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	7003144			
ASTC Name	Vernon Square SurgiCenter			
ASTC Address	230 Center Dr			
ASTC City	Vernon Hills	**IL**	**Zip Code**	60061

Federal Employer Identification Number (FEIN) 73-1657627

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:	Leeann L. Gurysh
Address:	140 South Milwaukee Ave
City. State and Zip Code (plus Four):	Libertyville, IL 60048
Telephone Number:	(847) 816-6442

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	Daniel Ritacca	230 Center Dr	Vernon Hills, IL 60061	(847) 367-8815
2	Leonard Lu	230 Center Dr	Vernon Hills, IL 60061	(847) 367-8815
3	Jay Joshi	230 Center Dr	Vernon Hills, IL 60061	(847) 367-8764
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	Daniel Ritacca	230 Center Dr	Vernon Hills, IL 60061	(847) 367-8815

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	5.00
Nurse Anesthetists	0.00
Director of Nursing	1.00
Registered Nurses	4.00
Certified Aides	0.00
Other Health Professionals	3.00
Other Non-Health Professionals	2.00
TOTAL FACILITY PERSONNEL	16.00

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	
15-44 Years	130	481	
45-64 Years	32	131	
65-74 Years	18	160	TOTAL PATIENTS SERVED
75+ Years		10	
TOTALS	180	782	962

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	17	27	
Other Public*	0	0	
Private Insurance	62	204	
Private Payment	101	551	TOTAL PATIENTS SERVED
Charity Care*	0	0	
TOTALS	180	782	962

***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	27376	Moore	1
2	28211	Mecklenburg	1
3	34684	Pinellas	1
4	35801	Madison	1
5	38572	Cumberland	1
6	46062	Hamilton	3
7	46140	Hancock	5
8	46312	Lake	1
9	46341	Porter	1
10	46373	Lake	1
11	46528	Elkhart	2
12	46807	Allen	4
13	47501	Daviess	2
14	49022	Berrien	1
15	52501	Wapello	2
16	53104	Kenosha	1
17	53105	Racine	1
18	53110	Milwaukee	2
19	53120	Walworth	1
20	53121	Walworth	1
21	53128	Walworth	1
22	53140	Kenosha	2
23	53142	Kenosha	8
24	53143	Kenosha	5
25	53147	Walworth	1

	Zip Code Area	County Name	Number of Patients
26	53152	Kenosha	1
27	53158	Kenosha	6
28	53179	Kenosha	7
29	53181	Kenosha	3
30	53209	zMilwaukee	1
31	53210	Milwaukee	1
32	53403	Racine	1
33	53508	Dane	1
34	54520	Forest	1
35	54849	Douglas	3
36	54915	Outagamie	1
37	54981	Waupaca	1
38	55347	Hennepin	5
39	60002	Lake	15
40	60004	Cook	8
41	60005	Cook	7
42	60007	Cook	20
43	60008	Cook	2
44	60010	Lake	17
45	60013	McHenry	3
46	60014	McHenry	7
47	60015	Lake	18
48	60016	Cook	1
49	60018	Cook	2
50	60020	Lake	6

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	60022	Cook	4
52	60025	Cook	9
53	60026	Cook	6
54	60030	Lake	26
55	60031	Lake	38
56	60035	Lake	24
57	60040	Lake	1
58	60041	Lake	5
59	60042	McHenry	5
60	60044	Lake	13
61	60045	Lake	21
62	60046	Lake	22
63	60047	Lake	38
64	60048	Lake	39
65	60050	McHenry	10
66	60051	McHenry	20
67	60053	Cook	3
68	60056	Cook	4
69	60060	Lake	46
70	60061	Lake	23
71	60062	Cook	21
72	60064	Cook	3
73	60067	Cook	7
74	60068	Cook	2
75	60069	Lake	4

	Zip Code Area	County Name	Number of Patients
76	60070	Cook	1
77	60071	McHenry	1
78	60073	Lake	27
79	60074	Cook	4
80	60075	Lake	1
81	60077	Cook	2
82	60081	McHenry	4
83	60083	Lake	8
84	60084	Lake	7
85	60085	Lake	22
86	60087	Lake	13
87	60089	Lake	22
88	60090	Cook	14
89	60091	Cook	6
90	60093	Cook	5
91	60096	Lake	7
92	60098	McHenry	2
93	60099	Lake	13
94	60102	McHenry	2
95	60106	DuPage	1
96	60107	Cook	9
97	60110	Kane	1
98	60118	Kane	1
99	60120	Cook	7
100	60123	Kane	5

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	60124	Kane	1
102	60126	DuPage	2
103	60133	Cook	3
104	60134	Kane	4
105	60136	Kane	2
106	60137	DuPage	20
107	60139	DuPage	1
108	60140	Kane	3
109	60142	McHenry	1
110	60148	DuPage	1
111	60156	McHenry	6
112	60160	Cook	1
113	60164	Cook	1
114	60172	DuPage	4
115	60173	Cook	1
116	60174	Kane	1
117	60175	Kane	1
118	60187	DuPage	1
119	60191	DuPage	10
120	60192	Cook	1
121	60193	Cook	3
122	60194	Cook	1
123	60203	Cook	1
124	60402	Cook	1
125	60423	Will	1

	Zip Code Area	County Name	Number of Patients
126	60448	Will	4
127	60451	Will	2
128	60452	COok	1
129	60453	Cook	1
130	60457	Cook	1
131	60459	Cook	1
132	60467	Cook	1
133	60478	COok	2
134	60480	Cook	1
135	60503	Will	1
136	60515	DuPage	3
137	60516	DuPage	1
138	60521	DuPage	1
139	60523	DuPage	1
140	60525	Cook	1
141	60527	DuPage	1
142	60532	DuPage	3
143	60544	Will	1
144	60546	Cook	1
145	60560	Kendall	1
146	60562	DuPage	1
147	60563	DuPage	3
148	60564	Will	2
149	60565	DuPage	2
150	60607	Cook	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
151	60608	Cook	1
152	60610	Cook	3
153	60611	Cook	28
154	60613	Cook	1
155	60622	Cook	3
156	60630	Cook	3
157	60631	Cook	5
158	60632	Cook	1
159	60634	Cook	2
160	60638	Cook	2
161	60640	Cook	1
162	60645	Cook	2
163	60647	Cook	3
164	60652	Cook	1
165	60656	Cook	1
166	60706	Cook	1
167	60712	Cook	1
168	60804	Cook	1
169	60950	Kankakee	2
170	61008	Boone	1
171	61021	Lee	2
172	61073	Winnebago	1
173	61081	Whiteside	1
174	61104	Winnebago	8
175	61329	Bureau	2

	Zip Code Area	County Name	Number of Patients
176	62040	Madison	1
177	66109	Wyandotte	4
178	78704	Travis	1
179	96701	Honolulu	1
180			
181			
182			
183			
184			
185			
186			
187			
188			
189			
190			
191			
192			
193			
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195			
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198			
199			
200			

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			
202			
203			
204			
205			
206			
207			
208			
209			
210			
211			
212			
213			
214			
215			
216			
217			
218			
219			
220			
221			
222			
223			
224			
225			

	Zip Code Area	County Name	Number of Patients
226			
227			
228			
229			
230			
231			
232			
233			
234			
235			
236			
237			
238			
239			
240			
241			
242			
243			
244			
245			
246			
247			
248			
249			
250			

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			
252			
253			
254			
255			
256			
257			
258			
259			
260			
261			
262			
263			
264			
265			
266			
267			
268			
269			
270			
271			
272			
273			
274			
275			

	Zip Code Area	County Name	Number of Patients
276			
277			
278			
279			
280			
281			
282			
283			
284			
285			
286			
287			
288			
289			
290			
291			
292			
293			
294			
295			
296			
297			
298			
299			
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	0	0	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)*	2
b. Procedure (not operating) Rooms (Class B)*	0
c. Examination Rooms	0
d. Stage 1 - Post-Anesthesia Recovery Stations	6
e. Stage 2 - Step-down Ambulatory Recovery Stations	0

*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	Advocate Condell Medical Center	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	0	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00
Pain Management	318	5.45	199.00	159.00
Plastic	644	322.00	1,932.00	432.00
Podiatry	0	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00
TOTALS	962	327.45	2,131.00	591.00

*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	0	0	0.00	0.00	0.00
b. Dedicated Laser Eye Procedures	0	0	0.00	0.00	0.00
c. Dedicated Pain Management Procedures	0	0	0.00	0.00	0.00
d. Cardiac Catheterization Procedures	0	0	0.00	0.00	0.00

	Multipurpose Rooms (Specify Procedure)	Cases	Procedure Room Set-Up Time	Actual Surgery Time	Procedure Room Clean-Up Time
e.		0	0.00	0.00	0.00
f.		0	0.00	0.00	0.00
g.		0	0.00	0.00	0.00
h.		0	0.00	0.00	0.00

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

TOTAL CASES Questions 11 and 12 TOTAL	962	These two figures must match.
PATIENTS Reported on Page 6	962	

*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 $58,934.00

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	n/a			
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	69,269.22
Other Public*	- 0 -
Private Insurance	175,288.01
Private Payment	189,518.51
Total Revenue	~~$0~~ 434,075.74

*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	- 0 -

**"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.*

Vernon Square Surgery Center

Profit and Loss

January - December 2024

	TOTAL
Income	
40000 Income	
42000 BC/BS Insurance Payments	129,927.85
43000 Medicare Payments	69,269.22
44000 Facility Fee for Cosmetic Srvs.	879,189.96
44250 Cool Lipo Fees	1,600.00
44500 Insurance/Co-Insurance Payments	234,878.67
46000 Anesthesia Fees Income	250,888.87
46050 First Assist Fees Income	9,025.00
46100 J. Plasma Rental Income	8,050.00
49900 Patient Reimbursement/Refunds	335.00
Total 40000 Income	**1,583,164.57**
Total Income	**$1,583,164.57**
Cost of Goods Sold	
50000 Surgery Center Supplies	
52000 Drugs & Medication	21,990.88
52500 Plastic Surgery Supplies	10,664.61
53000 Surgical & OR Supplies	369,732.44
54500 Patient Snacks	2,217.48
Total 50000 Surgery Center Supplies	**404,605.41**
53500 Service Fees	
54000 Anesthesia Services	204,245.00
57000 Patient Transportation	446.69
Total 53500 Service Fees	**204,691.69**
Total Cost of Goods Sold	**$609,297.10**
GROSS PROFIT	**$973,867.47**
Expenses	
59000 Dr. Joshi Direct Expenses	830.00
60000 Payroll Expenses	
61000 Gross Wages	
61100 Officer's Wages	32,500.00
61102 Clinical Assistant	181.86
61108 Adminstrative Wages	69,604.10
61110 OR Manager Wages	86,741.11
61112 PRN Staff Wages	96,612.28
61115 Surgery Staff Wages	355,119.06
Total 61000 Gross Wages	**640,758.41**
62000 Taxes & Benefits	
62600 Health Insurance	18,237.09
62625 Employee AD&D	202.32
62650 Dental Insurance	1,020.03
62655 Vision Insurance	115.86
62700 Life Insurance	-12.91

Vernon Square Surgery Center

Profit and Loss

January - December 2024

	TOTAL
62800 Short/Long Term Disability	6.52
62850 Accident Insurance	34.32
62900 401K Co. Match	9,604.10
62950 Employee Incentives	1,719.99
Total 62000 Taxes & Benefits	**30,927.32**
Payroll Taxes	49,593.64
Total 60000 Payroll Expenses	**721,279.37**
71000 Occupancy Expenses	
74000 Janitorial	33,232.80
75000 Pest Control	1,017.17
76000 Rent - Facility	172,229.03
76500 Repair & Maintenance - Bldg.	8,302.50
77500 Telephone-Office & Fax	5,124.40
78500 Trash/Medical Waste	11,255.14
79000 Utilities	
79100 Gas	2,065.88
79200 Electric	13,035.73
Total 79000 Utilities	**15,101.61**
Total 71000 Occupancy Expenses	**246,262.65**
80000 Adminstrative Expenses	630.51
81100 Amortization Expense	5,099.45
81600 Bank Service Charges	190.00
Telecheck Sevices Fees	390.00
Total 81600 Bank Service Charges	**580.00**
81650 Merchant Fees	7,751.22
82500 Depreciation Expense	44,584.44
82600 Dues & Licenses	2,670.59
82700 Employee Incentives	2,862.44
83050 Education & Conferences	3,560.83
83100 Equipment Lease	1,081.41
84000 Insurance	
84002 Professional Liability	24,761.00
84003 -Workmans Compensation	9,051.00
Total 84000 Insurance	**33,812.00**
85000 Office & Computer Expenses	0.00
85002 Computer Software	6,081.64
85003 Drinking Water	1,175.32
85004 Office Expense	1,372.56
85005 Office Supples	1,632.05
Total 85000 Office & Computer Expenses	**10,261.57**
85800 Postage/Freight	492.78
86000 Professional Fees	
86001 Accounting	7,650.00

Vernon Square Surgery Center

Profit and Loss

January - December 2024

	TOTAL
86002 Billing Services Fees	35,767.10
86008 Consulting	29,298.50
86020 Legal	16,163.00
86050 Payroll Processing Fees	3,931.62
86060 401(k) Processing Fees	345.25
86070 Transcription Service	113.15
86090 Corona Test	244.42
Total 86000 Professional Fees	**93,513.04**
86300 Recruiting & Training	2,310.74
86500 Repairs & Maintenance - Eqpt.	43,000.35
87500 Travel & Entertainment	
87600 Staff Meeting Meals	518.70
Total 87500 Travel & Entertainment	**518.70**
89000 Uniforms & Laundry	20,420.36
Total 80000 Administrative Expenses	**273,150.43**
Membership Fees	195.00
Storage	3,962.20
Total Expenses	**$1,245,679.65**
NET OPERATING INCOME	**$-271,812.18**
Other Income	
Insurance Proceeds	20,058.75
Interest Income	10.10
Total Other Income	**$20,068.85**
Other Expenses	
84500 Interest Expense	
84503 Line of Credit Interest	5,054.29
Total 84500 Interest Expense	**5,054.29**
Total Other Expenses	**$5,054.29**
NET OTHER INCOME	**$15,014.56**
NET INCOME	**$-256,797.62**

Vernon Square Surgery Center

Balance Sheet

As of December 31, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
10000 Cash	0.00
11200 Bank of America Chkg # 8268	57,746.23
11300 BC/BS Holding #9311 Acct.	262.78
11400 Bank of America PPP	0.00
11405 RLC BCBS #4679	1,356.88
11450 Chase Operating Acct. #6893	20,122.74
11500 Petty Cash	0.00
Total Bank Accounts	**$79,488.63**
Accounts Receivable	
12000 Accounts Receivable	0.00
Total Accounts Receivable	**$0.00**
Other Current Assets	
12001 Undeposited Funds	0.00
12050 Due from Ritacca Cosmetic Medsp	0.00
12150 Due from Vernon Square Surgery	0.00
13000 Due From Ritacca Laser	0.00
13500 Notes Rec-Theresa Dino	0.00
13550 Notes Rec-Heather Pilcher	0.00
13600 Employee Advance	0.00
13800 Prepaid IL Replacement Tax	0.00
13900 Prepaid Payroll	0.00
14000 Inventory	0.00
Due from Building Account	426.53
Total Other Current Assets	**$426.53**
Total Current Assets	**$79,915.16**
Fixed Assets	
17000 Fixed Assets	
17100 Equipment - Medical	2,673,722.86
17200 Equipment - Furniture	77,942.45
17300 Equipment - Hardware	21,522.15
17400 Equipment - Software	46,928.63
17500 Leasehold Improvements	1,034,180.98
17900 Less-Accumulated Depreciation	-3,485,475.79
Total 17000 Fixed Assets	**368,821.28**
Total Fixed Assets	**$368,821.28**

Vernon Square Surgery Center

Balance Sheet

As of December 31, 2024

	TOTAL
Other Assets	
18000 Intangible Assets	
18200 Start-Up Costs	101,989.19
18900 Less-Accumulated Amortization	-101,989.35
Total 18000 Intangible Assets	**-0.16**
19000 Security Deposits	0.00
Total Other Assets	**$-0.16**
TOTAL ASSETS	**$448,736.28**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 Accounts Payable	10,051.09
Total Accounts Payable	**$10,051.09**
Credit Cards	
20500 CITI VSS-Main #8109	0.00
20502 Bank of America CCard #7628	0.00
20510 Chase Credit Card #4982	10,750.26
Total Credit Cards	**$10,750.26**
Other Current Liabilities	
20100 A/P Offset	0.00
20400 N/P-Ritacca Laser Center-Medspa	0.00
20450 N- Payable-Medspa-WaveTec ORA	0.00
20600 N/P-Bank of America-Microscope	0.00
20700 N/P-De Lage Landen-Phaco	0.00
20800 BCBS Payable	0.00
21000 Payroll Liabilities	
21300 401K Contributions Payable	0.00
21400 401(l) Loan Payment	0.00
21500 401 (2) Loan payment	0.00
Total 21000 Payroll Liabilities	**0.00**
25000 Due to Building Fund	0.00
25500 Due to RL Cosmetic Surgery	0.00
25550 PPP Loan Protection	0.00
Line of Credit	0.00
Total Other Current Liabilities	**$0.00**
Total Current Liabilities	**$20,801.35**
Total Liabilities	**$20,801.35**

Vernon Square Surgery Center

Balance Sheet

As of December 31, 2024

	TOTAL
Equity	
24000 Due To Ritacca Laser	0.00
32000 Capital Contributions	
32100 Ritacca Laser	0.00
Total 32000 Capital Contributions	**0.00**
32001 Undistributed Earnings	419,586.55
33000 Withdrawals	
33100 Ritacca Laser	0.00
Total 33000 Withdrawals	**0.00**
APIC	245,146.00
Capital Stock	20,000.00
Shareholder Distributions	0.00
Net Income	-256,797.62
Total Equity	**$427,934.93**
TOTAL LIABILITIES AND EQUITY	**$448,736.28**