AMBULATORY SURGICAL TREATMENT CENTER QUESTIONNAIRE FOR ~~2024~~

This is a formal request by IDPH for full, complete and accurate information as stated herein. This request is made under the authority of the Health Facilities Planning Act [20 ILCS 3960/]. Failure to respond may result in sanctions including the following:

"A person subject to this Act who fails to provide information requested by the State Board or State Agency within 30 days of a formal, written request shall be fined an amount not to exceed $1,000 for each 30-day period, or fraction thereof, that the information is not received by the State Board or State Agency." [20 ILCS 3960/14.1(b)(6)]

This questionnaire is divided into 2 sections:

Section I
Collects information on your facility and facility utilization.
This part must be reported for CALENDAR YEAR 2024.

Section II
Collects Financial and Capital Expenditure information for your facility.
This part must be reported for the MOST RECENT FISCAL YEAR AVAILABLE.

This survey must be completed and submitted by April 1, 2025.
No exceptions or extensions will be allowed.

Facilities failing to submit this questionnaire within the required time frame will be reported to the Illinois Health Facilities and Services Review Board for its consideration of the imposition of sanctions mandated by the Act.

If you have problems or questions concerning the survey, please contact this office via e-mail to DPH.FacilitySurvey@illinois.gov, or by telephone at 217-782-3516.

Please enter the following information on for your facility:

ASTC License	7003126			
ASTC Name	Chicago Surgery Center			
ASTC Address	3536 W Fullerton Avenue			
ASTC City	Chicago	**IL**	**Zip Code**	60647

Federal Employer Identification Number (FEIN) 770693639

Instructions for Completing and Submitting this Questionnaire
Fill in the questionnaire information.
Download and complete Patient Origin spreadsheet (optional).

Save completed questionnaire (and spreadsheet, if used) to your computer for your records and future reference, if follow-up is required.

Send Email, with completed file(s) attached, to DPH.FacilitySurvey@illinois.gov.
Please put "ASTC Questionnaire" in the subject line.

If you have any questions, please call 217/782-3516, or send email to DPH.FacilitySurvey@illinois.gov

Thank you

Section I - Facility Data

1. FACILITY OWNERSHIP INFORMATION

A. Indicate the type of ownership for your ASTC (Choose only one):

FOR PROFIT	NOT FOR PROFIT
○ **Sole Proprietorship**	○ **Church Related**
○ **Corporation (*RA)**	○ **State**
○ **Partnership (registered with county)**	○ **County**
○ **Limited Partnership (*RA)**	○ **City**
○ **Limited Liability Partnership (*RA)**	○ **Township**
◉ **Limited Liability Company (*RA)**	○ **Other Not for Profit (Specify below)**
○ **Other For Profit (specify below)**	

Other Ownership Type

*RA - Registered Agent Required

B. If your facility ownership requires a Registered Agent with the Illinois Secretary of State (marked *RA above), indicate the name, address and telephone number of this person or company (must be an Illinois resident or company).

Name of Registered Agent:	Frances Mercado
Address:	6933 North Avenue
City. State and Zip Code (plus Four):	Oak Park, IL 60302-1024
Telephone Number:	

C. Provide the name and relational interest of all organizations or entities that are legally, financially or otherwise related to the licensee (e.g., parent, subsidiary, affiliate, management agreement, etc.)

	Name	Relationship	Type of Interest
1			
2			
3			
4			
5			

D. Indicate the name, address and telephone number of the legal owners/operators of the facility.
If you have more than 25 owners to report, please enter the information into an Excel spreadsheet using the format below and email with completed questionnaire to DPH.FacilitySurvey@illinois.gov

	Owner Name	Address	City, State Zip Code-Plus 4	Telephone Number (xxx) xxx-xxxx.xxxx)
1	Ryan Rosenthal	1460 Northwood Drive	Deerfield, IL 60015	(312) 933-4149
2	Igor Russo	783 Vernon	Glencoe, IL 60629	(312) 543-3058
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

2. PROPERTY OWNERSHIP INFORMATION

If the facility property is not owned by the facility legal owner/operator, indicate the name, address (including Zip Code plus Four) and telephone number of the property owner:

	Property Owner	Address	City, State Zip Code-plus 4	Telephone (xxx) xxx-xxxx.xxxx)
1				

3. CONTRACTUAL MANAGEMENT

If management of this facility is performed by independent contractor(s), not by an employee of the facility, list the individual name(s) and address(es) of each independent contractor. If management is NOT done by independent contractor(s), indicate by checking the box provided.

No Contractual Management

	Contractor Name	Full Address
1		
2		
3		
4		
5		

4. FACILITY STAFFING

A. Indicate the number of hours in a work week for a full-time employee of your facility:

B. Staffing Patterns

Please indicate the number of Full-Time Equivalent employees (FTEs), paid directly by the facility, working at your facility during the first pay period of December, 2024.

The figure for TOTAL FACILITY PERSONNEL in green is automatically calculated. You cannot change this total.

Personnel	Full-Time Equivalents
Administrators	1.00
Physicians	1.00
Nurse Anesthetists	
Director of Nursing	1.00
Registered Nurses	2.00
Certified Aides	3.00
Other Health Professionals	1.00
Other Non-Health Professionals	

TOTAL FACILITY PERSONNEL 9.00

INFORMATION CONCERNING PATIENTS SERVED - CALENDAR YEAR 2024

5. Patients by Age Groups

Please indicate the number of patients during the calendar year 2024 by age and sex. If the patient was seen more than once, he/she should be counted for each new incident. Figures in green on the TOTAL line are automatically calculated and must match the green calculated figures in Question 6.

	Male	Female	
0-14 Years	0	0	
15-44 Years	390	303	
45-64 Years	340	292	TOTAL PATIENTS SERVED
65-74 Years	48	53	
75+ Years	8	11	
TOTALS	786	659	1,445

6. Source of Payment

Please indicate the numbers of patients your ASTC saw during calendar year 2024, by sex and PRIMARY PAYMENT SOURCE. If the patient was seen more than once, he/she should be counted for each new incident. Figures in green on the TOTAL line are automatically calculated and must match the corresponding green calculated totals in Question 5 above.

	Male	Female	
Medicaid	0	0	
Medicare	6	3	
Other Public*		0	
Private Insurance	20	18	
Private Payment	760	638	TOTAL PATIENTS SERVED
Charity Care*	0	0	
TOTALS	786	659	1,445

***Other Public** payment includes individuals whose primary payment source is Veterans Administration, County Boards, Community Aid Agencies, grants, CHAMPUS, CHAMP-VA, and other government-sponsored programs, excluding Medicare and Medicaid.

"Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. [20 ILCS 3960, Section 3] Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need.

7. Patients by Place of Origin - Calendar Year 2024

Optional Reporting Method:

For your ease of reporting, we have supplied a Microsoft Excel worksheet for the entry of Patient Origin Data:

1. **CLICK HERE to ACCESS THE WORKSHEET**.
2. Save the worksheet to your computer.
3. Follow the directions on the worksheet to enter your data.
4. Email the completed spreadsheet to DPH.FacilitySurvey@illinois.gov
5. Retain a copy of the worksheet in case follow-up is required.

If you do not wish to use the Patient Origin worksheet, please use the spaces below to report the place of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area. 5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county name.

	Zip Code Area	County Name	Number of Patients
1	43224	Franklin	1
2	43660	Lucas	1
3	46012	Madison	1
4	46052	Boone	2
5	46123	Hendricks	1
6	46204	Marion	3
7	46226	Marion	1
8	46307	Lake	11
9	46311	Lake	1
10	46312	Lake	1
11	46319	Lake	1
12	46320	Lake	2
13	46322	Lake	1
14	46323	Lake	3
15	46324	Lake	2
16	46327	Lake	3
17	46341	Porter	2
18	46342	Lake	5
19	46350	La Porte	2
20	46356	Lake	1
21	46360	La Porte	3
22	46368	Porter	1
23	46373	Lake	4
24	46375	Lake	1
25	46391	La Porte	1

	Zip Code Area	County Name	Number of Patients
26	46402	Lake	1
27	46403	Lake	1
28	46404	Lake	1
29	46405	Lake	2
30	46409	Lake	1
31	46410	Lake	3
32	47834	Clay	1
33	49048	Kalamazoo	1
34	50510	Buena Vista	1
35	52001	Dubuque	1
36	53140	Kenosha	2
37	54142	Kenosha	1
38	53143	Kenosha	2
39	53144	Kenosha	2
40	53189	Waukesha	1
41	55102	Ramsey	1
42	60002	Lake	1
43	60004	Cook	1
44	60007	Cook	2
45	60008	Cook	1
46	60010	Cook	1
47	60012	McHenry	1
48	60014	McHenry	2
49	60015	Lake	1
50	60016	Cook	26

7. **Patients by Place of Origin (Continued)**
Please report the places of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area.
5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county of origin.

	Zip Code Area	County Name	Number of Patients
51	60018	Cook	9
52	60022	Cook	1
53	60025	Cook	1
54	60026	Cook	1
55	60030	Lake	2
56	60031	Lake	18
57	60034	Mc Henry	1
58	60035	Lake	4
59	60041	Lake	2
60	60042	Lake	2
61	60044	Lake	1
62	60046	Lake	1
63	60048	Lake	1
64	60050	Mc Henry	6
65	60053	Cook	3
66	60056	Cook	4
67	60060	Lake	7
68	60061	Lake	5
69	60062	Cook	3
70	60064	Lake	17
71	60067	Cook	7
72	60069	Lake	1
73	60070	Cook	12
74	60073	Lake	19
75	60074	Cook	5

	Zip Code Area	County Name	Number of Patients
76	60076	Cook	7
77	60077	Cook	8
78	60081	Mc Henry	2
79	60084	Lake	4
80	60085	Lake	42
81	60087	Lake	23
82	60088	Lake	1
83	60089	Lake	11
84	60090	Cook	4
85	60091	Cook	7
86	60096	Lake	1
87	60099	Lake	19
88	60101	Dupage	20
89	60102	McHenry	1
90	60103	Dupage	5
91	60104	Cook	13
92	60106	Dupage	9
93	60107	Cook	10
94	60108	Dupage	1
95	60110	Kane	6
96	60115	Dekalb	8
97	60120	Kane	5
98	60121	Kane	4
99	60123	Kane	7
100	60124	Kane	1

7. **Patients by Place of Origin (Continued)**
Please report the places of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area.
5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county of origin.

	Zip Code Area	County Name	Number of Patients
101	60126	Dupage	2
102	60130	Cook	1
103	60131	Cook	7
104	60133	Cook	8
105	60136	Kane	2
106	60137	Dupage	2
107	60139	Dupage	10
108	60140	Kane	2
109	60142	McHenry	1
110	60143	Dupage	2
111	60148	Dupage	2
112	60152	McHenry	2
113	60153	Cook	6
114	60154	Cook	2
115	60155	Cook	2
116	60156	McHenry	1
117	60160	Cook	21
118	60162	Cook	1
119	60163	Cook	1
120	60164	Cook	1
121	60165	Cook	1
122	60169	Cook	6
123	60171	Cook	2
124	60172	Dupage	2
125	60173	Cook	1

	Zip Code Area	County Name	Number of Patients
126	60174	Kane	2
127	60177	Cook	2
128	60181	Dupage	14
129	60185	Dupage	1
130	60187	Dupage	1
131	60188	Dupage	2
132	60189	Dupage	1
133	60191	Dupage	3
134	60193	Cook	1
135	60194	Cook	1
136	60195	Cook	1
137	60201	Cook	2
138	60202	Cook	2
139	60302	Cook	2
140	60304	Cook	9
141	60401	Will	5
142	60402	Cook	33
143	60403	Will	10
144	60404	Will	4
145	60406	Cook	7
146	60408	Will	2
147	60409	Cook	10
148	60411	Cook	13
149	60415	Cook	2
150	60419	Cook	2

7. **Patients by Place of Origin (Continued)**
Please report the places of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area.
5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county of origin.

	Zip Code Area	County Name	Number of Patients
151	60422	Cook	1
152	60425	Cook	1
153	60426	Cook	3
154	60428	Cook	1
155	60429	Cook	2
156	60430	Cook	1
157	60431	Will	2
158	60432	Will	3
159	60433	Will	3
160	60435	Will	12
161	60436	Will	3
162	60438	Cook	2
163	60440	Will	2
164	60441	Will	2
165	60445	Cook	2
166	60446	Will	2
167	60447	Grundy	1
168	60448	Will	1
169	60449	Will	1
170	60450	Grundy	1
171	60451	Will	1
172	60452	Cook	1
173	60453	Cook	6
174	60455	Cook	2
175	60456	Cook	2

	Zip Code Area	County Name	Number of Patients
176	60457	Cook	2
177	60458	Cook	3
178	60459	Cook	1
179	60462	Cook	2
180	60464	Cook	1
181	60465	Cook	1
182	60468	Will	1
183	60469	Cook	2
184	60471	Cook	2
185	60473	Cook	2
186	60475	Cook	1
187	60476	Cook	1
188	60477	Cook	1
189	60478	Cook	2
190	60479	Grundy	1
191	60484	Will	1
192	60487	Will	1
193	60490	Will	2
194	60501	Cook	2
195	60502	Dupage	1
196	60504	Depage	2
197	60505	Kane	1
198	60506	Kane	3
199	60512	Kendall	1
200	60514	Dupage	1

7. **Patients by Place of Origin (Continued)**
Please report the places of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area.
5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county of origin.

	Zip Code Area	County Name	Number of Patients
201	60516	Dupage	2
202	60517	DuPage	2
203	60521	DuPage	1
204	60525	Cook	2
205	60532	DuPage	2
206	60534	Cook	2
207	60538	Kane	2
208	60540	DuPage	1
209	60542	DuPage	2
210	60543	Kendall	2
211	60544	Will	1
212	60545	Kendall	2
213	60546	Cook	1
214	60559	DuPage	1
215	60560	Kendall	1
216	60561	DuPage	2
217	60563	DuPage	2
218	60564	Will	2
219	60585	Will	3
220	60586	Will	3
221	60601	Cook	2
222	60605	Cook	2
223	60607	Cook	1
224	60608	Cook	3
225	60609	Cook	3

	Zip Code Area	County Name	Number of Patients
226	60610	Cook	2
227	60612	Cook	3
228	60613	Cook	3
229	60614	Cool	2
230	60615	Cook	2
231	60616	Cook	2
232	60617	Cook	5
233	60618	Cook	6
234	60619	Cook	8
235	60620	Cook	10
236	60621	Cook	2
237	60622	Cook	2
238	60623	Cook	13
239	60624	Cook	7
240	60625	Cook	12
241	60626	Cook	8
242	60628	Cook	10
243	60629	Cook	7
244	60630	Cook	6
245	60631	Cook	1
246	60632	Cook	6
247	60633	Cook	1
248	60634	Cook	11
249	60636	Cook	3
250	60637	Cook	2

7. **Patients by Place of Origin (Continued)**
Please report the places of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area.
5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county of origin.

	Zip Code Area	County Name	Number of Patients
251	60638	Cook	4
252	60639	Cook	13
253	60640	Cook	5
254	60641	Cook	6
255	60642	Cook	1
256	60643	Cook	3
257	60644	Cook	11
258	60645	Cook	5
259	60646	Cook	2
260	60647	Cook	12
261	60649	Cook	5
262	60651	Cook	6
263	60652	Cook	3
264	60653	Cook	3
265	60654	Cook	1
266	60655	Cook	2
267	60656	Cook	2
268	60657	Cook	3
269	60659	Cook	7
270	60660	Cook	3
271	60661	Cook	1
272	60684	Cook	1
273	60706	Cook	3
274	60707	Cook	9
275	60712	Cook	1

	Zip Code Area	County Name	Number of Patients
276	60714	Cook	4
277	60803	Cook	2
278	60804	Cook	6
279	60805	Cook	2
280	60827	Cook	2
281	60901	Kankakee	2
282	60915	Kankakee	1
283	60940	Kankakee	2
284	60951	Iroquois	1
285	61008	Boone	1
286	61016	Winnebago	1
287	61101	Winnebago	1
288	61104	Winnebago	2
289	61107	Winnebago	1
290	61111	Winnebago	1
291	61244	Rock Island	1
292	61341	La Salle	1
293	61364	La Salle	1
294	61604	Peoria	1
295	61761	Mc Lean	1
296	61802	Champaign	1
297	61883	Vermilion	1
298	62914	Alexander	1
299	62958	Jackson	1
300			

If you had patients from more than 300 areas, please use the Microsoft Excel Patient Origin Spreadsheet, or record the extra information in your own Excel spreadsheet, using the format above, and email to DPH.FacilitySurvey@illinois.gov
Please enter "ASTC Patient Origin Data" into the subject line of the message.

FACILITY OPERATIONS

8. Please indicate the number of hours your ASTC is in operation on each day of the week: (for example, if the ASTC is open from 8 a.m. to 6 p.m., that is 10 hours of operation.) REPORT NUMBER OF HOURS, NOT OPENING AND/OR CLOSING TIMES.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL HOURS
Hours Open	8	8	8	8	8			40

9. Treatment Rooms by Type

Please indicate the number of rooms and stations in use at your ASTC for each category listed below:

	Rooms/ Stations
a. Operating Rooms (Class C)*	1
b. Procedure (not operating) Rooms (Class B)*	
c. Examination Rooms	
d. Stage 1 - Post-Anesthesia Recovery Stations	
e. Stage 2 - Step-down Ambulatory Recovery Stations	

*Operating Room (Class C): Operating Room is defined as a setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.

Surgical Procedure Room (Class B): Surgical Procedure room is defined as a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.

(Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

10. Hospital Relationships

List all hospitals with which your ASTC has a contractual relationship, including transfer agreements.

	Hospital Name and City	Patient Transfers
1	Humboldt Park Health	0
2		
3		
4		
5		

11. SURGICAL UTILIZATION FOR CALENDAR YEAR 2024 - OPERATING ROOMS - CLASS C*

For each listed surgical category, indicate the number of surgical cases, the number of hours spent in setting up the surgery rooms for use, the hours of actual surgical time, and the number of hours spent in clean-up after the surgery was completed. Round the time reported to the nearest quarter of an hour. For example, a total of 318 hours and 40 minutes would be rounded to 318.75 hours for reporting purposes.

	Number of Cases	Surgery Room Set-Up Time (in Hours)	Actual Surgery Time (in Hours)	Surgery Room Clean-Up Time (in Hours)
Cardiovascular				
Dermatology				
General Surgery	2	0.60	0.80	0.60
Gastroenterology				
Neurological				
OB/Gynecology				
Oral/Maxillofacial				
Ophthalmology				
Laser Eye Surgery				
Orthopedic	156	117.00	156.00	117.00
Otolaryngology				
Pain Management	1,277	192.00	192.00	192.00
Plastic				
Podiatry	10	5.00	4.00	5.00
Thoracic				
Urology				
TOTALS	1,445	314.60	352.80	314.60

***Operating Room (Class C): Operating Room is defined as a setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.**
(Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

12. SURGICAL UTILIZATION FOR CALENDAR YEAR 2024 - PROCEDURE ROOMS (Class B)*

For each listed surgical procedure category, indicate the number of dedicated procedure (non-operating) rooms, the number of surgical cases, the number of hours spent in setting up the procedure rooms for use, the hours of actual surgical time, and the number of hours spent in clean-up after the procedure was completed. Round the time reported to the nearest quarter of an hour. For example, a total of 318 hours and 40 minutes would be rounded to 318.75 hours for reporting purposes.

If your facility performs other, unlisted non-operating room procedures, use lines e. - h. to report these procedures. Indicate the type(s) of procedure(s), the number of surgical cases, the number of hours spent in setting up the procedure rooms for use, the hours of actual surgical time, and the number of hours spent in clean-up after the procedure was completed. Total multi-purpose procedure rooms are to be reported in the line below the table.

NOTE - For reporting purposes, a case is defined as a **PATIENT TREATED**. If a patient has 3 procedures performed, that is counted as **1 CASE**. **TOTAL PROCEDURE ROOMS** must equal Procedure Rooms reported on line b., Question 9. Total Procedure Room Cases shown here plus Total Operating Room Cases from Question 11 on Page 9 must equal Total Patients Served reported in Questions 5 and 6.

The green figures on the last three lines are automatically calculated. You cannot change these figures.

Dedicated Procedure Rooms (Class B)*	Rooms	Cases	Procedure Room Set-Up Time	Actual Surgery Time	Procedure Room Clean-Up Time
a. Dedicated Gastro-Intestinal Procedures					
b. Dedicated Laser Eye Procedures					
c. Dedicated Pain Management Procedures					
d. Cardiac Catheterization Procedures					

	Multipurpose Rooms (Specify Procedure)	Cases	Procedure Room Set-Up Time	Actual Surgery Time	Procedure Room Clean-Up Time
e.					
f.					
g.					
h.					

Total Multi-Purpose Procedure Rooms					
TOTALS - PROCEDURE ROOMS	0	0	0.00	0.00	0.00

TOTAL CASES Questions 11 and 12 TOTAL	1,445	These two figures must match.
PATIENTS Reported on Page 6	1,445	

*Surgical Procedure Room (Class B): Surgical Procedure room is defined as a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs. (Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

Section II - Fiscal Year Financial and Capital Expenditures Data

The data requested in this questionnaire are authorized
pursuant to the Illinois Health Facilities Planning Act [20 ILCS 3960/5.3]

This information must be taken from your MOST RECENT ANNUAL FINANCIAL STATEMENTS, which include your INCOME STATEMENT and BALANCE SHEET. Allowable sources of financial information include AUDITED FINANCIAL STATEMENTS, REVIEW OR COMPILATION FINANCIAL STATEMENTS, or TAX RETURN for the MOST RECENT FISCAL YEAR AVAILABLE.
This part of the survey collects Financial and Capital Expenditure information for your facility. This part MUST BE REPORTED FOR THE MOST RECENT FISCAL YEAR AVAILABLE.

If you have problems providing the information requested, contact this office via email at DPH.FacilitySurvey@illinois.gov or by telephone at 217-782-3516.

Indicate the Starting and Ending Dates of Your MOST RECENT FISCAL YEAR (mm/dd/yyyy)

Starting Date	01/01/2024
Ending Date	12/31/2024

Use this drop-down list to select the source of the Financial Information Reported in this Section:

Audited Financial Statements

A. CAPITAL EXPENDITURES

Report the TOTAL of ALL CAPITAL EXPENDITURES for your reported Fiscal Year:

TOTAL CAPITAL EXPENDITURES FOR YOUR REPORTED FISCAL YEAR $ 0

Provide the following information for ONLY projects/capital expenditures in excess of $350,000 obligated by or on behalf of the health care facility for your reported Fiscal Year (click the link below the table for definitions of terms):

	Description of Project/ Capital Expenditure	Amount Obligated	Method of Financing	CON Project Number (if reviewed)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

B. NET REVENUE BY PAYMENT SOURCE - REPORTED FISCAL YEAR

Please indicate your Net Revenue during your reported Fiscal Year, by payment source. If you reported any patients for a given payment source in Question 6 on Page 6, but do not have matching Net Revenue to report for that payment source, please provide a brief explanation in the Comments box on Page 14.

	Net Revenue (in Dollars)
Medicaid	$ 0
Medicare	$ 0
Other Public*	$ 0
Private Insurance	$ 84,397
Private Payment	$ 5,511,813
Total Revenue	$ 5,596,210

***Other Public** payment includes individuals whose primary payment source is Veterans Administration, County Boards, Community Aid Agencies, grants, CHAMPUS, CHAMP-VA, and other government-sponsored programs, excluding Medicare and Medicaid.

C. TOTAL ACTUAL COST OF SERVICES PROVIDED TO CHARITY CARE* CASES DURING THE REPORTED FISCAL YEAR

	Amount (in Dollars)
Total Actual Cost of Services Provided to Charity Care* Cases	$ 107,058

**"Charity care"* means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. [20 ILCS 3960, Section 3] Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need.*

Term	Definition	Reference
Adult cardiac catheterization	Cardiac catheterization of patients 15 years of age and older	According to Administrative rule 1110.1320
By or On Behalf of a Health Care facility	Any transactions undertaken by the facility or by any other entity other than the facility which results in construction or modification of the facility and directly or indirectly results in the facility billing or receiving reimbursement, or in participating or assuming responsibility for the retirement of debt or the provision of any services associated with the transaction.	
Case	Case is defined as a patient encountered in an inpatient or outpatient setting. For example, if 3 surgical procedures are performed on an individual, only 1 case is counted.	
Cardiac Catheterization Labs	Includes labs that are dedicated as well as non dedicated cardiac labs for diagnostic, interventional and electrophysiology procedures. Total cardiac labs will be more than or equal to the sum of dedicated cardiac labs.	
Cardiovascular Intervention or Treatment	All interventional cardiac procedures performed on a patient during one session in the laboratory (one patient visit equals one intervention regardless of number of procedures performed).	
Capital Expenditure	Any expenditure: (A) made by or on behalf of a health care facility . . . and (B) which under generally accepted accounting principles is not properly chargeable as an expense of operation and maintenance, or is made to obtain by lease or comparable arrangement any facility or part thereof or any equipment for a facility or part . . . and includes the cost of any studies, surveys, designs, plans, working drawings, specification and other activities essential to the acquisition, improvement, expansion or replacement of any plant or equipment with respect to which an expenditure is made . . . and includes donations of equipment or facilities or a transfer of equipment or facilities at fair market value.	
Charity Care	Care for which the provider does not expect to receive payment from the patient or a third party payor. Charity care does not include bad debt or the un-reimbursed cost of Medicare, Medicaid, and other Federal, State, or local indigent health care programs, eligibility for which is based on financial need. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (see Reference), and not the actual charges for the services.	CMS 2552-96 Worksheet C, Part 1 PPS, Inpatient Ratios

Term	Definition	Reference
Construction or Modification	The establishment, erection, building, alteration, reconstruction, modernization, improvement, extension, discontinuation, change of ownership, of or by a health care facility, or the purchase or acquisition by or through a health care facility of equipment or service for diagnostic or therapeutic purpose or for facility administration or operation, or any capital expenditures made by or on behalf of a health care facility….	
Diagnostic Cardiac Catheterization (DCC)	Performance of Catheterization procedures associated with determining the blockage of blood vessels and the diagnosis of cardiac diseases that are performed in a cardiac catheterization lab or special procedures lab with cardiac catheterization capabilities.	
Full Time Equivalent	A unit of measurement which is equal to one filled, full time, annual-salaried position.	
Interventional Cardiac Catheterization (ICC)	Treatment of cardiac diseases associated with the blockage or narrowing of the blood vessels and diseases of the heart by the performance of percutaneous coronary intervention or similar procedures in a cardiac catheterization lab or special procedures lab with cardiac catheterization capabilities. Cardiovascular interventions include but not limited to Percutaneous Transluminal Coronary Angioplasty (PTCA), rotational atherectomy, directional atherectomy, extraction atherectomy, laser angioplasty, implantation of intracoronary stents and other catheter devices for treating coronary atherosclerosis.	
Method of Financing	The source of funds required to undertake the project or capital expenditure. Forms of financing include equity (cash and securities), lease, mortgages, general obligation bonds, revenue bonds, appropriations and gifts/donations/bequests.	
Net Revenue	Net Revenue is the result of gross revenue less provision for contractual adjustments from third party payers.	American Institute of Certified Public Accountants (AICPA)
Other Public Payment	Includes all forms of direct public payment excluding Medicare and Medicaid. DMH/DD and Veterans' Administration funds and other funds paid directly to a facility.	
Operating Room (Class C)	A setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions	Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

Term	Definition	Reference
Obligation	The commitment of funds directly or indirectly through the execution of construction or other contracts, purchase order, lease agreements of other means for any construction or modification project. NOTE: Funds obligated in a given year should not be carried forward to subsequent years due to phased or periodic payouts. For example, a facility signs a $2 million contract in 2019 for construction of a new bed wing. Construction takes approximately three years with payments being made to the contractor during 2020, 2021 and 2024. The entire $2 million would be listed once as an obligation for 2019 and would not be listed in subsequent years.	
Patients Served by payment source	Include number of inpatients and outpatients served by their payment type.	Payment sources are defined within the questionnaire.
Project	Any proposed construction or modification of a health care facility or any proposed acquisition of equipment undertaken by or on behalf of a health care facility regardless of whether or not the transaction required a certificate of need. Components of construction or modification, which are interdependent, must be grouped together for reporting purposes. Interdependence occurs when components of construction or modification are architecturally and/or programmatically interrelated to the extent that undertaking one or more of the components compels the other components to be undertaken. If components of construction or modification are undertaken by means of a single construction contract, those components must be grouped together. Projects involving acquisition of equipment, which are linked with construction for the provision of a service cannot be segmented. When a project or any component of a project is to be accomplished by lease, donation, gift or any other means, the fair market value or dollar value, which would have been required for purchase, construction or acquisition, is considered a capital expenditure.	
Pediatric cardiac Catheterization	Cardiac Catheterization of patients 0-14 years.	According to Administrative rule 1110.1320
Private Pay	Private pay includes money from a private account (for example, a medical savings account) and any government funding made out and paid to the resident which is then transferred to the facility to pay for services. It also includes all the Self pay payments.	
Revenue by payment source	Revenue by payment source: Include the amount of net revenue of the facility during the fiscal year for the patients served by the payment type.	

Term	Definition	Reference
Stage 1 and Stage 2 Recovery Stations	Stations/units within the room providing post operative/post anesthetic care soon after surgery. Stage 1 recovery is used for patients who received intensive anesthesia for major surgical procedures which would take more time to recuperate, while Stage 2 are used for less intensive procedures which involve less anesthesia there by need less time to recuperate.	American College of Anesthesiologists (ACOA).
Surgical Procedure Room (Class B)	Surgical Procedure room is defined as a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.	Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)