pay discount program and financial assistance protocols will be implemented to accommodate patients with limited means. There will be no financial preconditions that prevent individuals from receiving an initial evaluation or medically necessary treatment. Staff will assist patients in identifying coverage options and applying for aid when needed. This approach ensures that low-income individuals will not be excluded from receiving high-quality cancer care.

6.7 *Referrals:* Provide the following information for each health facility/program with which the applicant will have an arrangement for referrals.

At this time, Oncology Consultants, PLLC does not have any formal referral agreements in place. However, we are committed to ensuring a robust referral network that facilitates continuity of care, minimizes duplication of services, and promotes interoperability with community providers.

We plan to work closely with the following local and regional facilities and many others to ensure comprehensive, coordinated care and seamless patient transfers when necessary:

Facility: **Carson Tahoe Regional Medical Center**
Agreement for: **Inpatient admissions, surgical oncology support, emergency care, advanced diagnostics, and hospital-based consultation services.**

Facility: **Renown Health (Reno, NV)**
Agreement for: **Access to advanced imaging, pathology, and subspecialty consultation as needed for complex cancer cases.**

Facility: **Local Primary Care and Family Medicine Practices (Carson City and surrounding areas)**
Agreement for: **Bidirectional referrals for cancer screening, diagnosis, survivorship care, and chronic disease management coordination.**

Facility: Community-Based Hospice and Palliative Care Providers
Agreement for: **Coordination of palliative and end-of-life care services for patients with advanced illness.**

Section VII. HEALTH CARE ACCESS

7.0 *Healthcare Distribution, Access and Outcomes:*

Describe the extent to which the project is consistent with the purposes set forth in NRS 439A.020 and the priorities set forth in NRS 439A.081. Including without limitation:

a. The impact of the project on other health care facilities;

The proposed outpatient cancer center in Carson City will have a positive impact on the healthcare ecosystem by relieving capacity constraints on local hospital-based oncology services and offering patients a lower-cost alternative for radiation and medical oncology. While it may reduce the market share of hospital systems for outpatient cancer care, this competition and collaboration is expected to drive quality improvements and cost efficiencies, benefiting patients, payers, and the broader community.

b. The need for any equipment that the project proposes to add, the manner in which such equipment will improve the quality of health care and any protocols provided in the project for avoiding repetitive testing;

The project includes the acquisition of a Varian Ethos adaptive radiation therapy system, which represents a cutting-edge advancement in radiation oncology. Ethos enables daily plan adaptation based on real-time imaging, allowing for more precise treatment with reduced toxicity. This equipment will significantly improve clinical outcomes and reduce the risk of complications. Standardized protocols will be implemented to ensure that diagnostic imaging and laboratory results are shared across providers to avoid unnecessary duplicate testing. Interoperable systems and robust care coordination will be utilized.

c. The impact of the project on disparate health outcomes for different populations in the area that will be served by the project;

The project is specifically designed to reduce disparities in access and outcomes for rural and underserved populations in and around Carson City. Currently, patients in these areas must travel long distances to access comprehensive oncology care or advanced radiation therapy. This facility will bring high-quality care closer to home, thereby improving adherence, reducing delays, and addressing outcome gaps for Medicare, Medicaid, Native American, Veterans, and low-income populations. The applicant will track data on disparities to further guide equitable care delivery.

d. The manner in which the project will expand, promote or enhance the capacity to provide primary health care in the area that will be served by the project;

The facility will include a full-time family medicine physician who will also provide palliative care and survivorship services, ensuring longitudinal primary care for cancer patients and survivors. This will help close the loop between specialty care and

general health maintenance, promote prevention, and reduce avoidable hospitalizations. Integration of primary care into the cancer care model supports continuity, early detection, and chronic disease management in a vulnerable patient population.

e. Any plan by the applicant to collect and analyze data concerning the effect of the project on health care quality and patient outcomes in the area served by the project;
Yes. Oncology Consultants, PLLC will routinely collect and analyze clinical and operational data, including treatment completion rates, toxicity profiles, survival metrics, and patient satisfaction. The center will stratify outcomes by insurance type, race/ethnicity, and geographic region to identify and address any inequities. This data-driven approach will be used to continuously improve quality and report performance metrics to payers, regulators, and the community.

f. Any plan by the applicant for controlling the spread of infectious diseases;
The facility will operate under strict infection control protocols, aligned with CDC guidelines and state regulations. These include air handling requirements, surface disinfection, personal protective equipment, vaccination policies, and staff training. Lessons learned during the COVID-19 pandemic will inform policies on telehealth, social distancing, and rapid isolation procedures, ensuring the facility is prepared to respond to both routine and emerging infectious threats.

g. The manner in which the applicant will coordinate with and support existing health facilities and practitioners, including, without limitation, mental health facilities, programs for the treatment and prevention of substance abuse and providers of nursing services.
Oncology Consultants, PLLC is committed to community-wide care coordination and will maintain strong relationships with local hospitals, nursing homes, primary care practices, mental health providers, and hospice organizations. When appropriate, referrals will be made to mental health services, social work, and substance abuse programs to support holistic cancer care. The applicant will also work with local nursing programs and staffing agencies to support workforce development and continuity of care.

Appendix A: Ownership Disclosure – Oncology Consultants, PLLC

The following individuals each hold a 20% ownership interest in Oncology Consultants, PLLC:

- Dr. David Greene (20%)
- Dr. Kevin Sanders (20%)
- Dr. Jason Kehrer (20%)
- Dr. Suraj Singh (20%)
- Dr. Guy Jones (20%)

Our CEO and sole officer is Dr. David Greene, MD

No individual or entity owns 25% or more of Oncology Consultants, PLLC.

Appendix E: Organizational Chart – Oncology Consultants, PLLC

This organizational chart outlines the lines of managerial and fiscal responsibility for the Carson City Cancer Center under the oversight of Oncology Consultants, PLLC.

Top-Level Entity:

- Oncology Consultants, PLLC

Executive Leadership:

- David Greene, M.D. – Chief Executive Officer

Clinic Leadership (Carson City Cancer Center):

- Clinic Managers: Jacqueline Hovey and Catherine Nelson

Key Clinical and Administrative Roles Reporting to Clinic Managers:

- Radiation Oncologist(s)
- Medical Oncologist(s)
- Primary Care Physician (also provides Palliative Care and Survivorship)
- Nursing Staff
- Radiation Therapists
- Dosimetrists: John and Heather Ondos
- Medical Physicist: Precess Medical Derivatives, Inc
- Front Office Staff
- Billing & Coding Team: Team Revelution, Inc

Appendix H

Category	Year 1	Year 2	Year 3
Revenue Projections			
Gross Patient Revenue	5400000	8100000	10800000
Less: Contractual Adjustments (25%)	-1350000	-2025000	-2700000
Net Patient Revenue	4050000	6075000	8100000
Operating Expenses			
Personnel - Physician Salaries	-1400000	-2100000	-2800000
Personnel - Infusion Nurse	-100000	-150000	-200000
Personnel - Radiation Therapists (1.5 FTE)	-120000	-180000	-240000
Personnel - Medical Assistants (2.0 FTE)	-80000	-120000	-160000
Personnel - Front Desk (2.0 FTE)	-60000	-90000	-120000
Contracted - Dosimetry (John & Heather Ondos)	-120000	-180000	-240000
Contracted - Physics	-240000	-360000	-480000
Billing Services (Team Revelution - 3% of Gross Revenue)	-162000	-243000	-324000
Medical Supplies, Drugs, Oral Oncolytics	-650000	-598000	-650000
Occupancy - Facility Lease	-120000	-120000	-120000
Occupancy - Utilities, Internet, Telecom	-60000	-60000	-60000
Admin - Insurance, Legal, Misc.	-100000	-110000	-120000
Marketing & Outreach	-80000	-80000	-68000
Capital - Equipment Depreciation & Service	-600000	-600000	-600000
Financing - Interest on Startup Loans	-290000	-280000	-270000
IT Infrastructure & EHR Systems	-50000	-50000	-50000
Licensing, Accreditation, CME & Credentialing	-25000	-25000	-25000
Other Operating Costs (20% of Total)	-638600	-809700	-980800
Total Operating Expenses	-4895600	-6155700	-7507800
Net Operating Income	-845600	-80700	592200