Reference Numbers Facility Id 7003197
Health Service Area 001 Planning Service Area 037

DeKalb Surgical Services, LLC
2515 Klein Road
Sycamore, IL 60178

Administrator
Kelly Kuras

Date Complete
3/10/2017

Contact Person
Lisa Nagle

Telephone
815-756-8574

Registered Agent
Ahmed Abdelsalam, M.D.

Property Owner
MAE Sycamore Holdings

Legal Owner(s)
EyeCare Services Partners, LLC

Number of Operating Rooms	4
Procedure Rooms	2
Exam Rooms	1
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	13

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Kishwaukee Hospital	2

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	13.00
Certified Aides	1.00
Other Health Profs.	5.00
Other Non-Health Profs	0.00
TOTAL	21.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	8	10	18
15-44 years	20	26	46
45-64 years	142	165	307
65-74 years	134	193	327
75+ years	178	203	381
TOTAL	482	597	1,079

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	54	65	119
Medicare	311	382	693
Other Public	482	597	1,079
Insurance	114	147	261
Private Pay	2	3	5
Charity Care	0	0	0
TOTAL	963	1,194	2,157

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
61.0%	0.1%	0.2%	37.7%	0.9%	100.0%		
1,051,472	2,311	4,282	649,009	16,168	1,723,242	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1205	371.50	290.50	662.00	0.55
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	3	0.50	1.00	1.50	0.50
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1208	372.00	291.50	663.50	0.55

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	2	591	20.75	97.5	118.25	0.20
Pain Management	0	0	0	0	0	0.00
TOTALS	2	591	20.75	97.5	118.25	0.20

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60115	De Kalb	DeKalb	259
60178	Sycamore	DeKalb	211
61068	Rochelle	Ogle	109
60135	Genoa	DeKalb	49
61008	Belvidere	Boone	45
61021	Dixon	Lee	41
61061	Oregon	Ogle	38
60152	Marengo	McHenry	36
60548	Sandwich	DeKalb	35
60112	Cortland	DeKalb	34
76117		Tarrant	34
61350	Ottawa	LaSalle	24
60151	Maple Park	Kane	22
61104	Rockford	Winnebago	20
60140	Hampshire	Kane	19
60146	Kirkland	DeKalb	19
60552	Somonauk	DeKalb	19
61054	Mount Morris	Ogle	17
60145	Kingston	DeKalb	16
61081	Sterling	Whiteside	16
60518	Earlville	LaSalle	14
61310	Amboy	Lee	14
61071	Rock Falls	Whiteside	13
61109	Rockford	Winnebago	13

Reference Numbers Facility Id 7003148

Health Service Area 001 Planning Service Area 037

Midland Surgical Center LLC
2120 Midlands Ct.
Sycamore, IL 60178

Administrator
Patricia Sulaver

Date Complete
2/15/2017

Contact Person
Patricia Sulaver

Telephone
815-748-0393

Registered Agent
Steven Glasgow MD

Property Owner
TMSCP LLC

Legal Owner(s)

Jay Burstein MD
Joseph Scianna MD
Kishwaukee Hospital
Michele Glasgow MD
Rajeev Jain MD
Regent Surgical Health
Robert Swartz MD
Russell Bodner MD
Sajit Bux MD
Shane York DPM
Steven Glasgow MD
Tony Choi MD

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	9
Number of Recovery Stations Stage 2	9

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Kishwaukee Hospital DeKalb, IL	3

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	7.00
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	3.00
TOTAL	15.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	109	81	190
15-44 years	284	215	499
45-64 years	306	328	634
65-74 years	166	194	360
75+ years	165	194	359
TOTAL	1,030	1,012	2,042

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	104	111	215
Medicare	303	433	736
Other Public	2	5	7
Insurance	617	459	1,076
Private Pay	4	4	8
Charity Care	0	0	0
TOTAL	1,030	1,012	2,042

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
18.6%	3.5%	0.2%	77.4%	0.3%	100.0%		
800,032	150,285	7,595	3,327,820	12,112	4,297,844	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	7	15.75	3.75	19.50	2.79
OB/Gynecology	5	2.50	1.50	4.00	0.80
Ophthalmology	523	284.00	88.50	372.50	0.71
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	668	801.50	220.25	1021.75	1.53
Otolaryngology	327	245.25	63.50	308.75	0.94
Pain Management	310	144.75	52.00	196.75	0.63
Plastic	12	15.00	2.75	17.75	1.48
Podiatry	100	130.00	24.50	154.50	1.55
Thoracic	0	0.00	0.00	0.00	0.00
Urology	90	96.50	15.75	112.25	1.25
TOTAL	2042	1,735.25	472.50	2207.75	1.08

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60115	De Kalb		503
60178	Sycamore		351
61068	Rochelle		115
60135	Genoa		96
60112	Cortland		72
60548	Sandwich		44
61021	Dixon		42
61081	Sterling		40
60150	Malta		37
60146	Kirkland		35
60556	Waterman		34
61061	Oregon		31
60145	Kingston		28
60151	Maple Park		27
60552	Somonauk		24
60550	Shabbona		24
60152	Marengo		20
60520	Hinckley		19
61008	Belvidere		16
60518	Earlville		15
61071	Rock Falls		15
60531	Leland		15
61350	Ottawa		14
60140	Hampshire		12

Reference Numbers Facility Id 7001928
Health Service Area 001 Planning Service Area 201

Rockford Ambulatory Surgery Center
1016 Featherstone Road
Rockford, IL 61107

Administrator
Dr. Steven Gunderson

Date Complete
2/15/2017

Contact Person
Dr. Steven Gunderson

Telephone
815-231-5450

Registered Agent
W. Stephen Minore, MD

Property Owner

Legal Owner(s)

AM Partnership
Brent Horsley, MD
Carolyn Lowry
CVW Partnership
Dr. & Mrs. Stephen Croy
Gary Eberle, MD
Guilford Group, LLP
Gunderson Trust TG-96
Isaac Trejo, MD
James Dougherty, DO
Joseph Fanara, DPM
JTJ, LLC
LJM Legacy Trust 2002
Maria Laporta Trust
Plum Orchard Partnership
RAA, LLC
Rainsford Way Partnership
RASTC, LTD
Rhonda Arends
Seeber Foot Clinic, LTD
Steven A. Gunderson, DO
SwedishAmerican Hospital
Thomas Danaher, MD
WSM Legacy Trust 2002

Number of Operating Rooms	5
Procedure Rooms	2
Exam Rooms	1
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	13

Type of Ownership
Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
SwedishAmerican Health System, Rockford	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	18.00
Certified Aides	2.00
Other Health Profs.	8.00
Other Non-Health Profs	10.00
TOTAL	40.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	131	100	231
15-44 years	131	407	538
45-64 years	559	845	1,404
65-74 years	704	1,001	1,705
75+ years	501	765	1,266
TOTAL	2,026	3,118	5,144

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	1,217	1,726	2,943
Other Public	0	0	0
Insurance	780	1,254	2,034
Private Pay	29	138	167
Charity Care	0	0	0
TOTAL	2,026	3,118	5,144

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
21.4%	0.0%	0.0%	57.5%	21.1%	100.0%		
1,814,745	0	0	4,887,699	1,794,098	8,496,542	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	2	2.00	1.00	3.00	1.50
Dermatology	3	2.00	1.50	3.50	1.17
Gastroenterology	10	5.50	5.00	10.50	1.05
General Surgery	118	108.75	59.00	167.75	1.42
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	32	22.50	16.00	38.50	1.20
OB/Gynecology	278	184.75	139.00	323.75	1.16
Ophthalmology	2257	1,022.00	1,128.50	2150.50	0.95
Oral/Maxillofacial	124	139.50	62.00	201.50	1.63
Orthopedic	144	102.00	72.00	174.00	1.21
Otolaryngology	195	150.00	97.50	247.50	1.27
Pain Management	80	52.00	40.00	92.00	1.15
Plastic	233	605.00	116.50	721.50	3.10
Podiatry	307	332.50	153.50	486.00	1.58
Thoracic	0	0.00	0.00	0.00	0.00
Urology	29	26.50	14.50	41.00	1.41
TOTAL	3812	2,755.00	1,906.00	4661.00	1.22

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	302	79.5	90.5	170	0.56
Multi-GYN	0	6	2	1.75	3.75	0.63
Multi-LaserEye	0	711	177.75	213.25	391	0.55
Multi-Pain	0	313	104.25	93.75	198	0.63
Pain Management	0	0	0	0	0	0.00
TOTALS	1	1332	363.5	399.25	762.75	0.57

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61107	Rockford		500
61008	Belvidere		425
61108	Rockford		425
61109	Rockford		421
61111	Rockford		297
61115	Machesney Park		297
61073	Roscoe		237
61114	Rockford		232
61103	Rockford		176
61011	Caledonia		174
61102	Rockford		169
61104	Rockford		151
61101	Rockford		145
61072	Rockton		114
61010	Byron		108
61088	Winnebago		101
61016	Cherry Valley		101
61065	Poplar Grove		91
61032	Freeport		81
61068	Rochelle		77
61080	South Beloit		67
61061	Oregon		62
60152	Marengo		40
61084	Stillman Valley		39

Reference Numbers Facility Id 7001761
Health Service Area 001 Planning Service Area 201
Rockford Endoscopy Center
401 Roxbury Road
Rockford, IL 61107

Administrator
Nancy Garry

Date Complete
2/24/2017

Contact Person
Nancy Garry

Telephone
815/484-7811

Registered Agent
Phil Frankfort

Property Owner

Legal Owner(s)

Aaron Shiels, MD
Arnold Rosen, MD
Brad Bowyer, MD
Chandrashekhar Thukral, MD
Christopher Gibbs, MD
Clinton Snedegar, MD
George Tannous, MD
Ilche Nonevski, MD
John DeGuide, MD
Joseph Vicari, MD
Kevin Peifer, MD
Michael Manley, MD
Steven Ikenberry, MD
Sumeet Tewani, MD
Sunil Patel, MD

Number of Operating Rooms	0
Procedure Rooms	4
Exam Rooms	0
Number of Recovery Stations Stage 1	0
Number of Recovery Stations Stage 2	0

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Rockford Memorial Hospital	1
OSF St. Anthony Hospital	13
SwedishAmerican Hospital	6

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	5.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	13.00
Certified Aides	9.00
Other Health Profs.	0.00
Other Non-Health Profs	15.00
TOTAL	44.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	659	1,066	1,725
45-64 years	3,584	4,154	7,738
65-74 years	1,709	1,993	3,702
75+ years	555	687	1,242
TOTAL	6,507	7,900	14,407

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	713	1,063	1,776
Medicare	2,209	2,812	5,021
Other Public	14	19	33
Insurance	3,520	3,922	7,442
Private Pay	23	37	60
Charity Care	28	47	75
TOTAL	6,507	7,900	14,407

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
19.9%	5.2%	0.2%	67.9%	6.8%	100.0%		
1,977,790	516,662	19,187	6,734,743	675,481	9,923,863	29,252	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	4	14407	4754	1440	6194	0.43
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	4	14407	4754	1440	6194	0.43

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61107	Rockford		1196
61008	Belvidere		1189
61108	Rockford		1084
61111	Rockford		966
61115	Machesney Park		939
61109	Rockford		914
61103	Rockford		783
61073	Roscoe		776
61114	Rockford		744
61102	Rockford		577
61101	Rockford		572
61072	Rockton		432
61104	Rockford		402
61065	Poplar Grove		328
61010	Byron		295
61016	Cherry Valley		247
61088	Winnebago		226
61080	South Beloit		222
61068	Rochelle		171
61061	Oregon		163
61011	Caledonia		150
61084	Stillman Valley		144
61063	Pecatonica		139
60152	Marengo		137

Reference Numbers Facility Id 7002835
Health Service Area 001 Planning Service Area 201

Rockford Orthopedic Surgery Center d/b/a OrthoIlli
346 Roxbury Road
Rockford, IL 61107

Administrator
Donald Schreiner

Date Complete
3/10/2017

Contact Person
Stacey Halverson

Telephone
815-381-7331

Registered Agent
Jan H. Ohlander

Property Owner

Legal Owner(s)

Donald Schreiner
OSF Saint Francis, Inc.
Rockford Orthopedic Associates

Number of Operating Rooms	4
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	3
Number of Recovery Stations Stage 2	3

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
OSF Saint Francis, Inc., Rockford	7
Mercy Rockford Memorial Hospital, Rockford	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	
Physicians	
Nurse Anesthetists	
Director of Nurses	1.00
Registered Nurses	22.00
Certified Aides	14.00
Other Health Profs.	
Other Non-Health Profs	5.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	74	62	136
15-44 years	581	462	1,043
45-64 years	773	932	1,705
65-74 years	232	301	533
75+ years	71	118	189
TOTAL	1,731	1,875	3,606

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	31	38	69
Medicare	329	478	807
Other Public	0	0	0
Insurance	1,366	1,359	2,725
Private Pay	5	0	5
Charity Care	0	0	0
TOTAL	1,731	1,875	3,606

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
9.4%	0.4%	0.0%	84.0%	6.3%	100.0%		
1,188,346	47,810	0	10,628,653	791,423	12,656,232	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	3121	2,201.25	1,166.50	3367.75	1.08
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	6	5.50	2.50	8.00	1.33
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	479	658.25	177.50	835.75	1.74
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3606	2,865.00	1,346.50	4211.50	1.17

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61107	Rockford		254
61008	Belvidere		249
61115	Machesney Park		236
61073	Roscoe		216
61108	Rockford		215
61109	Rockford		196
61111	Rockford		194
61103	Rockford		152
61114	Rockford		145
61072	Rockton		132
61101	Rockford		118
61065	Poplar Grove		100
61032	Freeport		92
61010	Byron		88
61102	Rockford		85
61088	Winnebago		59
61104	Rockford		55
61016	Cherry Valley		54
61061	Oregon		48
61080	South Beloit		48
61021	Dixon		45
61068	Rochelle		42
61020	Davis Junction		40
61011	Caledonia		40

Reference Numbers Facility Id 7003124
Health Service Area 002 Planning Service Area 143

Center for Health Ambulatory Surgery Center, LLC
8800 North State Route 91
Peoria, IL 61615

Administrator
Thomas J. Feldman

Date Complete
2/27/2017

Contact Person
Thomas J. Feldman

Telephone
309-683-5480

Registered Agent
Illinois Corporation Service C

Property Owner
OSF Saint Francis Medical Center

Legal Owner(s)

Illinois Eye Center
MIdwest Ear Nose & Throat
OSF Saint Francis Medical Center
Peoria Surgical Group, Ltd

Number of Operating Rooms	6
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	16

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
OSF Saint Francis Medical Center, Peoria IL	5

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	1.00
Registered Nurses	24.00
Certified Aides	
Other Health Profs.	23.00
Other Non-Health Profs	11.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	341	290	631
15-44 years	485	485	970
45-64 years	1,001	1,301	2,302
65-74 years	986	1,398	2,384
75+ years	707	827	1,534
TOTAL	3,520	4,301	7,821

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	36	45	81
Medicare	1,222	1,668	2,890
Other Public	33	28	61
Insurance	2,190	2,513	4,703
Private Pay	23	40	63
Charity Care	16	7	23
TOTAL	3,520	4,301	7,821

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
13.6%	0.7%	0.6%	84.5%	0.5%	100.0%		
3,363,121	176,208	150,584	20,881,636	126,898	24,698,447	27,620	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	453	560.00	561.00	1121.00	2.47
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	63	56.00	56.00	112.00	1.78
Ophthalmology	3999	2,083.00	2,083.00	4166.00	1.04
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1649	1,656.00	1,656.00	3312.00	2.01
Otolaryngology	785	653.00	653.00	1306.00	1.66
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	510	437.00	437.00	874.00	1.71
Podiatry	96	130.00	130.00	260.00	2.71
Thoracic	0	0.00	0.00	0.00	0.00
Urology	266	125.00	125.00	250.00	0.94
TOTAL	7821	5,700.00	5,701.00	11401.00	1.46

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61614	Peoria		528
61571	Washington		526
61554	Pekin		493
61611	East Peoria		468
61615	Peoria		459
61550	Morton		414
61604	Peoria		379
61548	Metamora		252
61525	Dunlap		249
61520	Canton		244
61523	Chillicothe		233
61607	Bartonville		228
61401	Galesburg		204
61603	Peoria		147
61605	Peoria		109
61536	Hanna City		103
61547	Mapleton		97
61443	Kewanee		90
61530	Eureka		88
61517	Brimfield		86
61528	Edwards		86
61531	Farmington		82
61610	Peoria		78
61568	Tremont		65

Reference Numbers Facility Id 7003155
Health Service Area 002 Planning Service Area 143

Central Illinois Endoscopy Center LLC
1001 Main St., Suite 500B
Peoria, IL 61606

Administrator
Andrew N. Paulson

Date Complete
3/8/2017

Contact Person
Andrew N Paulson

Telephone
309-495-1184

Registered Agent
John Elias

Property Owner
GI Realty, LLC

Legal Owner(s)
IGI Enterprises, LLC
Methodist Medical Center of Illinois

Number of Operating Rooms	0
Procedure Rooms	3
Exam Rooms	0
Number of Recovery Stations Stage 1	0
Number of Recovery Stations Stage 2	12

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Unity Point Health - Methodist Medical Cntr	3

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	20.00
Certified Aides	0.00
Other Health Profs.	6.00
Other Non-Health Profs	6.00
TOTAL	34.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	366	470	836
45-64 years	2,145	2,507	4,652
65-74 years	1,301	1,472	2,773
75+ years	576	649	1,225
TOTAL	4,388	5,098	9,486

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	32	31	63
Medicare	1,425	1,606	3,031
Other Public	16	24	40
Insurance	2,887	3,418	6,305
Private Pay	21	18	39
Charity Care	7	1	8
TOTAL	4,388	5,098	9,486

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
16.2%	0.4%	0.5%	82.5%	0.5%	100.0%		
1,074,046	23,817	30,552	5,461,432	32,710	6,622,557	38,878	1%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	3	9486	4506	1581	6087	0.64
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	9486	4506	1581	6087	0.64

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61554	Pekin		918
61614	Peoria		830
61611	East Peoria		758
61615	Peoria		628
61571	Washington		611
61604	Peoria		594
61550	Morton		525
61548	Metamora		387
61607	Bartonville		343
61523	Chillicothe		298
61525	Dunlap		272
61603	Peoria		174
61605	Peoria		157
61520	Canton		156
61517	Brimfield		139
61616	Peoria Heights		123
61559	Princeville		122
61568	Tremont		115
61547	Mapleton		113
61610	Peoria		112
61536	Hanna City		111
61529	Elmwood		104
61546	Manito		97
61528	Edwards		92

Reference Numbers Facility Id 7003146

Health Service Area 002 Planning Service Area 143

Great Plains LLC
303 N William Kumpf Blvd
Peoria, IL 61605

Administrator
Jeffrey Garst MD

Date Complete
3/7/2017

Contact Person
Lise Mundwiller

Telephone
309-676-5559

Registered Agent
Davis and Campbell

Property Owner
Cullinan Kumpf Medical LLC

Legal Owner(s)

Brian Ted Maurer MD
James W Maxey MD
Jeffrey R Garst MD
Mark R Phillips MD
Pierro Capecci MD
Richard P Driessnack MD
Stephen R Orlevitch MD
Steven K Below MD

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	2
Number of Recovery Stations Stage 1	3
Number of Recovery Stations Stage 2	3

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
OSF St. Francis Medical Center	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	2.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	4.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	1.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	1	1
15-44 years	62	32	94
45-64 years	163	116	279
65-74 years	45	45	90
75+ years	15	22	37
TOTAL	285	216	501

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	48	58	106
Other Public	0	0	0
Insurance	236	158	394
Private Pay	1	0	1
Charity Care	0	0	0
TOTAL	285	216	501

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
4.3%	0.0%	0.0%	95.4%	0.4%	100.0%		
80,839	0	0	1,813,916	6,893	1,901,648	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	501	547.25	225.45	772.70	1.54
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	501	547.25	225.45	772.70	1.54

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61611	East Peoria	Tazewell	42
61554	Pekin	Tazewell	37
61604	Peoria	Peoria	36
61571	Washington	Tazewell	35
61614	Peoria	Peoria	33
61548	Metamora	Woodford	24
61615	Peoria	Peoria	23
61550	Morton	Tazewell	22
61607	Bartonville	Peoria	20
61525	Dunlap	Peoria	19
61523	Chillicothe	Peoria	18
61520	Canton	Fulton	17
61603	Peoria	Peoria	10
61535	Groveland	Tazewell	9
61610	Peoria	Tazewell	8
61443	Kewanee	Henry	8
61401	Galesburg	Knox	7
61547	Mapleton	Peoria	6
61605	Peoria	Peoria	6
61528	Edwards	Peoria	5
61570	Washburn	Woodford	5
61568	Tremont	Tazewell	5
61517	Brimfield	Peoria	4
61533	Glasford	Fulton	4

Reference Numbers Facility Id 7001530
Health Service Area 002 Planning Service Area 143

Peoria Ambulatory Surgery Center
4909 N. Glen Park Place
Peoria, IL 61614

Administrator
Cynthia J. Leisinger, MBA, CAS

Date Complete
3/9/2017

Contact Person
Cynthia J. Leisinger, MBA, CAS

Telephone
309-690-6012

Registered Agent
Carl W. Soderstrom, MD

Property Owner
CWS Real Estate, LLC

Legal Owner(s)
Carl W. Soderstrom, MD

Number of Operating Rooms	1
Procedure Rooms	3
Exam Rooms	0
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	5

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Unity Point Methodist, Peoria, IL	2

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	10.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	1.00
TOTAL	16.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	5
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	25	16	41
15-44 years	183	376	559
45-64 years	382	518	900
65-74 years	435	274	709
75+ years	576	335	911
TOTAL	1,601	1,519	3,120

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	34	54	88
Medicare	984	605	1,589
Other Public	14	6	20
Insurance	549	653	1,202
Private Pay	20	201	221
Charity Care	0	0	0
TOTAL	1,601	1,519	3,120

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
27.2%	1.1%	0.3%	59.7%	11.7%	100.0%		
1,184,215	48,007	13,650	2,599,766	507,796	4,353,434	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	184	491.00	68.00	559.00	3.04
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	184	491.00	68.00	559.00	3.04

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Dermatology	0	194	97	51	148	0.76
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Mohs Surgery	0	1600	1200	427	1627	1.02
Pain Management	0	0	0	0	0	0.00
Plastics	0	1142	663	354	1017	0.89
TOTALS	0	2936	1960	832	2792	0.95

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61554	Pekin		240
61611	East Peoria		134
61614	Peoria		129
61550	Morton		128
61604	Peoria		115
61571	Washington		114
61401	Galesburg		111
61615	Peoria		97
61607	Bartonville		87
61356	Princeton		69
61354	Peru		60
61548	Metamora		58
61443	Kewanee		49
61364	Streator		46
61568	Tremont		46
61525	Dunlap		44
61350	Ottawa		43
61523	Chillicothe		42
61520	Canton		40
61301	La Salle		37
61448	Knoxville		37
52732			33
61348	Oglesby		31
61342	Mendota		30

Reference Numbers Facility Id 7001449
Health Service Area 002 Planning Service Area 143

Peoria Day Surgery Center
7309 N. Knoxville
Peoria , IL 61614

Administrator
Bryan Zowin

Date Complete
2/27/2017

Contact Person
Pam Cunningham

Telephone
309-692-9210

Registered Agent
William Covey

Property Owner
Peoria Urological Investment Group LLC.

Legal Owner(s)

Anthony Deceanne, D.P.M
Brent Parry, M.D.
Chittaranjan Reddy, M.D.
Christopher Lansford, M.D.
Curtis Ward, D.P.M.
Demaceo Howard; M.D.
Fred Braastad, M.D.
Gavish Patel, M.D.
Giovanni Colombo, M.D.
Harrison Putman, M.D.
Ira Uretzky, M.D.
Jacek Graczykowski, M.D.
James Geraghty, M.D.
James Klemens, M.D.
John Mueller, M.D.
John Richier, M.D.
John Ruff, M.D.
Joseph Banno, M.D.
Joshua Croland, M.D.
Justin Ahlman, M.D.
Keith Ifft, M.D.
Kevin Brattain, D.P.M
Larry Overcash, M.D.
Lindsey Ma, M.D.

Number of Operating Rooms	4
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	14

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Unity Point Proctor, Peoria ,Il.	8

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	10.00
Certified Aides	0.00
Other Health Profs.	5.00
Other Non-Health Profs	3.00
TOTAL	20.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	142	117	259
15-44 years	150	339	489
45-64 years	386	442	828
65-74 years	379	345	724
75+ years	442	314	756
TOTAL	1,499	1,557	3,056

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	44	84	128
Medicare	821	659	1,480
Other Public	20	0	20
Insurance	604	762	1,366
Private Pay	10	52	62
Charity Care	0	0	0
TOTAL	1,499	1,557	3,056

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
9.8%	1.2%	0.2%	87.7%	1.2%	100.0%		
350,824	41,378	7,512	3,142,605	42,335	3,584,654	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	66	90.75	19.80	110.55	1.68
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	267	210.00	136.00	346.00	1.30
Ophthalmology	603	301.50	186.00	487.50	0.81
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	24	36.00	7.00	43.00	1.79
Otolaryngology	488	414.80	143.00	557.80	1.14
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	227	101.15	70.00	171.15	0.75
Podiatry	177	177.00	54.00	231.00	1.31
Thoracic	0	0.00	0.00	0.00	0.00
Urology	1204	721.40	372.00	1093.40	0.91
TOTAL	3056	2,052.60	987.80	3040.40	0.99

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	168	84	50	134	0.80
TOTALS	1	168	84	50	134	0.80

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61554	Pekin	Tazewell	321
61614	Peoria	Peoria	246
61611	East Peoria	Tazewell	228
61571	Washington	Tazewell	206
61604	Peoria	Peoria	200
61615	Peoria	Peoria	186
61550	Morton	Tazewell	134
61523	Chillicothe	Peoria	114
61525	Dunlap	Peoria	109
61607	Bartonville	Peoria	100
61548	Metamora	Woodford	96
61520	Canton	Fulton	81
61603	Peoria	Peoria	78
61605	Peoria	Peoria	67
61616	Peoria Heights	Peoria	48
61401	Galesburg	Knox	40
61610	Peoria	Tazewell	39
61530	Eureka	Woodford	37
61443	Kewanee	Henry	34
61547	Mapleton	Peoria	33
61568	Tremont	Tazewell	32
61536	Hanna City	Peoria	30
61540	Lacon	Marshall	29
61559	Princeville	Peoria	27

Reference Numbers Facility Id 7002728
Health Service Area 002 Planning Service Area 179

Renal Intervention Center, L.L.C.
430 Maxine Drive
Morton, IL 61550

Administrator
Beth Shaw

Date Complete
2/28/2017

Contact Person
Jill Humes

Telephone
309-266-7600

Registered Agent
Quinn Johnston

Property Owner
RenalCare L.L.C.

Legal Owner(s)

Heartland Home Healthcare, Inc.
OSF St. Francis Inc.
RenalCare Associates, S.C.

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	4

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
OSF St. Francis Medical Center, Peoria	2
Unity Point Methodist Healthcare, Peoria	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	2.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	2.00
TOTAL	8.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	43	25	68
45-64 years	126	79	205
65-74 years	43	50	93
75+ years	48	65	113
TOTAL	260	219	479

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	15	10	25
Medicare	173	171	344
Other Public	2	0	2
Insurance	70	38	108
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	260	219	479

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
71.0%	2.9%	0.6%	25.5%	0.0%	100.0%		
337,914	13,622	2,700	121,403	0	475,639	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	479	423.00	176.00	599.00	1.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	479	423.00	176.00	599.00	1.25

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61701	Bloomington	McLean	33
61604	Peoria	Peoria	28
61605	Peoria	Peoria	23
61614	Peoria	Peoria	20
61704	Bloomington	McLean	20
61401	Galesburg	Knox	17
61554	Pekin	Tazewell	16
61761	Normal	McLean	16
61443	Kewanee	Henry	16
61571	Washington	Tazewell	14
61603	Peoria	Peoria	14
61364	Streator	LaSalle	12
61550	Morton	Tazewell	12
61520	Canton	Fulton	11
61350	Ottawa	LaSalle	11
61523	Chillicothe	Peoria	11
61607	Bartonville	Peoria	9
61448	Knoxville	Knox	7
61548	Metamora	Woodford	6
61615	Peoria	Peoria	6
61559	Princeville	Peoria	6
61611	East Peoria	Tazewell	6
61342	Mendota	LaSalle	5
61354	Peru	LaSalle	5

Reference Numbers Facility Id 7003120
Health Service Area 003 Planning Service Area 001
Blessing Hospital ASTC
1118 Hampshire
Quincy, IL 62301

Administrator
Maureen Kahn

Date Complete
3/10/2017

Contact Person
Ken Stegeman

Telephone
217-223-8400 ext 6899

Registered Agent

Property Owner
Quincy Medical Group

Legal Owner(s)
Blessing Hospital

Number of Operating Rooms	3
Procedure Rooms	4
Exam Rooms	0
Number of Recovery Stations Stage 1	5
Number of Recovery Stations Stage 2	4

Type of Ownership
Other Not For Profit Ownership

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Blessing Hospital, Quincy, IL 62301	5

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	26.00
Certified Aides	0.00
Other Health Profs.	12.00
Other Non-Health Profs	3.00
TOTAL	41.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	235	185	420
15-44 years	560	938	1,498
45-64 years	1,905	2,338	4,243
65-74 years	1,087	1,490	2,577
75+ years	674	833	1,507
TOTAL	4,461	5,784	10,245

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	493	714	1,207
Medicare	1,820	2,486	4,306
Other Public	37	48	85
Insurance	2,071	2,488	4,559
Private Pay	18	21	39
Charity Care	22	27	49
TOTAL	4,461	5,784	10,245

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
21.1%	5.0%	0.5%	73.0%	0.3%	100.0%		
4,343,035	1,026,538	110,170	15,048,372	72,051	20,600,166	62,431	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	669	565.00	224.00	789.00	1.18
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	319	229.00	106.00	335.00	1.05
Ophthalmology	2366	729.00	788.00	1517.00	0.64
Oral/Maxillofacial	101	120.00	34.00	154.00	1.52
Orthopedic	635	485.00	212.00	697.00	1.10
Otolaryngology	417	219.00	140.00	359.00	0.86
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	60	65.00	20.00	85.00	1.42
Podiatry	260	255.00	86.00	341.00	1.31
Thoracic	0	0.00	0.00	0.00	0.00
Urology	3	4.00	2.00	6.00	2.00
TOTAL	4830	2,671.00	1,612.00	4283.00	0.89

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	4	5415	2243	632	2875	0.53
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	4	5415	2243	632	2875	0.53

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62301	Quincy		2901
62305	Quincy		1941
63401			328
62363	Pittsfield		294
63461			233
62347	Liberty		210
63435			201
62320	Camp Point		195
62353	Mount Sterling		175
62312	Barry		169
62376	Ursa		152
62351	Mendon		152
62341	Hamilton		146
62360	Payson		145
62379	Warsaw		144
62338	Fowler		141
62321	Carthage		125
62324	Clayton		115
52632			112
63445			106
63440			104
63448			92
62339	Golden		89
62366	Pleasant Hill		83

Reference Numbers Facility Id 7003187
Health Service Area 003 Planning Service Area 167

HSHS St. John's Surgery Suites Montvale
2020 West Iles Avenue
Springfield, IL 62704

Administrator
Charles Lucore, MD, MBA

Date Complete
3/9/2017

Contact Person
Sarah Hilligoss, RN, BSN

Telephone
217/544-6464 ext. 48060

Registered Agent

Property Owner
Kane-Yeh Family LP

Legal Owner(s)
HSHS St. John's Hospital

Number of Operating Rooms	2
Procedure Rooms	1
Exam Rooms	2
Number of Recovery Stations Stage 1	9
Number of Recovery Stations Stage 2	0

Type of Ownership
Other Not For Profit Ownership

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
HSHS St. John's Hospital	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	11.00
Certified Aides	0.00
Other Health Profs.	10.00
Other Non-Health Profs	3.00
TOTAL	26.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	48	42	90
45-64 years	338	504	842
65-74 years	514	688	1,202
75+ years	343	459	802
TOTAL	1,243	1,693	2,936

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	61	91	152
Medicare	830	1,147	1,977
Other Public	15	19	34
Insurance	330	422	752
Private Pay	1	5	6
Charity Care	6	9	15
TOTAL	1,243	1,693	2,936

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
53.0%	1.9%	1.7%	43.2%	0.2%	100.0%		
2,713,305	99,519	85,803	2,211,110	9,093	5,118,830	4,201	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1581	734.00	317.00	1051.00	0.66
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	14	14.00	8.00	22.00	1.57
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1595	748.00	325.00	1073.00	0.67

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	1341	522	157	679	0.51
Pain Management	0	0	0	0	0	0.00
TOTALS	1	1341	522	157	679	0.51

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62704	Springfield	Sangamon	437
62702	Springfield	Sangamon	283
62703	Springfield	Sangamon	232
62711	Springfield	Sangamon	183
62629	Chatham	Sangamon	110
62712	Springfield	Sangamon	90
62675	Petersburg	Menard	87
62650	Jacksonville	Morgan	84
62707	Springfield	Sangamon	81
62563	Rochester	Sangamon	54
62561	Riverton	Sangamon	51
62656	Lincoln	Logan	48
62568	Taylorville	Christian	48
62684	Sherman	Sangamon	44
62640	Girard	Macoupin	40
62670	New Berlin	Sangamon	39
62690	Virden	Macoupin	38
62613	Athens	Menard	37
62056	Litchfield	Montgomery	37
62677	Pleasant Plains	Sangamon	35
62615	Auburn	Sangamon	35
62618	Beardstown	Cass	32
62558	Pawnee	Sangamon	28
62644	Havana	Mason	27

Reference Numbers Facility Id 7002306
Health Service Area 003 Planning Service Area 167

Orthopaedic Surger Center of Illinois, LLC
3136 OLD JACKSONVILLE ROAD, STE 250
Springfield, IL 62704

Administrator
LEO K LUDWIG M.D.

Date Complete
3/1/2017

Contact Person
KIM SCHULTZ

Telephone
217-862-0500

Registered Agent
ROBERT KAY

Property Owner
MEMORIAL HEALTH SYSTEM

Legal Owner(s)
MEMORIAL HEALTH VENTURES
ORTO, LLC

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	5

Type of Ownership
Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
MEMORIAL MEDICAL CENTER	2

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	1.00
Director of Nurses	1.00
Registered Nurses	11.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	2.00
TOTAL	17.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	5	11	16
15-44 years	304	273	577
45-64 years	600	864	1,464
65-74 years	513	713	1,226
75+ years	405	678	1,083
TOTAL	1,827	2,539	4,366

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	20	43	63
Medicare	902	1,425	2,327
Other Public	0	0	0
Insurance	891	1,062	1,953
Private Pay	14	9	23
Charity Care	0	0	0
TOTAL	1,827	2,539	4,366

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
25.0%	0.3%	0.0%	73.6%	1.1%	100.0%		
1,629,493	22,108	0	4,798,169	70,733	6,520,503	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	619	220.00	206.00	426.00	0.69
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1143	1,351.00	649.00	2000.00	1.75
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	2604	408.00	304.00	712.00	0.27
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	4366	1,979.00	1,159.00	3138.00	0.72

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62704	Springfield	Sangamon	461
62702	Springfield	Sangamon	356
62711	Springfield	Sangamon	355
62703	Springfield	Sangamon	228
62650	Jacksonville	Morgan	147
62656	Lincoln	Logan	136
62707	Springfield	Sangamon	134
62629	Chatham	Sangamon	125
62675	Petersburg	Menard	106
62712	Springfield	Sangamon	102
62568	Taylorville	Christian	82
62615	Auburn	Sangamon	82
62626	Carlinville	Macoupin	74
62684	Sherman	Sangamon	71
62690	Virden	Macoupin	68
62563	Rochester	Sangamon	63
62613	Athens	Menard	61
62644	Havana	Mason	57
62561	Riverton	Sangamon	53
62056	Litchfield	Montgomery	52
62670	New Berlin	Sangamon	52
62558	Pawnee	Sangamon	49
62640	Girard	Macoupin	49
62677	Pleasant Plains	Sangamon	47

Reference Numbers Facility Id 7003157
Health Service Area 003 Planning Service Area 167
Prairie Diagnostic Center at St. John's Hospital
401 E. Carpenter Street
Springfield, IL 62702

Administrator
Patti Fischer

Date Complete
3/10/2017

Contact Person
Eileen Owen

Telephone
217-544-6464

Registered Agent

Property Owner

Legal Owner(s)
St. John's Hospital

Number of Operating Rooms	0
Procedure Rooms	2
Exam Rooms	0
Number of Recovery Stations Stage 1	0
Number of Recovery Stations Stage 2	8

Type of Ownership
Church Related Not For Profit

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Johns Hospital Springfield	4
Memorial Medical Center Springfield	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	
Registered Nurses	4.00
Certified Aides	
Other Health Profs.	10.00
Other Non-Health Profs	3.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	22	17	39
45-64 years	187	133	320
65-74 years	170	134	304
75+ years	141	108	249
TOTAL	520	392	912

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	32	33	65
Medicare	330	254	584
Other Public	8	6	14
Insurance	138	93	231
Private Pay	7	2	9
Charity Care	5	4	9
TOTAL	520	392	912

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
45.6%	4.1%	1.3%	48.9%	0.2%	100.0%		
1,586,457	141,623	45,571	1,699,867	5,300	3,478,818	9,768	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	2	912	289.75	305	594.75	0.65
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	912	289.75	305	594.75	0.65

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62702	Springfield	Sangamon	84
62704	Springfield	Sangamon	48
62703	Springfield	SANGAMON	35
62650	Jacksonville	MORGAN	30
62711	Springfield	SANGAMON	24
62565	Shelbyville	Shelby	19
62557	Pana	Christian	19
62707	Springfield	SANGAMON	19
62629	Chatham	Sangamon	18
62568	Taylorville	CHRISTIAN	17
62056	Litchfield	Montgomery	15
62049	Hillsboro	Montgomery	15
61455	Macomb	MCDONOUGH	15
62712	Springfield	SANGAMON	14
62656	Lincoln	LOGAN	14
62401	Effingham	EFFINGHAN	14
62363	Pittsfield	PIKE	13
62618	Beardstown	Cass	13
62033	Gillespie	MACOUPIN	11
62681	Rushville	SCHUYLER	11
62626	Carlinville	MACOUPIN	11
62644	Havana	MASON	10
62640	Girard	MACOUPIN	10
62521	Decatur	Macon	10

Reference Numbers Facility Id 7002694
Health Service Area 003 Planning Service Area 167

Springfield Clinic, LLP.
1025 South Sixth Street
Springfield, IL 62703

Administrator
Ray Williams

Date Complete
3/9/2017

Contact Person
Michelle Lynn

Telephone
217-528-7181

Registered Agent
Ray Williams

Property Owner

Legal Owner(s)

Number of Operating Rooms	6
Procedure Rooms	5
Exam Rooms	16
Number of Recovery Stations Stage 1	31
Number of Recovery Stations Stage 2	

Type of Ownership
Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. John'sHospital, Springfield, IL	2
Memorial Medical Center Springfiel, IL	17

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	11.00
Director of Nurses	1.00
Registered Nurses	74.00
Certified Aides	0.00
Other Health Profs.	20.00
Other Non-Health Profs	19.00
TOTAL	125.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	175	149	324
15-44 years	1,537	2,725	4,262
45-64 years	2,980	4,061	7,041
65-74 years	1,747	2,007	3,754
75+ years	1,493	1,813	3,306
TOTAL	7,932	10,755	18,687

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	646	1,041	1,687
Medicare	3,410	4,144	7,554
Other Public	0	0	0
Insurance	3,703	5,398	9,101
Private Pay	173	172	345
Charity Care	0	0	0
TOTAL	7,932	10,755	18,687

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
20.3%	0.0%	0.0%	78.9%	0.8%	100.0%		
6,780,216	0	0	26,365,787	265,099	33,411,102	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	221	148.00	73.00	221.00	1.00
General Surgery	1148	958.00	471.00	1429.00	1.24
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	420	358.00	165.00	523.00	1.25
Ophthalmology	1258	858.00	290.00	1148.00	0.91
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2189	2,288.00	853.00	3141.00	1.43
Otolaryngology	837	718.00	235.00	953.00	1.14
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	1465	1,503.00	459.00	1962.00	1.34
Podiatry	246	288.00	57.00	345.00	1.40
Thoracic	0	0.00	0.00	0.00	0.00
Urology	581	349.00	181.00	530.00	0.91
TOTAL	8365	7,468.00	2,784.00	10252.00	1.23

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	4	11097	5290	1813	7103	0.64
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	1732	344	185	529	0.31
TOTALS	5	12829	5634	1998	7632	0.59

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62704	Springfield		1055
62650	Jacksonville		1044
62702	Springfield		799
62568	Taylorville		639
62711	Springfield		620
62703	Springfield		577
62656	Lincoln		546
62629	Chatham		418
62712	Springfield		313
62401	Effingham		240
62618	Beardstown		230
62707	Springfield		221
62675	Petersburg		208
62626	Carlinville		198
62563	Rochester		187
62684	Sherman		187
62561	Riverton		172
62056	Litchfield		166
62049	Hillsboro		163
62615	Auburn		156
62521	Decatur		146
62694	Winchester		144
61455	Macomb		134
62670	New Berlin		115

Reference Numbers Facility Id 7002249

Health Service Area 004 Planning Service Area 113

Bloomington Eye Institute, LLC
1008 North Center St
Bloomington, IL 61701

Administrator
Tom Restivo

Date Complete
3/7/2017

Contact Person
Karen Magers, RN

Telephone
309-827-2020

Registered Agent
William Mueller/Mueller and Re

Property Owner
Gailey Eye Institute Properties

Legal Owner(s)

Ara Aprahamian, MD
Gregory Halperin, MD
Joseph Harman, MD
Ken Barba, MD
Robert Lee, MD
Sumit Bhatia, MD

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	2
Number of Recovery Stations Stage 2	3

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate BroMenn Regional Medical Center, Blooming	4
OSF St Joseph's Medical Center, Bloomington	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	9.00
Certified Aides	1.00
Other Health Profs.	4.00
Other Non-Health Profs	7.00
TOTAL	23.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	17	23	40
45-64 years	360	501	861
65-74 years	623	808	1,431
75+ years	525	682	1,207
TOTAL	1,525	2,014	3,539

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	5	6	11
Medicare	1,012	1,379	2,391
Other Public	48	7	55
Insurance	448	612	1,060
Private Pay	8	8	16
Charity Care	4	2	6
TOTAL	1,525	2,014	3,539

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
45.5%	0.1%	1.1%	31.6%	21.7%	100.0%		
2,052,388	3,710	51,407	1,422,729	978,685	4,508,919	26,750	1%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	778	19.50	26.00	45.50	0.06
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	2761	604.50	552.25	1156.75	0.42
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3539	624.00	578.25	1202.25	0.34

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61761	Normal	MCLEAN	337
61704	Bloomington	MCLEAN	297
61701	Bloomington	MCLEAN	279
62521	Decatur	MACON	144
61764	Pontiac	LIVINGSTON	103
61705	Bloomington	MCLEAN	94
61727	Clinton	DEWITT	82
62526	Decatur	MACON	75
62656	Lincoln	LOGAN	70
61350	Ottawa	LA SALLE	63
61738	El Paso	WOODFORD	50
61354	Peru	LA SALLE	50
61739	Fairbury	LIVINGSTON	46
61301	La Salle	LASALLE	44
62522	Decatur	MACON	42
61723	Atlanta	LOGAN	37
61342	Mendota	LA SALLE	34
61745	Heyworth	MCLEAN	34
61726	Chenoa	MCLEAN	33
61550	Morton	TAZEWELL	32
61753	Lexington	MCLEAN	30
61401	Galesburg	KNOX	30
61530	Eureka	WOODFORD	29
60420	Dwight	LIVINGSTON	28

Reference Numbers Facility Id 7002512
Health Service Area 004 Planning Service Area 113

Bloomington Normal Healthcare Surgery Center, LLC
2100 Fort Jesse Road
Normal, IL 61761

Administrator
Brenda Cyrulik

Date Complete
2/22/2017

Contact Person
Brenda McKee

Telephone
309-834-4000

Registered Agent
Sarah Chacko

Property Owner

Legal Owner(s)

Benjamin Leak
Brett Keller
Catherine Crockett
Daniel Brownstone
Daniel Nord
David Naour
Gerardo Grieco
Harold Nord
Jeff Poulter
John Wieland
Joseph Newcomer
Katherine Widerborg
Larry Nord
Marc Leonard
Mariano Tolentino
Omar Khokhar
Paige Holt
Samuel Grampsas
Scott Morgan
Scott O'Connor
Scott Pinter
St Joseph Medical Center
Stephen Matter
Susan Svientek

Number of Operating Rooms	4
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	5

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Joseph Medical Center Bloomington	2
Advocate BroMenn Regional Medical Center Normal	5

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	8.00
Certified Aides	1.00
Other Health Profs.	4.00
Other Non-Health Profs	5.00
TOTAL	19.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	45	12	57
15-44 years	284	421	705
45-64 years	427	588	1,015
65-74 years	150	152	302
75+ years	118	90	208
TOTAL	1,024	1,263	2,287

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	91	136	227
Medicare	280	266	546
Other Public	0	0	0
Insurance	647	851	1,498
Private Pay	6	10	16
Charity Care	0	0	0
TOTAL	1,024	1,263	2,287

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
21.2%	8.9%	0.0%	69.3%	0.7%	100.0%		
3,385,626	1,416,926	0	11,057,505	105,745	15,965,802	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	5	3.00	4.00	7.00	1.40
Dermatology	81	58.00	111.00	169.00	2.09
Gastroenterology	16	12.00	18.25	30.25	1.89
General Surgery	125	71.00	138.50	209.50	1.68
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	205	46.00	90.00	136.00	0.66
OB/Gynecology	300	105.00	200.00	305.00	1.02
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	467	243.00	559.00	802.00	1.72
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	283	247.00	607.00	854.00	3.02
Thoracic	3	2.00	3.00	5.00	1.67
Urology	802	265.00	543.50	808.50	1.01
TOTAL	2287	1,052.00	2,274.25	3326.25	1.45

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61704	Bloomington		378
61761	Normal		367
61701	Bloomington		315
61705	Bloomington		137
61764	Pontiac		88
61727	Clinton		74
61752	Le Roy		49
61745	Heyworth		49
61739	Fairbury		42
61738	El Paso		38
61726	Chenoa		34
61753	Lexington		31
61748	Hudson		28
61744	Gridley		26
61736	Downs		22
61723	Atlanta		21
61732	Danvers		19
62656	Lincoln		18
61364	Streator		18
61725	Carlock		17
61760	Minonk		17
61776	Towanda		17
61530	Eureka		16
62521	Decatur		16

Reference Numbers Facility Id 7002959
Health Service Area 004 Planning Service Area 019

Carle Surgicenter
1702 S. Mattis Avenue
Champaign, IL 61821

Administrator
Kerry Fox

Date Complete
3/3/2017

Contact Person
Collin Anderson

Telephone
217-383-7503

Registered Agent
James Leonard, MD

Property Owner

Legal Owner(s)

Carle Health Care Incorporated
Christie Clinic ASC, LLC

Number of Operating Rooms	5
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	12
Number of Recovery Stations Stage 2	6

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Carle Foundation Hospital (Urbana)	10

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	5.00
Director of Nurses	1.00
Registered Nurses	20.00
Certified Aides	0.00
Other Health Profs.	9.00
Other Non-Health Profs	4.00
TOTAL	41.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	486	326	812
15-44 years	794	995	1,789
45-64 years	697	1,022	1,719
65-74 years	247	299	546
75+ years	130	143	273
TOTAL	2,354	2,785	5,139

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	429	544	973
Medicare	353	449	802
Other Public	13	16	29
Insurance	1,286	1,465	2,751
Private Pay	26	10	36
Charity Care	247	301	548
TOTAL	2,354	2,785	5,139

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.4%	4.2%	0.2%	88.1%	0.1%	100.0%		
1,197,998	680,102	30,368	14,270,279	22,106	16,200,853	398,411	2%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	128	178.00	26.00	204.00	1.59
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	155	122.00	32.00	154.00	0.99
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	1	1.00	2.00	3.00	3.00
Orthopedic	2376	2,346.00	476.00	2822.00	1.19
Otolaryngology	925	800.00	186.00	986.00	1.07
Pain Management	12	8.00	2.00	10.00	0.83
Plastic	224	595.00	44.00	639.00	2.85
Podiatry	907	713.00	182.00	895.00	0.99
Thoracic	0	0.00	0.00	0.00	0.00
Urology	411	356.00	82.00	438.00	1.07
TOTAL	5139	5,119.00	1,032.00	6151.00	1.20

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61821	Champaign		439
61822	Champaign		380
61853	Mahomet		289
61802	Urbana		282
61801	Urbana		252
61832	Danville		248
61866	Rantoul		237
61820	Champaign		218
61856	Monticello		150
61874	Savoy		133
61873	Saint Joseph		130
61953	Tuscola		121
61938	Mattoon		96
61880	Tolono		92
61834	Danville		73
61920	Charleston		72
60957	Paxton		68
61956	Villa Grove		66
61846	Georgetown		52
60942	Hoopeston		50
61883	Westville		47
61843	Fisher		45
61877	Sidney		44
61858	Oakwood		43

Reference Numbers Facility Id 7002439
Health Service Area 004 Planning Service Area 183
Carle Surgicenter
2300 North Vermilion
Danville, IL 61832

Administrator
Kerry Fox

Date Complete
3/3/2017

Contact Person
Collin Anderson

Telephone
217-383-7503

Registered Agent

Property Owner

Legal Owner(s)
The Carle Foundation Hospital

Number of Operating Rooms	2
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	8

Type of Ownership
Other Not For Profit Ownership

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Presence United Samaritans Hospital (Danville)	1
Carle Foundation Hospital (Urbana)	4

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	1.00
Director of Nurses	1.00
Registered Nurses	7.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	1.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	5
Tuesday	10
Wednesday	5
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	23	34	57
15-44 years	73	230	303
45-64 years	271	373	644
65-74 years	145	198	343
75+ years	69	115	184
TOTAL	581	950	1,531

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	102	240	342
Medicare	197	322	519
Other Public	0	6	6
Insurance	239	311	550
Private Pay	2	0	2
Charity Care	41	71	112
TOTAL	581	950	1,531

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
24.0%	7.1%	0.2%	68.6%	0.0%	100.0%		
636,928	189,251	5,854	1,818,561	78	2,650,672	36,055	1%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	195	208.00	40.00	248.00	1.27
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	122	112.00	24.00	136.00	1.11
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	288	186.00	58.00	244.00	0.85
Otolaryngology	49	38.00	10.00	48.00	0.98
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	20	17.00	4.00	21.00	1.05
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	674	561.00	136.00	697.00	1.03

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	1	857	477	172	649	0.76
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	857	477	172	649	0.76

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61832	Danville		663
61834	Danville		144
61883	Westville		105
61846	Georgetown		93
61858	Oakwood		55
60942	Hoopeston		54
61833	Danville		49
47932			43
61817	Catlin		40
60963	Rossville		29
61814	Bismarck		27
61870	Ridge Farm		22
61841	Fairmount		20
61865	Potomac		13
47987			13
61876	Sidell		12
47974			11
47928			10
61924	Chrisman		9
47993			8
61844	Fithian		8
61811	Alvin		7
61850	Indianola		7
47982			5

Reference Numbers Facility Id 7002371
Health Service Area 004 Planning Service Area 183

Danville Polyclinic ASTC
707 N Logan Avenue
Danville, IL 61832

Administrator
Melissa A Edington

Date Complete
2/14/2017

Contact Person
Melissa A Edington

Telephone
217-477-4722

Registered Agent
Melissa A Edington

Property Owner

Legal Owner(s)

Aaron C Eubanks, M.D.
B. Malhotra, M.D.
Bhaskar Patel, M.D.
Harikrishna Patel, M.D.
Jane Hsieh, M.D.
Kirk Bott, DPM
M Rajjoub, M.D.
Muhammad Mushtaq, M.D.
Naresh C Goel, M.D.
Naveed I Sadiq, M.D.
P. B. Reddy, M.D.
Raja Adnan Sadiq M.D.
Raja Irfan Sadiq, M.D.
S. P. Paruchuri, M.D.
Sebastian J Ciancio, M.D.
Steven Packard, M.D.
Venkat E Sekar, M.D.
William Bowen, M.D.
Zlatka Jeliazkova, M.D.

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	4

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Presence United Samaritans Medical Center	4

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	1.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	2.00
TOTAL	13.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	11	128	139
15-44 years	185	326	511
45-64 years	537	579	1,116
65-74 years	385	330	715
75+ years	310	190	500
TOTAL	1,428	1,553	2,981

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	143	369	512
Medicare	754	591	1,345
Other Public	5	5	10
Insurance	521	577	1,098
Private Pay	5	10	15
Charity Care	0	1	1
TOTAL	1,428	1,553	2,981

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
31.6%	12.8%	0.6%	54.1%	0.9%	100.0%		
616,520	250,497	10,770	1,055,422	17,088	1,950,297	200	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	1366	454.00	795.50	1249.50	0.91
General Surgery	352	352.00	176.00	528.00	1.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	266	266.00	199.50	465.50	1.75
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	27	13.50	20.25	33.75	1.25
Otolaryngology	71	35.50	53.25	88.75	1.25
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	899	449.50	449.50	899.00	1.00
TOTAL	2981	1,570.50	1,694.00	3264.50	1.10

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61832	Danville	Vermilion	1316
61834	Danville	Vermilion	257
61883	Westville	Vermilion	224
61846	Georgetown	Vermilion	165
61833	Danville	Vermilion	120
61858	Oakwood	Vermilion	114
47932		Fountain	110
61817	Catlin	Vermilion	86
60942	Hoopeston	Vermilion	65
61870	Ridge Farm	Vermilion	60
61814	Bismarck	Vermilion	45
61841	Fairmount	Vermilion	38
47993		Warren	31
60963	Rossville	Vermilion	30
47928		Vermilion	29
47974		Perrysville	21
61924	Chrisman	Edgar	21
47952		Fountain	21
47987		Fountain	20
61865	Potomac	Vermilion	19
61850	Indianola	Vermilion	19
61844	Fithian	Vermilion	13
47991		Warren	12
61876	Sidell	Vermilion	11

Reference Numbers Facility Id 7002710
Health Service Area 004 Planning Service Area 113
Digestive Disease Endoscopy Center
1302 Franklin Avenue Suite 1000
Normal, IL 61761

Administrator
Cynthia Durham

Date Complete
2/23/2017

Contact Person
Cynthia Durham

Telephone
309-268-3400

Registered Agent
Scott Becker

Property Owner
Advocate Health and Hospitals

Legal Owner(s)

BroMenn Physicians Management Corp.
Darryl Fernandes, MD
Kenneth Schoenig, MD
Philip Koszyk, MD
Physicians Endoscopy
Thomas DeWeert, MD
Vijay Laxmi Misra, MD

Number of Operating Rooms	0
Procedure Rooms	3
Exam Rooms	1
Number of Recovery Stations Stage 1	0
Number of Recovery Stations Stage 2	10

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate BroMenn Medical Center- Normal	6

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	3.00
Director of Nurses	0.00
Registered Nurses	7.00
Certified Aides	0.00
Other Health Profs.	6.00
Other Non-Health Profs	4.00
TOTAL	21.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	322	510	832
45-64 years	1,175	1,651	2,826
65-74 years	542	613	1,155
75+ years	225	260	485
TOTAL	2,264	3,034	5,298

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	15	21	36
Medicare	595	689	1,284
Other Public	3	7	10
Insurance	1,646	2,308	3,954
Private Pay	4	7	11
Charity Care	1	2	3
TOTAL	2,264	3,034	5,298

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
10.8%	0.3%	0.1%	88.5%	0.4%	100.0%		
592,971	15,584	5,289	4,863,461	20,950	5,498,254	5,400	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	3	5298	2731	1766	4497	0.85
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	5298	2731	1766	4497	0.85

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61704	Bloomington	MC LEAN	1173
61761	Normal	MC LEAN	1079
61701	Bloomington	MC LEAN	699
61705	Bloomington	MC LEAN	425
61752	Le Roy	MC LEAN	148
61738	El Paso	WOODFORD	119
61745	Heyworth	MC LEAN	116
61748	Hudson	MC LEAN	106
61739	Fairbury	LIVINGSTON	95
61764	Pontiac	LIVINGSTON	86
61753	Lexington	MC LEAN	84
61727	Clinton	DE WITT	77
61732	Danvers	MC LEAN	57
61736	Downs	MC LEAN	56
61744	Gridley	MC LEAN	56
61776	Towanda	MC LEAN	55
61726	Chenoa	MC LEAN	53
61725	Carlock	MC LEAN	50
61723	Atlanta	LOGAN	47
61760	Minonk	WOODFORD	35
61754	Mc Lean	MC LEAN	30
61728	Colfax	MC LEAN	29
61741	Forrest	LIVINGSTON	27
61774	Stanford	MC LEAN	24

Reference Numbers Facility Id 7002413
Health Service Area 004 Planning Service Area 113

Eastland Medical Plaza Surgicenter, LLC
1505 eastland drive
Bloomington, IL 61701

Administrator
BRENDA CYRULIK

Date Complete
3/8/2017

Contact Person
JACKIE FRYE

Telephone
309-661-5004 EXT 4447

Registered Agent
STEPHEN MOORE

Property Owner
OSF ST JOSEPH MEDICAL CENTER

Legal Owner(s)

Number of Operating Rooms	4
Procedure Rooms	10
Exam Rooms	5
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	21

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
OSF ST JOSEPH MEDICAL CENTER BLOOMINGTON I	13

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	
Registered Nurses	43.00
Certified Aides	1.00
Other Health Profs.	14.00
Other Non-Health Profs	12.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	87	91	178
15-44 years	488	881	1,369
45-64 years	1,558	1,804	3,362
65-74 years	766	939	1,705
75+ years	506	693	1,199
TOTAL	3,405	4,408	7,813

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	335	514	849
Medicare	1,032	1,479	2,511
Other Public	79	14	93
Insurance	1,898	2,357	4,255
Private Pay	32	38	70
Charity Care	29	6	35
TOTAL	3,405	4,408	7,813

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
35.0%	10.3%	0.9%	52.9%	0.8%	100.0%		
12,893,769	3,795,150	345,704	19,483,560	304,070	36,822,253	34,642	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	77	33.00	15.40	48.40	0.63
Dermatology	524	222.00	104.80	326.80	0.62
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	473	226.00	94.60	320.60	0.68
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	77	24.00	15.40	39.40	0.51
Ophthalmology	1201	343.00	240.20	583.20	0.49
Oral/Maxillofacial	1513	277.00	302.60	579.60	0.38
Orthopedic	341	155.00	68.20	223.20	0.65
Otolaryngology	200	50.00	40.00	90.00	0.45
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	5	3.00	1.00	4.00	0.80
Thoracic	11	8.00	2.20	10.20	0.93
Urology	5	3.00	11.00	14.00	2.80
TOTAL	4427	1,344.00	895.40	2239.40	0.51

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	3	2897	886	579.4	1465.4	0.51
Laser Eye	1	450	260	495	755	1.68
Pain Management	1	39	6.1	7.8	13.9	0.36
TOTALS	5	3386	1152.1	1082.2	2234.3	0.66

Leading Locations of Patient Residence

Zip Code	City	County	Patients
		MCLEAN	5576
		LIVINGSTON	871
		DEWITT	415
		WOODFORD	294
		TAZEWELL	124
		LOGAN	110
		LASALLE	97
		CHAMPAIGN	93
		MACON	34
		FORD	24
		UNKNOWN	17
		ADAMS	14
		VERMILLION	13
		SANGAMON	12
		IROGUOIS	11
		PIATT	10
		DOUGLAS	8
		SHELBY	6
		KANKAKEE	6
		BUREAU	6
		HENRY	3
		MOULTRIE	3
		GUNDY	3
		MASON	2

Reference Numbers Facility Id 7003170

Health Service Area 004 Planning Service Area 115

Gailey Eye Surgery-Decatur, LLC
646 W. Pershing Rd.
Decatur, IL 62526

Administrator
Tom Restivo MBA

Date Complete
3/8/2017

Contact Person
Jody Cramer RN

Telephone
217-875-2600

Registered Agent
Laurence A. Hansen

Property Owner

Legal Owner(s)

Ara Aprahamian, MD
Gregory Halperin, MD
Joseph Harman, MD
Kenneth Barba, MD
Robert Lee, MD
Sumit Bhatia, MD

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	1
Number of Recovery Stations Stage 2	2

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Decatur Memorial Hospital, Decatur	3

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	4.00
Certified Aides	2.00
Other Health Profs.	3.00
Other Non-Health Profs	2.00
TOTAL	13.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	9	7	16
45-64 years	99	184	283
65-74 years	235	414	649
75+ years	280	309	589
TOTAL	623	914	1,537

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	1	1
Medicare	496	703	1,199
Other Public	22	4	26
Insurance	105	202	307
Private Pay	0	4	4
Charity Care	0	0	0
TOTAL	623	914	1,537

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
55.4%	0.0%	0.9%	43.3%	0.4%	100.0%		
952,024	406	15,360	743,106	7,079	1,717,975	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	423	10.25	14.00	24.25	0.06
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1114	160.75	222.75	383.50	0.34
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1537	171.00	236.75	407.75	0.27

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62521	Decatur		410
62526	Decatur		347
62522	Decatur		101
61727	Clinton		61
62549	Mount Zion		61
62535	Forsyth		41
62550	Moweaqua		31
62501	Argenta		26
61756	Maroa		23
62544	Macon		23
61951	Sullivan		17
61914	Bethany		17
61818	Cerro Gordo		16
62704	Springfield		13
62554	Oreana		13
61749	Kenney		12
62573	Warrensburg		12
62557	Pana		11
62568	Taylorville		11
62539	Illiopolis		10
62565	Shelbyville		10
62571	Tower Hill		10
62543	Latham		10
62702	Springfield		9

Reference Numbers Facility Id 7003056
Health Service Area 004 Planning Service Area 113
Gastrointestinal Institute, LLC
2200 Jacobssen Drive
Normal, IL 61761

Administrator
Phil McGowan

Date Complete
3/22/2017

Contact Person
Phil McGowan

Telephone
(309) 451-1121

Registered Agent
Stephen S Matter

Property Owner
Halstead Dr., LLC

Legal Owner(s)
Stephen S Matter

Number of Operating Rooms	0
Procedure Rooms	2
Exam Rooms	0
Number of Recovery Stations Stage 1	0
Number of Recovery Stations Stage 2	8

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St Joseph Medical Center	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	1.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	1.00
Other Health Profs.	1.00
Other Non-Health Profs	2.00
TOTAL	13.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	3	4	7
15-44 years	306	414	720
45-64 years	335	459	794
65-74 years	432	601	1,033
75+ years	34	47	81
TOTAL	1,110	1,525	2,635

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	97	134	231
Medicare	493	680	1,173
Other Public	7	3	10
Insurance	511	707	1,218
Private Pay	1	1	2
Charity Care	1	0	1
TOTAL	1,110	1,525	2,635

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
22.9%	0.9%	0.1%	75.9%	0.2%	100.0%		
551,937	22,003	1,347	1,829,980	4,700	2,409,967	6,125	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	2	2635	549	527	1076	0.41
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	2635	549	527	1076	0.41

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61701	Bloomington		974
61704	Bloomington		868
61761	Normal		857
61764	Pontiac		542
61705	Bloomington		247
61727	Clinton		207
61726	Chenoa		185
61364	Streator		170
61738	El Paso		142
61739	Fairbury		135
61740	Flanagan		131
61745	Heyworth		129
61752	Le Roy		127
61760	Minonk		86
61753	Lexington		83
60921	Chatsworth		74
61748	Hudson		70
61776	Towanda		68
60420	Dwight		68
61732	Danvers		67
60460	Odell		59
61725	Carlock		47
61744	Gridley		47
61736	Downs		42

Reference Numbers Facility Id 7003129
Health Service Area 004 Planning Service Area 113

Ireland Grove Center for Surgery
3801 Ireland Grove Rd
Bloomington, IL 61704

Administrator
Stacey Olsen

Date Complete
3/21/2017

Contact Person
Stacey Olsen

Telephone
309-664-0101

Registered Agent
William Kindorf III

Property Owner

Legal Owner(s)

Chad Tattini
Dennis Lee, MD
Edward Kolb, MD
Gerardo Grieco, MD
Ji Li, MD
Lawrence Li, MD
Robert Russell, MD

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	9
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Bromenn, Normal	1
OSF St. Joseph, Bloomington	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	
Physicians	
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	7.00
Certified Aides	0.00
Other Health Profs.	5.00
Other Non-Health Profs	3.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	238	175	413
15-44 years	298	345	643
45-64 years	471	582	1,053
65-74 years	161	187	348
75+ years	89	159	248
TOTAL	1,257	1,448	2,705

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	25	25	50
Medicare	191	294	485
Other Public	5	7	12
Insurance	1,028	1,118	2,146
Private Pay	8	4	12
Charity Care	0	0	0
TOTAL	1,257	1,448	2,705

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
13.7%	1.1%	0.4%	84.4%	0.4%	100.0%		
3,135,433	261,543	90,164	19,334,831	96,464	22,918,435	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	20	23.00	10.00	33.00	1.65
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	791	667.75	398.50	1066.25	1.35
Otolaryngology	876	313.75	291.50	605.25	0.69
Pain Management	871	120.75	145.00	265.75	0.31
Plastic	141	68.00	70.50	138.50	0.98
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2699	1,193.25	915.50	2108.75	0.78

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61704	Bloomington	MCLEAN	401
61761	Normal	MCLEAN	379
61701	Bloomington	MCLEAN	361
61705	Bloomington	MCLEAN	176
61764	Pontiac	LIVINGSTON	154
61727	Clinton	DEWITT	72
61745	Heyworth	MCLEAN	61
61748	Hudson	MCLEAN	52
61752	Le Roy		52
61364	Streator	LA SALLE	45
61738	El Paso	WOODFORD	42
61753	Lexington	MCLEAN	38
61739	Fairbury	LIVINGSTON	35
61776	Towanda	MCLEAN	32
61744	Gridley	MCLEAN	31
61726	Chenoa	MCLEAN	28
61740	Flanagan	LIVINGSTON	26
61760	Minonk	WOODFORD	24
61732	Danvers	MCLEAN	24
61736	Downs	MCLEAN	23
60460	Odell	LIVINGSTON	18
60420	Dwight	LIVINGSTON	18
61723	Atlanta	LOGAN	16
61741	Forrest	LIVINGSTON	16

Reference Numbers Facility Id 7003145

Health Service Area 004 Planning Service Area 019

Olympian Surgical Suites, LLC
1002 West Interstate Drive
Champaign , IL 61822

Administrator
Julie Root

Date Complete
3/4/2017

Contact Person
Julie Root

Telephone
217-693-5700

Registered Agent
Ronald Gordon

Property Owner
R & B Champaign

Legal Owner(s)
Julie Root
Ronald Gordon
Sidney Rohrscheib

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	4

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Presence Covenant Medical Center	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	0.00
TOTAL	3.00

DAYS AND HOURS OF OPERATION

Monday	4
Tuesday	7
Wednesday	0
Thursday	7
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	19	101	120
45-64 years	30	79	109
65-74 years	0	1	1
75+ years	0	0	0
TOTAL	49	181	230

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	1	1
Other Public	0	0	0
Insurance	43	145	188
Private Pay	5	35	40
Charity Care	1	0	1
TOTAL	49	181	230

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	82.7%	17.3%	100.0%		
329	0	0	1,822,603	380,017	2,202,949	6,200	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	217	219.75	108.00	327.75	1.51
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	13	16.25	13.00	29.25	2.25
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	230	236.00	121.00	357.00	1.55

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61822	Champaign		11
61856	Monticello		8
62526	Decatur		8
61704	Bloomington		7
61821	Champaign		6
61801	Urbana		6
62521	Decatur		6
62703	Springfield		6
61853	Mahomet		5
61866	Rantoul		5
61835			4
62549	Mount Zion		4
61761	Normal		4
61938	Mattoon		4
61842	Farmer City		4
61843	Fisher		4
61832	Danville		4
62650	Jacksonville		3
61802	Urbana		3
61951	Sullivan		3
61953	Tuscola		3
61745	Heyworth		3
61705	Bloomington		3
62702	Springfield		3

Reference Numbers Facility Id 7002116

Health Service Area 004 Planning Service Area 113

The Center for Orthopedic Medicine, LLC
2502 B East Empire St.
Bloomington, IL 61704

Administrator
Bryan Zowin

Date Complete
3/9/2017

Contact Person
Sarah E. Gardner

Telephone
309-662-6120

Registered Agent
Sarah E. Gardner

Property Owner
McLean County Land Trust H290

Legal Owner(s)

Brian L. Hamm, DPM
BroMenn Physician Management Corporation
Bryce Paschold, DPM
Carle Foundation
Craig Carmichael, MD
Finn Amble, MD
Gerald Paul, DPM
Gregory Dietz, DMD
Jason Seibly, DO
Jerome Oakey, MD
Joseph Norris, MD
Joseph Novotny, MD
Laura Randolph, MD
Mark Hanson, MD
McLean County SurgiCenter
Nikhil Chokshi, MD
Robert Seidl, MD
Sherri Thornton, MD
Thomas Kelly, MD
Willard Noyes, MD

Number of Operating Rooms	4
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	21
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate BroMenn Medical Center	7

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	25.00
Certified Aides	0.00
Other Health Profs.	14.00
Other Non-Health Profs	12.00
TOTAL	52.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	301	247	548
15-44 years	696	741	1,437
45-64 years	981	1,354	2,335
65-74 years	372	582	954
75+ years	237	430	667
TOTAL	2,587	3,354	5,941

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	170	145	315
Medicare	506	795	1,301
Other Public	34	11	45
Insurance	1,849	2,308	4,157
Private Pay	21	90	111
Charity Care	7	5	12
TOTAL	2,587	3,354	5,941

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
9.1%	1.9%	0.1%	77.3%	11.5%	100.0%		
1,121,829	237,994	15,710	9,569,390	1,427,186	12,372,109	27,100	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	34	68.00	34.00	102.00	3.00
OB/Gynecology	51	38.25	34.00	72.25	1.42
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	86	100.30	50.00	150.30	1.75
Orthopedic	2280	1,710.00	2,850.00	4560.00	2.00
Otolaryngology	752	376.00	501.00	877.00	1.17
Pain Management	310	155.00	180.75	335.75	1.08
Plastic	243	364.50	303.75	668.25	2.75
Podiatry	295	295.00	221.00	516.00	1.75
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	4051	3,107.05	4,174.50	7281.55	1.80

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	1890	631.25	313.5	944.75	0.50
TOTALS	1	1890	631.25	313.5	944.75	0.50

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61704	Bloomington		1040
61761	Normal		1010
61701	Bloomington		797
61705	Bloomington		396
61752	Le Roy		152
61745	Heyworth		149
61764	Pontiac		140
61727	Clinton		123
61739	Fairbury		121
61748	Hudson		111
61738	El Paso		110
61753	Lexington		94
61736	Downs		84
61732	Danvers		78
61776	Towanda		64
61726	Chenoa		61
61723	Atlanta		57
61364	Streator		57
61530	Eureka		53
61728	Colfax		53
61725	Carlock		50
61744	Gridley		50
61755	Mackinaw		49
61740	Flanagan		45

Reference Numbers Facility Id 7003175
Health Service Area 004 Planning Service Area 183

Vermilion County Surgery Center, LLC
26 W. Newell Road
Danville, IL 61834

Administrator
Jared C. Rogers, M.D.

Date Complete
3/7/2017

Contact Person
Anne Little

Telephone
847-813-3721

Registered Agent
Evelyn Nelson

Property Owner

Legal Owner(s)

David Bordo, MD
Jeannie Frey
Marsha Ladenburger
Nora Byrne
Patricia Foltz
Sam Baghi, MD
Steve Tally, MD
Susan Morelli

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	2
Number of Recovery Stations Stage 1	7
Number of Recovery Stations Stage 2	6

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Presence United Samaritans Medical Center	

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	3.00
Certified Aides	
Other Health Profs.	2.00
Other Non-Health Profs	1.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	11	12	23
45-64 years	150	189	339
65-74 years	190	372	562
75+ years	200	291	491
TOTAL	551	864	1,415

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	257	445	702
Other Public	0	4	4
Insurance	291	415	706
Private Pay	3	0	3
Charity Care	0	0	0
TOTAL	551	864	1,415

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
37.6%	0.0%	0.5%	61.6%	0.2%	100.0%		
459,086	0	6,389	752,001	2,559	1,220,035	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	2	2.00	15.50	17.50	8.75
Gastroenterology	57	50.00	23.00	73.00	1.28
General Surgery	37	28.00	44.00	72.00	1.95
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	122	76.00	43.00	119.00	0.98
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1164	315.00	215.50	530.50	0.46
Oral/Maxillofacial	14	13.00	7.50	20.50	1.46
Orthopedic	19	13.00	28.00	41.00	2.16
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1415	497.00	376.50	873.50	0.62

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61832	Danville		515
61834	Danville		96
47932			88
61846	Georgetown		75
61883	Westville		74
61817	Catlin		72
61858	Oakwood		51
61833	Danville		36
61924	Chrisman		27
61944	Paris		25
47993			22
47987			20
47974			19
61814	Bismarck		18
61841	Fairmount		17
61865	Potomac		16
60942	Hoopeston		13
47952			13
61870	Ridge Farm		12
47991			11
47928			11
61822	Champaign		11
61844	Fithian		9
60953	Milford		9

Reference Numbers Facility Id 7003178
Health Service Area 005 Planning Service Area 049

Effingham Ambulatory Surgery Center
904 W Temple
Effingham, IL 62401

Administrator
Jean Dunaway, RN, CASC

Date Complete
2/28/2017

Contact Person
Jean Dunaway, RN, CASC

Telephone
217-342-1234

Registered Agent
CT Corporation System

Property Owner
Effingham Medical Properties, LLC

Legal Owner(s)

Brian Ogan, MD
Frank Lee, MD
James Flaig, DO
James Graham, DPM
Jason McAllaster, DO
Jason Swanson, DDS
Jeffrey Whightsel, MD
John Kay, MD
Joseph Spraul, MD
Kelly Haller, MD
Kevin Malone, MD
Lisa Kowalski, MD
Lisa Sasso, MD
Nash Naam, MD
Patrick Stewart, MD
Ruben Boyajian, MD
USP Effingham, Inc

Number of Operating Rooms	5
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	5
Number of Recovery Stations Stage 2	13

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
HSHS St. Anthony's Hosp. Effingham	4

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	2.00
Nurse Anesthetists	2.00
Director of Nurses	1.00
Registered Nurses	22.00
Certified Aides	0.00
Other Health Profs.	10.00
Other Non-Health Profs	10.00
TOTAL	48.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	21	20	41
15-44 years	430	597	1,027
45-64 years	1,199	1,388	2,587
65-74 years	757	1,115	1,872
75+ years	678	879	1,557
TOTAL	3,085	3,999	7,084

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	89	226	315
Medicare	1,506	2,091	3,597
Other Public	14	11	25
Insurance	1,461	1,660	3,121
Private Pay	15	10	25
Charity Care	0	1	1
TOTAL	3,085	3,999	7,084

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
18.2%	0.7%	0.2%	80.8%	0.1%	100.0%		
2,763,032	111,124	33,653	12,243,937	10,269	15,162,015	9,588	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	1367	411.44	2,364.00	2775.44	2.03
General Surgery	1064	411.44	2,364.00	2775.44	2.61
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	241	87.85	479.67	567.52	2.35
Ophthalmology	1117	209.37	2,266.45	2475.82	2.22
Oral/Maxillofacial	82	70.12	189.73	259.85	3.17
Orthopedic	1228	670.62	2,688.90	3359.52	2.74
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1874	228.73	3,912.65	4141.38	2.21
Plastic	2	2.32	3.97	6.29	3.15
Podiatry	105	59.83	208.85	268.68	2.56
Thoracic	0	0.00	0.00	0.00	0.00
Urology	4	2.45	9.12	11.57	2.89
TOTAL	7084	2,154.17	14,487.34	16641.51	2.35

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62401	Effingham	EFFINGHAM	1595
62448	Newton	JASPER	416
62411	Altamont	EFFINGHAM	334
62471	Vandalia	FAYETTE	247
62467	Teutopolis	EFFINGHAM	236
62450	Olney	RICHLAND	216
62858	Louisville	CLAY	208
62839	Flora	CLAY	199
62458	Saint Elmo	FAYETTE	177
62414	Beecher City	EFFINGHAM	156
61938	Mattoon	COLES	153
62443	Mason	EFFINGHAM	138
62424	Dieterich	EFFINGHAM	135
62428	Greenup	CUMBERLAND	121
61920	Charleston	COLES	116
62463	Stewardson	SHELBY	112
62838	Farina	FAYETTE	111
62418	Brownstown	FAYETTE	105
62565	Shelbyville	SHELBY	105
62447	Neoga	CUMBERLAND	102
62473	Watson	EFFINGHAM	86
62468	Toledo	CUMBERLAND	84
62420	Casey	CLARK	81
62454	Robinson	CRAWFORD	78

Reference Numbers Facility Id 7003143
Health Service Area 005 Planning Service Area 081

Marion Eye Surgery Center, LLC.
2900 Broadway, Suite B
Mt. Vernon, IL 62864

Administrator
Marla Zinzilieta RN

Date Complete
3/7/2017

Contact Person
Marla Zinzilieta RN

Telephone
618-969-8700

Registered Agent
Maqbool Ahmad MD

Property Owner

Legal Owner(s)

Faisel Ahmad MD
George Ortiz MD
Maqbool Ahmad MD
Omar Ahmad MD
Ukeme Umana MD

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	1
Number of Recovery Stations Stage 2	4

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
SSM Health Good Samaritan Hospital	3

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	5.00
Nurse Anesthetists	2.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	1.00
Other Health Profs.	3.00
Other Non-Health Profs	2.00
TOTAL	20.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	4	4	8
15-44 years	64	72	136
45-64 years	699	1,044	1,743
65-74 years	770	1,161	1,931
75+ years	504	503	1,007
TOTAL	2,041	2,784	4,825

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	215	399	614
Medicare	1,064	1,517	2,581
Other Public	75	3	78
Insurance	651	833	1,484
Private Pay	36	32	68
Charity Care	0	0	0
TOTAL	2,041	2,784	4,825

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
35.6%	5.3%	2.8%	43.6%	12.7%	100.0%		
1,949,000	291,000	155,000	2,387,000	698,000	5,480,000	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	4825	1,122.55	1,608.34	2730.89	0.57
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	4825	1,122.55	1,608.34	2730.89	0.57

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62959	Marion	Williamson	393
62864	Mount Vernon	Jefferson	214
62966	Murphysboro	Jackson	183
62896	West Frankfort	Franklin	167
62948	Herrin	Williamson	150
62901	Carbondale	Jackson	150
62832	DuQuoin	Perry	140
62812	Benton	Franklin	132
62801	Centralia	Marion	127
62881	Salem	Marion	110
62450	Olney	Richland	108
62906	Anna	Union	95
62837	Fairfield	Wayne	91
62918	Carterville	Williamson	87
62263	Nashville	Washington	71
62839	Flora	Clay	70
62274	Pinckneyville	Perry	66
62930	Eldorado	Saline	65
62471	Vandalia	Fayette	64
62946	Harrisburg	Saline	61
62821	Carmi	White	60
62995	Vienna	Johnson	56
62951	Johnston City	Williamson	50
62939	Goreville	Johson	46

Reference Numbers Facility Id 7002801
Health Service Area 005 Planning Service Area 199
Marion HealthCare, LLC
3003 Civic Circle Blvd
Marion, IL 61752

Administrator
Jennifer Van Meter

Date Complete
2/21/2017

Contact Person
Scott Hendren

Telephone
(309)962-2299

Registered Agent
Thomas J. Pliura, M.D., J.D.

Property Owner
Marion HealthCare Real Estate Company

Legal Owner(s)
Alberto Cuartus, MD,
Clay DeMattei, M.D.
David Mann, M.D.
Elisabeth Beyer Nolen, M.D.
Frank Bleyer, M.D,
Jeffery Deacon, DPM
Jodi Bryant, M.D.
Khalid Javed, M.D.
Michael Schifano, DO.
Patrick Sayavong, DO.
R. Lawrence Hatchett, M.D.
Sean McCain, M.D.
SushilkumarTibrewala, M.D.
Suzanne Burge, M.D.
Thomas J. Pliura, MD,
Udaya Liyanage, M.D.

Number of Operating Rooms	3
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	5

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Herrin Hospital, Herrin, IL	2
Heartland Regional, Marion, IL	3
Memorial Med. Center, Carbondale, IL	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	3.00
Director of Nurses	1.00
Registered Nurses	14.00
Certified Aides	0.00
Other Health Profs.	7.00
Other Non-Health Profs	7.00
TOTAL	33.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	144	63	207
15-44 years	170	457	627
45-64 years	407	593	1,000
65-74 years	523	697	1,220
75+ years	377	432	809
TOTAL	1,621	2,242	3,863

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	364	638	1,002
Medicare	700	1,037	1,737
Other Public	90	19	109
Insurance	460	538	998
Private Pay	7	10	17
Charity Care	0	0	0
TOTAL	1,621	2,242	3,863

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
39.5%	12.5%	3.7%	36.3%	8.0%	100.0%		
1,213,987	383,732	114,299	1,117,167	245,270	3,074,455	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	28	16.00	11.50	27.50	0.98
Dermatology	27	9.00	10.00	19.00	0.70
Gastroenterology	743	230.00	283.50	513.50	0.69
General Surgery	367	103.00	147.00	250.00	0.68
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	52	13.00	17.50	30.50	0.59
OB/Gynecology	85	23.00	37.00	60.00	0.71
Ophthalmology	680	157.00	227.00	384.00	0.56
Oral/Maxillofacial	589	87.00	216.00	303.00	0.51
Orthopedic	37	11.00	17.50	28.50	0.77
Otolaryngology	228	66.00	99.00	165.00	0.72
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	28	27.00	11.00	38.00	1.36
Thoracic	16	5.00	6.00	11.00	0.69
Urology	391	45.00	169.50	214.50	0.55
TOTAL	3271	792.00	1,252.50	2044.50	0.63

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	1	592	180	197.5	377.5	0.64
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	592	180	197.5	377.5	0.64

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62959	Marion		914
62948	Herrin		312
62896	West Frankfort		288
62918	Carterville		196
62812	Benton		153
62951	Johnston City		146
62946	Harrisburg		123
62939	Goreville		122
62922	Creal Springs		100
62901	Carbondale		100
62966	Murphysboro		99
62822	Christopher		70
62832	DuQuoin		63
62930	Eldorado		62
62906	Anna		61
62995	Vienna		56
62890	Thompsonville		56
62974	Pittsburg		46
62960	Metropolis		45
62884	Sesser		40
62933	Energy		39
62983	Royalton		34
62902	Carbondale		33
62924	De Soto		33

Reference Numbers Facility Id 7003200
Health Service Area 005 Planning Service Area 127

Massac County Surgery Center LLC
1811 E. 5th Street
Metropolis, IL 62960

Administrator
Sharon Morrison

Date Complete
3/29/2017

Contact Person
Sharon Morrison

Telephone
618-309-6000

Registered Agent
Greg Thompson

Property Owner

Legal Owner(s)

Massac Memorial LLC
OIWK Holdings

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	2

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Massac Memorial Hospital, Metropolis, Il	

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	
Other Health Profs.	3.00
Other Non-Health Profs	2.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	3	3	6
15-44 years	54	43	97
45-64 years	64	73	137
65-74 years	26	49	75
75+ years	12	19	31
TOTAL	159	187	346

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	51	61	112
Medicare	67	128	195
Other Public	0	1	1
Insurance	73	42	115
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	191	232	423

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
34.2%	7.3%	0.0%	58.6%	0.0%	100.0%		
155,194	33,093	0	266,044	0	454,331	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	237	272.50	118.50	391.00	1.65
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	107	133.75	53.50	187.25	1.75
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	344	406.25	172.00	578.25	1.68

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
42003			55
42001			43
62960	Metropolis		35
42025			25
42066			15
42086			14
42071			9
42055			8
42064			8
42029			7
42445			7
62995	Vienna		7
42024			6
42053			6
62910	Brookport		5
42023			5
42078			4
62938	Golconda		4
42058			4
42051			4
62985	Simpson		3
42081			3
42087			3
42002			3

Reference Numbers Facility Id 7002900
Health Service Area 005 Planning Service Area 199

Pain Care Surgery
108 AIRWAY DRIVE
Marion, IL 62959

Administrator
James Sprouse

Date Complete
3/2/2017

Contact Person
Patricia Burks

Telephone
270-554-8373

Registered Agent
Laxmaiah Manchikanti

Property Owner

Legal Owner(s)
Laxmaiah Manchikanti
Yogesh Malla

Number of Operating Rooms	0
Procedure Rooms	1
Exam Rooms	3
Number of Recovery Stations Stage 1	0
Number of Recovery Stations Stage 2	4

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Heartland Regional Medical Center	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	2.00
Certified Aides	2.00
Other Health Profs.	1.00
Other Non-Health Profs	2.00
TOTAL	7.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	
Wednesday	
Thursday	
Friday	10
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	162	446	608
45-64 years	389	661	1,050
65-74 years	72	92	164
75+ years	11	54	65
TOTAL	634	1,253	1,887

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	225	563	788
Medicare	236	436	672
Other Public	4	4	8
Insurance	168	243	411
Private Pay	1	7	8
Charity Care	0	0	0
TOTAL	634	1,253	1,887

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
29.1%	40.8%	0.6%	25.1%	4.5%	100.0%		
262,527	368,864	5,288	226,417	40,256	903,352	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	1887	134	251	385	0.20
TOTALS	1	1887	134	251	385	0.20

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62959	Marion		176
62948	Herrin		115
62896	West Frankfort		104
62946	Harrisburg		90
62812	Benton		65
62918	Carterville		57
62951	Johnston City		51
62960	Metropolis		43
62930	Eldorado		43
62822	Christopher		39
62939	Goreville		39
62995	Vienna		39
62901	Carbondale		38
62864	Mount Vernon		36
62922	Creal Springs		33
62821	Carmi		29
62832	DuQuoin		29
62966	Murphysboro		28
62906	Anna		26
62982	Rosiclare		25
62938	Golconda		25
62999	Zeigler		23
62964	Mounds		23
62917	Carrier Mills		22

Reference Numbers Facility Id 7003172
Health Service Area 005 Planning Service Area 081

Physicians Surgery Center at Good Samairtan, LLC d
2 Good Samaritan Way, Suite 200
Mt. Vernon, IL 62864

Administrator
Melinda Cain

Date Complete
3/2/2017

Contact Person
Melinda Cain

Telephone
618/899.5708

Registered Agent
CT Corporation

Property Owner
Frauenshuh Hospitality Group of Minnesota, LLC

Legal Owner(s)

Alan Scott Harad M.D.
Angela K. Freehill Brown M.D.
Annette V. Shores M.D.
Don A Kovalsky M.D.
FPP, Inc.
Jean-Benoit Houle M.D.
Jeffrey Maher MD
Joon S. Ahn M.D.
Kevin B. Claffey M.D.
Prateek Srinet, MD
SDP OBGYN, LLC - Michael Schifano DO
USP Mt. Vernon, Inc.

Number of Operating Rooms	3
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	7
Number of Recovery Stations Stage 2	4

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
SSM Health Good Samaritan Hospital - Mt. Vernon	4

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	11.00
Certified Aides	1.00
Other Health Profs.	7.00
Other Non-Health Profs	3.00
TOTAL	24.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	36	43	79
15-44 years	264	489	753
45-64 years	644	694	1,338
65-74 years	327	379	706
75+ years	159	177	336
TOTAL	1,430	1,782	3,212

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	249	481	730
Medicare	504	590	1,094
Other Public	13	5	18
Insurance	660	701	1,361
Private Pay	4	5	9
Charity Care	0	0	0
TOTAL	1,430	1,782	3,212

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
13.3%	5.4%	0.3%	80.6%	0.3%	100.0%		
893,746	361,473	21,547	5,403,410	23,220	6,703,396	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	269	129.00	67.25	196.25	0.73
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	193	99.25	80.50	179.75	0.93
Ophthalmology	326	74.75	54.50	129.25	0.40
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	716	460.50	298.25	758.75	1.06
Otolaryngology	89	36.00	15.00	51.00	0.57
Pain Management	561	54.50	47.00	101.50	0.18
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	4	2.50	1.50	4.00	1.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	248	102.50	93.25	195.75	0.79
TOTAL	2406	959.00	657.25	1616.25	0.67

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	803	210.5	67	277.5	0.35
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	3	0.75	1.5	2.25	0.75
Pain Management	0	0	0	0	0	0.00
TOTALS	0	806	211.25	68.5	279.75	0.35

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62864	Mount Vernon		883
62801	Centralia		221
62812	Benton		192
62881	Salem		152
62859	Mc Leansboro		147
62837	Fairfield		89
62884	Sesser		82
62263	Nashville		65
62898	Woodlawn		60
62814	Bluford		55
62894	Waltonville		54
62808	Ashley		50
62830	Dix		49
62816	Bonnie		47
62895	Wayne City		47
62872	Opdyke		42
62828	Dahlgren		42
62896	West Frankfort		41
62839	Flora		36
62882	Sandoval		35
62810	Belle Rive		34
62823	Cisne		33
62870	Odin		32
62860	Macedonia		29

Reference Numbers Facility Id 7003128
Health Service Area 005 Planning Service Area 077

Physicians' Surgery Center, LLC
2601 West Main Street
Carbondale, IL 62901

Administrator
Stephen Renfro

Date Complete
2/20/2017

Contact Person
Stephen Renfro

Telephone
618-351-7300 ext 25255

Registered Agent
William Sherwood

Property Owner
Southern Illinois Healthcare

Legal Owner(s)

Adrian Martin, MD
Don Arnold II, MD
Douglas Gates, MD
Gardner Kenny, MD
Judson Brewer, MD
Marsha Ryan, MD
Michaelis Jackson, MD
Sam Stokes III, MD
Southern Illinois Healthcare
Sylvia Garwin, MD

Number of Operating Rooms	2
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	5
Number of Recovery Stations Stage 2	5

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Memorial Hospital Carbondale	6

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	10.00
Certified Aides	0.00
Other Health Profs.	9.00
Other Non-Health Profs	4.00
TOTAL	24.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	16	10	26
15-44 years	302	550	852
45-64 years	506	659	1,165
65-74 years	425	374	799
75+ years	275	216	491
TOTAL	1,524	1,809	3,333

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	325	549	874
Medicare	605	589	1,194
Other Public	50	25	75
Insurance	528	635	1,163
Private Pay	11	5	16
Charity Care	5	6	11
TOTAL	1,524	1,809	3,333

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
27.1%	11.0%	4.1%	57.2%	0.6%	100.0%		
1,045,939	425,220	157,749	2,205,891	23,063	3,857,862	6,429	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	138	167.00	26.00	193.00	1.40
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	197	135.00	37.00	172.00	0.87
Ophthalmology	716	227.00	96.00	323.00	0.45
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	30	18.00	7.00	25.00	0.83
Pain Management	1189	226.00	198.00	424.00	0.36
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	637	287.00	125.00	412.00	0.65
TOTAL	2907	1,060.00	489.00	1549.00	0.53

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	1	426	219	100	319	0.75
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	426	219	100	319	0.75

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62901	Carbondale		361
62966	Murphysboro		322
62959	Marion		232
62918	Carterville		167
62948	Herrin		162
62832	DuQuoin		157
62902	Carbondale		153
62896	West Frankfort		140
62906	Anna		87
62946	Harrisburg		76
62924	De Soto		74
62920	Cobden		73
62274	Pinckneyville		70
62903	Carbondale		69
62951	Johnston City		68
62907	Ava		66
62812	Benton		58
62952	Jonesboro		47
62822	Christopher		46
62932	Elkville		43
62999	Zeigler		41
62958	Makanda		39
62865	Mulkeytown		39
62995	Vienna		39

Reference Numbers Facility Id 7002421
Health Service Area 005 Planning Service Area 199

Southern Illinois Orthopedic Center, LLC
510 Lincoln Dr
Herrin, IL 62948

Administrator
Greg Thompson

Date Complete
3/10/2017

Contact Person
Greg Thompson

Telephone
618-997-6800 ext 1050

Registered Agent
Richard Morgan, MD

Property Owner

Legal Owner(s)

Southern Illinois Healthcare Services
Southern Orthopedic Associates, LLC

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	6

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Herrin	4
Memorial Hospital of Carbondale	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	20.00
Certified Aides	0.00
Other Health Profs.	8.00
Other Non-Health Profs	4.00
TOTAL	35.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	47	40	87
15-44 years	516	426	942
45-64 years	643	702	1,345
65-74 years	167	259	426
75+ years	92	132	224
TOTAL	1,465	1,559	3,024

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	224	318	542
Medicare	220	337	557
Other Public	26	12	38
Insurance	620	662	1,282
Private Pay	17	2	19
Charity Care	1	0	1
TOTAL	1,108	1,331	2,439

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS
7.3%	0.4%	1.7%	90.3%	0.3%	100.0%
583,579	34,150	133,496	7,269,085	25,293	8,045,603

Charity Care Expense	Charity Care Expense as % of Total Net Revenue
479	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	3024	2,923.00	1,866.00	4789.00	1.58
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3024	2,923.00	1,866.00	4789.00	1.58

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62959	Marion	WILLIAMSON	317
62966	Murphysboro	JACKSON	196
62901	Carbondale	JACKSON	182
62948	Herrin	WILLIAMSON	159
62896	West Frankfort	FRANKLIN	138
62946	Harrisburg	SALINE	136
62832	DuQuoin	PERRY	124
62918	Carterville	WILLIAMSON	117
62274	Pinckneyville	PERRY	97
62812	Benton	FRANKLIN	97
62906	Anna	UNION	92
62951	Johnston City	WILLIAMSON	71
62930	Eldorado	SALINE	59
62939	Goreville	JOHNSON	58
62922	Creal Springs	WILLIAMSON	48
62902	Carbondale	JACKSON	43
62907	Ava	JACKSON	42
62920	Cobden	UNION	41
62822	Christopher	FRANKLIN	37
62917	Carrier Mills	SALINE	34
62995	Vienna	JOHNSON	33
62924	De Soto	JACKSON	33
62890	Thompsonville	FRANKLIN	32
62952	Jonesboro	UNION	32

Reference Numbers Facility Id 7002298
Health Service Area 005 Planning Service Area 121
Surgery Center of Centralia
1045 ML KING DRIVE
Centralia, IL 62801

Administrator
JASON FISCHER

Date Complete
2/24/2017

Contact Person
JASON FISCHER

Telephone
618-532-3110

Registered Agent
NATIONAL REGISTERED AGE

Property Owner

Legal Owner(s)

BRENDA & MARK MURFIN
COMMUNITY CARE, INC
JEFFREY MAHER
M.A. JUNIDI
SDPOBGYN, LLC

Number of Operating Rooms	1
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	2
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ST MARYS HOSPITAL CENTRALIA	2
SALEM TOWNSHIP HOSPITAL	0
CROSSROADS COMMUNITY HOSPITAL	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	2.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	3.00
TOTAL	8.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	3	4	7
15-44 years	51	160	211
45-64 years	199	231	430
65-74 years	226	289	515
75+ years	158	203	361
TOTAL	637	887	1,524

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	27	119	146
Medicare	369	502	871
Other Public	10	9	19
Insurance	226	256	482
Private Pay	5	1	6
Charity Care	0	0	0
TOTAL	637	887	1,524

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
40.3%	6.8%	0.5%	51.9%	0.4%	100.0%		
701,238	118,281	9,038	903,161	7,420	1,739,138	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	177	74.00	133.00	207.00	1.17
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	126	42.25	115.50	157.75	1.25
Ophthalmology	580	113.00	261.00	374.00	0.64
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	76	17.25	69.25	86.50	1.14
Otolaryngology	1	0.50	0.75	1.25	1.25
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	56	41.25	59.50	100.75	1.80
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1016	288.25	639.00	927.25	0.91

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
GI	0	342	143	172	315	0.92
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
YAG	0	166	32.25	33.75	66	0.40
TOTALS	0	508	175.25	205.75	381	0.75

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62801	Centralia	Marion	684
62881	Salem	MARION	142
62882	Sandoval	MARION	67
62870	Odin	MARION	60
62864	Mount Vernon	JEFFERSON	58
62231	Carlyle	CLINTON	54
62875	Patoka	MARION	44
62849	Iuka	MARION	34
62263	Nashville	WASHINGTON	32
62893	Walnut Hill	MARION	26
62848	Irvington	WASHINGTON	25
62807	Alma	Marion	24
62853	Kell	MARION	21
62854	Kinmundy	MARION	17
62803	Hoyleton	WASHINGTON	16
62830	Dix	JEFFERSON	13
62877	Richview	WASHINGTON	12
62808	Ashley	WASHINGTON	12
62898	Woodlawn	JEFFERSON	8
62471	Vandalia	FAYETTE	7
62839	Flora	CLAY	7
62246	Greenville	BOND	7
62250	Hoffman	CLINTON	7
62814	Bluford	JEFFERSON	7

Reference Numbers Facility Id 7001969
Health Service Area 006 Planning Service Area 030

25 East Same Day Surgery
25 East Washington St.
Chicago, IL 60602

Administrator
Katherine M Carlson

Date Complete
3/3/2017

Contact Person
Katherine M Carlson

Telephone
312-726-3329

Registered Agent
CT Corp

Property Owner
ASPIRE Properties

Legal Owner(s)

Dr Sanjay Rao
Dr. Ari Jacob Kaz
Dr. Colman Kraff
Dr. David Garelick
Dr. George Bucciero
Dr. Jingtao Guo
Dr. Mary Szatkowski
Dr. Pamela Eernisse
Dr. Scott Rubinstein
Dr.Kevin Wei-Ta Chen
Hite-Hass Family Partnership, L.P.

Number of Operating Rooms	4
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	12
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwestern	2

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	9.00
Certified Aides	0.00
Other Health Profs.	4.00
Other Non-Health Profs	3.00
TOTAL	18.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	1	1
15-44 years	190	272	462
45-64 years	308	389	697
65-74 years	191	327	518
75+ years	148	219	367
TOTAL	837	1,208	2,045

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	11	5	16
Medicare	258	427	685
Other Public	0	0	0
Insurance	513	651	1,164
Private Pay	24	56	80
Charity Care	1	0	1
TOTAL	807	1,139	1,946

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
23.5%	0.3%	0.0%	70.5%	5.7%	100.0%		
783,762	10,654	0	2,348,396	189,004	3,331,816	944	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	1	1.00	2.00	3.00	3.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	81	96.80	21.52	118.32	1.46
Ophthalmology	917	319.42	168.25	487.67	0.53
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	277	239.43	114.40	353.83	1.28
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	380	342.35	46.08	388.43	1.02
Plastic	66	132.10	29.62	161.72	2.45
Podiatry	282	219.23	75.50	294.73	1.05
Thoracic	0	0.00	0.00	0.00	0.00
Urology	2	1.22	2.70	3.92	1.96
TOTAL	2006	1,351.55	460.07	1811.62	0.90

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	40	24	4	28	0.70
Pain Management	0	0	0	0	0	0.00
TOTALS	1	40	24	4	28	0.70

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60616	Chicago		117
60611	Chicago		97
60610	Chicago		74
60614	Chicago		72
60657	Chicago		58
60605	Chicago		55
60613	Chicago		51
60608	Chicago		50
60618	Chicago		46
60647	Chicago		42
60601	Chicago		39
60629	Chicago		33
60619	Chicago		32
60615	Chicago		32
60609	Chicago		31
60640	Chicago		31
60632	Chicago		31
60625	Chicago		28
60607	Chicago		26
60660	Chicago		26
60641	Chicago		26
60622	Chicago		26
60654	Chicago		24
60626	Chicago		21

Reference Numbers Facility Id 7002256
Health Service Area 006 Planning Service Area 030
Advanced Ambulatory Surgical Center
2333 N Harlem Ave
Chicago, IL 60707

Administrator **Date Complete**
DR. SEVERKO HRYWNAK 3/8/2017

Contact Person **Telephone**
JOANNA BRZOSTOWSKA 7736371700

Registered Agent
ROBERT POLOVIN

Property Owner
2333 N. HARLEM LIMITED PARTNERSHIP

Legal Owner(s)
SEVERKO HRYWNAK

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	5
Number of Recovery Stations Stage 2	2

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
GOTLIEB HOSPITAL	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	
Other Health Profs.	3.00
Other Non-Health Profs	7.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	5
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	1	1	2
15-44 years	123	72	195
45-64 years	222	193	415
65-74 years	107	161	268
75+ years	153	227	380
TOTAL	606	654	1,260

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	268	411	679
Other Public	0	0	0
Insurance	274	209	483
Private Pay	60	27	87
Charity Care	5	6	11
TOTAL	607	653	1,260

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
21.9%	0.0%	0.0%	70.2%	7.9%	100.0%		
47,128,149	0	0	150,996,005	16,889,823	215,013,977	3,336,650	2%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	1	1.00	0.60	1.60	1.60
Dermatology	4	3.00	2.30	5.30	1.33
Gastroenterology	84	41.00	28.00	69.00	0.82
General Surgery	33	37.00	22.00	59.00	1.79
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	16	21.00	16.00	37.00	2.31
OB/Gynecology	1	1.00	0.60	1.60	1.60
Ophthalmology	2	1.30	2.00	3.30	1.65
Oral/Maxillofacial	25	12.00	15.30	27.30	1.09
Orthopedic	181	235.00	65.00	300.00	1.66
Otolaryngology	1	1.00	1.30	2.30	2.30
Pain Management	829	201.00	151.00	352.00	0.42
Plastic	2	3.00	2.75	5.75	2.88
Podiatry	79	95.00	43.75	138.75	1.76
Thoracic	0	0.00	0.00	0.00	0.00
Urology	2	2.30	2.30	4.60	2.30
TOTAL	1260	654.60	352.90	1007.50	0.80

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60634	Norridge		135
60707	Elmwood Park		69
60656	Harwood Heights		68
60706	Harwood Heights		62
60631	Chicago		50
60630	Chicago		49
60160	Melrose Park		47
60641	Chicago		43
60164	Melrose Park		43
60068	Park Ridge		40
60131	Franklin Park		40
60101	Addison		26
60171	River Grove		26
60018	Des Plaines		25
60646	Chicago		21
60176	Schiller Park		17
60126	Elmhurst		17
60639	Chicago		16
60305	River Forest		16
60016	Des Plaines		16
60714	Niles		15
60651	Chicago		13
60191	Wood Dale		13
60302	Oak Park		10

Reference Numbers Facility Id 7003131
Health Service Area 006 Planning Service Area 030
Belmont Harlem Surgery Center
3101 N HARLEM AVE
Chicago, IL 60630

Administrator
Faith McHale

Date Complete
3/7/2017

Contact Person
Faith McHale

Telephone
773-889-2000

Registered Agent
JEANNE FREY

Property Owner
PRESENCE HEALTHCARE

Legal Owner(s)

ALAN SADAH, MD
ANTHONY GRANDE, MD
BRIAN MCCALL, MD
CHRISTOPHER MAHR, MD
DAVID YOON, MD
GREGORY FAHRENBACH, MD
JASMEET DAHILWAHL
MANUS KRAFF, MD
MARIAN SKOLARZ
MARK SOKOLOWSKI, MD
MICHELLE LIPMAN, MD
PRESENCE HEALTHCARE
RICHARD HAYEK, MD
TODD RIMINNGTON, MD
TOMASZ SZYMD, DPM

Number of Operating Rooms	4
Procedure Rooms	
Exam Rooms	
Number of Recovery Stations Stage 1	5
Number of Recovery Stations Stage 2	8

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
PRESENCE HEALTHCARE	4

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	1.00
Registered Nurses	3.00
Certified Aides	
Other Health Profs.	2.00
Other Non-Health Profs	2.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	2	2
15-44 years	192	138	330
45-64 years	391	397	788
65-74 years	268	375	643
75+ years	215	318	533
TOTAL	1,066	1,230	2,296

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	2	1	3
Medicare	318	545	863
Other Public	0	0	0
Insurance	738	670	1,408
Private Pay	8	13	21
Charity Care	0	1	1
TOTAL	1,066	1,230	2,296

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS
23.2%	0.1%	0.0%	62.0%	14.6%	100.0%
867,489	5,354	0	2,315,857	543,566	3,732,266

Charity Care Expense	Charity Care Expense as % of Total Net Revenue
2,500	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	542	168.00	224.08	392.08	0.72
General Surgery	3	1.50	1.08	2.58	0.86
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	925	348.75	162.59	511.34	0.55
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	639	501.25	316.00	817.25	1.28
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	97	11.00	24.25	35.25	0.36
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	75	53.75	30.75	84.50	1.13
Thoracic	0	0.00	0.00	0.00	0.00
Urology	15	8.25	7.00	15.25	1.02
TOTAL	2296	1,092.50	765.75	1858.25	0.81

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60634	Norridge	COOK	350
60656	Harwood Heights	COOK	164
60631	Chicago	COOK	152
60630	Chicago	COOK	150
60068	Park Ridge	COOK	106
60707	Elmwood Park	COOK	98
60641	Chicago	COOK	90
60016	Des Plaines	COOK	90
60706	Harwood Heights	COOK	87
60646	Chicago	COOK	75
60706	Harwood Heights	COOK	70
60714	Niles	COOK	59
60618	Chicago	COOK	46
60018	Des Plaines	COOK	43
60176	Schiller Park	COOK	33
60056	Mount Prospect	COOK	32
60131	Franklin Park	COOK	32
60641	Chicago	COOK	31
60171	River Grove	COOK	29
60639	Chicago	COOK	28
60053	Morton Grove	COOK	20
60647	Chicago	COOK	17
60106	Bensenville	DUPAGE	15
60062	Northbrook	COOK	15

Reference Numbers Facility Id 7003126
Health Service Area 006 Planning Service Area 030

Chicago Endoscopy Center, ASTC
3536 W. Fullerton Avenue
Chicago, IL 60647

Administrator
Ramon Garcia, MD

Date Complete
3/9/2017

Contact Person
Karen Zimmerman

Telephone
773-772-1212

Registered Agent
Kara Friedman

Property Owner
Garcia Properties

Legal Owner(s)
Ramon A. Garcia, M.D.

Number of Operating Rooms	
Procedure Rooms	1
Exam Rooms	
Number of Recovery Stations Stage 1	2
Number of Recovery Stations Stage 2	

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Norwegian American Hospital	

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	
Director of Nurses	
Registered Nurses	1.00
Certified Aides	3.00
Other Health Profs.	
Other Non-Health Profs	
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	
Saturday	8
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	94	88	182
45-64 years	208	168	376
65-74 years	69	68	137
75+ years	38	44	82
TOTAL	409	368	777

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	111	132	243
Other Public	2	3	5
Insurance	219	195	414
Private Pay	75	39	114
Charity Care	1	0	1
TOTAL	408	369	777

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
27.3%	5.8%	0.6%	61.7%	4.5%	100.0%		
880,949	187,904	20,675	1,990,170	146,685	3,226,383	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	628	125.60	125.60	251.20	0.40
General Surgery	39	15.60	9.75	25.35	0.65
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1	1.00	0.40	1.40	1.40
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	20	3.00	4.00	7.00	0.35
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	12	5.40	3.00	8.40	0.70
Thoracic	0	0.00	0.00	0.00	0.00
Urology	77	23.10	15.40	38.50	0.50
TOTAL	777	173.70	158.15	331.85	0.43

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60639	Chicago	Cook	151
60647	Chicago	Cook	134
60641	Chicago	Cook	55
60618	Chicago	Cook	53
60634	Norridge	Cook	39
60804	Cicero	Cook	30
60707	Elmwood Park	Cook	24
60630	Chicago	Cook	21
60625	Chicago	Cook	21
60651	Chicago	Cook	20
60608	Chicago	Cook	18
60632	Chicago	Cook	16
60622	Chicago	Cook	15
60613	Chicago	Cook	15
60629	Chicago	Cook	13
60640	Chicago	Cook	12
60402	Berwyn	Cook	12
60623	Chicago	Cook	10
60659	Chicago	Cook	8
60656	Harwood Heights	Cook	7
60646	Chicago	Cook	7
60160	Melrose Park	Cook	6
60706	Harwood Heights	Cook	6
60638	Chicago	Cook	6

Reference Numbers Facility Id 7003181
Health Service Area 006 Planning Service Area 030

Fullerton Kimball Medical & Surgical Center
3412 W. FULLERTON AVENUE
Chicago, IL 60647

Administrator
RENLIN XIA

Date Complete
2/28/2017

Contact Person
MARY JANE FLOJO

Telephone
7732358000

Registered Agent
JOHN BOLAND

Property Owner

Legal Owner(s)
RENLIN XIA

Number of Operating Rooms	2
Procedure Rooms	2
Exam Rooms	2
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	0

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ILLINOIS MASONIC HOSPITAL CHICAGO	0
NORWEGIAN AMERICAN HOSPITAL CHICAGO	0
JACKSON PARK HOSPITAL CHICAGO	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	1.00
Other Health Profs.	1.00
Other Non-Health Profs	7.00
TOTAL	13.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	6
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	1	1	2
15-44 years	97	61	158
45-64 years	223	178	401
65-74 years	72	148	220
75+ years	41	83	124
TOTAL	434	471	905

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	244	310	554
Other Public	39	18	57
Insurance	139	142	281
Private Pay	12	1	13
Charity Care	0	0	0
TOTAL	434	471	905

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
23.4%	0.0%	4.2%	66.7%	5.6%	100.0%		
303,491	0	54,750	864,819	72,724	1,295,784	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	21	16.00	21.00	37.00	1.76
General Surgery	15	14.00	20.00	34.00	2.27
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	2	4.00	2.00	6.00	3.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	76	114.00	77.00	191.00	2.51
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	778	389.00	376.00	765.00	0.98
Plastic	2	1.50	2.00	3.50	1.75
Podiatry	11	14.00	8.00	22.00	2.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	905	552.50	506.00	1058.50	1.17

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
Unspecified	0	799	405	397	802	1.00
Unspecified	0	106	147.5	109	256.5	2.42
TOTALS	0	905	552.5	506	1058.5	1.17

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60647	Chicago	Cook	32
60707	Elmwood Park	Cook	27
60440	Bolingbrook	Will	26
60616	Chicago	Cook	25
60625	Chicago	Cook	22
60609	Chicago	Cook	22
60636	Chicago	Cook	19
60628	Chicago	Cook	18
60619	Chicago	Cook	17
60634	Norridge	Cook	16
60656	Harwood Heights	Cook	15
60632	Chicago	Cook	15
60641	Chicago	Cook	15
60621	Chicago	Cook	15
60453	Oak Lawn	Cook	14
60660	Chicago	Cook	13
60610	Chicago	Cook	13
60639	Chicago	Cook	13
60618	Chicago	Cook	13
60623	Chicago	Cook	13
60651	Chicago	Cook	13
60406	Blue Island	Cook	12
60608	Chicago	Cook	12
60657	Chicago	Cook	12

Reference Numbers Facility Id 7002827
Health Service Area 006 Planning Service Area 030

Fullerton Surgery Center
4849 W. FULLERTON AVE
Chicago, IL 60639

Administrator
SALAM OKASHA

Date Complete
3/3/2017

Contact Person
AMELA MEHMEDINOVIC

Telephone
773-237-2900 X 300

Registered Agent
NORMAN JEDDLOH

Property Owner
NASER RUSTOM

Legal Owner(s)
NASER RUSTOM

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	3

Type of Ownership
Partnership (registered with county)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ST. MARY OF NAZARETH, CHICAGO	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	3.00
Certified Aides	1.00
Other Health Profs.	1.00
Other Non-Health Profs	5.00
TOTAL	13.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	10
Sunday	8

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	98	80	178
45-64 years	327	465	792
65-74 years	129	140	269
75+ years	24	39	63
TOTAL	578	724	1,302

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	30	48	78
Medicare	78	115	193
Other Public	0	0	0
Insurance	461	551	1,012
Private Pay	9	9	18
Charity Care	0	1	1
TOTAL	578	724	1,302

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
3.1%	0.3%	0.0%	93.3%	3.4%	100.0%		
86,612	7,362	0	2,644,979	97,151	2,836,104	8,000	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	962	481.00	481.00	962.00	1.00
General Surgery	7	7.00	7.00	14.00	2.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1	0.50	0.50	1.00	1.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	52	52.00	52.00	104.00	2.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	260	130.00	130.00	260.00	1.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	20	15.00	20.00	35.00	1.75
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1302	685.50	690.50	1376.00	1.06

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
99999		COOK	1252
60506	Aurora	KANE	5
60123	Elgin	KANE	5
60065	Northbrook	LAKE , IL	3
60011	Barrington	LAKE , IL	3
60143	Itasca	DUPAGE	3
60109	Burlington	KANE	3
60014	Crystal Lake	MCHENRY	3
60010	Barrington	LAKE , IL	3
60184	Wayne	DUPAGE	2
61065	Poplar Grove	BOONE	2
60015	Deerfield	LAKE , IL	2
60440	Bolingbrook	WILL	2
60156	Lake in the Hills	MCHENRY	2
60124	Elgin	KANE	2
60101	Addison	DUPAGE	2
46303		LAKE, IN	2
60144	Kaneville	KANE	1
60002	Antioch	LAKE , IL	1
60051	McHenry	MCHENRY	1
60109	Burlington	KANE	1
61315	Bureau	BUREAU	1
61401	Galesburg	KNOX	1

Reference Numbers Facility Id 7003150
Health Service Area 006 Planning Service Area 030

Gold Coast Surgicenter, LLC
845 N. Michigan Ave, Suite 985W
Chicago, IL 60611

Administrator
Craig Filippi

Date Complete
3/8/2017

Contact Person
Tina Santiago

Telephone
312-521-5500

Registered Agent
CT Corporation System

Property Owner
Watertower Place, LLC

Legal Owner(s)

Anil Shah, MD
Anthony Romeo, MD
Brian Cole, MD
Brian Forsythe, MD
Edward Goldberg, MD
Frank Phillips, MD
Gregory Nicholson, MD
John Fernandez, MD
Kern Singh, MD
Mark Cohen, MD
Neuro One, LLC
Nikhil Verma, MD
NueHealth Management
Robert Diaz, MD
Robert Wysocki, MD
Shane Nho, MD
Tad Gerlinger, MD

Number of Operating Rooms	4
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	12
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwestern Memorial Hospital Chicago	1
Rush University Medical Center Chicago	6

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	14.00
Certified Aides	2.00
Other Health Profs.	9.00
Other Non-Health Profs	5.00
TOTAL	32.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	10
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	4	4
15-44 years	816	648	1,464
45-64 years	587	423	1,010
65-74 years	46	83	129
75+ years	6	12	18
TOTAL	1,455	1,170	2,625

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	30	56	86
Other Public	0	0	0
Insurance	1,350	844	2,194
Private Pay	75	270	345
Charity Care	0	0	0
TOTAL	1,455	1,170	2,625

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.0%	0.0%	0.0%	96.7%	2.3%	100.0%		
185,589	0	0	18,578,111	440,376	19,204,076	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	203	184.25	104.00	288.25	1.42
OB/Gynecology	3	4.50	2.00	6.50	2.17
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2047	2,086.00	1,033.50	3119.50	1.52
Otolaryngology	263	447.50	195.50	643.00	2.44
Pain Management	2	0.25	1.00	1.25	0.63
Plastic	97	176.00	72.25	248.25	2.56
Podiatry	10	11.25	5.00	16.25	1.63
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2625	2,909.75	1,413.25	4323.00	1.65

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60614	Chicago	COOK	49
60618	Chicago	COOK	40
60622	Chicago	COOK	38
60657	Chicago	COOK	37
60608	Chicago	COOK	36
60647	Chicago	COOK	33
60655	Chicago	COOK	32
60607	Chicago	COOK	32
60610	Chicago	COOK	30
60629	Chicago	COOK	28
60638	Chicago	COOK	28
60616	Chicago	COOK	26
60611	Chicago	COOK	25
60643	Chicago	COOK	23
60634	Norridge	COOK	23
60302	Oak Park	COOK	22
60527	Willowbrook	DUPAGE	21
60402	Berwyn	COOK	21
60641	Chicago	COOK	21
60804	Cicero	COOK	21
60632	Chicago	COOK	20
60453	Oak Lawn	COOK	20
60617	Chicago	COOK	19
60126	Elmhurst	DUPAGE	19

Reference Numbers Facility Id 7003133
Health Service Area 006 Planning Service Area 030
Grand Avenue Surgical Center
17 W Grand Ave
Chicago, IL 60654

Administrator
Joe Jafari

Date Complete
3/6/2017

Contact Person
Joe Jafari

Telephone
312-222-5610

Registered Agent
Sarah Jafari

Property Owner
Parliament Enterprises

Legal Owner(s)
Javad Jafari
Sarah Jafari

Number of Operating Rooms	3
Procedure Rooms	
Exam Rooms	1
Number of Recovery Stations Stage 1	5
Number of Recovery Stations Stage 2	4

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Norwegian American Hospital, Chicago	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	2.00
Physicians	1.00
Nurse Anesthetists	
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	
Other Health Profs.	2.00
Other Non-Health Profs	7.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	8
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	1	0	1
15-44 years	94	129	223
45-64 years	117	126	243
65-74 years	12	7	19
75+ years	0	1	1
TOTAL	224	263	487

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	211	249	460
Private Pay	9	11	20
Charity Care	4	3	7
TOTAL	224	263	487

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	96.9%	3.1%	100.0%		
0	0	0	2,696,267	87,130	2,783,397	22,200	1%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	38	17.00	19.00	36.00	0.95
General Surgery	53	52.00	35.00	87.00	1.64
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	99	123.75	99.00	222.75	2.25
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	65	146.25	97.50	243.75	3.75
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	214	112.50	72.00	184.50	0.86
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	15	27.50	12.50	40.00	2.67
Thoracic	0	0.00	0.00	0.00	0.00
Urology	3	2.25	2.00	4.25	1.42
TOTAL	487	481.25	337.00	818.25	1.68

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60632	Chicago	COOK	34
60629	Chicago	COOK	26
60608	Chicago	COOK	22
60641	Chicago	COOK	19
60623	Chicago	COOK	17
60804	Cicero	COOK	17
60639	Chicago	COOK	16
60647	Chicago	COOK	12
46304		PORTER	12
60625	Chicago	COOK	11
60618	Chicago	COOK	10
60073	Round Lake	LAKE	9
60120	Elgin	KANE	7
60402	Berwyn	COOK	7
60457	Hickory Hills	COOK	6
60634	Norridge	COOK	6
60617	Chicago	COOK	6
60707	Elmwood Park	COOK	6
60154	Westchester	COOK	6
60643	Chicago	COOK	6
60638	Chicago	COOK	5
60630	Chicago	COOK	5
60440	Bolingbrook	DUPAGE	5
60609	Chicago	COOK	5

Reference Numbers Facility Id 7003196
Health Service Area 006 Planning Service Area 030

Hyde Park Surgical Center, LLC
1644 E 53rd St
Chicago, IL 60615

Administrator
Melissa Rice

Date Complete
3/8/2017

Contact Person
Melissa Rice

Telephone
773-752-6340

Registered Agent
Stuart Gimbel

Property Owner

Legal Owner(s)

Darrel Saldanha
David Saldanha

Number of Operating Rooms	1
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	2
Number of Recovery Stations Stage 2	1

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Mercy Hospital Chicago	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	3.00
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	1.00
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	9
Sunday	9

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	246	187	433
45-64 years	206	237	443
65-74 years	32	106	138
75+ years	44	107	151
TOTAL	528	637	1,165

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	6	6
Medicare	83	206	289
Other Public	0	0	0
Insurance	38	76	114
Private Pay	407	351	758
Charity Care	0	0	0
TOTAL	528	639	1,167

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
12.4%	0.0%	0.0%	77.7%	9.9%	100.0%		
297,632	0	0	1,869,666	238,961	2,406,259	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	16	48.00	32.00	80.00	5.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	261	261.00	261.00	522.00	2.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	23	46.00	23.00	69.00	3.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	861	430.50	430.50	861.00	1.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1161	785.50	746.50	1532.00	1.32

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60629	Chicago	Cook	54
60632	Chicago	Cook	40
60617	Chicago	Cook	36
60619	Chicago	Cook	36
60637	Chicago	Cook	34
60620	Chicago	Cook	33
60653	Chicago	Cook	32
60649	Chicago	Cook	31
60638	Chicago	Cook	28
60615	Chicago	Cook	28
60623	Chicago	Cook	25
60628	Chicago	Cook	24
60621	Chicago	Cook	22
60652	Chicago	Cook	22
60804	Cicero	Cook	21
60609	Chicago	Cook	21
60608	Chicago	Cook	20
60411	Chicago Heights	Cook	19
60636	Chicago	Cook	18
60409	Calumet City	Cook	18
60402	Berwyn	Cook	18
60827	Riverdale	Cook	15
60453	Oak Lawn	Cook	13
60643	Chicago	Cook	12

Reference Numbers Facility Id 7002975

Health Service Area 006 Planning Service Area 030

Lakeshore Surgery Center
7200 N. Western Ave
Chicago, IL 60645

Administrator
Philippe Espinosa

Date Complete
3/30/2017

Contact Person
Mirjana Pekic

Telephone
773/761-0500

Registered Agent
THOMAS CONLEY

Property Owner

Legal Owner(s)
ANITA NAYAK

Number of Operating Rooms	2
Procedure Rooms	
Exam Rooms	1
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ST.FRANCIS HOSPITAL, EVANSTON	1
METHODIST HOSPITAL, CHICAGO	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	
Registered Nurses	2.00
Certified Aides	1.00
Other Health Profs.	2.00
Other Non-Health Profs	4.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	102	96	198
45-64 years	171	132	303
65-74 years	20	12	32
75+ years	0	0	0
TOTAL	293	240	533

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	262	226	488
Private Pay	31	14	45
Charity Care	0	0	0
TOTAL	293	240	533

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	88.0%	12.0%	100.0%		
0	0	0	3,969,973	541,349	4,511,322	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	42	42.00	20.00	62.00	1.48
General Surgery	31	23.00	14.00	37.00	1.19
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	370	925.00	184.00	1109.00	3.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	737	552.00	368.00	920.00	1.25
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	2	2.00	1.00	3.00	1.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1182	1,544.00	587.00	2131.00	1.80

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60629	Chicago	cook	38
60632	Chicago	cook	27
60639	Chicago	cook	23
60804	Cicero	cook	21
60609	Chicago	cook	16
60505	Aurora	kane	15
60120	Elgin	kane	15
60641	Chicago	cook	14
60623	Chicago	cook	12
60647	Chicago	cook	12
60634	Norridge	cook	12
60651	Chicago	cook	11
60506	Aurora	kane	9
60085	Waukegan	lake	9
60644	Chicago	cook	9
60645	Chicago	cook	8
60440	Bolingbrook	will	7
60652	Chicago	cook	7
60618	Chicago	cook	7
60188	Wheaton	dupage	7
60624	Chicago	cook	7
60110	Carpentersville	kane	6
60074	Palatine	cook	6
60402	Berwyn	cook	6

Reference Numbers Facility Id 7002678
Health Service Area 006 Planning Service Area 030

NovaMed Surgery Center of Chicago Northshore, LLC
3034 W. Peterson Avenue
Chicago, IL 60659

Administrator
Kim Nordby

Date Complete
2/28/2017

Contact Person
Kim Nordby

Telephone
773-973-7432

Registered Agent
Illinois Corporation Service C

Property Owner
JCB Building, LLC

Legal Owner(s)

David Greenberg, MD
Dimitri Perros, MD
Gerstein ASC Interests, LLC
Grace Bai, MD
Kathleen M. Scarpulla, MD
Lawrence D. Wolin, MD
NovaMed Management Services

Number of Operating Rooms	1
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	1
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Swedish Covenant Hospital, Chicago	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	7.00
Certified Aides	0.00
Other Health Profs.	5.00
Other Non-Health Profs	3.00
TOTAL	16.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	17	34	51
45-64 years	356	347	703
65-74 years	446	697	1,143
75+ years	390	579	969
TOTAL	1,209	1,657	2,866

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	155	201	356
Medicare	735	1,112	1,847
Other Public	0	0	0
Insurance	266	300	566
Private Pay	53	43	96
Charity Care	0	1	1
TOTAL	1,209	1,657	2,866

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
58.6%	7.9%	0.0%	30.0%	3.4%	100.0%		
2,142,796	290,344	0	1,096,772	125,677	3,655,589	1,293	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	2866	955.00	335.00	1290.00	0.45
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2866	955.00	335.00	1290.00	0.45

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	0	5	6	11	#Div/0!
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	5	6	11	#Div/0!

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60659	Chicago		161
60645	Chicago		140
60625	Chicago		128
60634	Norridge		96
60004	Arlington Heights		90
60640	Chicago		82
60077	Skokie		74
60056	Mount Prospect		74
60090	Wheeling		73
60626	Chicago		73
60641	Chicago		67
60076	Skokie		67
60646	Chicago		67
60630	Chicago		64
60714	Niles		62
60005	Arlington Heights		58
60660	Chicago		56
60016	Des Plaines		54
60067	Palatine		49
60053	Morton Grove		48
60074	Palatine		46
60008	Rolling Meadows		46
60169	Hoffman Estates		45
60062	Northbrook		45

Reference Numbers Facility Id 7002918

Health Service Area 006 Planning Service Area 030

Peterson Medical Surgi-Center
2300 W. Peterson Avenue
Chicago, IL 60659

Administrator
Tess Sagaidoro

Date Complete
3/22/2017

Contact Person
Tess Sagaidoro

Telephone
7735089800

Registered Agent
Aref Senno, M.D.

Property Owner
Aref Senno, M.D.

Legal Owner(s)
Aref Senno, M.D.

Number of Operating Rooms	2
Procedure Rooms	2
Exam Rooms	0
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	0

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Swedish Covenant Hospital	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	3.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	1.00
TOTAL	7.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	12
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	63	44	107
45-64 years	73	55	128
65-74 years	0	0	0
75+ years	0	0	0
TOTAL	136	99	235

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	137	97	234
Private Pay	0	1	1
Charity Care	0	0	0
TOTAL	137	98	235

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	99.6%	0.4%	100.0%		
0	0	0	929,926	3,958	933,884	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	1	1.00	0.75	1.75	1.75
General Surgery	5	7.00	5.00	12.00	2.40
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	7	14.25	7.00	21.25	3.04
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	34	40.75	34.00	74.75	2.20
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	188	49.75	94.00	143.75	0.76
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	235	112.75	140.75	253.50	1.08

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	1	1	1	0.75	1.75	1.75
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	188	49.75	94	143.75	0.76
TOTALS	2	189	50.75	94.75	145.5	0.77

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60639	Chicago		16
60426	Harvey		11
60619	Chicago		8
60629	Chicago		7
60459	Burbank		7
60625	Chicago		7
60623	Chicago		7
60617	Chicago		6
60645	Chicago		5
60651	Chicago		5
60620	Chicago		5
60440	Bolingbrook		4
60139	Glendale Heights		4
60632	Chicago		4
60419	Dolton		4
60804	Cicero		4
60643	Chicago		4
60506	Aurora		4
60659	Chicago		4
60115	De Kalb		3
60438	Lansing		3
60478	Country Club Hills		3
60157	Medinah		3
60154	Westchester		3

Reference Numbers Facility Id 7002090
Health Service Area 006 Planning Service Area 030

River North Same Day Surgery Center
1 East Erie Suite 300
Chicago, IL 60611

Administrator
Lori Hoffer

Date Complete
3/1/2017

Contact Person
Lori Hoffer

Telephone
3126493939

Registered Agent
CT Corp System

Property Owner
M & J Wilkow

Legal Owner(s)

Dr Proctor Anderson
Dr, Mark Bowen
Dr. Armen Kelikian
Dr. Arpan Patel
Dr. Charlie Carroll
Dr. Chirag Shah
Dr. Dan Nagle
Dr. David Kalainov
Dr. Gordon Nuber
Dr. Gordon Siegel
Dr. John Hefferon
Dr. John Stogin
Dr. Michael Byun
Dr. Patrick Birmingham
Dr. Randall Toig
Dr. Stephen Gryzlo
Dr. Steven Kodros
Dr. Steven Levin
Dr. Thomas Wiedrich

Number of Operating Rooms	4
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	12
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwestern Memorial Hospital	2
Illinois Masonic Hopspital	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	2.00
Registered Nurses	6.00
Certified Aides	1.00
Other Health Profs.	5.00
Other Non-Health Profs	3.00
TOTAL	18.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	5	13	18
15-44 years	509	653	1,162
45-64 years	471	527	998
65-74 years	98	137	235
75+ years	29	28	57
TOTAL	1,112	1,358	2,470

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	2	2
Medicare	105	129	234
Other Public	3	2	5
Insurance	896	772	1,668
Private Pay	108	453	561
Charity Care	0	0	0
TOTAL	1,112	1,358	2,470

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
4.4%	0.0%	0.1%	83.5%	11.9%	100.0%		
303,355	1,294	7,321	5,748,779	822,433	6,883,182	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	128	37.33	27.67	65.00	0.51
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	2	0.72	1.03	1.75	0.88
Orthopedic	1669	1,281.27	665.92	1947.19	1.17
Otolaryngology	133	106.45	53.70	160.15	1.20
Pain Management	69	12.01	13.22	25.23	0.37
Plastic	460	923.84	240.72	1164.56	2.53
Podiatry	5	3.38	3.52	6.90	1.38
Thoracic	0	0.00	0.00	0.00	0.00
Urology	4	1.44	0.96	2.40	0.60
TOTAL	2470	2,366.44	1,006.74	3373.18	1.37

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
OB/Gynacology, Ort	0	0	0	0	0	0.00
OB/Gynacology, Ort	0	0	0	0	0	0.00
OB/Gynacology, Ort	0	0	0	0	0	0.00
OB/Gynacology, Ort	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients

60611	Chicago	115
60614	Chicago	106
60657	Chicago	86
60610	Chicago	85
60613	Chicago	63
60618	Chicago	55
60654	Chicago	52
60647	Chicago	47
60640	Chicago	45
60622	Chicago	42
60093	Winnetka	38
60605	Chicago	37
60660	Chicago	36
60068	Park Ridge	31
60025	Glenview	31
60201	Evanston	29
60625	Chicago	28
60091	Wilmette	25
60616	Chicago	25
60642	Evergreen Park	24
60035	Highland Park	23
60630	Chicago	23
60626	Chicago	22
60601	Chicago	22

Reference Numbers Facility Id 7002280
Health Service Area 006 Planning Service Area 030

Rogers Park One Day Surgery Center
7616 N. PAULINA ST.
Chicago, IL 60626

Administrator
Philippe Espinosa

Date Complete
3/30/2017

Contact Person
Mirjana Pekic

Telephone
773/761-0500

Registered Agent
THOMAS CONLEY

Property Owner

Legal Owner(s)
ANITA NAYAK

Number of Operating Rooms	2
Procedure Rooms	
Exam Rooms	1
Number of Recovery Stations Stage 1	9
Number of Recovery Stations Stage 2	

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ST.FRANCIS HOSPITAL, EVANSTON	0
METHODIST HOSPITAL, CHICAGO	2

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	
Registered Nurses	2.00
Certified Aides	1.00
Other Health Profs.	1.00
Other Non-Health Profs	2.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	12	14	26
45-64 years	52	62	114
65-74 years	4	1	5
75+ years	0	0	0
TOTAL	68	77	145

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	68	77	145
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	68	77	145

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	88.0%	12.0%	100.0%		
0	0	0	821,592	112,035	933,627	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	1	0.75	0.50	1.25	1.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	40	100.00	20.00	120.00	3.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	251	125.00	124.00	249.00	0.99
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	8	8.00	4.00	12.00	1.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	300	233.75	148.50	382.25	1.27

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60629	Chicago	cook	8
60632	Chicago	cook	5
60639	Chicago	cook	5
60644	Chicago	cook	5
60085	Waukegan	lake	5
60609	Chicago	cook	5
60120	Elgin	kane	4
60623	Chicago	cook	4
60804	Cicero	cook	4
60617	Chicago	cook	4
60160	Melrose Park	cook	3
60419	Dolton	cook	3
60638	Chicago	cook	3
60628	Chicago	cook	3
60647	Chicago	cook	3
60618	Chicago	cook	3
60110	Carpentersville	kane	3
60653	Chicago	cook	3
60620	Chicago	cook	2
60636	Chicago	cook	2
60608	Chicago	cook	2
60031	Gurnee	lake	2
61107	Rockford	winnebago	2
60626	Chicago	cook	2

Reference Numbers Facility Id 7001753
Health Service Area 006 Planning Service Area 030

Rush SurgiCenter - Professional Building
1725 W Harrison St
Chicago, IL 60612

Administrator
Deborah Lee Crook, RN, CASC

Date Complete
2/21/2017

Contact Person
Deborah Lee Crook

Telephone
312.563.2883

Registered Agent
Anne Murphy

Property Owner
Rush University Medical Center

Legal Owner(s)
Midwest Orthopedics at Rush
Rush University Medical Center
University Pain

Number of Operating Rooms	4
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	10

Type of Ownership
Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Rush University Medical Center Chicago , IL	9

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	15.00
Certified Aides	0.00
Other Health Profs.	10.00
Other Non-Health Profs	9.00
TOTAL	36.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	14	18	32
15-44 years	861	983	1,844
45-64 years	999	1,309	2,308
65-74 years	339	567	906
75+ years	242	389	631
TOTAL	2,455	3,266	5,721

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	593	1,089	1,682
Other Public	0	0	0
Insurance	1,840	2,165	4,005
Private Pay	22	12	34
Charity Care	0	0	0
TOTAL	2,455	3,266	5,721

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
13.5%	0.0%	0.0%	85.9%	0.6%	100.0%		
2,948,827	0	0	18,735,276	127,162	21,811,265	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	3	6.00	1.00	7.00	2.33
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	80	78.25	20.00	98.25	1.23
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	16	12.00	4.00	16.00	1.00
OB/Gynecology	60	44.50	15.00	59.50	0.99
Ophthalmology	406	196.00	101.50	297.50	0.73
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2356	3,121.25	589.00	3710.25	1.57
Otolaryngology	14	44.50	3.50	48.00	3.43
Pain Management	2639	933.00	615.50	1548.50	0.59
Plastic	56	90.00	14.00	104.00	1.86
Podiatry	12	22.25	4.00	26.25	2.19
Thoracic	0	0.00	0.00	0.00	0.00
Urology	79	127.25	20.00	147.25	1.86
TOTAL	5721	4,675.00	1,387.50	6062.50	1.06

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60608	Chicago	Cook	108
60614	Chicago	Cook	96
60657	Chicago	Cook	74
60647	Chicago	Cook	67
60612	Chicago	Cook	64
60607	Chicago	Cook	62
60622	Chicago	Cook	59
60617	Chicago	Cook	59
60302	Oak Park	Cook	59
60611	Chicago	Cook	58
60130	Forest Park	Cook	57
60620	Chicago	Cook	56
60610	Chicago	Cook	55
60618	Chicago	Cook	55
60638	Chicago	Cook	54
60623	Chicago	Cook	53
60609	Chicago	Cook	49
60615	Chicago	Cook	48
60629	Chicago	Cook	48
60613	Chicago	Cook	46
60616	Chicago	Cook	45
60521	Hinsdale	Du Page	45
60619	Chicago	Cook	45
60527	Willowbrook	Du Page	43

Reference Numbers Facility Id 7002645

Health Service Area 006 Planning Service Area 030

Six Corners Sameday Surgery
4211 N Cicero Ave Suite 400
Chicago, IL 60641

Administrator
S. George Elias MD

Date Complete
3/14/2017

Contact Person
Ken Riesterer

Telephone
773-794-3100

Registered Agent
S. George Elias MD

Property Owner
4211 N Cicero Ave LLC

Legal Owner(s)
S. George Elias MD

Number of Operating Rooms	4
Procedure Rooms	1
Exam Rooms	3
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	8

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Swedish Covenant Hospital	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	2.00
Other Health Profs.	2.00
Other Non-Health Profs	3.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	1	1
15-44 years	41	22	63
45-64 years	32	64	96
65-74 years	3	0	3
75+ years	0	0	0
TOTAL	76	87	163

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	76	87	163
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	76	87	163

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	100.0%	0.0%	100.0%		
0	0	0	729,111	0	729,111	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	66	101.50	46.50	148.00	2.24
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	97	82.50	68.75	151.25	1.56
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	163	184.00	115.25	299.25	1.84

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	1	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60018	Des Plaines		24
60641	Chicago		18
60634	Norridge		13
22642			11
60156	Lake in the Hills		11
60076	Skokie		7
60626	Chicago		6
60442	Manhattan		6
60630	Chicago		6
60016	Des Plaines		6
60402	Berwyn		5
60639	Chicago		4
60653	Chicago		4
60645	Chicago		3
60647	Chicago		3
60656	Harwood Heights		3
60706	Harwood Heights		3
60613	Chicago		3
60625	Chicago		3
60612	Chicago		2
60620	Chicago		2
60431	Joliet		2
60415	Chicago Ridge		2
60660	Chicago		2

Reference Numbers Facility Id 7003171

Health Service Area 006 Planning Service Area 030

South Loop Endoscopy &Wellness Center
2340 S. Wabash Ave.
Chicago, IL 60616

Administrator
David Chua MD

Date Complete
3/11/2017

Contact Person
Jiaxi Gao

Telephone
312-808-0468

Registered Agent
Business Filing, Inc.

Property Owner
Sunrise Real Estate, LLC.

Legal Owner(s)
David C. Chua

Number of Operating Rooms	0
Procedure Rooms	2
Exam Rooms	0
Number of Recovery Stations Stage 1	2
Number of Recovery Stations Stage 2	2

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Presence St. Mary and Elizabeth Hospital, Chicago	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	1.00
Director of Nurses	1.00
Registered Nurses	2.00
Certified Aides	1.00
Other Health Profs.	3.00
Other Non-Health Profs	0.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	0
Tuesday	8
Wednesday	0
Thursday	6
Friday	0
Saturday	8
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	2	2
15-44 years	280	285	565
45-64 years	614	746	1,360
65-74 years	178	210	388
75+ years	49	61	110
TOTAL	1,121	1,304	2,425

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	2	3	5
Medicare	144	257	401
Other Public	21	21	42
Insurance	882	962	1,844
Private Pay	71	56	127
Charity Care	1	5	6
TOTAL	1,121	1,304	2,425

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.3%	0.5%	0.6%	87.9%	3.7%	100.0%		
178,386	11,351	13,842	2,145,817	90,914	2,440,310	3,000	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	2	2425	808	808	1616	0.67
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	2425	808	808	1616	0.67

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60639	Chicago		232
60647	Chicago		181
60641	Chicago		126
60651	Chicago		122
60634	Norridge		107
60622	Chicago		104
60618	Chicago		90
60632	Chicago		76
60804	Cicero		66
60616	Chicago		54
60608	Chicago		50
60623	Chicago		40
60707	Elmwood Park		37
60629	Chicago		37
60630	Chicago		36
60625	Chicago		35
60638	Chicago		31
60402	Berwyn		30
60609	Chicago		27
60642	Evergreen Park		25
60612	Chicago		24
60459	Burbank		20
60652	Chicago		20
60614	Chicago		20

Reference Numbers Facility Id 7003072
Health Service Area 006 Planning Service Area 030

Surgicore
10547 S. EWING AVE.
Chicago, IL 60617

Administrator
DR. MICHAEL A. WOOD

Date Complete
3/8/2017

Contact Person
VICTORIA GAMBINO, R.N.

Telephone
773/221-1690

Registered Agent
JOHN ROBERTS

Property Owner

Legal Owner(s)
MICHAEL A. WOOD

Number of Operating Rooms	1
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	1
Number of Recovery Stations Stage 2	0

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
FRANCISCAN ALLIANCE, HAMMOND, IN	

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	
Physicians	
Nurse Anesthetists	
Director of Nurses	1.00
Registered Nurses	
Certified Aides	
Other Health Profs.	1.00
Other Non-Health Profs	
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	4	0	4
15-44 years	20	37	57
45-64 years	15	71	86
65-74 years	8	35	43
75+ years	8	15	23
TOTAL	55	158	213

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	14	47	61
Other Public	0	0	0
Insurance	40	111	151
Private Pay	1	0	1
Charity Care	0	0	0
TOTAL	55	158	213

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
15.3%	0.0%	0.0%	84.2%	0.5%	100.0%		
112,523	0	0	620,322	3,500	736,345	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	213	226.50	47.75	274.25	1.29
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	213	226.50	47.75	274.25	1.29

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60617	Chicago	COOK	58
60438	Lansing	COOK	47
60409	Calumet City	COOK	16
60619	Chicago	COOK	10
46327		LAKE	7
60411	Chicago Heights	COOK	5
60628	Chicago	COOK	4
46375		LAKE	4
46394		LAKE	4
60633	Burnham	COOK	4
46323		LAKE	4
46324		LAKE	4
46321		LAKE	4
46303		LAKE	3
60615	Chicago	COOK	3
46311		LAKE	3
46320		LAKE	3
60621	Chicago	COOK	3
60653	Chicago	COOK	2
60478	Country Club Hills	COOK	2
46342		LAKE	2
60476	Thornton	COOK	2
60419	Dolton	COOK	2
46319		LAKE	1

Reference Numbers Facility Id 7002272
Health Service Area 006 Planning Service Area 030

The Surgery Center at 900 North Michigan Avenue, L
60 E Delaware Place, 15th Floor
Chicago, IL 60601

Administrator
Guita Griffiths, Esq

Date Complete
3/7/2017

Contact Person
Patty Wamsley, CASC

Telephone
312-944-5127

Registered Agent
Kenneth A Goldstein; Horwood,

Property Owner
JMB Realty

Legal Owner(s)

900 Equity Holdings, LLC
Ilian Tur-Kuspa, MD
John McMahan, MD
Neeraj Jain, MD
Peter Geldner, MD
Ronald Michael, MD
Steven Stryker, MD
Thomas Mustoe, MD

Number of Operating Rooms	5
Procedure Rooms	2
Exam Rooms	0
Number of Recovery Stations Stage 1	19
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwestern Memorial Hospital	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	12.00
Certified Aides	2.00
Other Health Profs.	8.00
Other Non-Health Profs	11.00
TOTAL	35.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	4
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	5	4	9
15-44 years	338	2,634	2,972
45-64 years	250	895	1,145
65-74 years	119	254	373
75+ years	70	91	161
TOTAL	782	3,878	4,660

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	126	179	305
Other Public	0	0	0
Insurance	468	1,954	2,422
Private Pay	187	1,742	1,929
Charity Care	1	3	4
TOTAL	782	3,878	4,660

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
3.8%	0.0%	0.0%	58.8%	37.4%	100.0%		
338,338	0	0	5,233,358	3,334,009	8,905,705	7,097	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	177	55.00	97.25	152.25	0.86
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	214	73.50	117.75	191.25	0.89
OB/Gynecology	594	490.50	326.75	817.25	1.38
Ophthalmology	388	339.00	161.50	500.50	1.29
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	6	10.00	3.25	13.25	2.21
Otolaryngology	320	1,133.00	176.00	1309.00	4.09
Pain Management	30	10.00	10.00	20.00	0.67
Plastic	1521	3,520.75	836.50	4357.25	2.86
Podiatry	6	4.75	3.25	8.00	1.33
Thoracic	0	0.00	0.00	0.00	0.00
Urology	62	94.50	34.00	128.50	2.07
TOTAL	3318	5,731.00	1,766.25	7497.25	2.26

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	1	119	53.25	43.5	96.75	0.81
IVF	0	705	181	235	416	0.59
Laser Eye	0	0	0	0	0	0.00
LB Adjust	0	509	67.75	84.5	152.25	0.30
Pain	0	9	1.75	3	4.75	0.53
Pain Management	0	0	0	0	0	0.00
TOTALS	1	1342	303.75	366	669.75	0.50

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60611	Chicago		237
60614	Chicago		189
60657	Chicago		162
60610	Chicago		131
60613	Chicago		121
60618	Chicago		100
60622	Chicago		89
60654	Chicago		87
60647	Chicago		70
60616	Chicago		70
60605	Chicago		64
60640	Chicago		61
60641	Chicago		58
60625	Chicago		57
60607	Chicago		52
60608	Chicago		51
60653	Chicago		51
60617	Chicago		45
60630	Chicago		45
60626	Chicago		43
60615	Chicago		41
60638	Chicago		40
60601	Chicago		38
60660	Chicago		37

Reference Numbers Facility Id 7003183
Health Service Area 006 Planning Service Area 030
Western Diversey Surgical Center
2744 N. Western Avenue
Chicago, IL 60647

Administrator
Renlin Xia, M.D.

Date Complete
3/7/2017

Contact Person
Sophia Demas

Telephone
773-772-7726

Registered Agent
William G Daluga Jr.

Property Owner

Legal Owner(s)
Renlin Xia, M.D.

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	2
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	2

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME		NUMBER OF PATIENTS
Noweigian American Hospiral	Chicago	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	0.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	4.00
TOTAL	7.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	6
Wednesday	10
Thursday	6
Friday	10
Saturday	7
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	3	1	4
15-44 years	39	939	978
45-64 years	136	79	215
65-74 years	7	3	10
75+ years	0	1	1
TOTAL	185	1,023	1,208

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	185	261	446
Private Pay	0	762	762
Charity Care	0	0	0
TOTAL	185	1,023	1,208

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	63.4%	36.6%	100.0%		
0	0	0	806,592	466,414	1,273,006	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	15	22.50	11.25	33.75	2.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	848	424.00	420.00	844.00	1.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	41	71.75	51.00	122.75	2.99
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	256	133.00	132.00	265.00	1.04
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	48	60.00	34.00	94.00	1.96
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1208	711.25	648.25	1359.50	1.13

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
General Surgery, O	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60618	Chicago	Cook	42
60639	Chicago	Cook	35
60647	Chicago	Cook	35
60634	Norridge	Cook	31
60625	Chicago	Cook	30
60623	Chicago	Cook	28
60641	Chicago	Cook	27
60630	Chicago	Cook	26
60651	Chicago	Cook	25
60659	Chicago	Cook	25
60629	Chicago	Cook	23
60644	Chicago	Cook	20
60640	Chicago	Cook	18
60616	Chicago	Cook	18
60632	Chicago	Cook	18
60804	Cicero	Cook	18
60626	Chicago	Cook	16
60636	Chicago	Cook	15
60181	Villa Park	DuPage	15
60645	Chicago	Cook	15
60622	Chicago	Cook	15
60402	Berwyn	Cook	15
60614	Chicago	Cook	15
60707	Elmwood Park	Cook	15

Reference Numbers Facility Id 7002140
Health Service Area 007 Planning Service Area 043
Advantage Health Care, Ltd
203 E Irving Park Rd
Wood Dale, IL 60191

Administrator
Nancy Nelson

Date Complete
3/6/2017

Contact Person
Vera Schmidt

Telephone
847-255-7400

Registered Agent
State Registry Ltd

Property Owner

Legal Owner(s)
Arizona Illinois LP

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	2
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	0

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Lutheran General Hospital, Park Ridge	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	0.00
Other Health Profs.	5.00
Other Non-Health Profs	3.00
TOTAL	12.00

DAYS AND HOURS OF OPERATION

Monday	0
Tuesday	9
Wednesday	0
Thursday	9
Friday	0
Saturday	9
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	1	1
15-44 years	22	924	946
45-64 years	1	10	11
65-74 years	0	0	0
75+ years	0	0	0
TOTAL	23	935	958

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	93	93
Insurance	20	258	278
Private Pay	2	547	549
Charity Care	1	37	38
TOTAL	23	935	958

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	3.3%	44.9%	51.8%	100.0%		
0	0	33,015	445,205	514,274	992,494	136,800	14%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	935	701.25	935.00	1636.25	1.75
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	23	17.25	23.00	40.25	1.75
TOTAL	958	718.50	958.00	1676.50	1.75

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60106	Bensenville	DuPage	31
60107	Bartlett	Cook	25
60133	Hanover Park	Cook	24
60120	Elgin	Kane	23
60193	Roselle	Cook	22
60074	Palatine	Cook	21
60101	Addison	DuPage	20
60191	Wood Dale	DuPage	18
60085	Waukegan	Lake	17
60160	Melrose Park	Cook	13
60110	Carpentersville	Kane	13
60016	Des Plaines	Cook	13
60056	Mount Prospect	Cook	13
60090	Wheeling	Cook	12
60103	Bartlett	DuPage	12
60018	Des Plaines	Cook	11
60126	Elmhurst	DuPage	11
60014	Crystal Lake	McHenry	11
60067	Palatine	Cook	10
60123	Elgin	Kane	10
60169	Hoffman Estates	Cook	10
60108	Bloomingdale	DuPage	10
60070	Prospect Heights	Lake	10
60194	Schaumburg	Cook	9

Reference Numbers Facility Id 7003140
Health Service Area 007 Planning Service Area 043

Aiden Center for Day Surgery, LLC
1580 W. Lake St.
Addison, IL 60101

Administrator
Ali Nili

Date Complete
3/9/2017

Contact Person
Alfonso del Granado

Telephone
630-447-8254

Registered Agent
Paul Gilman

Property Owner

Legal Owner(s)
Kianoosh Jafari, MD

Number of Operating Rooms	4
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	5
Number of Recovery Stations Stage 2	4

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Alexian Brothers MC, Elk Grove Village	1
Central DuPage Hosp, Winfield	

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	3.00
Certified Aides	1.00
Other Health Profs.	1.00
Other Non-Health Profs	2.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	7
Tuesday	7
Wednesday	7
Thursday	7
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	3	1	4
15-44 years	32	58	90
45-64 years	78	149	227
65-74 years	35	32	67
75+ years	9	20	29
TOTAL	157	260	417

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	32	46	78
Other Public	0	0	0
Insurance	122	205	327
Private Pay	3	9	12
Charity Care	0	0	0
TOTAL	157	260	417

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
2.7%	0.0%	0.0%	89.1%	8.2%	100.0%		
61,803	0	0	2,058,600	190,203	2,310,606	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	148	78.50	36.00	114.50	0.77
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	13	6.00	8.00	14.00	1.08
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	256	219.50	63.25	282.75	1.10
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	417	304.00	107.25	411.25	0.99

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60101	Addison		36
60108	Bloomingdale		23
60139	Glendale Heights		22
60133	Hanover Park		22
60103	Bartlett		17
60172	Roselle		16
60047	Lake Zurich		14
60191	Wood Dale		13
60013	Cary		12
60188	Wheaton		12
60014	Crystal Lake		10
60106	Bensenville		9
60067	Palatine		9
60107	Bartlett		8
60010	Barrington		8
60007	Elk Grove Village		8
60004	Arlington Heights		8
60143	Itasca		6
60074	Palatine		6
60193	Roselle		6
60169	Hoffman Estates		6
60102	Algonquin		5
60051	McHenry		5
60302	Oak Park		5

Reference Numbers Facility Id 7002082
Health Service Area 007 Planning Service Area 043

Ambulatory Surgicenter of Downers Grove
4333 MAIN ST.
Downers Grove, IL 60515

Administrator
INGA FERDKOFF

Date Complete
2/20/2017

Contact Person
SANTA RAMOS

Telephone
630-322-9451

Registered Agent
Amos E. Madanes, M.D.

Property Owner
4339 MAIN ST

Legal Owner(s)
AMOS E. MADANES M.D

Number of Operating Rooms	2
Procedure Rooms	1
Exam Rooms	1
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	4

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Good Samaritan Hospital, Downers Grove, IL	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	3.00
Certified Aides	1.00
Other Health Profs.	3.00
Other Non-Health Profs	6.00
TOTAL	14.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	3	1,098	1,101
45-64 years	3	78	81
65-74 years	0	2	2
75+ years	0	0	0
TOTAL	6	1,178	1,184

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	0	809	809
Private Pay	6	369	375
Charity Care	0	0	0
TOTAL	6	1,178	1,184

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	10.0%	90.0%	100.0%		
0	0	0	235,140	2,104,985	2,340,125	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1176	647.20	412.00	1059.20	0.90
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	6	3.30	2.50	5.80	0.97
TOTAL	1182	650.50	414.50	1065.00	0.90

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
sclerotherapy	0	2	1.3	0.83	2.13	1.07
TOTALS	0	2	1.3	0.83	2.13	1.07

Leading Locations of Patient Residence

Zip Code	City	County	Patients
46385		PORTER	13
46307		LAKE	12
60586	Plainfield	WILL	10
60632	Chicago	COOK	8
60640	Chicago	COOK	7
46322		LAKE	6
46383		PORTER	6
60435	Joliet	WILL	6
60440	Bolingbrook	WILL	6
60641	Chicago	COOK	6
60016	Des Plaines	COOK	6
60441	Lockport	WILL	6
60565	Naperville	DU PAGE	6
60629	Chicago	COOK	6
60453	Oak Lawn	COOK	6
46375		LAKE	6
60446	Romeoville	WILL	6
60804	Cicero	COOK	6
46360		LA PORTE	6
46368		PORTER	6
60409	Calumet City	COOK	5
60402	Berwyn	COOK	5
60515	Downers Grove	DU PAGE	5
60618	Chicago	COOK	5

Reference Numbers Facility Id 7003138

Health Service Area 007 Planning Service Area 031

Ashton Center for Day Surgery
1800 McDonough Rd., Ste. 100
Hoffman Estates, IL 60192

Administrator
Alfonso del Granado

Date Complete
3/9/2017

Contact Person
Alfonso del Granado

Telephone
630-447-8254

Registered Agent
Paul Gilman

Property Owner

Legal Owner(s)

Ankur Chhadia, MD
Howard Freedberg, MD
Kianoosh Jafari, MD

Number of Operating Rooms	4
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	10

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Alexius MC, Hoffman Estates	9

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	9.00
Certified Aides	5.00
Other Health Profs.	3.00
Other Non-Health Profs	3.00
TOTAL	23.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	8
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	7	1	8
15-44 years	378	448	826
45-64 years	717	732	1,449
65-74 years	206	251	457
75+ years	108	132	240
TOTAL	1,416	1,564	2,980

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	66	72	138
Medicare	185	308	493
Other Public	0	0	0
Insurance	1,125	1,074	2,199
Private Pay	39	108	147
Charity Care	1	2	3
TOTAL	1,416	1,564	2,980

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
3.4%	0.7%	0.0%	91.7%	4.2%	100.0%		
338,404	64,085	0	9,020,975	413,741	9,837,205	16,298	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	346	125.00	50.00	175.00	0.51
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	620	387.00	153.50	540.50	0.87
Otolaryngology	46	24.50	12.00	36.50	0.79
Pain Management	1708	376.50	422.00	798.50	0.47
Plastic	111	304.50	27.50	332.00	2.99
Podiatry	149	137.50	36.75	174.25	1.17
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2980	1,355.00	701.75	2056.75	0.69

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60103	Bartlett		197
60120	Elgin		140
60123	Elgin		137
60107	Bartlett		102
60193	Roselle		93
60110	Carpentersville		93
60505	Aurora		73
60133	Hanover Park		72
60124	Elgin		69
60172	Roselle		62
60102	Algonquin		62
60142	Huntley		54
60118	Dundee		53
99999			51
60177	South Elgin		49
60185	West Chicago		48
60188	Wheaton		44
60007	Elk Grove Village		43
60139	Glendale Heights		42
60169	Hoffman Estates		40
60506	Aurora		35
60101	Addison		34
60010	Barrington		34
60194	Schaumburg		33

Reference Numbers Facility Id 7003173
Health Service Area 007 Planning Service Area 043
Cadence Ambulatory Surgery Center LLC
27650 Ferry Road, Suite 140
Warrenville, IL 60555

Administrator
Maura O'Toole

Date Complete
3/15/2017

Contact Person
David Huffman

Telephone
630-933-3523

Registered Agent
James Dechene

Property Owner

Legal Owner(s)

Number of Operating Rooms	4
Procedure Rooms	
Exam Rooms	
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	4

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Central DuPage Hospital	2

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	
Registered Nurses	11.00
Certified Aides	
Other Health Profs.	6.00
Other Non-Health Profs	2.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	55	55	110
15-44 years	557	477	1,034
45-64 years	775	915	1,690
65-74 years	303	438	741
75+ years	202	322	524
TOTAL	1,892	2,207	4,099

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	118	168	286
Medicare	429	742	1,171
Other Public	165	94	259
Insurance	1,153	1,187	2,340
Private Pay	13	5	18
Charity Care	14	11	25
TOTAL	1,892	2,207	4,099

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
12.3%	3.3%	12.5%	67.9%	4.0%	100.0%		
1,092,988	295,543	1,116,446	6,048,517	357,798	8,911,292	29,260	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2517	2,452.00	1,026.00	3478.00	1.38
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1582	373.00	403.00	776.00	0.49
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	4099	2,825.00	1,429.00	4254.00	1.04

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60189	Wheaton	DUPAGE	339
60187	Wheaton	DUPAGE	333
60137	Glen Ellyn	DUPAGE	265
60188	Wheaton	DUPAGE	250
60185	West Chicago	DUPAGE	229
60563	Naperville	DUPAGE	151
60555	Warrenville	DUPAGE	131
60190	Winfield	DUPAGE	125
60540	Naperville	DUPAGE	109
60174	St. Charles	KANE	108
60103	Bartlett	DUPAGE	96
60510	Batavia	KANE	91
60565	Naperville	DUPAGE	88
60108	Bloomingdale	DUPAGE	81
60532	Lisle	DUPAGE	70
60139	Glendale Heights	DUPAGE	69
60148	Lombard	DUPAGE	68
60134	Geneva	KANE	67
60564	Naperville	WILL	65
60175	St. Charles	KANE	62
60506	Aurora	KANE	60
60502	Aurora	DUPAGE	56
60504	Aurora	DUPAGE	47
60133	Hanover Park	COOK	45

Reference Numbers Facility Id 7002843
Health Service Area 007 Planning Service Area 031
Center for Reconstructive Surgery
6311 West 95th Street
Oak Lawn, IL 60453

Administrator
Jo Ann DePergola

Date Complete
3/8/2017

Contact Person
Jo Ann DePergola

Telephone
708-499-3355

Registered Agent
Kelly Whelan

Property Owner

Legal Owner(s)

CFRA Limited
Dr. L Sidrys
Dr. M Al-Khudari
Dr. P. Morrealle
NovaMed Aquisition

Number of Operating Rooms	4
Procedure Rooms	
Exam Rooms	
Number of Recovery Stations Stage 1	12
Number of Recovery Stations Stage 2	

Type of Ownership
Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Little Company of Mary Hospital, Evergreen Park, I	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	2.00
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	2.00
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	4
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	6	9	15
15-44 years	109	72	181
45-64 years	286	369	655
65-74 years	303	416	719
75+ years	281	465	746
TOTAL	985	1,331	2,316

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	9	5	14
Medicare	559	871	1,430
Other Public	0	0	0
Insurance	392	441	833
Private Pay	24	13	37
Charity Care	1	1	2
TOTAL	985	1,331	2,316

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
49.8%	2.7%	0.0%	41.9%	5.6%	100.0%		
1,702,437	92,437	0	1,434,110	190,870	3,419,854	4,724	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1619	404.75	269.02	673.77	0.42
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	482	401.60	256.94	658.54	1.37
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	209	68.17	31.80	99.97	0.48
Plastic	3	4.50	1.50	6.00	2.00
Podiatry	3	4.50	2.00	6.50	2.17
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2316	883.52	561.26	1444.78	0.62

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60453	Oak Lawn	Cook	255
60655	Chicago	Cook	155
60462	Orland Park	Cook	101
60477	Tinley Park	Cook	86
60805	Evergreen Park	Cook	86
60629	Chicago	Cook	81
60652	Chicago	Cook	70
60620	Chicago	Cook	67
60463	Palos Heights	Cook	63
60803	Alsip	Cook	63
60643	Chicago	Cook	62
60638	Chicago	Cook	57
60423	Frankfort	Cook	55
60459	Burbank	Cook	55
60482	Worth	Cook	49
60628	Chicago	Cook	47
60464	Palos Park	Cook	44
60452	Oak Forest	Cook	42
60415	Chicago Ridge	Cook	42
60465	Palos Hills	Cook	40
60457	Hickory Hills	Cook	40
60455	Oak Lawn	Cook	40
60467	Orland Park	Cook	39
60458	Justice	Cook	39

Reference Numbers Facility Id 7003098
Health Service Area 007 Planning Service Area 043
Chicago Prostate Cancer Surgery Center, LLC
815 Pasquinelli Drive
Westmont, IL 60559

Administrator
Jennifer White

Date Complete
2/22/2017

Contact Person
Jennifer White

Telephone
630-654-2515

Registered Agent
Jennifer White

Property Owner
Quasar, LLC

Legal Owner(s)
Brian J. Moran, M.D.

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	3
Number of Recovery Stations Stage 2	6

Type of Ownership
Sole Proprietorship

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Amita Health, Hinsdale	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	1.00
Registered Nurses	3.00
Certified Aides	
Other Health Profs.	2.00
Other Non-Health Profs	2.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	1	0	1
45-64 years	221	0	221
65-74 years	267	0	267
75+ years	89	0	89
TOTAL	578	0	578

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	280	0	280
Other Public	2	0	2
Insurance	291	0	291
Private Pay	5	0	5
Charity Care	0	0	0
TOTAL	578	0	578

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
34.2%	0.0%	0.4%	60.8%	4.6%	100.0%		
637,880	0	7,935	1,135,922	85,627	1,867,364	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	578	291.00	290.00	581.00	1.01
TOTAL	578	291.00	290.00	581.00	1.01

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60402	Berwyn		20
60638	Chicago		17
60804	Cicero		14
60148	Lombard		11
60516	Downers Grove		10
60565	Naperville		9
60564	Naperville		8
60137	Glen Ellyn		8
60154	Westchester		7
60101	Addison		7
60527	Willowbrook		7
60525	La Grange		7
60561	Darien		7
60459	Burbank		7
60632	Chicago		7
60126	Elmhurst		6
60439	Lemont		6
60440	Bolingbrook		6
60014	Crystal Lake		6
60546	Riverside		6
60563	Naperville		6
60506	Aurora		5
60629	Chicago		5
60189	Wheaton		5

Reference Numbers Facility Id 7003204
Health Service Area 007 Planning Service Area 031
Chicago Surgical Clinic ASTC
129 W RAND ROAD - STE 1
Arlington Heights, IL 60004

Administrator
MARK MAYO, CASC

Date Complete
3/9/2017

Contact Person
MARK MAYO, CASC

Telephone
847-215-0530

Registered Agent
ALEXANDER BOGACHKOV

Property Owner
RAND ROAD CENTER, LLC

Legal Owner(s)
DR. YELENA LEVITIN, M.D.

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	9
Number of Recovery Stations Stage 2	0

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St Alexius Hoffman Estates	0
Advocate Condell Libertyville	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	1.00
Registered Nurses	
Certified Aides	
Other Health Profs.	
Other Non-Health Profs	
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	1	0	1
15-44 years	22	14	36
45-64 years	32	24	56
65-74 years	4	3	7
75+ years	0	0	0
TOTAL	59	41	100

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	4	0	4
Insurance	40	33	73
Private Pay	16	8	24
Charity Care	0	0	0
TOTAL	60	41	101

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	36.2%	63.8%	100.0%		
0	0	0	12,510	22,008	34,518	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	39	18.00	7.00	25.00	0.64
General Surgery	61	65.00	20.00	85.00	1.39
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	100	83.00	27.00	110.00	1.10

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60089	Buffalo Grove		10
60090	Wheeling		10
60031	Gurnee		9
60073	Round Lake		5
60074	Palatine		5
60077	Skokie		5
60016	Des Plaines		4
60004	Arlington Heights		3
60008	Rolling Meadows		3
60047	Lake Zurich		3
60110	Carpentersville		2
60062	Northbrook		2
60060	Mundelein		2
60048	Libertyville		2
60195	Hoffman Estates		2
60018	Des Plaines		2
60465	Palos Hills		2
60067	Palatine		2
60625	Chicago		2
60005	Arlington Heights		2
60025	Glenview		1
60143	Itasca		1
60641	Chicago		1
53704			1

Reference Numbers Facility Id 7001555
Health Service Area 007 Planning Service Area 031
Children's Outpatient Services at Westchester
2301 Enterprise Drive
Westchester, IL 60154

Administrator

Date Complete
3/9/2017

Contact Person
Kristen DiCicco

Telephone
312-227-7902

Registered Agent

Property Owner

Legal Owner(s)
Ann & Robert H. Lurie Children's Hospital of Chica

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	8

Type of Ownership
Other Not For Profit Ownership

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
LaGrange Memorial Hospital	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	
Director of Nurses	1.00
Registered Nurses	13.00
Certified Aides	
Other Health Profs.	5.00
Other Non-Health Profs	
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	1,216	817	2,033
15-44 years	110	74	184
45-64 years	0	0	0
65-74 years	0	0	0
75+ years	0	0	0
TOTAL	1,326	891	2,217

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	348	260	608
Medicare	0	0	0
Other Public	13	5	18
Insurance	943	615	1,558
Private Pay	0	0	0
Charity Care	22	11	33
TOTAL	1,326	891	2,217

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	5.5%	0.3%	94.2%	0.0%	100.0%		
0	541,031	30,247	9,223,136	0	9,794,414	16,532	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	521	393.00	218.00	611.00	1.17
Gastroenterology	175	91.00	74.00	165.00	0.94
General Surgery	63	34.00	27.00	61.00	0.97
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1	1.00	2.00	3.00	3.00
Oral/Maxillofacial	109	226.00	47.00	273.00	2.50
Orthopedic	94	212.00	56.00	268.00	2.85
Otolaryngology	933	473.00	390.00	863.00	0.92
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	1	1.00	2.00	3.00	3.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	321	422.00	135.00	557.00	1.74
TOTAL	2218	1,853.00	951.00	2804.00	1.26

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60126	Elmhurst	DU PAGE	38
60189	Wheaton	DU PAGE	34
60137	Glen Ellyn	DU PAGE	34
60586	Plainfield	WILL	33
60521	Hinsdale	DU PAGE	32
60451	New Lenox	WILL	29
60525	La Grange	COOK	28
60302	Oak Park	COOK	26
60423	Frankfort	WILL	24
60558	Western Springs	COOK	24
60089	Buffalo Grove	LAKE	24
60527	Willowbrook	DU PAGE	23
60402	Berwyn	COOK	21
60540	Naperville	DU PAGE	21
60441	Lockport	WILL	20
60515	Downers Grove	DU PAGE	20
60647	Chicago	COOK	19
60435	Joliet	WILL	19
60148	Lombard	DU PAGE	19
60134	Geneva	KANE	19
60004	Arlington Heights	COOK	18
60625	Chicago	COOK	17
60073	Round Lake	LAKE	17
60304	Oak Park	COOK	17

Reference Numbers Facility Id 7003023
Health Service Area 007 Planning Service Area 043
DMG Surgical Center, LLC
2725 S Technology Drive
Lombard, IL 60148

Administrator
Dennis Fine

Date Complete
2/26/2017

Contact Person
Rita Meyer

Telephone
630-942-7964

Registered Agent
Jennifer Groszek

Property Owner
DMG Real Estate Holdings, LLC

Legal Owner(s)
Dupage Medical Group
Edward Hospital

Number of Operating Rooms	5
Procedure Rooms	3
Exam Rooms	0
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	13

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Edward Hospital, Naperville	0
Good Samaritian Hospital, Downers Grove	5
Central Dupage Hospital, Winfield	2

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	46.00
Certified Aides	12.00
Other Health Profs.	18.00
Other Non-Health Profs	7.00
TOTAL	84.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	3
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	653	329	982
15-44 years	1,448	1,697	3,145
45-64 years	4,932	5,160	10,092
65-74 years	2,483	2,497	4,980
75+ years	913	1,038	1,951
TOTAL	10,429	10,721	21,150

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	1,656	1,827	3,483
Other Public	2	2	4
Insurance	8,771	8,892	17,663
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	10,429	10,721	21,150

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.1%	0.0%	0.0%	92.9%	0.0%	100.0%		
2,205,569	0	12,804	28,844,689	0	31,063,062	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	2477	2,093.75	619.50	2713.25	1.10
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	153	95.50	38.00	133.50	0.87
Ophthalmology	1813	1,243.75	453.25	1697.00	0.94
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1162	1,045.50	290.50	1336.00	1.15
Otolaryngology	1386	1,379.75	347.50	1727.25	1.25
Pain Management	1531	447.50	383.00	830.50	0.54
Plastic	410	507.50	102.50	610.00	1.49
Podiatry	317	301.50	79.50	381.00	1.20
Thoracic	0	0.00	0.00	0.00	0.00
Urology	1235	1,218.50	309.00	1527.50	1.24
TOTAL	10484	8,333.25	2,622.75	10956.00	1.05

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	3	10666	4107.95	2666.75	6774.7	0.64
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	10666	4107.95	2666.75	6774.7	0.64

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60148	Lombard		1383
60137	Glen Ellyn		1045
60540	Naperville		859
60188	Wheaton		794
60565	Naperville		782
60189	Wheaton		708
60187	Wheaton		674
60515	Downers Grove		645
60564	Naperville		640
60532	Lisle		594
60516	Downers Grove		563
60563	Naperville		561
60517	Woodridge		502
60103	Bartlett		477
60185	West Chicago		463
60440	Bolingbrook		418
60139	Glendale Heights		411
60181	Villa Park		391
60559	Westmont		372
60126	Elmhurst		360
60561	Darien		346
60108	Bloomingdale		322
60190	Winfield		285
60527	Willowbrook		277

Reference Numbers Facility Id 7003121
Health Service Area 007 Planning Service Area 043

DuPage Eye Surgery Center, LLC
2015 North Main Street
Wheaton, IL 60187

Administrator
Charles S. Sandor, MD

Date Complete
3/8/2017

Contact Person
Samantha D. Cooper

Telephone
630-665-3690

Registered Agent
Charles S. Sandor, MD

Property Owner
2015 Realty

Legal Owner(s)

Anna J. Park, MD
Charles S. Sandor, MD
Edward D. Sung, MD
Gregory L. Fenton, MD
Janet A. Lee, MD
Jeremy B. Wingard, MD
Jon P. Gieser, MD
Mary G. Mahaffey, MD
Michael A. Kipp, MD
Michelle E. Andreoli, MD
Michelle G. Sims, MD
Noha Ekdawi, MD
Ruth D. Williams, MD
Steven R. Lafayette, MD
Susan Anderson-Nelson, MD
Terry Voirin, DO
Thomas S. Michelson, MD
Vikram Setlur, MD

Number of Operating Rooms	4
Procedure Rooms	2
Exam Rooms	0
Number of Recovery Stations Stage 1	0
Number of Recovery Stations Stage 2	12

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwestern Medicine Central DuPage Hospital, Win	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	11.00
Certified Aides	0.00
Other Health Profs.	6.00
Other Non-Health Profs	5.00
TOTAL	23.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	10
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	1	0	1
15-44 years	174	173	347
45-64 years	1,016	1,139	2,155
65-74 years	1,272	1,862	3,134
75+ years	1,099	1,790	2,889
TOTAL	3,562	4,964	8,526

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	23	24	47
Medicare	1,723	2,775	4,498
Other Public	0	0	0
Insurance	1,615	1,942	3,557
Private Pay	151	163	314
Charity Care	50	60	110
TOTAL	3,562	4,964	8,526

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
40.1%	1.0%	0.0%	52.5%	6.5%	100.0%		
4,490,678	107,792	0	5,881,491	729,051	11,209,012	181,902	2%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	6829	1,786.90	682.08	2468.98	0.36
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	6829	1,786.90	682.08	2468.98	0.36

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	2	1697	84.85	170.52	255.37	0.15
Pain Management	0	0	0	0	0	0.00
TOTALS	2	1697	84.85	170.52	255.37	0.15

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60187	Wheaton	DUPAGE	403
60137	Glen Ellyn	DUPAGE	371
60188	Wheaton	DUPAGE	362
60189	Wheaton	DUPAGE	323
60540	Naperville	DUPAGE	299
60185	West Chicago	DUPAGE	288
60563	Naperville	DUPAGE	243
60148	Lombard	DUPAGE	241
60565	Naperville	DUPAGE	204
60108	Bloomingdale	DUPAGE	201
60103	Bartlett	DUPAGE	199
60564	Naperville	WILL	194
60139	Glendale Heights	DUPAGE	193
60190	Winfield	DUPAGE	183
60532	Lisle	DUPAGE	155
60174	St. Charles	KANE	152
60544	Plainfield	WILL	142
60555	Warrenville	DUPAGE	139
60126	Elmhurst	DUPAGE	139
60101	Addison	DUPAGE	121
60134	Geneva	KANE	120
60510	Batavia	KANE	115
60181	Villa Park	DUPAGE	107
60516	Downers Grove	DUPAGE	107

Reference Numbers Facility Id 7002330
Health Service Area 007 Planning Service Area 043

Elmhurst Outpatient Surgery Center, LLC
1200 South York Road
Elmhurst , IL 60126

Administrator
Julia Nelson

Date Complete
4/12/2017

Contact Person
Clara Richardson

Telephone
630-758-8810

Registered Agent
Elmhurst Outpatient Surgery Ce

Property Owner
Elmhurst Memorial Hospital

Legal Owner(s)

Number of Operating Rooms	4
Procedure Rooms	4
Exam Rooms	0
Number of Recovery Stations Stage 1	9
Number of Recovery Stations Stage 2	9

Type of Ownership
Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Elmhurst Memorial Hospital	4

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	15.00
Certified Aides	4.00
Other Health Profs.	9.00
Other Non-Health Profs	16.00
TOTAL	46.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	116	91	207
15-44 years	657	656	1,313
45-64 years	1,516	1,683	3,199
65-74 years	726	1,078	1,804
75+ years	621	929	1,550
TOTAL	3,636	4,437	8,073

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	1,231	1,910	3,141
Other Public	134	77	211
Insurance	2,232	2,409	4,641
Private Pay	39	41	80
Charity Care	0	0	0
TOTAL	3,636	4,437	8,073

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
30.7%	0.0%	9.9%	58.2%	1.2%	100.0%		
2,684,988	0	860,564	5,085,946	103,705	8,735,203	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	1188	592.47	9.90	602.37	0.51
General Surgery	658	822.57	383.83	1206.40	1.83
Laser Eye Surgery	111	134.73	0.92	135.65	1.22
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	16	11.77	8.00	19.77	1.24
Ophthalmology	1432	763.50	7.86	771.36	0.54
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	658	468.70	383.83	852.53	1.30
Otolaryngology	502	384.42	251.00	635.42	1.27
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	121	106.72	58.50	165.22	1.37
Podiatry	499	443.57	249.50	693.07	1.39
Thoracic	0	0.00	0.00	0.00	0.00
Urology	147	130.75	73.50	204.25	1.39
TOTAL	5332	3,859.20	1,426.84	5286.04	0.99

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	1	1188	592.47	9.9	602.37	0.51
Laser Eye	1	111	134.73	0.92	135.65	1.22
Ophthalmology	0	944	763.5	7.86	771.36	0.82
Pain Management	1	2471	958.22	20.6	978.82	0.40
TOTALS	3	4714	2448.92	39.28	2488.2	0.53

Leading Locations of Patient Residence

Zip Code	City	County	Patients

Reference Numbers Facility Id 7003182

Health Service Area 007 Planning Service Area 031

Elmwood Park Same Day Surgery Center
1614 North Harlem Avenue
Elmwood Park, IL 60707

Administrator
Scott Borre

Date Complete
3/10/2017

Contact Person
Janet Johnson RN

Telephone
847-869-9700

Registered Agent
Edward J. Green

Property Owner
Hugar Building Partnership

Legal Owner(s)
Scott Borre

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	5
Number of Recovery Stations Stage 2	4

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Gottlieb Memorial Hospital, Melrose Park	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	0.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	10.00
TOTAL	13.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	9
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	80	41	121
45-64 years	78	62	140
65-74 years	5	5	10
75+ years	0	0	0
TOTAL	163	108	271

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	163	108	271
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	163	108	271

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	100.0%	0.0%	100.0%		
0	0	0	2,589,503	0	2,589,503	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	147	92.50	73.25	165.75	1.13
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	224	56.75	112.00	168.75	0.75
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	371	149.25	185.25	334.50	0.90

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60629	Chicago		13
60651	Chicago		13
60619	Chicago		10
60641	Chicago		9
60628	Chicago		9
60617	Chicago		8
60612	Chicago		8
60484	University Park		7
60624	Chicago		7
60620	Chicago		7
60639	Chicago		7
60155	Broadview		7
60432	Joliet		7
60618	Chicago		6
60411	Chicago Heights		6
60803	Alsip		6
60644	Chicago		6
60554	Sugar Grove		5
60540	Naperville		5
60473	South Holland		5
60433	Joliet		5
60643	Chicago		5
60636	Chicago		5
60471	Richton Park		5

Reference Numbers Facility Id 7002942
Health Service Area 007 Planning Service Area 043
Eye Surgery Center of Hinsdale
950 North York Road Suite 203
Hinsdale, IL 60521

Administrator
Brian D. Smith, MD

Date Complete
2/25/2017

Contact Person
Brian D Smith, MD

Telephone
630-789-6700

Registered Agent
Brian D. Smith

Property Owner
North York Road LLC

Legal Owner(s)

Number of Operating Rooms	2
Procedure Rooms	1
Exam Rooms	
Number of Recovery Stations Stage 1	
Number of Recovery Stations Stage 2	4

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Adventist Hinsdale Hospital	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	1.00
Director of Nurses	1.00
Registered Nurses	2.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	2.00
TOTAL	7.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	10
Thursday	0
Friday	6
Saturday	0
Sunday	0

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60525	La Grange		215
60561	Darien		167
60558	Western Springs		161
60527	Willowbrook		152
60516	Downers Grove		102
60154	Westchester		87
60515	Downers Grove		87
60559	Westmont		85
60514	Clarendon Hills		65
60126	Elmhurst		62
60517	Woodridge		56
60513	Brookfield		54
60439	Lemont		45
60546	Riverside		37
60532	Lisle		37
60148	Lombard		37
60480	Willow Springs		34
60440	Bolingbrook		34
60085	Waukegan		31
60458	Justice		28
60544	Plainfield		28
60526	LaGrange Park		25
60534	Lyons		25
60638	Chicago		23

Reference Numbers Facility Id 7002744
Health Service Area 007 Planning Service Area 031

Forest Med-Surg Center
9050 W. 81st Street
Justice, IL 60458

Administrator
James Gianfrancisco, MD

Date Complete
2/28/2017

Contact Person
Lainie Parse

Telephone
708-594-3513

Registered Agent
Harold Collins

Property Owner
First Step Holdings

Legal Owner(s)

Brian French, DPM
Cheng Lin, MD
George Sreckovic, MD
Harold Collins
James Gianfrancisco, MD
Phil Guastella
Steven French, DPM
Vijay Gupta, MD

Number of Operating Rooms	2
Procedure Rooms	2
Exam Rooms	1
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	0

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Palos Community Hospital, Palos Heights	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	4.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	12.00
Certified Aides	0.00
Other Health Profs.	0.00
Other Non-Health Profs	6.00
TOTAL	24.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	1	1
15-44 years	61	68	129
45-64 years	231	238	469
65-74 years	114	119	233
75+ years	59	88	147
TOTAL	465	514	979

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	160	192	352
Other Public	0	1	1
Insurance	303	320	623
Private Pay	2	1	3
Charity Care	0	0	0
TOTAL	465	514	979

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
9.9%	0.0%	0.0%	89.9%	0.1%	100.0%		
274,936	0	783	2,484,578	2,900	2,763,197	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	506	167.00	229.50	396.50	0.78
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	6	0.42	0.40	0.82	0.14
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	246	163.85	123.00	286.85	1.17
Thoracic	0	0.00	0.00	0.00	0.00
Urology	1	0.20	0.20	0.40	0.40
TOTAL	759	331.47	353.10	684.57	0.90

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	2	120	55	54.5	109.5	0.91
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	120	55	54.5	109.5	0.91

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60453	Oak Lawn	Cook	66
60638	Chicago	Cook	53
60462	Orland Park	Cook	51
60467	Orland Park	Cook	46
60465	Palos Hills	Cook	43
60477	Tinley Park	Cook	40
60487	Tinley Park	Cook	39
60491	Homer Glen	Will	34
60459	Burbank	Cook	32
60463	Palos Heights	Cook	32
60464	Palos Park	Cook	29
60458	Justice	Cook	29
60439	Lemont	Cook	27
60445	Midlothian	Cook	24
60455	Oak Lawn	Cook	23
60441	Lockport	Will	22
60452	Oak Forest	Cook	22
60423	Frankfort	Will	21
60629	Chicago	Cook	20
60803	Alsip	Cook	18
60482	Worth	Cook	17
60448	Mokena	Will	16
60805	Evergreen Park	Cook	16
60457	Hickory Hills	Cook	16

Reference Numbers Facility Id 7003198
Health Service Area 007 Planning Service Area 043
Hinsdale Surgical Center
10 Salt Creek Lane
Hinsdale, IL 60521

Administrator
Brenna Fazio

Date Complete
2/27/2017

Contact Person
Brenna Fazio

Telephone
630-325-5035

Registered Agent
CT Corporation System

Property Owner
Salt Creek Campus LLC

Legal Owner(s)

Number of Operating Rooms	4
Procedure Rooms	2
Exam Rooms	0
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	12

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Adventist Hinsdale Hospital	4

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	25.00
Certified Aides	1.00
Other Health Profs.	8.00
Other Non-Health Profs	7.00
TOTAL	43.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	42	37	79
15-44 years	448	537	985
45-64 years	875	1,240	2,115
65-74 years	538	932	1,470
75+ years	515	881	1,396
TOTAL	2,418	3,627	6,045

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	7	8	15
Medicare	886	1,518	2,404
Other Public	118	139	257
Insurance	1,352	1,848	3,200
Private Pay	55	113	168
Charity Care	0	1	1
TOTAL	2,418	3,627	6,045

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
27.0%	0.5%	0.1%	70.3%	2.2%	100.0%		
2,876,364	52,677	7,262	7,487,187	230,597	10,654,087	4,180	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	73	63.75	30.73	94.48	1.29
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	141	106.75	58.80	165.55	1.17
Ophthalmology	2127	1,551.78	594.85	2146.63	1.01
Oral/Maxillofacial	14	11.35	5.83	17.18	1.23
Orthopedic	246	226.48	123.00	349.48	1.42
Otolaryngology	453	806.28	226.50	1032.78	2.28
Pain Management	2233	520.88	370.68	891.56	0.40
Plastic	219	413.00	91.32	504.32	2.30
Podiatry	98	112.92	40.87	153.79	1.57
Thoracic	0	0.00	0.00	0.00	0.00
Urology	15	12.00	5.79	17.79	1.19
TOTAL	5619	3,825.19	1,548.37	5373.56	0.96

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	2	426	125.5	213	338.5	0.79
Pain Management	0	0	0	0	0	0.00
TOTALS	2	426	125.5	213	338.5	0.79

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60527	Willowbrook		343
60561	Darien		296
60516	Downers Grove		268
60515	Downers Grove		227
60525	La Grange		225
60521	Hinsdale		209
60559	Westmont		194
60517	Woodridge		156
60514	Clarendon Hills		145
60558	Western Springs		136
60440	Bolingbrook		122
60523	Oak Brook		114
60402	Berwyn		113
60532	Lisle		113
60148	Lombard		110
60154	Westchester		105
60126	Elmhurst		104
60526	LaGrange Park		99
60439	Lemont		92
60446	Romeoville		89
60513	Brookfield		85
60137	Glen Ellyn		79
60638	Chicago		78
60181	Villa Park		67

Reference Numbers Facility Id 7003122

Health Service Area 007 Planning Service Area 031

Hoffman Estates Surgery Center, LLC
1555 Barrington Road, Suite 0400
Hoffman Estates, IL 60169

Administrator
ANNAMARIE YORK

Date Complete
3/2/2017

Contact Person
ANNAMARIE YORK

Telephone
847-519-1600

Registered Agent
ILLINOIS CORPORATION SER

Property Owner
NOT APPLICABLE

Legal Owner(s)

Abraham Mathew, MD
Asad Aziz, MD
Bradley Shapiro, MD
Brian Muska, MD
Brooke Belcher, MD
Bruce Grossman, MD
Bruce Lindgren, MD
Carl Albun, MD
Ciro Cirrincione, MD
Deepak Khurana, MD
Erwin Szela, MD
George Zahrebelski, MD
Gregory Nelson, MD
Jagbir Ahuja, MD
Jason Rotstein, MD
Jeffery Jagmin, MD
John Michon, MD
Keith Komnick, MD
Keith Schroeder, MD
Kevin Sullivan, MD
Kimberlee Curnyn, MD
Maria Rosselson, MD
Mark Cabin, MD
Mark Dubin, MD

Number of Operating Rooms	4
Procedure Rooms	2
Exam Rooms	0
Number of Recovery Stations Stage 1	7
Number of Recovery Stations Stage 2	10

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ST ALEXIUS MEDICAL CENTER	4

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	2.00
Registered Nurses	15.00
Certified Aides	2.00
Other Health Profs.	6.00
Other Non-Health Profs	5.00
TOTAL	31.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	6
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	90	39	129
15-44 years	438	425	863
45-64 years	1,321	1,509	2,830
65-74 years	951	1,376	2,327
75+ years	564	783	1,347
TOTAL	3,364	4,132	7,496

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	1,146	1,648	2,794
Other Public	0	0	0
Insurance	2,199	2,463	4,662
Private Pay	19	21	40
Charity Care	0	0	0
TOTAL	3,364	4,132	7,496

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
34.3%	0.0%	0.0%	65.5%	0.2%	100.0%		
13,451,140	0	0	25,679,538	72,634	39,203,312	12,064	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	179	64.50	36.00	100.50	0.56
Laser Eye Surgery	42	63.00	2.50	65.50	1.56
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	114	61.50	23.00	84.50	0.74
Ophthalmology	3451	1,260.50	699.00	1959.50	0.57
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	863	594.25	173.00	767.25	0.89
Otolaryngology	133	59.00	27.00	86.00	0.65
Pain Management	201	41.50	40.00	81.50	0.41
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	386	342.75	77.00	419.75	1.09
Thoracic	0	0.00	0.00	0.00	0.00
Urology	61	55.00	12.00	67.00	1.10
TOTAL	5430	2,542.00	1,089.50	3631.50	0.67

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	2	2066	703	413	1116	0.54
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	2066	703	413	1116	0.54

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60193	Roselle	COOK	731
60107	Bartlett	COOK	532
60169	Hoffman Estates	COOK	426
60103	Bartlett	DUPAGE	421
60007	Elk Grove Village	COOK	387
60194	Schaumburg	COOK	368
60010	Barrington	LAKE	307
60133	Hanover Park	COOK	291
60172	Roselle	DUPAGE	248
60067	Palatine	COOK	247
60192	Roselle	Cook	226
60142	Huntley	MCHENRY	185
60120	Elgin	KANE	180
60102	Algonquin	MCHENRY	128
60110	Carpentersville	KANE	126
60004	Arlington Heights	COOK	102
60074	Palatine	COOK	102
60108	Bloomingdale	DUPAGE	97
60173	Roselle	COOK	97
60118	Dundee	KANE	95
60195	Hoffman Estates	COOK	87
60123	Elgin	KANE	86
60124	Elgin	KANE	83
60191	Wood Dale	DUPAGE	82

Reference Numbers Facility Id 7003165
Health Service Area 007 Planning Service Area 031

Illinois Hand & Upper Extremity Center
515 W ALGONQUIN ROAD
Arlington Heights, IL 60005

Administrator
DONNA KERSTING

Date Complete
3/9/2017

Contact Person
DONNA KERSTING

Telephone
847-956-0099 X154

Registered Agent
RICHARD WEIL

Property Owner
ALGO, LLC

Legal Owner(s)

HAND SURGERY ASSOCIATES, SC
MICHAEL I. VENDER, MD
PRASANT ATLURI, MD
SCOTT D. SAGERMAN, MD

Number of Operating Rooms	1
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	4

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
NORTHWEST COMMUNITY HOSPITAL ARLINGTON H	3

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	3.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	0.00
TOTAL	7.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	206	68	274
45-64 years	189	107	296
65-74 years	16	8	24
75+ years	1	1	2
TOTAL	412	184	596

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	408	184	592
Private Pay	4	0	4
Charity Care	0	0	0
TOTAL	412	184	596

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	100.0%	0.0%	100.0%		
0	0	0	3,925,727	0	3,925,727	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	596	845.00	316.00	1161.00	1.95
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	596	845.00	316.00	1161.00	1.95

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60004	Arlington Heights		18
60074	Palatine		15
60639	Chicago		12
60804	Cicero		12
60107	Bartlett		11
60123	Elgin		11
60120	Elgin		11
60133	Hanover Park		11
60634	Norridge		10
60056	Mount Prospect		10
60101	Addison		10
60641	Chicago		9
60007	Elk Grove Village		9
60440	Bolingbrook		9
60435	Joliet		9
60193	Roselle		9
60629	Chicago		9
60623	Chicago		9
60110	Carpentersville		8
60103	Bartlett		7
60647	Chicago		7
60139	Glendale Heights		7
60008	Rolling Meadows		7
60085	Waukegan		7

Reference Numbers Facility Id 7003118

Health Service Area 007 Planning Service Area 031

Illinois Sports Medicine & Orthopedic Surgery Cent
9000 Waukegan Road, Suite 120
Morton Grove , IL 60053

Administrator
Lawrence J. Parrish

Date Complete
2/21/2017

Contact Person
Lawrence J. Parrish

Telephone
847-213-5455

Registered Agent
David J. Raab, MD

Property Owner
MB Real Estate

Legal Owner(s)

Alan League, MD
Alexander Goldin, MD
Andrea Kramer, MD
Armen Kelikian, MD
Craig Williams, MD
David Raab, MD
David Tojo, MD
Douglas Solway, DPM
Garo Emerzian, DPM
Gary Friend, DPM
George Firlit, MD
Henry Kurzydlowski, MD
Howard Stone, DPM
Ira Goodman, MD
James Bresch, MD
Jeffrey Visotsky, MD
Kathryn Grace, DPM
Marc Breslow, MD
Matthew Jimenez, MD
Michael Layland, MD
Rajeev Garapati, MD
Richard Noren, MD
Ritesh Shah, MD
Steven Kodros, MD

Number of Operating Rooms	4
Procedure Rooms	1
Exam Rooms	8
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	8

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Lutheran General Hospital, Park Ridge, IL	5
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	14.00
Certified Aides	3.00
Other Health Profs.	6.00
Other Non-Health Profs	6.00
TOTAL	31.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	55	89	144
15-44 years	531	422	953
45-64 years	768	854	1,622
65-74 years	323	504	827
75+ years	158	298	456
TOTAL	1,835	2,167	4,002

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	441	688	1,129
Other Public	2	4	6
Insurance	1,379	1,464	2,843
Private Pay	13	11	24
Charity Care	0	0	0
TOTAL	1,835	2,167	4,002

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
9.0%	0.0%	18.8%	71.9%	0.4%	100.0%		
1,071,163	0	2,244,758	8,598,478	51,295	11,965,694	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2019	1,652.50	710.50	2363.00	1.17
Otolaryngology	303	149.75	104.50	254.25	0.84
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	76	92.75	34.50	127.25	1.67
Podiatry	379	398.25	123.50	521.75	1.38
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2777	2,293.25	973.00	3266.25	1.18

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	1225	404.25	393.5	797.75	0.65
TOTALS	1	1225	404.25	393.5	797.75	0.65

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60068	Park Ridge		226
60016	Des Plaines		202
60062	Northbrook		170
60035	Highland Park		150
60053	Morton Grove		149
60056	Mount Prospect		134
60025	Glenview		119
60714	Niles		118
60631	Chicago		110
60004	Arlington Heights		107
60015	Deerfield		106
60089	Buffalo Grove		101
60018	Des Plaines		92
60646	Chicago		84
60090	Wheeling		70
60656	Harwood Heights		65
60630	Chicago		64
60047	Lake Zurich		61
60634	Norridge		58
60076	Skokie		57
60077	Skokie		52
60030	Grayslake		43
60091	Wilmette		41
60706	Harwood Heights		39

Reference Numbers Facility Id 7001043
Health Service Area 007 Planning Service Area 031

Ingalls Same Day Surgery Center
6701 West 159th Street
Tinley Park, IL 60477

Administrator
Thomas Murphy

Date Complete
3/7/2017

Contact Person
Kathleen Shepard

Telephone
708-429-0222

Registered Agent
Dorothy Grzadzinski

Property Owner
Ingalls Health Ventures

Legal Owner(s)

Antonio Mancini, DO
Brian Farrell, MD
Charles Turk, DO
Daniel Weber, MD
David Dreyfuss, MD
David Raminski
Ernesto Tan
George Sreckovic, MD
Ingalls Health Ventures
Jack Gelman, MD
James Sylora, MD
John Grady, DPM
MedCentrix, Inc.
Michael Herzog, MD
Philip Kooiker, MD
Ram Aribindi MD
Robert Bosack, DDS
Steven Pierpaoli, MD

Number of Operating Rooms	4
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	12
Number of Recovery Stations Stage 2	4

Type of Ownership
Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Ingalls Memorial Hospital, Harvey	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	10.00
Certified Aides	0.00
Other Health Profs.	4.00
Other Non-Health Profs	4.00
TOTAL	20.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	28	18	46
15-44 years	219	343	562
45-64 years	455	605	1,060
65-74 years	316	417	733
75+ years	230	346	576
TOTAL	1,248	1,729	2,977

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	500	746	1,246
Other Public	0	0	0
Insurance	720	758	1,478
Private Pay	28	224	252
Charity Care	0	1	1
TOTAL	1,248	1,729	2,977

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
37.0%	0.0%	0.0%	54.7%	8.4%	100.0%		
1,316,876	0	0	1,946,022	297,534	3,560,432	653	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	64	60.75	42.50	103.25	1.61
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	62	38.75	41.25	80.00	1.29
Ophthalmology	853	425.00	568.75	993.75	1.17
Oral/Maxillofacial	31	23.25	20.75	44.00	1.42
Orthopedic	461	475.25	353.50	828.75	1.80
Otolaryngology	89	90.25	59.25	149.50	1.68
Pain Management	334	94.50	111.50	206.00	0.62
Plastic	270	500.25	126.00	626.25	2.32
Podiatry	203	208.25	94.50	302.75	1.49
Thoracic	0	0.00	0.00	0.00	0.00
Urology	610	500.75	203.50	704.25	1.15
TOTAL	2977	2,417.00	1,621.50	4038.50	1.36

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60477	Tinley Park		202
60462	Orland Park		136
60452	Oak Forest		133
60445	Midlothian		120
60430	Homewood		110
60423	Frankfort		107
60467	Orland Park		92
60491	Homer Glen		76
60411	Chicago Heights		76
60473	South Holland		73
60448	Mokena		68
60443	Matteson		64
60466	Park Forest		58
60422	Flossmoor		55
60487	Tinley Park		55
60451	New Lenox		49
60643	Chicago		47
60453	Oak Lawn		47
60441	Lockport		46
60463	Palos Heights		46
60438	Lansing		44
60417	Crete		43
60655	Chicago		41
60478	Country Club Hills		38

Reference Numbers Facility Id 7002231

Health Service Area 007 Planning Service Area 031

LGH-A/Golf ASTC, LLC dba Golf Surgical Center
8901 GOLF ROAD
Des Plaines, IL 60016

Administrator
Michelle Kirkman

Date Complete
3/9/2017

Contact Person
Michelle Kirkman

Telephone
847-321-6698

Registered Agent
Corporate Creations Internatio

Property Owner
GA HC REIT II Des Plaines Surgical Center, LLC

Legal Owner(s)
Advocate Network Services
ASTC Services Ltd.

Number of Operating Rooms	5
Procedure Rooms	1
Exam Rooms	2
Number of Recovery Stations Stage 1	1
Number of Recovery Stations Stage 2	1

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate-Lutheran General Hospital	3

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	93.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	39.00
Certified Aides	4.00
Other Health Profs.	4.00
Other Non-Health Profs	9.00
TOTAL	151.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	323	197	520
15-44 years	464	373	837
45-64 years	724	898	1,622
65-74 years	600	902	1,502
75+ years	690	925	1,615
TOTAL	2,801	3,295	6,096

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	14	13	27
Medicare	866	1,371	2,237
Other Public	17	29	46
Insurance	1,893	1,873	3,766
Private Pay	10	8	18
Charity Care	1	1	2
TOTAL	2,801	3,295	6,096

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
29.8%	0.3%	6.9%	62.8%	0.2%	100.0%		
2,291,935	25,357	528,690	4,825,858	16,900	7,688,740	590	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	460	226.75	56.50	283.25	0.62
General Surgery	144	138.00	35.10	173.10	1.20
Laser Eye Surgery	869	226.75	7.50	234.25	0.27
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	2321	1,159.50	290.00	1449.50	0.62
Oral/Maxillofacial	65	105.25	26.00	131.25	2.02
Orthopedic	751	907.75	227.00	1134.75	1.51
Otolaryngology	849	670.00	167.50	837.50	0.99
Pain Management	132	50.50	12.50	63.00	0.48
Plastic	27	33.50	8.20	41.70	1.54
Podiatry	57	55.50	8.50	64.00	1.12
Thoracic	0	0.00	0.00	0.00	0.00
Urology	46	37.75	9.50	47.25	1.03
TOTAL	5721	3,611.25	848.30	4459.55	0.78

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Minor Surgery	0	405	266.7	10	276.7	0.68
Pain Management	0	0	0	0	0	0.00
TOTALS	0	405	266.7	10	276.7	0.68

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60016	Des Plaines		622
60068	Park Ridge		565
60714	Niles		401
60056	Mount Prospect		307
60631	Chicago		221
60018	Des Plaines		201
60053	Morton Grove		187
60025	Glenview		181
60656	Harwood Heights		155
60004	Arlington Heights		139
60062	Northbrook		137
60634	Norridge		135
60646	Chicago		125
60630	Chicago		123
60706	Harwood Heights		114
60090	Wheeling		104
60089	Buffalo Grove		104
60070	Prospect Heights		85
60047	Lake Zurich		72
60005	Arlington Heights		71
60067	Palatine		66
60077	Skokie		60
60076	Skokie		57
60074	Palatine		53

Reference Numbers Facility Id 7002181
Health Service Area 007 Planning Service Area 043

Loyola Ambulatory Surgery Center at Oakbrook, L.P.
1 South 224 Summit Avenue., Suite 201
Oakbrook Terrace, IL 60181

Administrator
open position

Date Complete
3/10/2017

Contact Person
Sheryl McClement

Telephone
630-916-7088 x 505

Registered Agent
CT Corporation System

Property Owner
MB Real Estate

Legal Owner(s)

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	3
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	3

Type of Ownership
Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Loyola Ambulatory Surgery Center, Maywood IL	2
Gotltlieb Memorial Hospital, Maywood, IL	
Good Samaritan, Downers Grove, IL	

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	
Other Health Profs.	1.00
Other Non-Health Profs	3.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	45	47	92
15-44 years	219	215	434
45-64 years	308	435	743
65-74 years	92	113	205
75+ years	43	74	117
TOTAL	707	884	1,591

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	110	152	262
Medicare	123	194	317
Other Public	0	1	1
Insurance	453	505	958
Private Pay	21	32	53
Charity Care	0	0	0
TOTAL	707	884	1,591

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
9.5%	5.1%	0.2%	83.0%	2.3%	100.0%		
373,044	197,929	6,361	3,245,667	88,268	3,911,269	92,149	2%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	186	186.00	186.00	372.00	2.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	8	8.00	8.00	16.00	2.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	275	550.00	274.00	824.00	3.00
OB/Gynecology	17	4.00	8.00	12.00	0.71
Ophthalmology	2	2.00	2.00	4.00	2.00
Oral/Maxillofacial	11	11.00	10.00	21.00	1.91
Orthopedic	837	1,674.00	838.00	2512.00	3.00
Otolaryngology	33	33.00	32.00	65.00	1.97
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	221	442.00	220.00	662.00	3.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1590	2,910.00	1,578.00	4488.00	2.82

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
		COOK	879
		DUPAGE	340
		WILL	158
		KANE	64
		KENDALL	18
		LAKE	15
		MCHENRY	14
		GRUNDY	9
		LASALLE	9
		DEKALB	7
		WINNEBAGO	7
		LIVINGSTON	6
		MCLEAN	5
		PORTER	5
		AITKIN	4
		LAKE	4
		KANKAKEE	4
		CLINTON	3
		OGLE	3
		WHITESIDE	3
		MACON	2
		BEAUFORT	2
		WAUKESHA	2
		PEOR IA	2

Reference Numbers Facility Id 7003164
Health Service Area 007 Planning Service Area 031
Loyola University Ambulatory Surgery Center
2160 South First Avenue
Maywood, IL 60153

Administrator
Ella Echavez

Date Complete
3/10/2017

Contact Person
Jon Geise

Telephone
708-216-6692

Registered Agent

Property Owner

Legal Owner(s)

Number of Operating Rooms	8
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	9
Number of Recovery Stations Stage 2	23

Type of Ownership
Other Not For Profit Ownership

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Loyola University Medical Center Maywood	37

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	26.00
Certified Aides	3.00
Other Health Profs.	11.00
Other Non-Health Profs	5.00
TOTAL	46.00

DAYS AND HOURS OF OPERATION

Monday	14
Tuesday	14
Wednesday	14
Thursday	14
Friday	14
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	790	458	1,248
15-44 years	658	757	1,415
45-64 years	751	1,042	1,793
65-74 years	415	478	893
75+ years	291	353	644
TOTAL	2,905	3,088	5,993

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	646	671	1,317
Medicare	668	859	1,527
Other Public	73	35	108
Insurance	1,489	1,499	2,988
Private Pay	25	19	44
Charity Care	4	5	9
TOTAL	2,905	3,088	5,993

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
17.2%	9.7%	0.4%	72.0%	0.7%	100.0%		
2,857,506	1,612,368	60,150	11,951,275	115,719	16,597,018	41,536	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	254	155.10	81.40	236.50	0.93
General Surgery	758	1,022.70	269.60	1292.30	1.70
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	1	1.20	0.40	1.60	1.60
OB/Gynecology	351	339.80	106.90	446.70	1.27
Ophthalmology	1314	1,389.20	445.60	1834.80	1.40
Oral/Maxillofacial	104	262.70	29.80	292.50	2.81
Orthopedic	653	1,147.50	219.80	1367.30	2.09
Otolaryngology	1221	1,834.10	426.30	2260.40	1.85
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	427	571.40	129.42	700.82	1.64
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	910	1,130.30	333.60	1463.90	1.61
TOTAL	5993	7,854.00	2,042.82	9896.82	1.65

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60402	Berwyn	Cook	206
60153	Maywood	Cook	174
60546	Riverside	Cook	133
60804	Cicero	Cook	128
60513	Brookfield	Cook	120
60525	La Grange	Cook	112
60154	Westchester	Cook	109
60126	Elmhurst	DuPage	103
60104	Bellwood	Cook	102
60302	Oak Park	Cook	98
60638	Chicago	Cook	98
60707	Elmwood Park	Cook	95
60527	Willowbrook	DuPage	87
60634	Norridge	Cook	74
60160	Melrose Park	Cook	73
60164	Melrose Park	Cook	68
60130	Forest Park	Cook	67
60462	Orland Park	Cook	67
60148	Lombard	DuPage	65
60155	Broadview	Cook	65
60561	Darien	DuPage	63
60453	Oak Lawn	Cook	63
60516	Downers Grove	DuPage	61
60304	Oak Park	Cook	60

Reference Numbers Facility Id 7003159

Health Service Area 007 Planning Service Area 031

Magna Surgical Center
7456 S State Road, Suite 300
Bedford Park, IL 60638

Administrator
Patricia Wamsley, CASC

Date Complete
3/7/2017

Contact Person
Patty Wamsley

Telephone
847-812-0696

Registered Agent
Kenneth A Goldstein;Horwood,

Property Owner
Bedford Med, LLC

Legal Owner(s)

George Dangles, MD
Jay Kiokemeister, DO
John McClellan, MD
John Sonnenberg, MD
Neeraj Jain, MD
Raj Goyal, MD
Richard Foulkes, MD
SW Equity Holding, Inc.

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	21
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Little Company of Mary, Evergreen Park	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	6.00
Certified Aides	2.00
Other Health Profs.	6.00
Other Non-Health Profs	3.00
TOTAL	19.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	2	2
15-44 years	158	251	409
45-64 years	366	542	908
65-74 years	240	469	709
75+ years	300	549	849
TOTAL	1,064	1,813	2,877

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	17	52	69
Medicare	504	956	1,460
Other Public	0	0	0
Insurance	525	703	1,228
Private Pay	13	101	114
Charity Care	5	1	6
TOTAL	1,064	1,813	2,877

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
30.2%	1.0%	0.0%	65.6%	3.2%	100.0%		
1,188,741	38,860	0	2,583,402	126,384	3,937,387	23,094	1%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	271	96.50	90.00	186.50	0.69
General Surgery	25	7.50	13.75	21.25	0.85
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	47	39.25	25.75	65.00	1.38
Ophthalmology	1491	715.25	596.50	1311.75	0.88
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	18	21.25	10.00	31.25	1.74
Otolaryngology	4	4.25	2.00	6.25	1.56
Pain Management	884	193.25	295.00	488.25	0.55
Plastic	100	259.25	55.00	314.25	3.14
Podiatry	37	42.25	20.25	62.50	1.69
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2877	1,378.75	1,108.25	2487.00	0.86

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60453	Oak Lawn		169
60629	Chicago		159
60628	Chicago		144
60620	Chicago		125
60638	Chicago		108
60617	Chicago		93
60619	Chicago		92
60652	Chicago		87
60643	Chicago		84
60632	Chicago		63
60803	Alsip		58
60459	Burbank		57
60805	Evergreen Park		50
60655	Chicago		42
60477	Tinley Park		40
60465	Palos Hills		39
60455	Oak Lawn		36
60462	Orland Park		35
60406	Blue Island		33
60463	Palos Heights		32
60445	Midlothian		31
60615	Chicago		29
60411	Chicago Heights		29
60487	Tinley Park		29

Reference Numbers Facility Id 7001076
Health Service Area 007 Planning Service Area 043

Midwest Center for Day Surgery
3811 Highland Ave
Downers Grove, IL 60515

Administrator
Ronald P. Ladniak

Date Complete
3/6/2017

Contact Person
Roberta Smith

Telephone
630/869-6397

Registered Agent
Ronald Ladniak

Property Owner
Advocate Healthcare

Legal Owner(s)

Advocate/SCA Partners LLC
Andrew Schubkegel, M.D.
Anshu Chawla, M.D.
Christopher Barbour, M.D.
Daniel Luetkehans, D.P.M.
Ed Berg, M.D.
George Sosenko, M.D.
Gilbert Tresley, M.D.
Glenn Gardner, M.D.
Guy Mattana, D.P.M.
James Clark, M.D.
James Rejowski, M.D.
John P. Martucci, M.D.
Jyoti Patel, M.D.
Kamlesh Shah, M.D.
Kanchan Patel, M.D.
Kenneth Zygmunt, D.P.M.
Kevin Kovach, M.D.
Leslie Dawravoo, M.D.
Mary Mennella-Nordin, M.D.
Oscar Alonso, M.D.
Robert Bastian, M.D.
Robert Griesemer, M.D.
Rockford Yapp, M.D.

Number of Operating Rooms	5
Procedure Rooms	0
Exam Rooms	5
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	8

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Good Samaritan, Downers Grove IL	4

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	12.00
Certified Aides	0.00
Other Health Profs.	5.00
Other Non-Health Profs	5.00
TOTAL	22.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	11	4	15
15-44 years	246	344	590
45-64 years	699	1,067	1,766
65-74 years	341	436	777
75+ years	198	288	486
TOTAL	1,495	2,139	3,634

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	4	0	4
Medicare	358	483	841
Other Public	5	1	6
Insurance	1,088	1,517	2,605
Private Pay	40	138	178
Charity Care	0	0	0
TOTAL	1,495	2,139	3,634

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
27.2%	0.1%	0.2%	14.8%	57.7%	100.0%		
1,328,900	2,713	10,393	722,889	2,818,544	4,883,439	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	1414	454.25	707.00	1161.25	0.82
General Surgery	1	1.00	0.50	1.50	1.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	24	9.75	12.00	21.75	0.91
Ophthalmology	1425	524.25	712.50	1236.75	0.87
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	86	30.50	43.00	73.50	0.85
Otolaryngology	324	181.25	162.00	343.25	1.06
Pain Management	13	1.75	6.50	8.25	0.63
Plastic	251	499.50	125.50	625.00	2.49
Podiatry	74	60.75	37.00	97.75	1.32
Thoracic	0	0.00	0.00	0.00	0.00
Urology	22	9.00	11.00	20.00	0.91
TOTAL	3634	1,772.00	1,817.00	3589.00	0.99

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60515	Downers Grove		233
60516	Downers Grove		220
60148	Lombard		188
60517	Woodridge		131
60561	Darien		122
60559	Westmont		112
60440	Bolingbrook		101
60126	Elmhurst		98
60137	Glen Ellyn		87
60439	Lemont		78
60181	Villa Park		72
60527	Willowbrook		72
60532	Lisle		66
60523	Oak Brook		59
60101	Addison		58
60521	Hinsdale		56
60565	Naperville		44
60189	Wheaton		43
60540	Naperville		42
60525	La Grange		41
60191	Wood Dale		37
60139	Glendale Heights		36
60446	Romeoville		36
60302	Oak Park		33

Reference Numbers Facility Id 7003127
Health Service Area 007 Planning Service Area 031

Midwest Endoscopy Center LLC
1243 Rickert Drive
Naperville, IL 60565

Administrator
Nancy Fielden

Date Complete
3/3/2017

Contact Person
Julie Vaughn

Telephone
630-303-5650

Registered Agent
Chris J Mollet, Esq

Property Owner
DJSB, LLC

Legal Owner(s)

Darren Kastin, MD
Dinesh Jain, MD
Edward Health Ventures
Gonzalo Pandolfi, MD
Scott Berger, MD
Shivani Kiriluk, DO
Sushama Gundlapalli, MD

Number of Operating Rooms	
Procedure Rooms	2
Exam Rooms	
Number of Recovery Stations Stage 1	5
Number of Recovery Stations Stage 2	

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Edward Hospital	6

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	8.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	8.00
Certified Aides	
Other Health Profs.	8.00
Other Non-Health Profs	
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	400	594	994
45-64 years	1,511	1,965	3,476
65-74 years	482	638	1,120
75+ years	137	179	316
TOTAL	2,530	3,376	5,906

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	418	621	1,039
Other Public	2	6	8
Insurance	2,102	2,740	4,842
Private Pay	8	7	15
Charity Care	0	2	2
TOTAL	2,530	3,376	5,906

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
3.6%	0.0%	0.0%	96.2%	0.1%	100.0%		
535,063	0	4,711	14,126,868	10,900	14,677,542	6,456	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	2	5906	2953	2657.7	5610.7	0.95
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	5906	2953	2657.7	5610.7	0.95

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60564	Naperville		701
60540	Naperville		664
60565	Naperville		623
60563	Naperville		352
60544	Plainfield		258
60440	Bolingbrook		252
60585	Plainfield		224
60532	Lisle		200
60504	Aurora		195
60490	Bolingbrook		189
60586	Plainfield		182
60446	Romeoville		175
60543	Oswego		158
60517	Woodridge		151
60502	Aurora		138
60503	Aurora		81
60560	Yorkville		68
60548	Sandwich		61
60403	Crest Hill		53
60431	Joliet		46
60516	Downers Grove		44
60505	Aurora		44
60555	Warrenville		43
60189	Wheaton		43

Reference Numbers Facility Id 7001399

Health Service Area 007 Planning Service Area 031

Midwest Eye Center, S.C.
1700 E. West Road
Calumet City, IL 60409

Administrator
Afzal Ahmad MD

Date Complete
3/10/2017

Contact Person
Patricia Sanchez

Telephone
708-891-3330 ext272

Registered Agent
Alan Wischover

Property Owner
Midwest Property Enterprise

Legal Owner(s)
Midwest Eye Center, S.C.

Number of Operating Rooms	2
Procedure Rooms	1
Exam Rooms	1
Number of Recovery Stations Stage 1	1
Number of Recovery Stations Stage 2	4

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Trinity Hospital Chicago, Illinois	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	2.00
Other Health Profs.	3.00
Other Non-Health Profs	0.00
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	10
Wednesday	8
Thursday	10
Friday	4
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	1	3	4
15-44 years	27	31	58
45-64 years	272	357	629
65-74 years	201	365	566
75+ years	193	347	540
TOTAL	694	1,103	1,797

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	58	76	134
Medicare	265	466	731
Other Public	0	0	0
Insurance	360	535	895
Private Pay	11	26	37
Charity Care	0	0	0
TOTAL	694	1,103	1,797

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
33.0%	15.0%	0.0%	44.0%	8.0%	100.0%		
517,367	235,167	0	689,823	125,422	1,567,779	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	990	524.70	500.44	1025.14	1.04
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	21	22.00	16.80	38.80	1.85
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1011	546.70	517.24	1063.94	1.05

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	786	249	290	539	0.69
Pain Management	0	0	0	0	0	0.00
TOTALS	1	786	249	290	539	0.69

Leading Locations of Patient Residence

Zip Code	City	County	Patients
		Cook	1622
		Lake, Indiana	91
		Kankakee	64
		Porter, Indiana	17
		Iroquois	3

Reference Numbers Facility Id 7003176

Health Service Area 007 Planning Service Area 043

Naperville Fertility Center
3 N. Washington St.
Naperville, IL 60540

Administrator
Laura Ostrowski

Date Complete
2/22/2017

Contact Person
Laura Ostrowski

Telephone
630-357-6540

Registered Agent
National Corporate Research

Property Owner
Medical Properties, LLC

Legal Owner(s)
Jody L. Morris Trust
Randy S. Morris, MD

Number of Operating Rooms	1
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	5
Number of Recovery Stations Stage 2	0

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Edward Hospital, Naperville	2

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	3.00
Certified Aides	0.00
Other Health Profs.	6.00
Other Non-Health Profs	2.00
TOTAL	13.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	0	650	650
45-64 years	0	26	26
65-74 years	0	0	0
75+ years	0	0	0
TOTAL	0	676	676

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	0	649	649
Private Pay	0	27	27
Charity Care	0	0	0
TOTAL	0	676	676

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	75.2%	24.8%	100.0%		
0	0	0	1,334,944	440,911	1,775,855	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1427	549.75	434.50	984.25	0.69
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1427	549.75	434.50	984.25	0.69

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60540	Naperville		32
60563	Naperville		27
60564	Naperville		26
60565	Naperville		22
60585	Plainfield		20
60504	Aurora		20
60586	Plainfield		20
60502	Aurora		19
60440	Bolingbrook		18
60490	Bolingbrook		17
60543	Oswego		16
60544	Plainfield		13
60188	Wheaton		12
60148	Lombard		11
60510	Batavia		11
60517	Woodridge		11
60532	Lisle		11
60503	Aurora		10
60187	Wheaton		9
60137	Glen Ellyn		9
60505	Aurora		9
60189	Wheaton		9
60538	Montgomery		8
60446	Romeoville		8

Reference Numbers Facility Id 7003205

Health Service Area 007 Planning Service Area 043

Naperville Surgical Centre
1263 Rickert Drive
Naperville, IL 60540

Administrator
Ronald P. Ladniak

Date Complete
2/28/2017

Contact Person
Roberta Smith

Telephone
630/869-6397

Registered Agent
Christine Taylor

Property Owner
Evangelical Services Corp

Legal Owner(s)

Advocate Network Services
DuPage Medical Group
SCA (Surgical Care Affiliates)

Number of Operating Rooms 3
Procedure Rooms
Exam Rooms
Number of Recovery Stations Stage 1
Number of Recovery Stations Stage 2

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Edward Hospital, Naperville	

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	8.00
Certified Aides	0.00
Other Health Profs.	4.00
Other Non-Health Profs	6.00
TOTAL	18.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	86	93	179
15-44 years	299	306	605
45-64 years	495	627	1,122
65-74 years	235	305	540
75+ years	115	117	232
TOTAL	1,230	1,448	2,678

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	228	284	512
Other Public	1	0	1
Insurance	998	1,145	2,143
Private Pay	3	19	22
Charity Care	0	0	0
TOTAL	1,230	1,448	2,678

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
6.9%	0.0%	0.0%	92.6%	0.6%	100.0%		
628,326	0	1,260	8,480,714	51,747	9,162,047	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	164	80.00	82.00	162.00	0.99
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1	0.50	0.50	1.00	1.00
Ophthalmology	415	117.75	207.50	325.25	0.78
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1371	751.75	685.50	1437.25	1.05
Otolaryngology	75	24.00	37.50	61.50	0.82
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	101	114.25	50.50	164.75	1.63
Podiatry	334	231.75	167.00	398.75	1.19
Thoracic	0	0.00	0.00	0.00	0.00
Urology	217	142.00	108.50	250.50	1.15
TOTAL	2678	1,462.00	1,339.00	2801.00	1.05

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60564	Naperville		207
60565	Naperville		206
60540	Naperville		202
60440	Bolingbrook		158
60563	Naperville		121
60543	Oswego		95
60446	Romeoville		94
60504	Aurora		88
60585	Plainfield		83
60490	Bolingbrook		79
60586	Plainfield		76
60544	Plainfield		75
60532	Lisle		70
60517	Woodridge		58
60502	Aurora		49
60516	Downers Grove		42
60137	Glen Ellyn		41
60560	Yorkville		33
60189	Wheaton		32
60503	Aurora		31
60439	Lemont		31
60148	Lombard		27
60185	West Chicago		27
60561	Darien		25

Reference Numbers Facility Id 7003130
Health Service Area 007 Planning Service Area 031
North Shore Surgical Center
3725 W Touhy Ave
Lincolnwood, IL 60712

Administrator
Dean Michal

Date Complete
2/27/2017

Contact Person
Dean Michal

Telephone
847-324-7770

Registered Agent
CT Corp System

Property Owner
Henry Proessel

Legal Owner(s)
Baljinder Bathla
Harsh Gupta
Joel Brasch
John Vainder
Jon Rosin
Jon Ruderman
Randy Epstein
Rischard Weiss
Robert Rosen
Robert Stein
Tamara Wyse
Tarun Jain
Tayeb Hussain
William Myers

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	6

Type of Ownership
Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Francis	4

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	1.00
Registered Nurses	7.00
Certified Aides	1.00
Other Health Profs.	4.00
Other Non-Health Profs	3.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	6	6	12
15-44 years	83	1,191	1,274
45-64 years	324	434	758
65-74 years	345	605	950
75+ years	317	493	810
TOTAL	1,075	2,729	3,804

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	1	1	2
Medicare	596	1,020	1,616
Other Public	0	3	3
Insurance	467	1,563	2,030
Private Pay	11	142	153
Charity Care	0	0	0
TOTAL	1,075	2,729	3,804

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
31.3%	0.0%	0.1%	1.9%	66.8%	100.0%		
2,028,401	247	4,485	121,250	4,326,329	6,480,712	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	394	323.00	191.00	514.00	1.30
General Surgery	94	94.00	47.00	141.00	1.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1140	440.00	570.00	1010.00	0.89
Ophthalmology	1880	969.00	940.00	1909.00	1.02
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	1	1.00	0.50	1.50	1.50
Podiatry	276	231.00	139.00	370.00	1.34
Thoracic	0	0.00	0.00	0.00	0.00
Urology	19	18.00	9.50	27.50	1.45
TOTAL	3804	2,076.00	1,897.00	3973.00	1.04

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60062	Northbrook		182
60201	Evanston		172
60076	Skokie		162
60091	Wilmette		140
60202	Evanston		113
60077	Skokie		111
60035	Highland Park		98
60645	Chicago		95
60025	Glenview		94
60712	Lincolnwood		79
60093	Winnetka		74
60053	Morton Grove		68
60714	Niles		66
60090	Wheeling		48
60015	Deerfield		46
60448	Mokena		45
60089	Buffalo Grove		42
60626	Chicago		41
60453	Oak Lawn		41
60045	Lake Forest		38
60659	Chicago		37
60175	St. Charles		36
60026	Glenview		35
46375			33

Reference Numbers Facility Id 7001209
Health Service Area 007 Planning Service Area 031

Northwest Community Day Surgery Center II, LLC
675 W. Kirchoff Road
Arlington Heights, IL 60005

Administrator
Roxanne Matias

Date Complete
3/8/2017

Contact Person
Roxanne Matias

Telephone
847-618-7004

Registered Agent
Northwest Community Healthcar

Property Owner
Northwest Community Healthcare

Legal Owner(s)

Northwest Community Healthcare,
Ajay Balaram, MD
Alan B. Loren, MD
Allan Ho , MD
Brian Donahue, MD
Brian Moss, DO
Daniel R. Conway, MD
David Badawi, MD
Edward Sladek, MD
George Smyrniotis, MD
Glenn Schwartz, MD
Henry A. Dominicis, MD
James Hill, MD
Jason Rotstein, MD
Khalid Husain, DPM
Kirk Clark, MD
Lon J. Petchenick, MD
Lorraine S. Novas, MD
Maria Wittkopf, MD
Mark N. Levin, MD
Matthew Bernstein, MD
Michael Birman, MD
Michael Vender, MD
Michelle Goldin, MD

Number of Operating Rooms	10
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	11
Number of Recovery Stations Stage 2	10

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwest Community Hospital	18

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	39.00
Certified Aides	3.00
Other Health Profs.	10.00
Other Non-Health Profs	2.00
TOTAL	55.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	249	219	468
15-44 years	667	1,261	1,928
45-64 years	905	1,442	2,347
65-74 years	508	744	1,252
75+ years	375	481	856
TOTAL	2,704	4,147	6,851

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	84	178	262
Medicare	786	1,161	1,947
Other Public	0	0	0
Insurance	1,804	2,708	4,512
Private Pay	20	75	95
Charity Care	10	25	35
TOTAL	2,704	4,147	6,851

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
19.1%	1.8%	0.0%	77.6%	1.4%	100.0%		
2,885,263	277,003	0	11,713,684	217,964	15,093,914	161,385	1%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	898	835.53	523.83	1359.36	1.51
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1253	883.43	522.07	1405.50	1.12
Ophthalmology	1185	699.36	197.50	896.86	0.76
Oral/Maxillofacial	5	3.63	2.91	6.54	1.31
Orthopedic	2051	2,729.20	1,367.33	4096.53	2.00
Otolaryngology	898	984.61	374.16	1358.77	1.51
Pain Management	82	57.21	27.33	84.54	1.03
Plastic	165	440.66	110.00	550.66	3.34
Podiatry	302	435.30	176.16	611.46	2.02
Thoracic	0	0.00	0.00	0.00	0.00
Urology	12	8.81	5.00	13.81	1.15
TOTAL	6851	7,077.74	3,306.29	10384.03	1.52

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Otolaryngology	0	6	87	1	88	14.67
Pain Management	0	1	10	0.16	10.16	10.16
Pain Management	0	0	0	0	0	0.00
TOTALS	0	7	97	1.16	98.16	14.02

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60004	Arlington Heights	COOK	784
60056	Mount Prospect	COOK	561
60067	Palatine	COOK	519
60005	Arlington Heights	COOK	446
60074	Palatine	COOK	375
60089	Buffalo Grove	LAKE	304
60008	Rolling Meadows	COOK	283
60193	Roselle	COOK	214
60090	Wheeling	COOK	213
60010	Barrington	LAKE	204
60047	Lake Zurich	LAKE	190
60007	Elk Grove Village	COOK	162
60016	Des Plaines	COOK	134
60070	Prospect Heights	COOK	105
60192	Roselle	COOK	100
60107	Bartlett	COOK	98
60169	Hoffman Estates	COOK	96
60194	Schaumburg	COOK	77
60173	Roselle	COOK	65
60102	Algonquin	MCHENRY	63
60172	Roselle	DUPAGE	63
60018	Des Plaines	COOK	62
60103	Bartlett	DUPAGE	60
60120	Elgin	KANE	49

Reference Numbers Facility Id 7000920
Health Service Area 007 Planning Service Area 031
Northwest Surgicare
1100 W. Central Road
Arlington Heights, IL 60005

Administrator
Zeev Walny

Date Complete
3/3/2017

Contact Person
Zeev Walny

Telephone
847-259-3080

Registered Agent
CT Corporation System

Property Owner
MedProperties Group

Legal Owner(s)

Brian Donahue
Brian Moss
Christopher Wood
Daniel Alter
Eduard Sladek
Enrique Garcia-Valenzuela
George Wyhinny
Gregory Nelson
James Hill
James Kim
Kimberlee Curnyn
M. Bryan Neal
Mark Piotrowski
Michael Paik
Midwest Retina
Naveed Ansari
Northwest Surgicare, LLC
Paul Papierski
Phillip Ludkowski
Richard Tuttle
Sergey Kachar
Thomas Kim
Thomas Tingle

Number of Operating Rooms	4
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	3
Number of Recovery Stations Stage 2	4

Type of Ownership
Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwest Community Hospital	

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	1.00
Registered Nurses	11.00
Certified Aides	7.00
Other Health Profs.	
Other Non-Health Profs	10.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	11
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	13	16	29
15-44 years	154	145	299
45-64 years	422	548	970
65-74 years	456	762	1,218
75+ years	519	767	1,286
TOTAL	1,564	2,238	3,802

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	862	1,429	2,291
Other Public	0	0	0
Insurance	664	762	1,426
Private Pay	38	47	85
Charity Care	0	1	1
TOTAL	1,564	2,239	3,803

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
51.3%	0.0%	0.0%	47.7%	1.1%	100.0%		
13,117,895	0	0	12,200,468	277,508	25,595,871	4,000	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	7	10.75	29.25	40.00	5.71
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	16	13.00	6.60	19.60	1.23
Ophthalmology	2858	1,325.00	570.10	1895.10	0.66
Oral/Maxillofacial	1	37.00	0.60	37.60	37.60
Orthopedic	501	605.00	238.75	843.75	1.68
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	113	34.75	13.10	47.85	0.42
Plastic	143	176.00	57.60	233.60	1.63
Podiatry	130	135.75	50.10	185.85	1.43
Thoracic	0	0.00	0.00	0.00	0.00
Urology	34	27.75	12.10	39.85	1.17
TOTAL	3803	2,365.00	978.20	3343.20	0.88

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
		LAKE	337
		DUPAGE	266
		KANE	127
		MCHENRY	110
		WILL	12
		UNKNOWN	9
		GALLATIN	6
		MASSAC	3
		WINNEBAGO	3
		DEKALB	2
		FULTON	2
		BOONE	2
		WHITESIDE	2
		WABASH	1
		CHAMPAIGN	1
		LAWRENCE	1
		BUREAU	1

Reference Numbers Facility Id 7002561

Health Service Area 007 Planning Service Area 031

Novamed Surgery Center of River Forest, LLC
7427 Lake Street
River Forest, IL 60305

Administrator
Kelly D. Spillane

Date Complete
3/2/2017

Contact Person
Kelly D. Spillane

Telephone
708-488-1300 x 151

Registered Agent
Illinois Corporation Service C

Property Owner
HSK Partnership

Legal Owner(s)

Kent A. Kirk, MD
Novamed Management Services
Scott H. Kirk, MD
Walter I. Fried, MD

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	2
Number of Recovery Stations Stage 1	2
Number of Recovery Stations Stage 2	2

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
West Suburban Hospital, Oak Park, IL	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	1.00
TOTAL	5.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	10
Thursday	10
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	1	0	1
15-44 years	21	20	41
45-64 years	108	122	230
65-74 years	181	283	464
75+ years	199	275	474
TOTAL	510	700	1,210

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	5	1	6
Medicare	338	500	838
Other Public	4	1	5
Insurance	131	152	283
Private Pay	32	46	78
Charity Care	0	0	0
TOTAL	510	700	1,210

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
58.8%	0.2%	0.6%	34.7%	5.7%	100.0%		
776,580	2,079	7,913	458,635	75,195	1,320,402	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	140	70.00	36.00	106.00	0.76
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1059	349.00	264.00	613.00	0.58
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	11	28.00	4.00	32.00	2.91
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1210	447.00	304.00	751.00	0.62

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
6030			107
6009			76
6008			70
6030			63
6070			50
6003			47
6008			40
6030			39
6013			35
6016			30
6007			29
6004			28
60402	Berwyn		28
6015			23
6000			22
6003			22
6030			17
6008			16
6054			15
6009			15
60164	Melrose Park		14
6017			13
6064			13
6006			13

Reference Numbers Facility Id 7003179
Health Service Area 007 Planning Service Area 031

Oak Lawn Endoscopy Center
9921 Southwest Highway
Oak Lawn, IL 60453

Administrator
Thomas Arndt, MD

Date Complete
3/9/2017

Contact Person
Helen Milan, RN

Telephone
708-425-2552 ext 173

Registered Agent
Douglas B Swill, Esq. Drinker

Property Owner

Legal Owner(s)

Brian Blumenstein
Charles Berkelhammer
Douglas Lee
Jeffrey Port
Kamran Ayub
Mihir Majmundar
Samir Patel
Thomas Arndt
Vincent Muscarello
Wayne Lue
Zahid Afzal

Number of Operating Rooms	0
Procedure Rooms	2
Exam Rooms	0
Number of Recovery Stations Stage 1	0
Number of Recovery Stations Stage 2	6

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Christ Medical Center Oak Lawn, Il	4

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	
Physicians	
Nurse Anesthetists	
Director of Nurses	2.00
Registered Nurses	6.00
Certified Aides	
Other Health Profs.	2.00
Other Non-Health Profs	1.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	8
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	305	345	650
45-64 years	1,440	1,891	3,331
65-74 years	614	882	1,496
75+ years	207	245	452
TOTAL	2,566	3,363	5,929

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	1	1
Medicare	657	922	1,579
Other Public	3	4	7
Insurance	1,882	2,414	4,296
Private Pay	24	22	46
Charity Care	0	0	0
TOTAL	2,566	3,363	5,929

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
15.6%	0.0%	0.1%	75.5%	8.8%	100.0%		
666,813	410	4,800	3,232,704	378,066	4,282,793	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	2	5929	3952.5	1976.5	5929	1.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	5929	3952.5	1976.5	5929	1.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60453	Oak Lawn	Cook	610
60462	Orland Park	Cook	356
60655	Chicago	Cook	288
60477	Tinley Park	Cook	241
60467	Orland Park	Cook	231
60459	Burbank	Cook	217
60491	Homer Glen	Will	164
60463	Palos Heights	Cook	160
60423	Frankfort	Will	153
60452	Oak Forest	Cook	152
60652	Chicago	Cook	144
60487	Tinley Park	Cook	143
60445	Midlothian	Cook	136
60803	Alsip	Cook	133
60805	Evergreen Park	Cook	133
60638	Chicago	Cook	131
60465	Palos Hills	Cook	128
60643	Chicago	Cook	123
60629	Chicago	Cook	120
60464	Palos Park	Cook	118
60448	Mokena	Will	112
60451	New Lenox	Will	93
60482	Worth	Cook	91
60415	Chicago Ridge	Cook	89

Reference Numbers Facility Id 7003186
Health Service Area 007 Planning Service Area 031
Palos Hills Surgery Center
10330 South Roberts Road, Suite 300
Palos Hills , IL 60465

Administrator
Ronald P. Ladniak

Date Complete
2/27/2017

Contact Person
Roberta Smith

Telephone
630/869-6397

Registered Agent
Patrick C Keeley

Property Owner
Palos Hills Realty Co.

Legal Owner(s)
Anton J. Fakhouri
Gary Kronen

Number of Operating Rooms	2
Procedure Rooms	
Exam Rooms	
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	6

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Christ Hospital, Oak Lawn, IL	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	5.00
Certified Aides	3.00
Other Health Profs.	4.00
Other Non-Health Profs	4.00
TOTAL	16.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	29	31	60
15-44 years	469	275	744
45-64 years	468	495	963
65-74 years	193	217	410
75+ years	109	148	257
TOTAL	1,268	1,166	2,434

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	229	301	530
Other Public	5	6	11
Insurance	1,026	847	1,873
Private Pay	8	12	20
Charity Care	0	0	0
TOTAL	1,268	1,166	2,434

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
10.1%	0.0%	0.5%	88.7%	0.8%	100.0%		
688,414	0	30,961	6,044,157	53,751	6,817,283	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2165	811.75	1,082.50	1894.25	0.87
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	269	26.50	134.50	161.00	0.60
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2434	838.25	1,217.00	2055.25	0.84

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60453	Oak Lawn		181
60462	Orland Park		119
60655	Chicago		106
60423	Frankfort		100
60477	Tinley Park		100
60448	Mokena		84
60452	Oak Forest		76
60467	Orland Park		73
60465	Palos Hills		66
60652	Chicago		59
60445	Midlothian		55
60487	Tinley Park		50
60451	New Lenox		49
60629	Chicago		49
60459	Burbank		47
60803	Alsip		45
60638	Chicago		44
60805	Evergreen Park		44
60411	Chicago Heights		43
60643	Chicago		43
60491	Homer Glen		37
60466	Park Forest		37
60464	Palos Park		36
60457	Hickory Hills		33

Reference Numbers Facility Id 7002470
Health Service Area 007 Planning Service Area 031
Palos Surgicenter, LLC
7340 W. COLLEGE DRIVE
Palos Heights, IL 60463

Administrator
VIRGINIA FORREST

Date Complete
3/9/2017

Contact Person
MARY

Telephone
BUSINESS OFFICE MA

Registered Agent
THE ST. GEORGE CORP

Property Owner

Legal Owner(s)

BABU PONAKALA, MD
DUANE BRANN, DPM
METALMARK GROUP TWO, LLC
ORMED
PARKVIEW MUSCUKOSKELTON
PSC, LLC
REGENT INVESTMENT MANAGEMENT
REGENT SURGICAL HEALTHCARE
RENATA VARIAKOJIS MD
SCOTT GLASER, MD
ST GEORGE CORP

Number of Operating Rooms	3
Procedure Rooms	2
Exam Rooms	0
Number of Recovery Stations Stage 1	5
Number of Recovery Stations Stage 2	16

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	37.00
Nurse Anesthetists	14.00
Director of Nurses	1.00
Registered Nurses	9.00
Certified Aides	1.00
Other Health Profs.	7.00
Other Non-Health Profs	6.00
TOTAL	76.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	11	13	24
15-44 years	293	277	570
45-64 years	876	1,074	1,950
65-74 years	693	945	1,638
75+ years	471	908	1,379
TOTAL	2,344	3,217	5,561

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	1,069	1,682	2,751
Other Public	0	0	0
Insurance	1,271	1,533	2,804
Private Pay	4	2	6
Charity Care	0	0	0
TOTAL	2,344	3,217	5,561

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
10.4%	0.0%	0.0%	89.5%	0.1%	100.0%		
2,195,387	0	0	18,813,308	19,125	21,027,820	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	1186	948.00	395.20	1343.20	1.13
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	54	36.00	72.00	108.00	2.00
Neurological	5	5.00	166.60	171.60	34.32
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1435	803.90	372.40	1176.30	0.82
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	479	347.60	306.80	654.40	1.37
Otolaryngology	17	18.40	5.60	24.00	1.41
Pain Management	2213	1,132.50	371.00	1503.50	0.68
Plastic	59	117.65	23.60	141.25	2.39
Podiatry	69	39.40	10.90	50.30	0.73
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	5517	3,448.45	1,724.10	5172.55	0.94

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	2	1186	948	395.2	1343.2	1.13
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	1186	948	395.2	1343.2	1.13

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60462	Orland Park	Cook	577
60477	Tinley Park	Cook	371
60453	Oak Lawn	Cook	354
60463	Palos Heights	Cook	320
60467	Orland Park	Cook	281
60452	Oak Forest	Cook	267
60445	Midlothian	Cook	223
60491	Homer Glen	Will	208
60655	Chicago	Cook	171
60487	Tinley Park	Will	170
60464	Palos Park	Cook	167
60465	Palos Hills	Cook	151
60423	Frankfort	Will	148
60803	Alsip	Cook	120
60448	Mokena	Will	113
60459	Burbank	Cook	111
60805	Evergreen Park	Cook	93
60439	Lemont	Dupage	92
60638	Chicago	Cook	88
60415	Chicago Ridge	Cook	87
60482	Worth	Cook	80
60451	New Lenox	will	75
60457	Hickory Hills	Cook	72
60441	Lockport	Will	71

Reference Numbers Facility Id 7003193
Health Service Area 007 Planning Service Area 031
Preferred Surgicenter, LLC
10 Orland Square Drive Ste 10-C
Orland Park , IL 60462

Administrator
Salam Okasha

Date Complete
3/10/2017

Contact Person
Gricel Lopez

Telephone
708-942-6030

Registered Agent
Naser Rustom

Property Owner

Legal Owner(s)
Naser Rustom

Number of Operating Rooms	4
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	14
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Metro South Blue Island, IL	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	3.00
Certified Aides	0.00
Other Health Profs.	0.00
Other Non-Health Profs	2.00
TOTAL	8.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	10
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	57	58	115
45-64 years	107	131	238
65-74 years	13	52	65
75+ years	27	25	52
TOTAL	204	266	470

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	58	103	161
Other Public	0	0	0
Insurance	143	160	303
Private Pay	3	3	6
Charity Care	0	0	0
TOTAL	204	266	470

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
22.2%	0.0%	0.0%	76.7%	1.1%	100.0%		
1,118,718	0	0	3,866,495	56,079	5,041,292	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	44	22.00	22.00	44.00	1.00
General Surgery	14	14.00	14.00	28.00	2.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	28	28.00	28.00	56.00	2.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	358	179.00	179.00	358.00	1.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	25	25.00	25.00	50.00	2.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	1	1.00	1.00	2.00	2.00
TOTAL	470	269.00	269.00	538.00	1.14

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	1	44	22	22	44	1.00
General/Misc	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Ortho	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
Podiatry	0	0	0	0	0	0.00
TOTALS	1	44	22	22	44	1.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60462	Orland Park	Cook	32
60445	Midlothian	Cook	21
60451	New Lenox	Will	19
60477	Tinley Park	Cook	18
60465	Palos Hills	Cook	16
60453	Oak Lawn	Cook	16
60629	Chicago	Cook	15
60803	Alsip	Cook	15
60415	Chicago Ridge	Cook	13
60455	Oak Lawn	Cook	9
60487	Tinley Park	Cook	9
60467	Orland Park	Cook	9
60632	Chicago	Cook	8
60620	Chicago	Cook	8
60411	Chicago Heights	Cook	7
60464	Palos Park	Cook	7
60638	Chicago	Cook	7
60634	Norridge	Cook	7
60652	Chicago	Cook	7
60403	Crest Hill	Will	6
60448	Mokena	Will	6
60523	Oak Brook	Dupage	6
60491	Homer Glen	Will	6
60442	Manhattan	Will	6

Reference Numbers Facility Id 7003080
Health Service Area 007 Planning Service Area 031

Ravine Way Surgery Center
2350 Ravine Way, Suite 500
Glenview, IL 60025

Administrator
Melody Winter-Jabeck

Date Complete
2/27/2017

Contact Person
Melody Winter-Jabeck

Telephone
847-998-4881

Registered Agent

Property Owner
MB Real Estate

Legal Owner(s)

NorthShore University Health System
Ravine Way Partners, LLC

Number of Operating Rooms	3
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	8

Type of Ownership
Partnership (registered with county)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
NorthShore University Health Systems	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	10.00
Certified Aides	0.00
Other Health Profs.	6.00
Other Non-Health Profs	5.00
TOTAL	23.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	4	5	9
15-44 years	325	241	566
45-64 years	439	559	998
65-74 years	141	233	374
75+ years	76	99	175
TOTAL	985	1,137	2,122

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	1	1
Medicare	173	245	418
Other Public	50	22	72
Insurance	757	864	1,621
Private Pay	5	5	10
Charity Care	0	0	0
TOTAL	985	1,137	2,122

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
6.9%	0.1%	0.7%	92.0%	0.4%	100.0%		
679,211	6,951	69,715	9,085,428	38,784	9,880,089	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2122	2,688.00	531.00	3219.00	1.52
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2122	2,688.00	531.00	3219.00	1.52

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60062	Northbrook		186
60035	Highland Park		152
60025	Glenview		137
60015	Deerfield		127
60091	Wilmette		124
60093	Winnetka		121
60201	Evanston		92
60202	Evanston		56
60026	Glenview		55
60089	Buffalo Grove		52
60047	Lake Zurich		48
60045	Lake Forest		46
60076	Skokie		44
60048	Libertyville		32
60053	Morton Grove		31
60022	Glencoe		31
60056	Mount Prospect		30
60004	Arlington Heights		26
60046	Lake Villa		24
60077	Skokie		23
60645	Chicago		23
60090	Wheeling		23
60031	Gurnee		21
60068	Park Ridge		21

Reference Numbers Facility Id 7001803

Health Service Area 007 Planning Service Area 031

Regenerative Surgery Center
1455 Golf Road
Des Plaines, IL 60016

Administrator
Lowell Scott Weil, Sr.

Date Complete
3/7/2017

Contact Person
Johnisha Laws

Telephone
847-390-7666

Registered Agent
Lowell Scott Weil, Sr.

Property Owner
Kerry Levin

Legal Owner(s)

Gregory Amarantos
Lowell Scott Weil, Jr.
Lowell Scott Weil, Sr.
Wendy Benton-Weil

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	5
Number of Recovery Stations Stage 2	3

Type of Ownership
Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwest Community Hospital, Arlington Heights, I	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	0.00
Other Health Profs.	5.00
Other Non-Health Profs	4.00
TOTAL	16.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	5
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	4	6	10
15-44 years	68	129	197
45-64 years	114	390	504
65-74 years	46	144	190
75+ years	38	47	85
TOTAL	270	716	986

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	1	1	2
Medicare	58	135	193
Other Public	0	1	1
Insurance	147	492	639
Private Pay	63	85	148
Charity Care	1	2	3
TOTAL	270	716	986

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
17.9%	0.0%	0.3%	66.9%	14.9%	100.0%		
378,154	625	5,684	1,415,916	316,089	2,116,468	1,091	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	155	43.75	64.75	108.50	0.70
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	25	1.00	11.00	12.00	0.48
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	806	533.50	334.50	868.00	1.08
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	986	578.25	410.25	988.50	1.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60016	Des Plaines	Cook	37
60056	Mount Prospect	Cook	30
60035	Highland Park	Lake	27
60045	Lake Forest	Lake	27
60089	Buffalo Grove	Lake	20
60004	Arlington Heights	Cook	19
60062	Northbrook	Cook	16
60068	Park Ridge	Cook	16
60047	Lake Zurich	Lake	16
60091	Wilmette	Cook	15
60025	Glenview	Cook	14
60061	Vernon Hills	Lake	14
60714	Niles	Cook	13
60046	Lake Villa	Lake	13
60015	Deerfield	Lake	12
60048	Libertyville	Lake	12
60060	Mundelein	Lake	12
60018	Des Plaines	Cook	12
60126	Elmhurst	Du Page	11
60093	Winnetka	Cook	11
60069	Lincolnshire	Lake	11
60030	Grayslake	Lake	11
60142	Huntley	Mc Henry	10
60090	Wheeling	Cook	10

Reference Numbers Facility Id 7003192
Health Service Area 007 Planning Service Area 043
River North Surgical Suites dba Elmhurst Foot & An
340 W BUTTERFIELD RD, STE 1B
Elmhurst, IL 60126

Administrator
THOMAS CARR, DPM

Date Complete
3/1/2017

Contact Person
SARAH ESPINO

Telephone
331-209-9903

Registered Agent
ELLEN CARR

Property Owner
TEC SURGICAL

Legal Owner(s)
THOMAS CARR, DPM

Number of Operating Rooms	1
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	1
Number of Recovery Stations Stage 2	2

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ELMHURST MEMORIAL HOSPITAL	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	0.00
Certified Aides	2.00
Other Health Profs.	1.00
Other Non-Health Profs	0.00
TOTAL	5.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	2	2
15-44 years	15	44	59
45-64 years	14	44	58
65-74 years	2	23	25
75+ years	1	0	1
TOTAL	32	113	145

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	4	4
Medicare	4	26	30
Other Public	0	0	0
Insurance	27	83	110
Private Pay	1	0	1
Charity Care	0	0	0
TOTAL	32	113	145

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
14.9%	0.8%	0.0%	80.5%	3.8%	100.0%		
52,567	2,786	0	282,994	13,398	351,745	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	145	167.60	84.55	252.15	1.74
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	145	167.60	84.55	252.15	1.74

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60148	Lombard	DUPAGE	11
60611	Chicago	COOK	7
60615	Chicago	COOK	6
60619	Chicago	COOK	6
60637	Chicago	COOK	5
60641	Chicago	COOK	5
60654	Chicago	COOK	5
60191	Wood Dale	DUPAGE	5
60657	Chicago	COOK	5
60614	Chicago	COOK	4
60620	Chicago	COOK	4
60559	Westmont	DUPAGE	4
60618	Chicago	COOK	3
60621	Chicago	COOK	3
60188	Wheaton	DUPAGE	3
60622	Chicago	COOK	3
60517	Woodridge	DUPAGE	3
60610	Chicago	COOK	3
60638	Chicago	COOK	2
60639	Chicago	COOK	2
60616	Chicago	COOK	2
60443	Matteson	COOK	2
60106	Bensenville	DUPAGE	2
60804	Cicero	COOK	2

Reference Numbers Facility Id 7003189
Health Service Area 007 Planning Service Area 043
Salt Creek Surgery Center
530 N. CASS AVE
Westmont, IL 60559

Administrator
WILFREDO MUNGCAL JR, RN

Date Complete
3/9/2017

Contact Person
WILFREDO MUNGCAL JR, RN

Telephone
630.869.4260

Registered Agent
ERICKA ADLER

Property Owner
MPG WESTMONT, LLC

Legal Owner(s)

Number of Operating Rooms	4
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	4

Type of Ownership
Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ADVENTIST HINSDALE HOSPITAL	2
ADVENTIST LAGRANGE HOSPITAL	

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	
Registered Nurses	14.00
Certified Aides	2.00
Other Health Profs.	6.00
Other Non-Health Profs	4.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	27	34	61
15-44 years	449	286	735
45-64 years	632	202	834
65-74 years	182	283	465
75+ years	125	210	335
TOTAL	1,415	1,015	2,430

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	298	248	546
Other Public	0	0	0
Insurance	1,091	740	1,831
Private Pay	26	27	53
Charity Care	0	0	0
TOTAL	1,415	1,015	2,430

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
3.8%	0.0%	0.0%	93.2%	3.0%	100.0%		
475,649	0	0	11,672,709	378,070	12,526,428	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2313	2,079.00	553.00	2632.00	1.14
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	777	74.00	195.00	269.00	0.35
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	126	98.00	32.00	130.00	1.03
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3216	2,251.00	780.00	3031.00	0.94

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60527	Willowbrook	DUPAGE	134
60525	La Grange	COOK	120
60516	Downers Grove	DUPAGE	117
60515	Downers Grove	DUPAGE	110
60559	Westmont	DUPAGE	92
60521	Hinsdale	LASALLE	79
60148	Lombard	DUPAGE	78
60558	Western Springs	COOK	75
60517	Woodridge	DUPAGE	65
60514	Clarendon Hills	DUPAGE	62
60439	Lemont	DUPAGE	61
60126	Elmhurst	DUPAGE	57
60532	Lisle	DUPAGE	57
60564	Naperville	WILL	55
60440	Bolingbrook	WILL	55
60561	Darien	DUPAGE	54
60513	Brookfield	COOK	51
60586	Plainfield	WILL	50
60451	New Lenox	WILL	50
60154	Westchester	COOK	46
60441	Lockport	WILL	41
60446	Romeoville	WILL	38
60523	Oak Brook	DUPAGE	37
60181	Villa Park	DUPAGE	37

Reference Numbers Facility Id 7001860
Health Service Area 007 Planning Service Area 043

The Center for Surgery
475 E. Diehl Rd.
Naperville, IL 60563

Administrator
Anthony Fato

Date Complete
3/7/2017

Contact Person
Emily Cuddy

Telephone
630-577-6990

Registered Agent
Anthony Fato

Property Owner

Legal Owner(s)

Dupage Doctors L.P.
Edward Hospital
Northwestern Health Systems

Number of Operating Rooms	8
Procedure Rooms	3
Exam Rooms	0
Number of Recovery Stations Stage 1	2
Number of Recovery Stations Stage 2	27

Type of Ownership
Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Edward Hospital Naperville	3

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	17.00
Certified Aides	0.00
Other Health Profs.	7.00
Other Non-Health Profs	12.00
TOTAL	38.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	111	159	270
15-44 years	157	188	345
45-64 years	467	608	1,075
65-74 years	1,042	1,346	2,388
75+ years	564	676	1,240
TOTAL	2,341	2,977	5,318

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	40	57	97
Medicare	571	713	1,284
Other Public	72	111	183
Insurance	1,555	1,971	3,526
Private Pay	72	87	159
Charity Care	31	38	69
TOTAL	2,341	2,977	5,318

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.1%	1.7%	1.2%	84.7%	5.4%	100.0%		
640,600	150,400	105,300	7,649,565	485,720	9,031,585	100,000	1%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	1160	1,073.00	186.50	1259.50	1.09
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1904	952.00	456.25	1408.25	0.74
Oral/Maxillofacial	12	8.00	2.00	10.00	0.83
Orthopedic	155	122.00	32.00	154.00	0.99
Otolaryngology	666	400.00	94.00	494.00	0.74
Pain Management	371	156.00	59.50	215.50	0.58
Plastic	127	115.00	23.75	138.75	1.09
Podiatry	162	125.00	31.00	156.00	0.96
Thoracic	0	0.00	0.00	0.00	0.00
Urology	29	23.50	4.50	28.00	0.97
TOTAL	4586	2,974.50	889.50	3864.00	0.84

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	3	732	456	99	555	0.76
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	732	456	99	555	0.76

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60586	Plainfield		396
60544	Plainfield		268
60563	Naperville		265
60189	Wheaton		224
60540	Naperville		218
60504	Aurora		206
60440	Bolingbrook		206
60565	Naperville		200
60137	Glen Ellyn		196
60446	Romeoville		168
60564	Naperville		165
60532	Lisle		117
60517	Woodridge		111
60188	Wheaton		102
60126	Elmhurst		99
60502	Aurora		97
60543	Oswego		88
60505	Aurora		75
60188	Wheaton		69
60148	Lombard		68
60490	Bolingbrook		67
60435	Joliet		66
60548	Sandwich		65
60560	Yorkville		64

Reference Numbers Facility Id 7003174
Health Service Area 007 Planning Service Area 031

The Glen Endoscopy Center
2551 Compass Rd, Suite 115
Glenview, IL 60026

Administrator
Beth Mara

Date Complete
2/24/2017

Contact Person
Beth Mara

Telephone
847-656-2400

Registered Agent
National Registered Agents, In

Property Owner
AugFive LP

Legal Owner(s)

AmSurg
Dr. Alan Shapiro
Dr. Baseer Qazi
Dr. Douglas Adler
Dr. Jeffrey Jacobs
Dr. John Vainder
Dr. Jonathan Williams
Dr. Karen Sable
Dr. Kenneth Chi
Dr. Nina Merel
Dr. Ronald Bloom
Dr. Yolandra Johnson

Number of Operating Rooms	0
Procedure Rooms	3
Exam Rooms	0
Number of Recovery Stations Stage 1	0
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Skokie Hospital, Skokie, Illinois	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	3.00
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	3.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	245	276	521
45-64 years	1,075	1,321	2,396
65-74 years	523	609	1,132
75+ years	214	279	493
TOTAL	2,057	2,485	4,542

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	546	736	1,282
Other Public	4	3	7
Insurance	1,497	1,739	3,236
Private Pay	10	7	17
Charity Care	0	0	0
TOTAL	2,057	2,485	4,542

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
5.9%	0.1%	0.1%	85.1%	8.9%	100.0%		
257,011	3,440	2,702	3,717,567	389,541	4,370,261	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	3	4542	3819	0	3819	0.84
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	4542	3819	0	3819	0.84

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60062	Northbrook		421
60025	Glenview		299
60068	Park Ridge		184
60016	Des Plaines		176
60015	Deerfield		170
60089	Buffalo Grove		168
60053	Morton Grove		166
60091	Wilmette		162
60093	Winnetka		159
60056	Mount Prospect		152
60035	Highland Park		142
60026	Glenview		140
60076	Skokie		138
60714	Niles		119
60077	Skokie		112
60090	Wheeling		103
60631	Chicago		100
60201	Evanston		93
60004	Arlington Heights		87
60022	Glencoe		82
60646	Chicago		69
60018	Des Plaines		65
60202	Evanston		62
60047	Lake Zurich		52

Reference Numbers Facility Id 7001548
Health Service Area 007 Planning Service Area 043

The Oak Brook Surgical Centre, Inc.
2425 W. 22nd St., Ste. 101
Oak Brook, IL 60523

Administrator
Ali Nili

Date Complete
3/10/2017

Contact Person
Alfonso del Granado

Telephone
630-447-8254

Registered Agent
Paul Gilman

Property Owner

Legal Owner(s)
Kianoosh Jafari, MD

Number of Operating Rooms	5
Procedure Rooms	1
Exam Rooms	1
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	8

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Good Samaritan Hosp., Downers Grove	3

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	10.00
Certified Aides	1.00
Other Health Profs.	7.00
Other Non-Health Profs	7.00
TOTAL	28.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	67	40	107
15-44 years	182	853	1,035
45-64 years	227	524	751
65-74 years	58	137	195
75+ years	15	85	100
TOTAL	549	1,639	2,188

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	11	35	46
Medicare	84	173	257
Other Public	0	0	0
Insurance	368	1,159	1,527
Private Pay	86	272	358
Charity Care	0	0	0
TOTAL	549	1,639	2,188

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
2.8%	0.8%	0.0%	87.4%	9.1%	100.0%		
305,917	91,874	0	9,658,691	1,000,711	11,057,193	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	68	70.50	16.25	86.75	1.28
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	1	0.50	0.25	0.75	0.75
OB/Gynecology	740	363.25	176.50	539.75	0.73
Ophthalmology	23	7.50	5.00	12.50	0.54
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	432	81.75	99.25	181.00	0.42
Plastic	90	146.00	22.00	168.00	1.87
Podiatry	636	540.25	153.25	693.50	1.09
Thoracic	0	0.00	0.00	0.00	0.00
Urology	39	111.50	9.75	121.25	3.11
TOTAL	2029	1,321.25	482.25	1803.50	0.89

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
IVIG	0	159	669.5	39.75	709.25	4.46
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	159	669.5	39.75	709.25	4.46

Leading Locations of Patient Residence

Zip Code	City	County	Patients
99999			122
60516	Downers Grove		40
60148	Lombard		35
60453	Oak Lawn		33
60137	Glen Ellyn		29
60561	Darien		28
60101	Addison		28
60527	Willowbrook		27
60521	Hinsdale		26
60629	Chicago		26
60609	Chicago		25
60525	La Grange		24
60154	Westchester		23
60126	Elmhurst		23
60514	Clarendon Hills		22
60440	Bolingbrook		21
60616	Chicago		21
60139	Glendale Heights		21
60564	Naperville		21
60402	Berwyn		20
60181	Villa Park		20
60505	Aurora		19
60563	Naperville		19
60517	Woodridge		19

Reference Numbers Facility Id 7002652

Health Service Area 007 Planning Service Area 031

Tinley Woods Surgery Center
18200 S. LaGrange Road
Tinley Park, IL 60487

Administrator
Ronald P. Ladniak

Date Complete
2/28/2017

Contact Person
Roberta Smith

Telephone
630/869-6397

Registered Agent
Ronald Ladniak

Property Owner

Legal Owner(s)

Anton Fakhouri, MD
Ben Ticho
Christopher Neal
Curtis Walsh
Daniel Luetkehans
David Zumerchik
Dennis LaMonte
Edward C. Ryan
Emil Zager
Eric W. Johnston
Evan Manolis
Evangelical Services Corporation
Hareth Raddawi
Hite/Hass Family Partnership, LP
Jae H. Kim
John N. Defranco
Jonathan Buka
Ken Finkelstein
Lawrence Boysen
Leah R. Urbanosky
Luis E. Ugarte
Michael A. Devito
Nicholas Cudney
Nirav Thakkar

Number of Operating Rooms	4
Procedure Rooms	1
Exam Rooms	6
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	8

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Christ Hospital, Oak Lawn, IL	3
Advocate South Suburban, Hazel Crest, IL	2
Silver Cross, New Lenox, IL	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	12.00
Certified Aides	0.00
Other Health Profs.	5.00
Other Non-Health Profs	5.00
TOTAL	22.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	291	258	549
15-44 years	201	434	635
45-64 years	445	704	1,149
65-74 years	440	673	1,113
75+ years	391	738	1,129
TOTAL	1,768	2,807	4,575

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	382	534	916
Other Public	0	1	1
Insurance	1,362	2,113	3,475
Private Pay	24	159	183
Charity Care	0	0	0
TOTAL	1,768	2,807	4,575

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
10.3%	0.0%	0.0%	87.0%	2.7%	100.0%		
1,083,605	0	943	9,114,065	282,359	10,480,972	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	96	42.75	48.00	90.75	0.95
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	181	62.50	90.50	153.00	0.85
Ophthalmology	2412	779.00	1,206.00	1985.00	0.82
Oral/Maxillofacial	159	240.75	79.50	320.25	2.01
Orthopedic	56	32.00	28.00	60.00	1.07
Otolaryngology	564	158.75	282.00	440.75	0.78
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	186	335.25	93.00	428.25	2.30
Podiatry	123	81.25	61.50	142.75	1.16
Thoracic	0	0.00	0.00	0.00	0.00
Urology	40	13.50	20.00	33.50	0.84
TOTAL	3817	1,745.75	1,908.50	3654.25	0.96

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	1	758	308.5	379	687.5	0.91
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	758	308.5	379	687.5	0.91

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60477	Tinley Park		298
60462	Orland Park		238
60487	Tinley Park		186
60452	Oak Forest		162
60467	Orland Park		162
60423	Frankfort		161
60453	Oak Lawn		161
60448	Mokena		136
60411	Chicago Heights		116
60443	Matteson		110
60655	Chicago		108
60643	Chicago		100
60445	Midlothian		100
60620	Chicago		99
60451	New Lenox		94
60628	Chicago		88
60463	Palos Heights		83
60491	Homer Glen		80
60466	Park Forest		77
60478	Country Club Hills		72
60441	Lockport		67
60652	Chicago		66
60430	Homewood		63
60617	Chicago		63

Reference Numbers Facility Id 7003190
Health Service Area 007 Planning Service Area 031
United Shockwave Services LTD dba United Urology C
120 N. LaGrange Road
LaGrange, IL 60525

Administrator
F. Bruce Cohen

Date Complete
3/9/2017

Contact Person
TaShunda L Green

Telephone
847-544-5959

Registered Agent
F. Bruce Cohen

Property Owner
United Real Estate Holding

Legal Owner(s)
Charles Durkee
Jeffrey Norris
Joel Cornfield

Number of Operating Rooms	1
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	2
Number of Recovery Stations Stage 2	2

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
LaGrange Memorial Hospital, LaGrange	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	4.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	3.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	112	142	254
45-64 years	327	214	541
65-74 years	155	65	220
75+ years	68	46	114
TOTAL	662	467	1,129

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	30	48	78
Medicare	188	113	301
Other Public	0	0	0
Insurance	440	304	744
Private Pay	4	2	6
Charity Care	0	0	0
TOTAL	662	467	1,129

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
14.9%	4.1%	0.0%	80.2%	0.9%	100.0%		
597,641	163,319	0	3,220,389	34,667	4,016,016	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	1129	1,693.50	564.50	2258.00	2.00
TOTAL	1129	1,693.50	564.50	2258.00	2.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60402	Berwyn		54
60804	Cicero		49
60638	Chicago		39
60126	Elmhurst		38
60148	Lombard		29
60516	Downers Grove		25
60629	Chicago		22
60527	Willowbrook		20
60559	Westmont		20
60561	Darien		19
60302	Oak Park		17
60525	La Grange		16
60174	St. Charles		15
60540	Naperville		15
60440	Bolingbrook		15
60515	Downers Grove		15
60521	Hinsdale		14
60189	Wheaton		14
60134	Geneva		13
60565	Naperville		13
60651	Chicago		13
60563	Naperville		13
60459	Burbank		12
60513	Brookfield		12

Reference Numbers Facility Id 7002579

Health Service Area 008 Planning Service Area 097

Algonquin Road Surgery Center, LLC
2550 West Algonquin Road
Lake in the Hills, IL 6015

Administrator
Lori Callahan

Date Complete
3/7/2017

Contact Person
Lori Callahan

Telephone
8474581246

Registered Agent
Lori Callahan

Property Owner
ARSC Real Estate Holdings, LLC

Legal Owner(s)

ARSC Physicians Holding, LLC
Memorial Medical Center - Centegra Health System
Northern Illinois Medical Center - Centegra Health
Sherman Hospital - Advocate

Number of Operating Rooms	3
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	6

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Centegra Hospital - Huntley	1
Advocate Sherman Hospital - Elgin	1
Advocate Good Shepard - Barrington	1
Alexain Brothers Hopsital - Hoffman Estates	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	10.00
Certified Aides	6.00
Other Health Profs.	4.00
Other Non-Health Profs	6.00
TOTAL	27.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	98	78	176
15-44 years	403	388	791
45-64 years	629	803	1,432
65-74 years	210	262	472
75+ years	80	135	215
TOTAL	1,420	1,666	3,086

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	6	15	21
Medicare	217	313	530
Other Public	27	21	48
Insurance	1,168	1,305	2,473
Private Pay	2	12	14
Charity Care	0	0	0
TOTAL	1,420	1,666	3,086

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
8.3%	0.0%	8.5%	82.5%	0.6%	100.0%		
626,255	2,274	646,151	6,250,896	47,309	7,572,885	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	116	78.97	39.68	118.65	1.02
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	4	3.13	2.54	5.67	1.42
Orthopedic	1432	1,460.98	348.44	1809.42	1.26
Otolaryngology	251	222.55	55.76	278.31	1.11
Pain Management	369	116.24	68.26	184.50	0.50
Plastic	22	43.34	6.86	50.20	2.28
Podiatry	367	206.26	127.74	334.00	0.91
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2561	2,131.47	649.28	2780.75	1.09

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
GI	0	630	275.1	116.8	391.9	0.62
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	630	275.1	116.8	391.9	0.62

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60142	Huntley	McHenry	329
60014	Crystal Lake	Mchenry	279
60156	Lake in the Hills	Mchenry	245
60102	Algonquin	McHenry	239
60123	Elgin	Kane	179
60110	Carpentersville	Kane	178
60120	Elgin	Kane	125
60098	Woodstock	McHenry	118
60118	Dundee	Kane	102
60013	Cary	Mchenry	96
60050	Mc Henry	McHenry	94
60010	Barrington	Lake	93
60140	Hampshire	Kane	92
60124	Elgin	Kane	76
60152	Marengo	Mchenry	63
60051	McHenry	McHenry	61
60177	South Elgin	Kane	58
60136	Gilberts	Kane	45
60008	Rolling Meadows	Cook	40
60012	Crystal Lake	Mchenry	38
60047	Lake Zurich	Lake	34
60097	Wonder Lake	McHenry	29
60042	Island Lake	Lake	24
60033	Harvard	McHenry	23

Reference Numbers Facility Id 7003167
Health Service Area 008 Planning Service Area 097

Barrington Pain and Spine Institute
600 Hart Road Ste 300
Barrington, IL 60010

Administrator
Anna Kosmen

Date Complete
3/10/2017

Contact Person
Anna Kosmen

Telephone
847-289-8822

Registered Agent
David Hochman

Property Owner
Hamilton Partners

Legal Owner(s)
Andrew Yu, MD
John Prunskis, MD
Shingo Yano, MD
Terri Dallas-Prunskis, MD

Number of Operating Rooms	2
Procedure Rooms	1
Exam Rooms	7
Number of Recovery Stations Stage 1	5
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Good Shepherd	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	5.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	3.00
Certified Aides	0.00
Other Health Profs.	0.00
Other Non-Health Profs	2.00
TOTAL	12.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	8
Wednesday	9
Thursday	8
Friday	9
Saturday	4
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	129	137	266
45-64 years	449	443	892
65-74 years	324	462	786
75+ years	214	329	543
TOTAL	1,116	1,371	2,487

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	4	27	31
Medicare	733	982	1,715
Other Public	4	5	9
Insurance	375	357	732
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	1,116	1,371	2,487

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
30.8%	0.4%	1.4%	67.4%	0.0%	100.0%		
690,129	9,398	30,921	1,508,182	0	2,238,630	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	2	4.00	4.00	8.00	4.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	138	58.25	19.00	77.25	0.56
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	140	62.25	23.00	85.25	0.61

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	2347	840	313.5	1153.5	0.49
TOTALS	1	2347	840	313.5	1153.5	0.49

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60014	Crystal Lake		157
60010	Barrington		152
60098	Woodstock		148
60050	Mc Henry		114
60142	Huntley		110
60102	Algonquin		87
60051	McHenry		87
60013	Cary		81
60047	Lake Zurich		73
60156	Lake in the Hills		69
60033	Harvard		62
60084	Wauconda		52
60110	Carpentersville		51
60073	Round Lake		48
60097	Wonder Lake		46
60007	Elk Grove Village		43
60123	Elgin		43
60046	Lake Villa		42
60133	Hanover Park		41
60193	Roselle		41
60030	Grayslake		39
60020	Fox Lake		39
60081	Spring Grove		34
60120	Elgin		34

Reference Numbers Facility Id 7003207
Health Service Area 008 Planning Service Area 089
Castle Surgicenter
2111 Ogden Ave.
Aurora, IL 60504

Administrator
John Diederich

Date Complete
3/8/2017

Contact Person
Patricia A. Darimont RN ONC

Telephone
630-978-3800 ext.141

Registered Agent
Barry Finn

Property Owner
TPSS,LLC

Legal Owner(s)

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	3
Number of Recovery Stations Stage 2	7

Type of Ownership
Other Not For Profit Ownership

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Copley Memorial Hospital	0
Presence Mercy Medical Center	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	6.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	2.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	5	1	6
15-44 years	197	165	362
45-64 years	313	266	579
65-74 years	105	170	275
75+ years	58	109	167
TOTAL	678	711	1,389

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	3	1	4
Medicare	137	228	365
Other Public	0	0	0
Insurance	537	480	1,017
Private Pay	0	2	2
Charity Care	1	0	1
TOTAL	678	711	1,389

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
2.9%	0.0%	0.0%	96.8%	0.3%	100.0%		
136,723	1,369	0	4,554,403	14,500	4,706,995	3,316	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	634	510.50	334.50	845.00	1.33
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	684	232.00	232.00	464.00	0.68
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	71	67.00	35.50	102.50	1.44
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1389	809.50	602.00	1411.50	1.02

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60543	Oswego	KENDALL	189
60560	Yorkville	KENDALL	154
60506	Aurora	KANE	132
60505	Aurora	KANE	121
60538	Montgomery	KENDALL	111
60504	Aurora	DUPAGE	91
60545	Plano	KENDALL	55
60554	Sugar Grove	KANE	52
60548	Sandwich	DEKALB	52
60542	North Aurora	KANE	47
60502	Aurora	DUPAGE	31
60503	Aurora	WILL	27
60541	Newark	KENDALL	21
60510	Batavia	KANE	20
60544	Plainfield	WILL	19
60552	Somonauk	DEKALB	19
60512	Bristol	KENDALL	17
60564	Naperville	WILL	14
60563	Naperville	DUPAGE	11
60586	Plainfield	WILL	10
60540	Naperville	DUPAGE	10
60565	Naperville	DUPAGE	10
60175	St. Charles	KANE	9
60518	Earlville	LASALLE	9

Reference Numbers Facility Id 7001779
Health Service Area 008 Planning Service Area 089

Dreyer Ambulatory Surgery Center
1221 N Highland Ave
Aurora, IL 60506

Administrator
Donna Cooper

Date Complete
3/9/2017

Contact Person
Judy Gregorowicz

Telephone
630-264-8405

Registered Agent

Property Owner

Legal Owner(s)

Advocate Medical Group - West
Presence Mercy Medical Center

Number of Operating Rooms	4
Procedure Rooms	6
Exam Rooms	0
Number of Recovery Stations Stage 1	5
Number of Recovery Stations Stage 2	27

Type of Ownership
Partnership (registered with county)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Presence Mercy Medical Center	24
Rush Copley Hospital	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	32.00
Certified Aides	4.00
Other Health Profs.	14.00
Other Non-Health Profs	11.00
TOTAL	63.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	279	193	472
15-44 years	808	1,074	1,882
45-64 years	2,597	3,059	5,656
65-74 years	1,422	1,660	3,082
75+ years	795	1,039	1,834
TOTAL	5,901	7,025	12,926

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	1,249	1,638	2,887
Other Public	0	0	0
Insurance	4,637	5,371	10,008
Private Pay	15	16	31
Charity Care	0	0	0
TOTAL	5,901	7,025	12,926

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
14.6%	0.0%	0.0%	85.1%	0.3%	100.0%		
2,083,745	0	0	12,129,653	39,723	14,253,121	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	47	30.50	14.00	44.50	0.95
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	598	357.00	240.50	597.50	1.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	4	2.75	2.00	4.75	1.19
Ophthalmology	1184	281.00	251.75	532.75	0.45
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	637	380.50	322.75	703.25	1.10
Otolaryngology	718	268.75	264.75	533.50	0.74
Pain Management	114	412.00	451.00	863.00	7.57
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	188	147.25	73.50	220.75	1.17
Thoracic	0	0.00	0.00	0.00	0.00
Urology	215	97.50	96.50	194.00	0.90
TOTAL	3705	1,977.25	1,716.75	3694.00	1.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	4	7192	706	3510	4216	0.59
Laser Eye	1	326	2.5	36.5	39	0.12
Pain Management	1	1703	198.5	214.25	412.75	0.24
TOTALS	6	9221	907	3760.75	4667.75	0.51

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60506	Aurora	KANE	2260
60543	Oswego	KENDALL	1327
60505	Aurora	KANE	1184
60560	Yorkville	KENDALL	832
60538	Montgomery	KENDALL	736
60542	North Aurora	KANE	628
60554	Sugar Grove	KANE	610
60510	Batavia	KANE	567
60545	Plano	KENDALL	362
60538	Montgomery	KANE	298
60134	Geneva	KANE	296
60504	Aurora	DUPAGE	277
60548	Sandwich	DEKALB	166
60504	Aurora	KANE	153
60586	Plainfield	WILL	150
60174	St. Charles	KANE	140
60520	Hinckley	DEKALB	139
60502	Aurora	DUPAGE	136
60119	Elburn	KANE	128
60175	St. Charles	KANE	123
60511	Big Rock	KANE	111
60548	Sandwich	LA SALLE	96
60544	Plainfield	WILL	96
60563	Naperville	DUPAGE	91

Reference Numbers Facility Id 7003015
Health Service Area 008 Planning Service Area 089

Elgin Gastroenterology Endoscopy Center, LLC
745 Fletcher Dr #201
Elgin, IL 60123

Administrator
same as above

Date Complete
3/6/2017

Contact Person
Susan Theobald

Telephone
847 888-5711

Registered Agent
Lawrence Kosinski

Property Owner
Elgin Gastroenterology Investments (EGI)

Legal Owner(s)

Gregory Gambla
James Stinneford
Jennifer Dorfmeister
Joseph Losurdo
Lawrence Kosinski
Physicians Endoscopy
Raj Pillai
Sonia Godambe
Sunil Joseph
Wei Sun
William Levis

Number of Operating Rooms	0
Procedure Rooms	2
Exam Rooms	0
Number of Recovery Stations Stage 1	0
Number of Recovery Stations Stage 2	8

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Presence St Joseph	0
Advocate Sherman Hospital	8

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	7.00
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	2.00
TOTAL	13.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	296	450	746
45-64 years	1,235	1,420	2,655
65-74 years	583	659	1,242
75+ years	178	235	413
TOTAL	2,292	2,764	5,056

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	593	733	1,326
Other Public	0	0	0
Insurance	1,692	2,030	3,722
Private Pay	7	1	8
Charity Care	0	0	0
TOTAL	2,292	2,764	5,056

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
13.8%	0.0%	0.0%	85.8%	0.4%	100.0%		
707,463	0	0	4,387,041	19,384	5,113,888	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	2	5056	3371	1600	4971	0.98
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	5056	3371	1600	4971	0.98

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60123	Elgin		876
60120	Elgin		472
60124	Elgin		448
60142	Huntley		430
60118	Dundee		360
60102	Algonquin		342
60140	Hampshire		325
60110	Carpentersville		279
60014	Crystal Lake		250
60177	South Elgin		175
60136	Gilberts		125
60103	Bartlett		102
60175	St. Charles		92
60010	Barrington		76
60013	Cary		55
60174	St. Charles		51
60012	Crystal Lake		44
60098	Woodstock		44
60107	Bartlett		39
60135	Genoa		36
60134	Geneva		30
60050	Mc Henry		21
60178	Sycamore		20
60193	Roselle		20

Reference Numbers Facility Id 7002165
Health Service Area 008 Planning Service Area 089

Fox Valley Orthopaedics Associates, S.C.
2525 Kaneville Rd
Geneva, IL 60134

Administrator
Barry Mathews

Date Complete
2/21/2017

Contact Person
Bruno Lopez

Telephone
630-938-4007

Registered Agent
Craig M. Torosian

Property Owner
Kaneville Road Joint Venture, Inc.

Legal Owner(s)

Craig A. Popp, MD
Craig M. Torosian, MD
David R. Morawski, MD
Eric K. Bartel, MD
James P. Sostak
Jasper A. Petrucci, MD
Kevan E. Ketterling, MD
Thomas A. Atkins, MD
Timothy S. Petsche, MD
Vishal M. Mehta, MD

Number of Operating Rooms	4
Procedure Rooms	1
Exam Rooms	2
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	6

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Delnor Hospital, Geneva	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	13.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	12.00
Certified Aides	0.00
Other Health Profs.	6.00
Other Non-Health Profs	4.00
TOTAL	36.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	41	39	80
15-44 years	431	367	798
45-64 years	784	809	1,593
65-74 years	238	384	622
75+ years	107	184	291
TOTAL	1,601	1,783	3,384

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	1	2	3
Medicare	248	392	640
Other Public	239	172	411
Insurance	1,111	1,215	2,326
Private Pay	1	1	2
Charity Care	1	1	2
TOTAL	1,601	1,783	3,384

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.3%	0.0%	0.2%	81.3%	11.2%	100.0%		
577,732	0	15,601	6,421,030	882,150	7,896,513	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2618	3,191.00	644.00	3835.00	1.46
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2618	3,191.00	644.00	3835.00	1.46

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	766	154	154	308	0.40
TOTALS	1	766	154	154	308	0.40

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60134	Geneva		396
60175	St. Charles		371
60174	St. Charles		331
60510	Batavia		302
60123	Elgin		229
60124	Elgin		157
60119	Elburn		149
60177	South Elgin		136
60542	North Aurora		116
60140	Hampshire		94
60120	Elgin		77
60554	Sugar Grove		73
60506	Aurora		72
60178	Sycamore		59
60142	Huntley		55
60151	Maple Park		54
60118	Dundee		41
60115	De Kalb		35
60110	Carpentersville		27
60185	West Chicago		27
60543	Oswego		25
60538	Montgomery		24
60102	Algonquin		24
60560	Yorkville		22

Reference Numbers Facility Id 7003188
Health Service Area 008 Planning Service Area 097

Hawthorn Place Outpatient Surgery Center, LP
240 Center Dr.
Vernon Hills, IL 60061

Administrator
Julie Bell

Date Complete
3/9/2017

Contact Person
Julie Bell

Telephone
847-367-8100

Registered Agent
CT Corporation

Property Owner
HSA Commercial Real Estate

Legal Owner(s)

Anand Vora
Bruce Summerville
Christ Pavlatos
Craig Williams
David Hamming
Demetrious Louis
Edward Logue
Nejd Alsikafi
Paul Marsiglia
Peter Hoepfner
Roger Chams
Sanford Tack
Serafin Deleon
Thomas Baier
Tomas Nemickas

Number of Operating Rooms	5
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	10
Number of Recovery Stations Stage 2	5

Type of Ownership
Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Condell Medical Center	6
Northwestern Lake Forest Hospital	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	19.00
Certified Aides	2.00
Other Health Profs.	7.00
Other Non-Health Profs	5.00
TOTAL	34.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	110	102	212
15-44 years	909	565	1,474
45-64 years	1,221	1,213	2,434
65-74 years	245	369	614
75+ years	119	180	299
TOTAL	2,604	2,429	5,033

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	4	5	9
Medicare	353	536	889
Other Public	0	0	0
Insurance	2,230	1,881	4,111
Private Pay	17	7	24
Charity Care	0	0	0
TOTAL	2,604	2,429	5,033

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
5.3%	0.0%	0.0%	92.8%	1.9%	100.0%		
882,412	7,732	0	15,440,746	314,303	16,645,193	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	60	20.00	45.00	65.00	1.08
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	26	12.00	19.50	31.50	1.21
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	1169	226.00	876.75	1102.75	0.94
OB/Gynecology	5	2.00	3.75	5.75	1.15
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	93	66.00	69.75	135.75	1.46
Orthopedic	3302	2,209.00	2,476.50	4685.50	1.42
Otolaryngology	27	14.00	20.25	34.25	1.27
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	221	150.00	165.75	315.75	1.43
Thoracic	0	0.00	0.00	0.00	0.00
Urology	130	53.00	97.50	150.50	1.16
TOTAL	5033	2,752.00	3,774.75	6526.75	1.30

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
		Lake	4237
		Cook	327
		McHenry	170
		Gallatin	163
		Unknown	26
		Dupage	23
		Kane	14
		Will	13
		Lawrence	12
		Massac	9
		Dekalb	6
		Boone	4
		Winnebago	3
		Madison	3
		Jasper	3
		Kendall	3
		Kankakee	2
		Mclean	2
		Washington	2
		Mercer	1
		Stephenson	1
		Whiteside	1
		Sangamon	1
		Ogle	1

Reference Numbers Facility Id 7003168
Health Service Area 008 Planning Service Area 097

Lindenhurst Surgery cnter, LLC
1050 Red Oak Lane
Lindenhurst, IL 60046

Administrator
Barbara Martin

Date Complete
3/8/2017

Contact Person
Todd P. Borst

Telephone
(916) 698-4700

Registered Agent
Illinois Corporation Service C

Property Owner
Waukegan Illinois Hospital Company LLC

Legal Owner(s)

Aaron Siegel
Amit Parikh
Benjamin Johnson
Daniel Green
Daniel Liesen
David Zoellick
Jeffrey Hicks
Juan Alzate
Justin Cohen
Kristopher Atzeff
Michael Scheer
Mitchell Jackson
Nejd Alsikafi
Paul Strohmayer
Rachel Greenberg
Raza Khan
Robert Erickson
Roger Collins
Ronald Kim
Sanjay Gandhi
Serafin Deleon
Steven Reinglass
Sutchin Patel
Waukegan Illinois Hospital Co.

Number of Operating Rooms	4
Procedure Rooms	2
Exam Rooms	0
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Vista Medical Center East. Waukegan, IL	
Vista Medical Center West. Waukegan, IL	

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	11.00
Certified Aides	4.00
Other Health Profs.	1.00
Other Non-Health Profs	3.00
TOTAL	21.00

DAYS AND HOURS OF OPERATION

Monday	15
Tuesday	15
Wednesday	15
Thursday	15
Friday	15
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	24	27	51
15-44 years	213	178	391
45-64 years	523	533	1,056
65-74 years	388	500	888
75+ years	318	396	714
TOTAL	1,466	1,634	3,100

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	45	91	136
Medicare	637	814	1,451
Other Public	11	11	22
Insurance	757	698	1,455
Private Pay	16	18	34
Charity Care	0	2	2
TOTAL	1,466	1,634	3,100

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
28.5%	1.5%	0.4%	67.6%	2.0%	100.0%		
1,896,771	102,032	24,132	4,491,648	132,454	6,647,037	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	7	2.50	1.75	4.25	0.61
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	332	172.50	83.00	255.50	0.77
Laser Eye Surgery	305	25.00	50.00	75.00	0.25
Neurological	74	54.25	18.50	72.75	0.98
OB/Gynecology	64	52.00	16.00	68.00	1.06
Ophthalmology	1312	362.50	354.50	717.00	0.55
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	371	199.25	92.75	292.00	0.79
Otolaryngology	74	23.25	18.50	41.75	0.56
Pain Management	14	2.75	9.50	12.25	0.88
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	74	35.75	18.50	54.25	0.73
Thoracic	0	0.00	0.00	0.00	0.00
Urology	472	219.50	118.00	337.50	0.72
TOTAL	3099	1,149.25	781.00	1930.25	0.62

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	1	0	0	0	0	0.00
Laser Eye	1	305	25	50	75	0.25
Pain Management	0	0	0	0	0	0.00
TOTALS	2	305	25	50	75	0.25

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60046	Lake Villa	LAKE	371
60073	Round Lake	LAKE	341
60002	Antioch	LAKE	296
60085	Waukegan	LAKE	293
60031	Gurnee	LAKE	237
60030	Grayslake	LAKE	231
60087	Waukegan	LAKE	153
60099	Zion	LAKE	145
60020	Fox Lake	LAKE	111
60048	Libertyville	LAKE	85
60041	Ingelside	LAKE	70
60083	Wadsworth	LAKE	62
60060	Mundelein	LAKE	52
60096	Winthrop Harbor	LAKE	50
60081	Spring Grove	MCHENRY	45
60010	Barrington	LAKE	44
60064	North Chicago	LAKE	34
60047	Lake Zurich	LAKE	33
53179		KENOSHA	31
53104		KENOSHA	28
60050	Mc Henry	MCHENRY	24
60061	Vernon Hills	LAKE	23
60051	McHenry	MCHENRY	23
60084	Wauconda	LAKE	23

Reference Numbers Facility Id 7002926
Health Service Area 008 Planning Service Area 097

Norhth Shore Endoscopy Center
101 S. Waukegan Rd. Suite 980
Lake Bluff, IL 60044

Administrator
erik hamnes

Date Complete
2/16/2017

Contact Person
Scott Urbon

Telephone
847-604-8700

Registered Agent
national registered agents

Property Owner
Franklin Partners

Legal Owner(s)

Amsurg Holdings
Cynthia Wait, MD
EP Kirch, MD
Fred Rosenberg, MD
Jonathan Rosenberg, MD
Kevin Leibovich, MD
northshore endoscopy venture LLC
northshore suburban associates
Walter Glaws, MD

Number of Operating Rooms	0
Procedure Rooms	2
Exam Rooms	0
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Condell Medical Center	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	
Physicians	
Nurse Anesthetists	
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	4.00
Other Health Profs.	
Other Non-Health Profs	3.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	10
Wednesday	9
Thursday	10
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	156	224	380
45-64 years	951	1,024	1,975
65-74 years	365	447	812
75+ years	118	146	264
TOTAL	1,590	1,841	3,431

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	392	520	912
Other Public	11	19	30
Insurance	1,178	1,295	2,473
Private Pay	9	7	16
Charity Care	0	0	0
TOTAL	1,590	1,841	3,431

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
13.2%	0.0%	1.0%	85.3%	0.5%	100.0%		
389,088	0	29,562	2,522,773	14,781	2,956,204	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	2	3431	1716	915	2631	0.77
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	3431	1716	915	2631	0.77

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60085	Waukegan	cook	367
60031	Gurnee	lake	283
60002	Antioch	lake	282
60087	Waukegan	cook	235
60046	Lake Villa	lake	230
60099	Zion	Lake	222
60073	Round Lake	lake	215
60030	Grayslake	lake	140
60035	Highland Park	lake	132
60048	Libertyville	lake	112
60015	Deerfield	lake	89
60083	Wadsworth	cook	89
60060	Mundelein	lake	77
60045	Lake Forest	lake	76
60096	Winthrop Harbor	Lake	70
60061	Vernon Hills	lake	69
60064	North Chicago	lake	66
60044	Lake Bluff	lake	53
60062	Northbrook	cook	50
60089	Buffalo Grove	cook	36
60020	Fox Lake	lake	34
60081	Spring Grove	mchenry	32
60041	Ingelside	lake	32
60051	McHenry	mchenry	31

Reference Numbers Facility Id 7003156

Health Service Area 008 Planning Service Area 097

Northwestern Grayslake Ambulatory Surgery Center
1475 E Belvidere Road, Suite 211
Grayslake, IL 60030

Administrator
Karen Colby

Date Complete
3/10/2017

Contact Person
Jennifer Dunlap

Telephone
312-926-0558

Registered Agent

Property Owner

Legal Owner(s)

Number of Operating Rooms	4
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	10

Type of Ownership
Other Not For Profit Ownership

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwestern Lake Forest Hospital	1
Advocate Condell Medical Center	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	9.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	2.00
TOTAL	16.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	109	38	147
15-44 years	161	209	370
45-64 years	191	315	506
65-74 years	78	119	197
75+ years	41	68	109
TOTAL	580	749	1,329

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	39	38	77
Medicare	103	167	270
Other Public	20	24	44
Insurance	403	487	890
Private Pay	1	25	26
Charity Care	14	8	22
TOTAL	580	749	1,329

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
16.1%	2.0%	3.1%	78.2%	0.6%	100.0%		
619,468	78,268	120,618	3,016,752	23,486	3,858,592	53,375	1%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	171	81.50	84.80	166.30	0.97
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	65	22.30	32.60	54.90	0.84
Ophthalmology	194	76.80	97.00	173.80	0.90
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	368	365.50	184.00	549.50	1.49
Otolaryngology	251	152.30	125.60	277.90	1.11
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	34	42.75	17.00	59.75	1.76
Podiatry	168	94.80	84.00	178.80	1.06
Thoracic	0	0.00	0.00	0.00	0.00
Urology	78	62.80	39.00	101.80	1.31
TOTAL	1329	898.75	664.00	1562.75	1.18

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60030	Grayslake	LAKE	172
60073	Round Lake	LAKE	114
60031	Gurnee	LAKE	101
60046	Lake Villa	LAKE	100
60048	Libertyville	LAKE	70
60060	Mundelein	LAKE	69
60002	Antioch	LAKE	52
60085	Waukegan	LAKE	45
60045	Lake Forest	LAKE	38
60099	Zion	LAKE	33
60087	Waukegan	LAKE	31
60061	Vernon Hills	LAKE	22
60035	Highland Park	LAKE	19
60089	Buffalo Grove	LAKE	19
60047	Lake Zurich	LAKE	18
60084	Wauconda	LAKE	18
60051	McHenry	MCHENRY	18
60020	Fox Lake	LAKE	17
60041	Ingelside	LAKE	17
60062	Northbrook	COOK	15
60083	Wadsworth	LAKE	15
60025	Glenview	COOK	13
60050	Mc Henry	MCHENRY	13
60044	Lake Bluff	LAKE	12

Reference Numbers Facility Id 7003180
Health Service Area 008 Planning Service Area 097

Northwestern Grayslake Endoscopy Center
1475 E Belvidere Road, Suite 303
Grayslake, IL 60030

Administrator
Karen Colby

Date Complete
3/10/2017

Contact Person
Jennifer Dunlap

Telephone
312-926-0558

Registered Agent

Property Owner

Legal Owner(s)

Number of Operating Rooms	0
Procedure Rooms	2
Exam Rooms	0
Number of Recovery Stations Stage 1	0
Number of Recovery Stations Stage 2	8

Type of Ownership
Other Not For Profit Ownership

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwestern Lake Forest Hospital	0
Advocate Condell Medical Center	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	6.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	1.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	143	188	331
45-64 years	612	836	1,448
65-74 years	244	313	557
75+ years	65	89	154
TOTAL	1,064	1,426	2,490

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	17	33	50
Medicare	257	370	627
Other Public	1	4	5
Insurance	783	1,004	1,787
Private Pay	0	0	0
Charity Care	6	15	21
TOTAL	1,064	1,426	2,490

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
9.8%	0.3%	0.1%	89.6%	0.1%	100.0%		
462,701	14,814	5,224	4,211,387	5,728	4,699,854	56,449	1%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	2	2490	1010.5	456.5	1467	0.59
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	2490	1010.5	456.5	1467	0.59

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60030	Grayslake	LAKE	338
60031	Gurnee	LAKE	262
60048	Libertyville	LAKE	258
60046	Lake Villa	LAKE	256
60060	Mundelein	LAKE	148
60073	Round Lake	LAKE	145
60002	Antioch	LAKE	141
60045	Lake Forest	LAKE	95
60061	Vernon Hills	LAKE	74
60085	Waukegan	LAKE	63
60083	Wadsworth	LAKE	57
60044	Lake Bluff	LAKE	57
60087	Waukegan	LAKE	46
60099	Zion	LAKE	44
60047	Lake Zurich	LAKE	40
60041	Ingelside	LAKE	30
60081	Spring Grove	MCHENRY	29
60015	Deerfield	LAKE	24
60051	McHenry	MCHENRY	24
60084	Wauconda	LAKE	21
60020	Fox Lake	LAKE	21
60089	Buffalo Grove	LAKE	20
60096	Winthrop Harbor	LAKE	19
60035	Highland Park	LAKE	17

Reference Numbers Facility Id 7003117
Health Service Area 008 Planning Service Area 089

Tri-Cities Surgery Center, LLC
345 Delnor Drive
Geneva, IL 60134

Administrator
Joseph G. Ollayos

Date Complete
2/28/2017

Contact Person
Joseph G. Ollayos

Telephone
630-938-3103

Registered Agent
James C. Dechene, J.D., Ph.D.

Property Owner

Legal Owner(s)
Northwestern Medicine Delnor Hospital

Number of Operating Rooms	3
Procedure Rooms	2
Exam Rooms	1
Number of Recovery Stations Stage 1	7
Number of Recovery Stations Stage 2	6

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwestern Medicine Delnor Hospital	3

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	12.00
Certified Aides	2.00
Other Health Profs.	5.00
Other Non-Health Profs	4.00
TOTAL	25.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	7	11	18
15-44 years	146	180	326
45-64 years	727	763	1,490
65-74 years	337	397	734
75+ years	154	219	373
TOTAL	1,371	1,570	2,941

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	2	2
Medicare	349	468	817
Other Public	5	7	12
Insurance	1,015	1,092	2,107
Private Pay	2	1	3
Charity Care	0	0	0
TOTAL	1,371	1,570	2,941

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
24.5%	0.0%	0.3%	75.1%	0.1%	100.0%		
629,243	1,016	8,074	1,925,746	1,716	2,565,795	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	30	16.75	22.50	39.25	1.31
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	24	6.50	18.00	24.50	1.02
Ophthalmology	555	170.50	416.25	586.75	1.06
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	9	2.50	6.75	9.25	1.03
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	156	68.00	73.00	141.00	0.90
TOTAL	774	264.25	536.50	800.75	1.03

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	2	2167	709.75	1256.75	1966.5	0.91
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	2167	709.75	1256.75	1966.5	0.91

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60134	Geneva	Kane	451
60174	St. Charles	Kane	353
60510	Batavia	Kane	338
60175	St. Charles	Kane	331
60119	Elburn	Kane	137
60542	North Aurora	Kane	115
60554	Sugar Grove	Kane	79
60177	South Elgin	Kane	78
60506	Aurora	Kane	73
60124	Elgin	Kane	65
60178	Sycamore	DeKalb	62
60185	West Chicago	DuPage	58
60103	Bartlett	DuPage	49
60151	Maple Park	Kane	49
60115	De Kalb	DeKalb	40
60502	Aurora	DuPage	37
60188	Wheaton	DuPage	33
60543	Oswego	Kendall	32
60137	Glen Ellyn	DuPage	32
60187	Wheaton	DuPage	31
60189	Wheaton	DuPage	29
60123	Elgin	Kane	26
60505	Aurora	DuPage	24
60555	Warrenville	DuPage	23

Reference Numbers Facility Id 7001217
Health Service Area 008 Planning Service Area 089
Valley Ambulatory Surgery Center
2210 DEAN STREET
Saint Charles, IL 60175

Administrator
Daniel C. Hauer, CASC

Date Complete
3/6/2017

Contact Person
Daniel C. Hauer, CASC

Telephone
630-584-9800

Registered Agent
CT Corporation

Property Owner
Valley Medical Building Corporation

Legal Owner(s)
ARC Financial Services
SARC/St. Charles
Surgery Partners, Inc.
Symbion Amb. Resource Centers
VASC, Inc.

Number of Operating Rooms	7
Procedure Rooms	1
Exam Rooms	1
Number of Recovery Stations Stage 1	10
Number of Recovery Stations Stage 2	19

Type of Ownership
Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northernwestern Delnor Hospital, Geneva	2
Presence St. Joseph's Hospital, Elgin	0
Advocate Sherman Hospital, Elgin	0
Rush Copley Hospital, Aurora	0
Provena Mercy, Aurora	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	1.00
Director of Nurses	1.00
Registered Nurses	19.00
Certified Aides	0.00
Other Health Profs.	9.00
Other Non-Health Profs	9.00
TOTAL	40.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	270	200	470
15-44 years	359	660	1,019
45-64 years	1,175	1,407	2,582
65-74 years	512	671	1,183
75+ years	217	255	472
TOTAL	2,533	3,193	5,726

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	691	928	1,619
Other Public	5	8	13
Insurance	1,775	2,145	3,920
Private Pay	62	114	176
Charity Care	0	0	0
TOTAL	2,533	3,195	5,728

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
12.8%	0.0%	0.1%	85.1%	2.1%	100.0%		
1,295,653	0	9,385	8,636,961	212,285	10,154,284	11,729	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	29	24.57	4.84	29.41	1.01
Gastroenterology	1918	735.00	191.80	926.80	0.48
General Surgery	320	277.73	160.00	437.73	1.37
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	7	7.05	5.25	12.30	1.76
OB/Gynecology	347	284.00	249.34	533.34	1.54
Ophthalmology	553	192.75	608.60	801.35	1.45
Oral/Maxillofacial	174	295.50	29.00	324.50	1.86
Orthopedic	572	551.65	476.67	1028.32	1.80
Otolaryngology	643	705.00	267.92	972.92	1.51
Pain Management	660	86.95	66.00	152.95	0.23
Plastic	102	376.77	35.70	412.47	4.04
Podiatry	323	600.53	188.42	788.95	2.44
Thoracic	0	0.00	0.00	0.00	0.00
Urology	53	29.00	22.08	51.08	0.96
TOTAL	5701	4,166.50	2,305.62	6472.12	1.14

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60134	Geneva		600
60175	St. Charles		591
60174	St. Charles		590
60510	Batavia		471
60124	Elgin		254
60177	South Elgin		254
60123	Elgin		238
60119	Elburn		231
60542	North Aurora		182
60120	Elgin		128
60185	West Chicago		107
60140	Hampshire		106
60115	De Kalb		105
60506	Aurora		104
60142	Huntley		100
60554	Sugar Grove		96
60178	Sycamore		93
60151	Maple Park		79
60103	Bartlett		63
60188	Wheaton		63
60110	Carpentersville		50
60102	Algonquin		49
60538	Montgomery		49
60156	Lake in the Hills		44

Reference Numbers Facility Id 7003144
Health Service Area 008 Planning Service Area 097

Vernon Square SurgiCenter
230 Center Dr
Vernon Hills, IL 60061

Administrator
Grisel Lopez

Date Complete
2/28/2017

Contact Person
Kendra Gurdak

Telephone
847-367-8764

Registered Agent
Robert Masini

Property Owner
Daniel Ritacca

Legal Owner(s)

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	0

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Condell Medical Center- Libertyville, IL	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	4.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	0.00
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	64	330	394
45-64 years	42	135	177
65-74 years	23	129	152
75+ years	37	51	88
TOTAL	166	645	811

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	37	71	108
Other Public	0	0	0
Insurance	65	86	151
Private Pay	64	488	552
Charity Care	0	0	0
TOTAL	166	645	811

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
16.6%	0.0%	0.0%	33.3%	50.1%	100.0%		
247,632	0	0	497,391	748,539	1,493,562	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	287	430.50	56.70	487.20	1.70
Plastic	524	726.00	198.40	924.40	1.76
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	811	1,156.50	255.10	1411.60	1.74

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60048	Libertyville	Lake	43
60031	Gurnee	Lake	30
60010	Barrington	Cook	29
60047	Lake Zurich	Lake	28
60030	Grayslake	Lake	25
60085	Waukegan	Lake	25
60060	Mundelein	Lake	24
60061	Vernon Hills	Lake	23
60045	Lake Forest	Lake	20
60002	Antioch	Lake	18
60073	Round Lake	Lake	18
60046	Lake Villa	Lake	18
53104		Kenosha	16
60087	Waukegan	Lake	14
60099	Zion	Lake	13
60089	Buffalo Grove	Lake	12
60035	Highland Park	Lake	11
60083	Wadsworth	Lake	10
60051	McHenry	McHenry	9
60090	Wheeling	Cook	8
60193	Roselle	Cook	8
60062	Northbrook	Cook	8
60015	Deerfield	Lake	8
60004	Arlington Heights	Cook	8

Reference Numbers Facility Id 7003202
Health Service Area 008 Planning Service Area 097

Winchester Endoscopy
1870 W. Winchester Road, Suite 146
Libertyville, IL 60048

Administrator
Zeev Walny

Date Complete
3/1/2017

Contact Person
Zeev Walny

Telephone
224-433-6505

Registered Agent
TFA Registered Agent Corporati

Property Owner
Winchester Medical Building

Legal Owner(s)

Dr. Arkan Alrashid, MD
Dr. John Tasiopoulos, MD
Dr. Sean Lee, MD
Surgical Care Affiliattes

Number of Operating Rooms	0
Procedure Rooms	2
Exam Rooms	2
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Condell Medical Center, Libertyville, IL	5

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	5.00
Certified Aides	0.00
Other Health Profs.	4.00
Other Non-Health Profs	2.00
TOTAL	12.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	9
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	344	351	695
45-64 years	1,278	1,206	2,484
65-74 years	415	470	885
75+ years	165	188	353
TOTAL	2,202	2,215	4,417

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	1	0	1
Medicare	477	584	1,061
Other Public	2	4	6
Insurance	1,710	1,619	3,329
Private Pay	12	8	20
Charity Care	0	0	0
TOTAL	2,202	2,215	4,417

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
15.0%	0.1%	0.1%	84.3%	0.4%	100.0%		
503,876	2,679	3,981	2,830,070	14,672	3,355,278	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	2	4417	1326.5	1168.25	2494.75	0.56
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	4417	1326.5	1168.25	2494.75	0.56

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60030	Grayslake		553
60048	Libertyville		536
60060	Mundelein		463
60046	Lake Villa		387
60073	Round Lake		373
60031	Gurnee		336
60061	Vernon Hills		209
60002	Antioch		184
60047	Lake Zurich		137
60085	Waukegan		128
60087	Waukegan		97
60089	Buffalo Grove		85
60084	Wauconda		72
60099	Zion		64
60083	Wadsworth		59
60020	Fox Lake		57
60041	Ingelside		57
60051	McHenry		57
60081	Spring Grove		46
60045	Lake Forest		39
60069	Lincolnshire		35
60064	North Chicago		26
60044	Lake Bluff		26
60096	Winthrop Harbor		22

Reference Numbers Facility Id 7003160
Health Service Area 009 Planning Service Area 197

AmSurg Surgery Center
998 129th Infantry Drive
Joliet, IL 60435

Administrator
Sue Sorg

Date Complete
3/6/2017

Contact Person
Sue Sorg

Telephone
815-744-3000 ext 138

Registered Agent
CT Corporation

Property Owner
LB Properties

Legal Owner(s)

Ankit Patel MD
Christy Hiser, M.D.
Clyde Dawson, M.D.
Cohen Investors, LP
David Morimoto, M.D.
Dr. Alan Chen
Eligius Lelis, M.D.
Eric M. Bass, M.D.
Firdaus Hashim
Hamad ASC Investment, LLC
Joe Mathew George, DPM
Lawrence E. Sadowski, M.D. Profit Sharing Plan
Lori Bailey, DPM
Majid Rassouli, M.D.
Manuel Corrales, MD
Mark Danielson, M.D.
Michael Gerard Gartlan 1998 Living Trust
Mukund Komanduri, M.D.
Peter Mihalakakos, M.D.
Rajeev H. Mehta Revocable Trust
Rotnicki ASC Investment, LLC
Samra Waheed Hashmi, M.D.
Scott DiVenere, M.D.
Sung J. Chung, M.D.

Number of Operating Rooms	4
Procedure Rooms	3
Exam Rooms	0
Number of Recovery Stations Stage 1	9
Number of Recovery Stations Stage 2	5

Type of Ownership
Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Presence St. Joseph Medical Center	2

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	31.00
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	8.00
TOTAL	44.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	305	244	549
15-44 years	476	568	1,044
45-64 years	1,357	1,521	2,878
65-74 years	944	1,277	2,221
75+ years	601	920	1,521
TOTAL	3,683	4,530	8,213

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	13	17	30
Medicare	1,508	2,229	3,737
Other Public	16	13	29
Insurance	2,130	2,267	4,397
Private Pay	16	2	18
Charity Care	0	2	2
TOTAL	3,683	4,530	8,213

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
25.0%	0.1%	0.6%	73.2%	1.1%	100.0%		
2,963,732	15,138	70,357	8,666,497	130,735	11,846,459	8,563	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	6	4.00	4.00	8.00	1.33
Dermatology	108	54.00	54.00	108.00	1.00
Gastroenterology	268	134.00	134.00	268.00	1.00
General Surgery	316	237.00	237.00	474.00	1.50
Laser Eye Surgery	530	133.00	160.00	293.00	0.55
Neurological	125	63.00	62.00	125.00	1.00
OB/Gynecology	21	21.00	22.00	43.00	2.05
Ophthalmology	2211	1,106.00	1,106.00	2212.00	1.00
Oral/Maxillofacial	1349	1,012.00	674.00	1686.00	1.25
Orthopedic	819	614.00	615.00	1229.00	1.50
Otolaryngology	180	90.00	90.00	180.00	1.00
Pain Management	36	9.00	18.00	27.00	0.75
Plastic	42	21.00	22.00	43.00	1.02
Podiatry	225	225.00	169.00	394.00	1.75
Thoracic	5	3.00	5.00	8.00	1.60
Urology	1	2.00	2.00	4.00	4.00
TOTAL	6242	3,728.00	3,374.00	7102.00	1.14

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	2	1971	986	986	1972	1.00
Laser Eye	1	530	133	160	293	0.55
Pain Management	0	0	0	0	0	0.00
TOTALS	3	2501	1119	1146	2265	0.91

Leading Locations of Patient Residence

Zip Code	City	County	Patients
		Will	6763
		Grundy	777
		Cook	204
		LaSalle	122
		Dupage	96
		Kendall	67
		Kankakee	53
		Livingston	33
		DeKalb	19
		Kane	18
		Lake	12
		Iroquois	7
		Champaign	3
		Massac	3
		Rock Island	2
		Marion	2
		Johnson	2
		Henderson	2
		Crawford	2
		Christian	2
		Macon	2
		Mason	2
		McHenry	2
		Hancock	1

Reference Numbers Facility Id 7002876
Health Service Area 009 Planning Service Area 091
Center For Digestive Health
1615 N Convent St. Ste 2
Bourbonnais, IL 60914

Administrator
Christina OConnor

Date Complete
3/7/2017

Contact Person
Christina OConnor

Telephone
8156028253

Registered Agent
Paula Jacobi

Property Owner
Agita, LLC

Legal Owner(s)
Brian Sasso, DO
Daniel Errampalli, MD
David Sutherland, MD
Edward Jurkovic, DO
Nikhil Bhargava, DO
Presence St. Mary's
Riverside Medical Center
Thomas O'Connor, MD

Number of Operating Rooms	0
Procedure Rooms	2
Exam Rooms	0
Number of Recovery Stations Stage 1	0
Number of Recovery Stations Stage 2	6

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Riverside Medical Center	6
Presence St. Marys	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	1.00
Registered Nurses	6.00
Certified Aides	
Other Health Profs.	
Other Non-Health Profs	8.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	307	333	640
45-64 years	1,131	1,310	2,441
65-74 years	601	715	1,316
75+ years	260	331	591
TOTAL	2,299	2,689	4,988

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	1	1
Medicare	917	1,108	2,025
Other Public	0	0	0
Insurance	1,364	1,567	2,931
Private Pay	5	3	8
Charity Care	13	10	23
TOTAL	2,299	2,689	4,988

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
18.6%	0.3%	0.0%	67.3%	13.7%	100.0%		
757,683	13,755	0	2,734,957	556,440	4,062,835	2,898	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	2	4988	2866	830	3696	0.74
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	4988	2866	830	3696	0.74

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60914	Bourbonnais	Kankakee	1063
60901	Kankakee	Kankakee	935
60950	Manteno	Kankakee	445
60915	Bradley	Kankakee	333
60954	Momence	Kankakee	194
60964	Saint Anne	Kankakee	177
60468	Peotone	Will	132
60481	Wilmington	Will	128
60970	Watseka	Iroquois	102
60922	Chebanse	Iroquois	94
60941	Herscher	Kankakee	91
60927	Clifton	Iroquois	89
60940	Grant Park	Kankakee	84
60913	Bonfield	Kankakee	80
60911	Ashkum	Iroquois	56
60935	Essex	Kankakee	47
60423	Frankfort	Will	39
60958	Pembroke	Kankakee	38
60401	Beecher	Will	37
60408	Braidwood	Will	35
60451	New Lenox	Will	34
60938	Gilman	Iroquois	32
60449	Monee	Will	31
60930	Danforth	Iroquois	30

Reference Numbers Facility Id 7002785

Health Service Area 009 Planning Service Area 063

Deerpath Orthopedic Surgical Center, LLC
1051 West US Route 6
Morris, IL 60450

Administrator
Michele Ultis, BSN, RN

Date Complete
3/6/2017

Contact Person
Michele Ultis, BSN, RN

Telephone
815-318-5614

Registered Agent
Keth M. Rezin, MD

Property Owner
Morris Hospital and Healthcare Centers

Legal Owner(s)

Eric T. Ortinau, MD
Keith M. Rezin, MD
Kyle T. Pearson, DPM
Morris Hospital and Healthcare Centers
Paul Bishop, DPM
Raymond J. Meyer, MD
Thomas Rappette, DPM

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	3
Number of Recovery Stations Stage 2	5

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Morris Hospital and Healthcare Centers, Morris	2

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	5.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	1.00
TOTAL	8.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	5	7	12
15-44 years	105	80	185
45-64 years	175	193	368
65-74 years	60	75	135
75+ years	20	37	57
TOTAL	365	392	757

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	10	21	31
Medicare	65	113	178
Other Public	1	2	3
Insurance	288	256	544
Private Pay	1	0	1
Charity Care	0	0	0
TOTAL	365	392	757

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
9.7%	1.4%	0.3%	82.9%	5.8%	100.0%		
180,574	25,656	5,081	1,548,469	107,454	1,867,234	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	663	359.00	198.00	557.00	0.84
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	94	66.00	31.00	97.00	1.03
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	757	425.00	229.00	654.00	0.86

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60450	Morris	Grundy	156
61350	Ottawa	LaSalle	63
61341	Marseilles	LaSalle	54
60416	Coal City	Grundy	51
61364	Streator	LaSalle	48
60410	Channahon	Will	48
60447	Minooka	Grundy	38
61360	Seneca	LaSalle	23
60420	Dwight	Livingston	19
60408	Braidwood	Will	18
60435	Joliet	Will	15
60444	Mazon	Grundy	15
60481	Wilmington	Will	14
60404	Shorewood	Will	11
60424	Gardner	Grundy	10
60431	Joliet	Will	10
61325	Grand Ridge	LaSalle	9
60586	Plainfield	Will	9
60541	Newark	Kendall	9
60551	Sheridan	LaSalle	6
60560	Yorkville	Kendall	6
60548	Sandwich	DeKalb	5
61342	Mendota	LaSalle	5
60441	Lockport	Will	5

Reference Numbers Facility Id 7003162
Health Service Area 009 Planning Service Area 197

DMG Pain Management Surgery Center, LLC
2940 Rollingridge Road Suite 201
Naperville, IL 60564

Administrator
Dennis Fine

Date Complete
2/23/2017

Contact Person
Rita Meyer

Telephone
630-942-7964

Registered Agent
Jennifer Groszek

Property Owner
Rolling Ridge Center, LLC

Legal Owner(s)

Number of Operating Rooms	
Procedure Rooms	2
Exam Rooms	1
Number of Recovery Stations Stage 1	0
Number of Recovery Stations Stage 2	7

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Edward Hospital, Naperville	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	
Registered Nurses	5.00
Certified Aides	1.00
Other Health Profs.	2.00
Other Non-Health Profs	
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	509	517	1,026
45-64 years	1,279	1,540	2,819
65-74 years	652	898	1,550
75+ years	422	746	1,168
TOTAL	2,862	3,701	6,563

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	747	1,183	1,930
Other Public	0	0	0
Insurance	2,115	2,518	4,633
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	2,862	3,701	6,563

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
15.9%	0.0%	0.0%	84.1%	0.0%	100.0%		
526,848	0	0	2,797,027	0	3,323,875	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	2	6563	1543.5	1641	3184.5	0.49
TOTALS	2	6563	1543.5	1641	3184.5	0.49

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60564	Naperville		425
60540	Naperville		403
60565	Naperville		318
60563	Naperville		278
60544	Plainfield		249
60440	Bolingbrook		215
60532	Lisle		208
60585	Plainfield		195
60148	Lombard		186
60517	Woodridge		181
60188	Wheaton		158
60586	Plainfield		153
60446	Romeoville		150
60504	Aurora		149
60543	Oswego		147
60137	Glen Ellyn		140
60189	Wheaton		129
60516	Downers Grove		129
60502	Aurora		127
60490	Bolingbrook		118
60185	West Chicago		108
60515	Downers Grove		101
60103	Bartlett		94
60187	Wheaton		91

Reference Numbers Facility Id 7002538
Health Service Area 009 Planning Service Area 093

Kendall Pointe Surgery Center, LLC
100 W. Fifth Street
Oswego, IL 60543

Administrator
Patricia Wamsley

Date Complete
3/3/2017

Contact Person
Claudia Iga

Telephone
630-449-0085

Registered Agent
Greg Ingemunson

Property Owner

Legal Owner(s)

Dr. Allen Bloom
Dr. Bishop & Dr. Rappette The Centers for Foot and
Dr. Brendon McCarthy
Dr. Carlos Rodriguez
Dr. Jim Wilson
Dr. John Mazur
Dr. Jose Trevino Valley West Medical Center, SC
Dr. Mario Zapata
Dr. Michael Coulson
Dr. Robert Foody
PBC Oswego, LLC

Number of Operating Rooms	3
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	5
Number of Recovery Stations Stage 2	5

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Presence Provena Mercy Medical Center, Aurora, IL	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	1.00
Other Health Profs.	2.00
Other Non-Health Profs	3.00
TOTAL	13.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	4	0	4
15-44 years	86	142	228
45-64 years	192	268	460
65-74 years	151	235	386
75+ years	134	208	342
TOTAL	567	853	1,420

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	2	5	7
Medicare	252	375	627
Other Public	0	0	0
Insurance	294	350	644
Private Pay	19	121	140
Charity Care	0	2	2
TOTAL	567	853	1,420

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
35.1%	0.2%	0.0%	51.9%	12.8%	100.0%		
660,394	3,856	0	975,401	240,831	1,880,482	6,156	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	100	73.00	55.00	128.00	1.28
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	30	31.75	16.50	48.25	1.61
Ophthalmology	793	428.25	317.50	745.75	0.94
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	146	50.75	48.50	99.25	0.68
Plastic	150	305.25	82.50	387.75	2.59
Podiatry	65	54.50	35.75	90.25	1.39
Thoracic	0	0.00	0.00	0.00	0.00
Urology	9	9.25	4.50	13.75	1.53
TOTAL	1293	952.75	560.25	1513.00	1.17

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	1	127	51.5	42.5	94	0.74
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	127	51.5	42.5	94	0.74

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60505	Aurora		152
60560	Yorkville		133
60548	Sandwich		111
60506	Aurora		94
60545	Plano		91
60543	Oswego		89
60538	Montgomery		74
60552	Somonauk		39
60504	Aurora		33
60554	Sugar Grove		27
60541	Newark		26
60542	North Aurora		25
60565	Naperville		24
60531	Leland		22
60551	Sheridan		22
60586	Plainfield		19
60450	Morris		18
60502	Aurora		18
60540	Naperville		17
60564	Naperville		17
60510	Batavia		17
60563	Naperville		14
60185	West Chicago		12
60174	St. Charles		12

Reference Numbers Facility Id 7002702
Health Service Area 009 Planning Service Area 091

Oak Surgical Institute
403 South Kennedy Drive
Bradley, IL 60915

Administrator
Mary Kohl

Date Complete
3/9/2017

Contact Person
Mary Kohl

Telephone
8159289999

Registered Agent
Margaret Frogge

Property Owner
Riverside Medical Center

Legal Owner(s)
Oakside Corporation
Valley Investments

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	7
Number of Recovery Stations Stage 2	7

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Riverside Medical Center	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	8.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	3.00
TOTAL	15.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	10	16	26
15-44 years	302	303	605
45-64 years	486	537	1,023
65-74 years	275	475	750
75+ years	251	377	628
TOTAL	1,324	1,708	3,032

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	2	1	3
Medicare	453	703	1,156
Other Public	7	2	9
Insurance	858	1,002	1,860
Private Pay	4	0	4
Charity Care	0	0	0
TOTAL	1,324	1,708	3,032

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
29.2%	0.1%	0.4%	70.1%	0.2%	100.0%		
7,040,307	33,490	92,808	16,864,092	41,514	24,072,211	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1036	1,555.00	1,036.00	2591.00	2.50
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1967	492.00	654.00	1146.00	0.58
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	29	29.00	30.00	59.00	2.03
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3032	2,076.00	1,720.00	3796.00	1.25

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60914	Bourbonnais	KANKAKEE	614
60901	Kankakee	KANKAKEE	457
60950	Manteno	KANKAKEE	226
60915	Bradley	KANKAKEE	179
99999		Unknown	172
60964	Saint Anne	KANKAKEE	96
60954	Momence	KANKAKEE	95
60481	Wilmington	WILL	62
60423	Frankfort	WILL	62
60970	Watseka	IROQUOIS	60
60468	Peotone	WILL	59
60922	Chebanse	IROQUOIS	55
60927	Clifton	IROQUOIS	54
60416	Coal City	GRUNDY	46
60940	Grant Park	KANKAKEE	45
60913	Bonfield	KANKAKEE	43
60451	New Lenox	WILL	33
60401	Beecher	WILL	32
60938	Gilman	IROQUOIS	30
60408	Braidwood	WILL	29
60941	Herscher	KANKAKEE	26
60449	Monee	WILL	22
60935	Essex	KANKAKEE	22
60966	Sheldon	IROQUOIS	22

Reference Numbers Facility Id 7003135
Health Service Area 009 Planning Service Area 197
Plainfield Surgery Center, LLC
24600 W 127th Street Building C
Plainfield, IL 60585

Administrator
Dennis Fine

Date Complete
2/24/2017

Contact Person
Rita Meyer

Telephone
630-942-7964

Registered Agent
Jennifer Groszek

Property Owner

Legal Owner(s)

Number of Operating Rooms	3
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	3
Number of Recovery Stations Stage 2	10

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Edward Hospital Naperville	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	8.00
Certified Aides	0.00
Other Health Profs.	5.00
Other Non-Health Profs	3.00
TOTAL	17.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	10
Wednesday	8
Thursday	10
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	187	122	309
15-44 years	261	301	562
45-64 years	819	739	1,558
65-74 years	229	209	438
75+ years	90	74	164
TOTAL	1,586	1,445	3,031

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	218	200	418
Other Public	0	0	0
Insurance	1,368	1,245	2,613
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	1,586	1,445	3,031

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
5.2%	0.0%	0.0%	94.8%	0.0%	100.0%		
246,116	0	0	4,529,910	0	4,776,026	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	461	319.00	115.25	434.25	0.94
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	50	28.25	12.75	41.00	0.82
Ophthalmology	2	1.50	0.50	2.00	1.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	512	482.00	128.00	610.00	1.19
Otolaryngology	367	160.75	91.75	252.50	0.69
Pain Management	16	5.00	4.00	9.00	0.56
Plastic	264	427.50	66.00	493.50	1.87
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	69	78.50	17.25	95.75	1.39
TOTAL	1741	1,502.50	435.50	1938.00	1.11

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	1	1290	516.5	322.5	839	0.65
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	1290	516.5	322.5	839	0.65

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60564	Naperville		317
60565	Naperville		265
60585	Plainfield		220
60586	Plainfield		218
60544	Plainfield		202
60540	Naperville		151
60543	Oswego		140
60560	Yorkville		131
60446	Romeoville		100
60490	Bolingbrook		86
60563	Naperville		70
60504	Aurora		70
60440	Bolingbrook		67
60404	Shorewood		64
60431	Joliet		62
60435	Joliet		58
60503	Aurora		48
60403	Crest Hill		39
60538	Montgomery		35
60447	Minooka		32
60441	Lockport		30
60502	Aurora		30
60545	Plano		28
60532	Lisle		27

Reference Numbers Facility Id 7003049
Health Service Area 009 Planning Service Area 091
Riverside Ambulatory Surgery Center
300 Riverside Drive, Suite 1100
Bourbonnais, IL 60914

Administrator
Carrie Stauffenberg

Date Complete
2/27/2017

Contact Person
Robin Diepeveen

Telephone
815-802-3170

Registered Agent
Kyle Benoit

Property Owner
Riverside Medical Center

Legal Owner(s)
Dr. Elizabeth Hofmeister
Dr. Jerome Swale
Dr. Marc Fisher
Dr. Paul Rowland
Dr. Rebecca Hodulik
Dr. Renuka Ramakrishna
Dr. Robert Martin
Dr. Saroja Yalamanchili
Dr. Steven Williams
Dr. Valerie Goldfain
Riverside Medical Center

Number of Operating Rooms	2
Procedure Rooms	
Exam Rooms	
Number of Recovery Stations Stage 1	
Number of Recovery Stations Stage 2	

Type of Ownership
Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Riverside Medical Center	3

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	
Registered Nurses	4.00
Certified Aides	
Other Health Profs.	3.00
Other Non-Health Profs	2.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	55	49	104
15-44 years	41	84	125
45-64 years	198	251	449
65-74 years	317	383	700
75+ years	304	363	667
TOTAL	915	1,130	2,045

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	58	62	120
Medicare	524	611	1,135
Other Public	0	0	0
Insurance	328	451	779
Private Pay	5	6	11
Charity Care	0	0	0
TOTAL	915	1,130	2,045

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
55.5%	5.9%	0.0%	38.1%	0.5%	100.0%		
1,785,535	188,848	0	1,225,424	17,372	3,217,179	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	18	8.50	8.00	16.50	0.92
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	35	10.50	15.75	26.25	0.75
Ophthalmology	1431	357.75	500.75	858.50	0.60
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	121	48.50	54.50	103.00	0.85
Pain Management	1	0.25	0.50	0.75	0.75
Plastic	296	251.75	148.00	399.75	1.35
Podiatry	143	121.50	64.50	186.00	1.30
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2045	798.75	792.00	1590.75	0.78

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60914	Bourbonnais	Kankakee	411
60901	Kankakee	Kankakee	402
60950	Manteno	Kankakee	164
60915	Bradley	Kankakee	129
60964	Saint Anne	Kankakee	105
60481	Wilmington	Will	92
60954	Momence	Kankakee	87
60922	Chebanse	Iroquois	44
60970	Watseka	Iroquois	42
60416	Coal City	Grundy	41
60927	Clifton	Iroquois	38
60940	Grant Park	Kankakee	37
60941	Herscher	Kankakee	35
60408	Braidwood	Will	34
60913	Bonfield	Kankakee	32
60468	Peotone	Will	28
60401	Beecher	Will	27
60423	Frankfort	Will	17
60961	Reddick	Kankakee	17
60938	Gilman	Iroquois	15
60911	Ashkum	Iroquois	14
60449	Monee	Will	12
61364	Streator	LaSalle	11
60910	Aroma Park	Kankakee	10

Reference Numbers Facility Id 7003201
Health Service Area 009 Planning Service Area 197
Southwest Surgery Center LLC
19110 Darvin Dr, Suite A
Mokena, IL 60451

Administrator
Sara Sortal

Date Complete
3/9/2017

Contact Person
Carissa Murphy

Telephone
708-478-8889

Registered Agent
CT Corporation System

Property Owner
Medcore Realty Mokena LLC

Legal Owner(s)

Brian Burgess
Cary Templin
Daniel Troy
David Lubeck
Eli Lelis
Frank Narcisi
Gregory Primus
Jason Hurbanek
John Kung
Michael McDermott
Neal Labana
Patrick Sweeney
Phil Narcissi
Ramesh Kanuru
Samra Hashmi
SCA Mokena LLC, Attn: Legal
Sean Salehi
Stan Knight

Number of Operating Rooms	4
Procedure Rooms	1
Exam Rooms	
Number of Recovery Stations Stage 1	16
Number of Recovery Stations Stage 2	10

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. James Hospital, Olympia Fields	
Advocate South Suburban Hosptial, Hazel Crest	
Advocate Christ Hospital, Oak Lawn	

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	
Physicians	
Nurse Anesthetists	
Director of Nurses	2.00
Registered Nurses	22.00
Certified Aides	
Other Health Profs.	8.00
Other Non-Health Profs	15.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	
Sunday	

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	7	5	12
15-44 years	278	271	549
45-64 years	637	734	1,371
65-74 years	512	828	1,340
75+ years	396	613	1,009
TOTAL	1,830	2,451	4,281

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	4	5	9
Medicare	828	1,393	2,221
Other Public	184	57	241
Insurance	784	852	1,636
Private Pay	30	144	174
Charity Care	0	0	0
TOTAL	1,830	2,451	4,281

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
17.6%	0.0%	48.9%	30.2%	3.2%	100.0%		
2,847,994	0	7,933,601	4,901,493	525,582	16,208,670	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	3	2.34	2.15	4.49	1.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	188	468.51	209.48	677.99	3.61
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	2478	1,193.54	1,447.15	2640.69	1.07
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	448	447.17	474.88	922.05	2.06
Otolaryngology	7	5.54	8.28	13.82	1.97
Pain Management	698	200.16	279.20	479.36	0.69
Plastic	135	427.36	128.75	556.11	4.12
Podiatry	238	292.49	257.44	549.93	2.31
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	4195	3,037.11	2,807.33	5844.44	1.39

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Ophthalmology	0	71	8.39	14.29	22.68	0.32
Pain Management	0	15	3.32	4.55	7.87	0.52
Pain Management	0	0	0	0	0	0.00
TOTALS	0	86	11.71	18.84	30.55	0.36

Leading Locations of Patient Residence

Zip Code	City	County	Patients
60423	Frankfort		213
60448	Mokena		197
60451	New Lenox		195
60477	Tinley Park		180
60462	Orland Park		165
60411	Chicago Heights		146
60453	Oak Lawn		140
60467	Orland Park		138
60441	Lockport		127
60417	Crete		96
60491	Homer Glen		90
60487	Tinley Park		89
60439	Lemont		85
60445	Midlothian		84
60443	Matteson		77
60430	Homewood		58
60466	Park Forest		57
60449	Monee		49
60442	Manhattan		48
60422	Flossmoor		48
60586	Plainfield		45
60452	Oak Forest		45
60435	Joliet		45
60401	Beecher		44

Reference Numbers Facility Id 7003151

Health Service Area 010 Planning Service Area 161

Dialysis Access Center, LLC
400 John Deere Road
Moline, IL 61265

Administrator
V.R. Alla, M.D.

Date Complete
3/3/2017

Contact Person
Rakesh Alla

Telephone
309-517-3036

Registered Agent
V.R. Alla, M.D.

Property Owner
RRS Investments, LP

Legal Owner(s)

Rajesh Alla, M.D.
Rakesh Alla
Suresh Alla, M.D.
V.R. Alla, M.D.

Number of Operating Rooms	1
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	2
Number of Recovery Stations Stage 2	2

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
UnityPoint - Rock Island	

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	2.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	1.00
TOTAL	7.00

DAYS AND HOURS OF OPERATION

Monday	0
Tuesday	0
Wednesday	0
Thursday	11
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	14	5	19
45-64 years	57	59	116
65-74 years	39	39	78
75+ years	48	65	113
TOTAL	158	168	326

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	5	1	6
Medicare	112	117	229
Other Public	0	0	0
Insurance	41	50	91
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	158	168	326

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
45.5%	1.8%	0.0%	52.8%	0.0%	100.0%		
214,213	8,254	0	248,614	0	471,081	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	326	127.50	96.25	223.75	0.69
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	326	127.50	96.25	223.75	0.69

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61244	East Moline	Rock Island	59
61201	Rock Island	Rock Island	53
61265	Moline	Rock Island	45
61264	Milan	Rock Island	23
61282	Silvis	Rock Island	17
52761		Muscatine	14
52803		Scott	11
61241	Colona	Henry	8
52806		Scott	7
52802		Scott	7
61240	Coal Valley	Rock Island	6
52778		Muscatine	6
52807		Scott	6
61254	Geneseo	Henry	4
52722		Scott	4
61277	Prophetstown	Whiteside	4
52804		Scott	4
61021	Dixon	Lee	4
61284	Taylor Ridge	Rock Island	3
61235	Atkinson	Henry	3
61239	Carbon Cliff	Rock Island	3
61256	Hampton	Rock Island	2
61231	Aledo	Mercer	2
61486	Viola	Mercer	2

Reference Numbers Facility Id 7002520
Health Service Area 010 Planning Service Area 161

Quad City Ambulatory Surgery Center
520 Valley View Drive, Suite 300
Moline, IL 61265

Administrator
Mary Ann Sears

Date Complete
3/10/2017

Contact Person
Dennise Nash

Telephone
309-762-1952 x5152

Registered Agent
Peter Benson

Property Owner
Lacuna Inc

Legal Owner(s)
Ed Connolly
Mark Stewart
Mike Turner
Scott Collins
Shawn Wynn
Steve Boardman

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	4

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Unity Point Medical Center, IL	
Genesis Medical Center, IL	

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	9.00
Certified Aides	0.00
Other Health Profs.	4.00
Other Non-Health Profs	4.00
TOTAL	19.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	15	8	23
15-44 years	260	207	467
45-64 years	449	590	1,039
65-74 years	271	343	614
75+ years	211	262	473
TOTAL	1,206	1,410	2,616

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	24	53	77
Medicare	470	627	1,097
Other Public	25	40	65
Insurance	682	684	1,366
Private Pay	2	3	5
Charity Care	3	3	6
TOTAL	1,206	1,410	2,616

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
29.5%	2.0%	2.9%	65.5%	0.2%	100.0%		
3,714,040	253,320	359,512	8,236,682	19,563	12,583,117	4,774	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	5	2.50	2.25	4.75	0.95
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1670	906.25	561.00	1467.25	0.88
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	889	1.75	224.00	225.75	0.25
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	46	23.50	72.48	95.98	2.09
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2610	934.00	859.73	1793.73	0.69

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61265	Moline	Rock Island	538
61201	Rock Island	Rock Island	374
61244	East Moline	Rock Island	283
61264	Milan	Rock Island	155
61282	Silvis	Rock Island	99
61240	Coal Valley	Rock Island	97
61254	Geneseo	Henry	93
61241	Colona	Henry	84
61231	Aledo	Mercer	52
61284	Taylor Ridge	Rock Island	50
61273	Orion	Henry	45
52722		Scott	45
61281	Sherrard	Mercer	40
61275	Port Byron	Rock Island	34
61256	Hampton	Rock Island	33
61250	Erie	Whiteside	33
52806		Scott	29
61443	Kewanee	Henry	21
61279	Reynolds	Rock Island	20
61238	Cambridge	Henry	20
61232	Andalusia	Rock Island	20
52803		Scott	19
61486	Viola	Mercer	17
61401	Galesburg	Knox	15

Reference Numbers Facility Id 7003125
Health Service Area 010 Planning Service Area 161

Quad City Endoscopy, L.L.C.
4340 7th Street
Moline, IL 61265

Administrator
Sreenivas Chintalapani

Date Complete
3/7/2017

Contact Person
Lela Martin

Telephone
309/277-9237

Registered Agent
Sreenivas Chintalapani

Property Owner
GIC Real Estate Investments L.L.C.

Legal Owner(s)
Bettaiah T. Gowda
Shashinath K. Chandrahasegowda
Sreenivas Chintalapani

Number of Operating Rooms	0
Procedure Rooms	2
Exam Rooms	0
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	2

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Trinity Unity Point, Moline	0
Unity Point Trinity West Rock Island	4
Geneis Illini Campus, Silvis	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	2.00
Certified Aides	0.00
Other Health Profs.	4.00
Other Non-Health Profs	2.00
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	151	193	344
45-64 years	753	706	1,459
65-74 years	438	438	876
75+ years	249	260	509
TOTAL	1,591	1,597	3,188

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	34	57	91
Medicare	653	701	1,354
Other Public	1	1	2
Insurance	897	837	1,734
Private Pay	6	1	7
Charity Care	0	0	0
TOTAL	1,591	1,597	3,188

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
31.0%	1.8%	0.4%	56.8%	10.0%	100.0%		
536,838	31,121	6,224	981,872	172,895	1,728,950	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	2	3188	728.75	1594	2322.75	0.73
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	3188	728.75	1594	2322.75	0.73

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61265	Moline	Rock Island	726
61201	Rock Island	Rock Island	654
61244	East Moline	Rock Island	381
61264	Milan	Rock Island	199
61240	Coal Valley	Rock Island	144
61282	Silvis	Rock Island	125
61241	Colona	Henry	110
61254	Geneseo	Henry	99
61275	Port Byron	Rock Island	78
61273	Orion	Henry	65
61281	Sherrard	Mercer	52
61284	Taylor Ridge	Rock Island	41
61256	Hampton	Rock Island	33
61231	Aledo	Mercer	30
61250	Erie	Whiteside	28
61443	Kewanee	Henry	26
61232	Andalusia	Rock Island	26
61279	Reynolds	Rock Island	25
52722		Scott, IA	23
61238	Cambridge	Henry	22
61486	Viola	Mercer	21
61257	Hillsdale	Rock Island	17
61242	Cordova	Rock Island	16
61239	Carbon Cliff	Rock Island	13

Reference Numbers Facility Id 7003136
Health Service Area 010 Planning Service Area 161

RSC Illinois, LLC
545 Valley View Drive
Moline, IL 61265

Administrator
Sadie Kostka

Date Complete
3/9/2017

Contact Person
Paige Becker

Telephone
615-843-4102

Registered Agent
Rao V. Movva

Property Owner
Valley View Realty, LLLP

Legal Owner(s)

Allied Surgical Partners, Inc.
Anjayya Movva Trust
Arvind Movva Trust
Brian Engebrecht, MD
Deva Movva Trust
Morris Gist, MD
Rao V. Movva Trust
Sanjay Sundar, MD
Shanti Elangovan Trust
Sita Movva Trust
Siva Elangovan
Vedavathi Movva Trust
Vishnu Movva Trust

Number of Operating Rooms	2
Procedure Rooms	5
Exam Rooms	1
Number of Recovery Stations Stage 1	2
Number of Recovery Stations Stage 2	18

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Unity Point-Rock Island	14

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	17.00
Certified Aides	1.00
Other Health Profs.	10.00
Other Non-Health Profs	1.00
TOTAL	30.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	170	229	399
15-44 years	690	1,101	1,791
45-64 years	2,014	2,277	4,291
65-74 years	1,408	1,326	2,734
75+ years	746	795	1,541
TOTAL	5,028	5,728	10,756

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	306	453	759
Medicare	2,021	2,179	4,200
Other Public	116	84	200
Insurance	2,576	3,007	5,583
Private Pay	9	5	14
Charity Care	0	0	0
TOTAL	5,028	5,728	10,756

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
18.3%	7.3%	2.0%	63.6%	8.8%	100.0%		
1,312,404	522,102	145,203	4,551,842	628,640	7,160,191	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	1	1.00	2.00	3.00	3.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	338	338.00	169.50	507.50	1.50
Pain Management	611	305.50	208.00	513.50	0.84
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	4	8.00	2.00	10.00	2.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	235	352.50	117.75	470.25	2.00
TOTAL	1189	1,005.00	499.25	1504.25	1.27

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	4	7924	3724.3	1981.1	5705.4	0.72
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	1609	112.6	257.4	370	0.23
TOTALS	5	9533	3836.9	2238.5	6075.4	0.64

Leading Locations of Patient Residence

Zip Code	City	County	Patients
61265	Moline	Rock Island	2094
61201	Rock Island	Rock Island	1736
61244	East Moline	Rock Island	1136
61264	Milan	Rock Island	564
61282	Silvis	Rock Island	405
61254	Geneseo	Henry	358
61240	Coal Valley	Rock Island	347
61241	Colona	Henry	319
52722		Scott	274
61275	Port Byron	Rock Island	191
61231	Aledo	Mercer	176
52804		Scott	172
61284	Taylor Ridge	Rock Island	164
61273	Orion	Henry	151
61281	Sherrard	Mercer	134
52806		Scott	131
61256	Hampton	Rock Island	114
52803		Scott	109
61238	Cambridge	Henry	91
61443	Kewanee	Henry	84
52807		Scott	84
61250	Erie	Whiteside	78
61486	Viola	Mercer	78
52753		Scott	66

Reference Numbers Facility Id 7001811

Health Service Area 011 Planning Service Area 163

Bel-Clair Ambulatory Surgical Treatment Center, Lt
325 W. Lincoln St
Belleville, IL 62220

Administrator
David Horace

Date Complete
2/27/2017

Contact Person
David Horace

Telephone
618-235-2299

Registered Agent
David Horace

Property Owner
West Lincoln Building, LLC

Legal Owner(s)
David Horace
Stephen A Schmidt, M.D.

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	2
Number of Recovery Stations Stage 2	6

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Elizabeth's Hospital, Belleville	2
Memorial Hospital, Belleville	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	1.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	36	52	88
45-64 years	354	457	811
65-74 years	242	288	530
75+ years	89	124	213
TOTAL	721	921	1,642

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	196	242	438
Other Public	0	0	0
Insurance	521	674	1,195
Private Pay	4	5	9
Charity Care	0	0	0
TOTAL	721	921	1,642

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
15.4%	0.0%	0.0%	75.6%	9.0%	100.0%		
221,144	0	0	1,083,843	128,406	1,433,393	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	1642	410.50	547.32	957.82	0.58
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1642	410.50	547.32	957.82	0.58

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
		ST CLAIR	1303
		MADISON	92
		MONROE	61
		CLINTON	56
		RANDOLPH	56
		WASHINGTON	33
		ST LOUIS CO, MO	9
		PERRY	7
		MACOUPIN	4
		MARION	3
		JACKSON, IL	2
		YUMA, AZ	1
		JEFFERSON	1
		CLARK, WA	1
		HILLSBOROUGH	1
		ST GENEVIEVE, M	1
		WASHINGTON, MO	1
		MINNEHAHA	1
		CLAY CO, IL	1
		CALHOUN, IL	1
		BOND	1
		CLEARMONT, WY	1
		YELLOWSTONE	1
		ST CHARLES, MO	1

Reference Numbers Facility Id 7001175
Health Service Area 011 Planning Service Area 163

Belleville Surgical Center, LTD
28 North 64th Street
Belleville, IL 62223

Administrator
Diane Krauss

Date Complete
3/6/2017

Contact Person
Diane Krauss

Telephone
618-398-5705

Registered Agent
CT Corporation System

Property Owner
Belleville Family Medicine, LTD

Legal Owner(s)

Aaron Greenspan, MD
Carl Lee, MD
Christopher Dugan, DPM
Donald Weimer, MD
Eric Whittenburg, DPM
Kim Reichert, DPM
Mitchell Needleman, DPM
Murray McGrady, MD
Robert Garner, DO

Number of Operating Rooms	4
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	4

Type of Ownership
Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Elizabeth's Hospital	2

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	3.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	2.00
TOTAL	8.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	64	45	109
15-44 years	61	154	215
45-64 years	121	270	391
65-74 years	77	172	249
75+ years	46	97	143
TOTAL	369	738	1,107

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	11	8	19
Medicare	110	213	323
Other Public	0	0	0
Insurance	243	512	755
Private Pay	5	5	10
Charity Care	0	0	0
TOTAL	369	738	1,107

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
14.4%	0.7%	0.0%	82.4%	2.5%	100.0%		
283,963	14,315	0	1,624,081	48,398	1,970,757	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	58	13.00	58.00	71.00	1.22
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	8	8.00	8.00	16.00	2.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	10	5.00	10.00	15.00	1.50
Ophthalmology	323	50.00	323.00	373.00	1.15
Oral/Maxillofacial	96	33.00	96.00	129.00	1.34
Orthopedic	98	56.00	98.00	154.00	1.57
Otolaryngology	127	73.00	127.00	200.00	1.57
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	387	249.00	387.00	636.00	1.64
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1107	487.00	1,107.00	1594.00	1.44

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62221	Belleville	St. Clair	107
62226	Belleville	St. Clair	77
62220	Belleville	St. Clair	58
62208	Fairview Heights	St. Clair	53
62223	Belleville	St. Clair	38
62225	Belleville	St. Clair	28
62040	Granite City	Madison	20
62025	Edwardsville	Madison	18
62034	Glen Carbon	Madison	14
62232	Caseyville	St. Clair	13
62231	Carlyle	Clinton	11
62207	Alorton	St. Clair	10
62206	Cahokia	St. Clair	10
62205	East St. Louis	St. Clair	10
62204	Washington Park	St. Clair	9
62203	East St. Louis	St. Clair	8
62062	Maryville	Madison	7
62201	East St. Louis	St. Clair	6
62215	Albers	Clinton	5
62216	Aviston	C;omtpm	5
62014	Bunker Hill	Macoupin	4
62095	Wood River	Madison	3
62084	Roxana	Madison	3
62230	Breese	Clinton	3

Reference Numbers Facility Id 7003191
Health Service Area 011 Planning Service Area 163

Belleville Surgical Center, LTD, dba Physicians' S
311 West Lincoln, Ste. 300
Belleville, IL 62220

Administrator
Diane Krauss

Date Complete
3/6/2017

Contact Person
Diane Krauss

Telephone
618-398-5705

Registered Agent
CT Corporation System

Property Owner
Belleville Family Medical Associates, LTD

Legal Owner(s)

Aaron Greenspan, MD
Carl Lee, MD
Christopher Dugan, DPM
Donald Weimer, MD
Eric Whittenburg, DPM
Kim Reichert, DPM
Mitchell Needleman, DPM
Murray McGrady, MD
Robert Garner, DO

Number of Operating Rooms	1
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	3
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Elizabeth's Hospital	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	0.00
TOTAL	4.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	19	14	33
45-64 years	130	128	258
65-74 years	59	64	123
75+ years	23	30	53
TOTAL	231	236	467

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	53	57	110
Other Public	0	0	0
Insurance	178	179	357
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	231	236	467

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
3.0%	0.0%	0.0%	97.0%	0.0%	100.0%		
603,619	0	0	19,705,000	0	20,308,619	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	389	88.00	194.50	282.50	0.73
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	79	11.00	39.50	50.50	0.64
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	468	99.00	234.00	333.00	0.71

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	1	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62220	Belleville	St. Clair	61
62221	Belleville	St. Clair	57
62226	Belleville	St. Clair	52
62223	Belleville	St. Clair	50
62208	Fairview Heights	St. Clair	31
62269	O'Fallon	St. Clair	22
62260	Millstadt	St. Clair	21
62234	Collinsville	Madison	14
62206	Cahokia	St. Clair	14
62203	East St. Louis	St. Clair	14
62258	Mascoutah	St. Clair	13
62205	East St. Louis	St. Clair	13
62298	Waterloo	Monroe	9
62285	Smithton	St. Clair	9
62243	Freeburg	St. Clair	8
62236	Columbia	Monroe	7
62207	Alorton	St. Clair	7
62232	Caseyville	St. Clair	5
62294	Troy	Madison	5
62254	Lebanon	St. Clair	5
62257	Marissa	St. Clair	5
62264	New Athens	St. Clair	4
62040	Granite City	Madison	4
62278	Red Bud	Randolph	3

Reference Numbers Facility Id 7002504
Health Service Area 011 Planning Service Area 119

Edwardsville Ambulatory Surgery Center, LLC.
12 Ginger Creek Parkway
Glen Carbon, IL 62034

Administrator
Ed Cunningham

Date Complete
3/3/2017

Contact Person
michelle looney

Telephone
618-656-8200

Registered Agent
Illinois Corporation Service C

Property Owner

Legal Owner(s)

Alan Gitersonke
Charles Bishop
Craig Beyer
Granite City Illinois Hospital
Gregory Randle
James Sola
Michael Jones
R. Craig Mckee
Ronald Gould

Number of Operating Rooms	2
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	4

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Gateway Regional Medical Center	0
Anderson Hospital	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	3.00
TOTAL	12.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	31	35	66
15-44 years	108	171	279
45-64 years	326	490	816
65-74 years	167	287	454
75+ years	164	243	407
TOTAL	796	1,226	2,022

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	26	42	68
Medicare	247	404	651
Other Public	53	37	90
Insurance	465	729	1,194
Private Pay	5	14	19
Charity Care	0	0	0
TOTAL	796	1,226	2,022

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
28.3%	1.2%	3.7%	60.9%	5.9%	100.0%		
588,105	25,615	77,215	1,264,574	121,592	2,077,101	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	311	64.25	51.75	116.00	0.37
General Surgery	161	20.00	38.75	58.75	0.36
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	67	12.25	27.25	39.50	0.59
Ophthalmology	669	204.00	164.50	368.50	0.55
Oral/Maxillofacial	10	3.75	3.50	7.25	0.73
Orthopedic	315	112.50	108.25	220.75	0.70
Otolaryngology	87	39.25	29.25	68.50	0.79
Pain Management	18	2.25	4.50	6.75	0.38
Plastic	298	118.75	97.00	215.75	0.72
Podiatry	86	42.50	26.50	69.00	0.80
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2022	619.50	551.25	1170.75	0.58

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62040	Granite City		288
62025	Edwardsville		248
62234	Collinsville		201
62034	Glen Carbon		110
62294	Troy		97
62002	Alton		88
62249	Highland		63
62062	Maryville		63
62095	Wood River		47
62035	Godfrey		47
62010	Bethalto		42
62024	East Alton		40
62246	Greenville		37
62052	Jerseyville		36
62269	O'Fallon		35
62088	Staunton		27
62232	Caseyville		24
62097	Worden		23
62208	Fairview Heights		22
62060	Madison		20
62275	Pocahontas		19
62046	Hamel		19
62001	Alhambra		18
62281	Saint Jacob		17

Reference Numbers Facility Id 7003206
Health Service Area 011 Planning Service Area 163

Eye Surgery Center, LLC
3990 North Illinois Street
Belleville, IL 62226

Administrator
Nancy A. Mueth

Date Complete
3/1/2017

Contact Person
Nancy A. Mueth

Telephone
618-235-3100 ext. 1241

Registered Agent
CT Corporation System

Property Owner
THBT

Legal Owner(s)
Eye Surgery Center, LLC

Number of Operating Rooms	2
Procedure Rooms	2
Exam Rooms	1
Number of Recovery Stations Stage 1	3
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Elizabeth's Hospital, Belleville	1
Memorial Hospital, Belleville	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	8.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	4.00
TOTAL	14.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	54	75	129
45-64 years	379	506	885
65-74 years	677	1,160	1,837
75+ years	685	995	1,680
TOTAL	1,795	2,736	4,531

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	44	65	109
Medicare	1,231	2,007	3,238
Other Public	51	0	51
Insurance	381	530	911
Private Pay	88	134	222
Charity Care	0	0	0
TOTAL	1,795	2,736	4,531

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
70.0%	2.6%	0.3%	22.8%	4.3%	100.0%		
2,408,911	88,517	10,164	784,266	149,007	3,440,865	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	3606	1,343.75	660.00	2003.75	0.56
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3606	1,343.75	660.00	2003.75	0.56

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	2	925	416.75	44.75	461.5	0.50
Pain Management	0	0	0	0	0	0.00
TOTALS	2	925	416.75	44.75	461.5	0.50

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62226	Belleville		401
62269	O'Fallon		339
62221	Belleville		310
62223	Belleville		228
62220	Belleville		210
62208	Fairview Heights		191
62234	Collinsville		121
62298	Waterloo		115
62258	Mascoutah		113
62249	Highland		109
62260	Millstadt		104
62025	Edwardsville		102
62243	Freeburg		92
62278	Red Bud		92
62230	Breese		86
62254	Lebanon		85
62206	Cahokia		74
62040	Granite City		69
62264	New Athens		68
62285	Smithton		65
62205	East St. Louis		63
62203	East St. Louis		63
62286	Sparta		58
62265	New Baden		56

Reference Numbers Facility Id 7003185
Health Service Area 011 Planning Service Area 163
Metroeast Endoscopic Surgery Center
5023 North Illinois Street
Fairview Heights, Il, IL 62208

Administrator
Laurie Craig

Date Complete
3/8/2017

Contact Person
Laurie Craig

Telephone
618-239-0678 X103

Registered Agent
Shakeel Ahmed

Property Owner

Legal Owner(s)
Shakeel Ahmed

Number of Operating Rooms	0
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	2
Number of Recovery Stations Stage 2	2

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Gateway Regional Medical Center	0
Memorial Hospital	2

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	2.00
Nurse Anesthetists	1.00
Director of Nurses	1.00
Registered Nurses	4.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	5.00
TOTAL	16.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	332	803	1,135
45-64 years	1,087	1,483	2,570
65-74 years	349	432	781
75+ years	151	192	343
TOTAL	1,919	2,910	4,829

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	465	950	1,415
Medicare	594	774	1,368
Other Public	176	227	403
Insurance	678	965	1,643
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	1,913	2,916	4,829

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
15.9%	10.5%	7.9%	65.7%	0.1%	100.0%		
630,644	415,704	311,968	2,608,485	4,750	3,971,552	9,850	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	4829	805.00	804.50	1609.50	0.33
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	4829	805.00	804.50	1609.50	0.33

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	1	4829	805	804.5	1609.5	0.33
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	4829	805	804.5	1609.5	0.33

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62269	O'Fallon	St. Clair	604
62226	Belleville	St. Clair	456
62221	Belleville	St. Clair	418
62040	Granite City	Madison	311
62208	Fairview Heights	St. Clair	306
62234	Collinsville	Madison	272
62223	Belleville	St. Clair	236
62220	Belleville	St. Clair	229
62258	Mascoutah	St. Clair	133
62206	Cahokia	St. Clair	125
62203	East St. Louis	St. Clair	120
62205	East St. Louis	St. Clair	108
62232	Caseyville	St. Clair	92
62204	Washington Park	St. Clair	88
62254	Lebanon	St. Clair	83
62294	Troy	Madison	75
62207	Alorton	St. Clair	69
62243	Freeburg	St. Clair	68
62025	Edwardsville	Madison	58
62201	East St. Louis	St. Clair	57
62060	Madison	Madison	52
62265	New Baden	Clinton	51
62293	Trenton	Clinton	50
62239	Dupo	St. Clair	49

Reference Numbers Facility Id 7003194
Health Service Area 011 Planning Service Area 133

Monroe County Surical Center
501 Hamacher St.
Waterloo, IL 62298

Administrator
Brad Deutch, RN

Date Complete
4/5/2017

Contact Person
Brad Deutch, RN

Telephone
618-939-1001

Registered Agent
Monroe County Surgical Center

Property Owner
American Healthcare Investments

Legal Owner(s)

Christopher Vulin
Donald Unwin
Gregory Randle
Keith Wilkey
Ketan Shah
Michael Kirk
Red Bud Regional Hospital Company
Ricardo Rao
Ryan Pitts
William Reilly

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	0

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Red Bud Regional Hospital Red Bud, IL	1
Memoral Hospital Belleville, IL	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	1.00
Certified Aides	0.00
Other Health Profs.	0.00
Other Non-Health Profs	1.00
TOTAL	3.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	51	38	89
15-44 years	71	45	116
45-64 years	161	163	324
65-74 years	73	125	198
75+ years	51	54	105
TOTAL	407	425	832

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	18	24	42
Medicare	95	143	238
Other Public	0	0	0
Insurance	294	256	550
Private Pay	0	2	2
Charity Care	0	0	0
TOTAL	407	425	832

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
24.3%	1.4%	0.0%	74.1%	0.2%	100.0%		
204,114	11,572	0	621,478	1,818	838,982	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	43	19.30	21.50	40.80	0.95
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	331	118.90	110.32	229.22	0.69
General Surgery	27	29.30	13.50	42.80	1.59
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	8	6.60	4.00	10.60	1.33
Ophthalmology	102	41.30	51.00	92.30	0.90
Oral/Maxillofacial	4	8.50	2.00	10.50	2.63
Orthopedic	50	58.40	25.00	83.40	1.67
Otolaryngology	166	92.90	83.00	175.90	1.06
Pain Management	55	12.10	18.40	30.50	0.55
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	21	29.30	10.50	39.80	1.90
Thoracic	0	0.00	0.00	0.00	0.00
Urology	25	19.30	12.50	31.80	1.27
TOTAL	832	435.90	351.72	787.62	0.95

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Leading Locations of Patient Residence

Zip Code	City	County	Patients
62298	Waterloo	Monroe	302
62236	Columbia	Monroe	105
62278	Red Bud	Randolph	86
62277	Prairie Du Rocher	Randolph	38
62295	Valmeyer	Monroe	29
62244	Fults	Monroe	26
62239	Dupo	Saint Clair	20
62286	Sparta	Randolph	18
62260	Millstadt	Saint Clair	17
62242	Evansville	Randolph	16
62269	O'Fallon	Saint Clair	12
62233	Chester	Randolph	11
62240	East Carondelet	Saint Clair	9
62220	Belleville	Saint Clair	8
62248	Hecker	Monroe	8
62285	Smithton	Saint Clair	7
62264	New Athens	Saint Clair	7
62226	Belleville	Saint Clair	6
62221	Belleville	Saint Clair	6
62257	Marissa	Saint Clair	6
62288	Steeleville	Randolph	5
62237	Coulterville	Randolph	5
62223	Belleville	Saint Clair	5
62225	Belleville	Saint Clair	5

Reference Numbers Facility Id 7002132
Health Service Area 011 Planning Service Area 119

NovaMed Eye Surgery Center of Maryville, LLC
12 Maryville Porfessional Park
Maryville, IL 62062

Administrator
Nicole Will

Date Complete
3/10/2017

Contact Person
Nicole Will

Telephone
618-288-7483

Registered Agent
Jennifer Baldock

Property Owner
S&D Joint Venture

Legal Owner(s)

Bart Jones
Eric Wigton
Jeff Maher
Michael Jones
NovaMed Management Services
Wen Chen

Number of Operating Rooms	0
Procedure Rooms	2
Exam Rooms	0
Number of Recovery Stations Stage 1	1
Number of Recovery Stations Stage 2	1

Type of Ownership
Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Anderson Hospital Maryville	0
Gateway Regional Granite City	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	
Nurse Anesthetists	
Director of Nurses	
Registered Nurses	4.00
Certified Aides	
Other Health Profs.	
Other Non-Health Profs	2.00
TOTAL	

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	10
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	16	11	27
45-64 years	184	220	404
65-74 years	288	492	780
75+ years	352	502	854
TOTAL	840	1,225	2,065

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	53	59	112
Medicare	598	972	1,570
Other Public	16	6	22
Insurance	171	187	358
Private Pay	2	1	3
Charity Care	0	0	0
TOTAL	840	1,225	2,065

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
3.4%	64.7%	27.6%	4.2%	0.1%	100.0%		
100,439	1,888,648	806,117	121,775	4,143	2,921,122	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	2383	794.33	477.08	1271.41	0.53
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2383	794.33	477.08	1271.41	0.53

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	576	28.8	38.4	67.2	0.12
Pain Management	0	0	0	0	0	0.00
TOTALS	1	576	28.8	38.4	67.2	0.12

Leading Locations of Patient Residence

Zip Code	City	County	Patients
		Madison IL	1607
		Saint Clair IL	204
		Macoupin IL	77
		Bond IL	45
		Jersey IL	36
		Clinton IL	27
		Montgomery IL	13
		Saint Louis MO	10
		Calhoun IL	9
		Monroe IL	7
		Randolph IL	6
		Marion IL	5
		Greene IL	4
		Unknown IL	2
		Washington IL	2
		Saint Louis Cit	2
		Walton FL	1
		Jefferson AL	1
		Effingham IL	1
		Taney MO	1
		Jackson IL	1
		Jefferson IL	1
		Perry IL	1
		Reynolds MO	1

Reference Numbers Facility Id 7001084

Health Service Area 011 Planning Service Area 119

The Hope Clinic for Women, Ltd
1602 21st Street
Granite City, IL 62040

Administrator
Dr. Erin King

Date Complete
3/2/2017

Contact Person
Debbie Wiehardt

Telephone
618-451-5722

Registered Agent
Sally Burgess

Property Owner
United Realty LLC

Legal Owner(s)
Hector Zevallos

Number of Operating Rooms	0
Procedure Rooms	2
Exam Rooms	1
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	0

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Barnes Jewish Hospital St. Louis, MO	6
Gateway Regional Med Ct. Granite City, IL	1

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	2.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	0.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	0.00
TOTAL	5.00

DAYS AND HOURS OF OPERATION

Monday	6
Tuesday	9
Wednesday	6
Thursday	6
Friday	6
Saturday	7
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	19	19
15-44 years	0	2,749	2,749
45-64 years	0	0	0
65-74 years	0	0	0
75+ years	0	0	0
TOTAL	0	2,768	2,768

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	0	0	0
Private Pay	0	2,768	2,768
Charity Care	0	0	0
TOTAL	0	2,768	2,768

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	1,665,961	1,665,961	0	0%

Source:Ambulatory Surgical Treatment Center Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Gynecology	0	2768	230.66	461.32	691.98	0.25
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	2768	230.66	461.32	691.98	0.25

Leading Locations of Patient Residence

Zip Code	City	County	Patients
63136			116
63033			94
62002	Alton		82
62040	Granite City		74
63138			70
62226	Belleville		69
62206	Cahokia		66
62234	Collinsville		60
63031			56
62221	Belleville		53
63135			52
63121			49
63114			46
62205	East St. Louis		43
62204	Washington Park		42
62901	Carbondale		41
62201	East St. Louis		41
62269	O'Fallon		39
62220	Belleville		37
63115			35
63137			33
63104			32
62203	East St. Louis		32
63034			31