Hinsdale
Surgical Center
Affiliated with Adventist Hinsdale Hospital

February 11, 2025

The Illinois Department of Public Health
DPH Annual Facility Survey

To whom it may concern,

Attached as requested is the **Ambulatory Surgical Treatment Center Questionnaire for 2024**, for the Hinsdale Surgical Center, Hinsdale, Illinois.

Please let me know if anything additional is required.

Thank you,

George H. Olsen III
Administrator
Hinsdale Surgical Center

10 Salt Creek Lane
Hinsdale, IL 60521
630.325.5035 Phone
630.325.5134 Fax

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 7003198
ASTC Name HINSDALE SURGICAL CENTER
ASTC Address 10 SALT CREEK LANE
ASTC City HINSDALE **IL** **Zip Code** 60521

Federal Employer Identification Number (FEIN) 36 426 4482

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:	CT CORPORATION SYSTEM
Address:	208 S. LASALLE ST. SUITE 814
City. State and Zip Code (plus Four):	CHICAGO, ILLINOIS 60604
Telephone Number:	312.263.1404

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	HINSDALE SURGICAL CENTER	JOINT VENTURE	OWNERSHIP
2	UCM ADVENTHEALTH HINSDALE	JOINT VENTURE	OWNERSHIP
3			
4			
5			

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	REMEDY MEDICAL CORP	15.234 SUMMIT AVE SUITE 302	OAKBROOK TERRACE ILL. 60521	630.629.6980

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: 8

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
Physicians	
Nurse Anesthetists	
Director of Nursing	1
Registered Nurses	32
Certified Aides	
Other Health Professionals	10
Other Non-Health Professionals	8
TOTAL FACILITY PERSONNEL	52 0.00

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	TOTAL PATIENTS SERVED
0-14 Years	17	6	
15-44 Years	119	355	
45-64 Years	353	704	
65-74 Years	554	928	
75+ Years	634	825	
TOTALS	1677 0	2818 0	4495 0

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	TOTAL PATIENTS SERVED
Medicaid	16	16	
Medicare	1014	1525	
Other Public*	24	13	
Private Insurance	577	848	
Private Payment	46	416	
Charity Care*	-0-	-0-	
TOTALS	1677 0	2818 0	4495 0

***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 – This Calendar Year

5-digit ZIP Code areas are preferred; if ZIP Code information is not available, please report by county name

	ZIP Code Area	Number of Patients
1	13224	1
2	17601	1
3	21740	1
4	22302	1
5	32162	1
6	33130	1
7	33598	1
8	34105	1

	ZIP Code Area	Number of Patients
9	34108	1
10	34228	1
11	34453	1
12	34695	1
13	34786	2
14	38464	1
15	42431	1
16	44116	1
17	46307	6
18	46341	1
19	46347	1
20	46360	1
21	46368	2
22	46530	1
23	46534	1
24	48009	1
25	48453	3
26	49038	1
27	49117	4
28	49503	1
29	49913	1
30	50613	1
31	52317	1
32	52722	1
33	53092	1
34	53121	1
35	53125	2
36	53147	1
37	53545	1
38	53942	1
39	54521	4
40	54902	3
41	59715	1
42	60002	1
43	60004	3
44	60005	5
45	60007	8
46	60008	2
47	60010	8
48	60011	1
49	60012	1
50	60013	3
51	60014	2
52	60015	2
53	60015-4828	1
54	60016	3
55	60018	2
56	60025	7
57	60026	3
58	60029	2

	ZIP Code Area	Number of Patients
59	60031	3
60	60033	1
61	60035	3
62	60045	2
63	60046	1
64	60047	1
65	60048	1
66	60050	2
67	60051	4
68	60053	1
69	60056	6
70	60061	5
71	60062	1
72	60067	6
73	60068	6
74	60069	1
75	60070	2
76	60073	1
77	60074	4
78	60076	2
79	60077	1
80	60078	3
81	60089	3
82	60090	1
83	60091	1
84	60093	4
85	60096	2
86	60098	6
87	60099	1
88	60101	29
89	60102	2
90	60103	10
91	60104	4
92	60106	13
93	60107	2
94	60108	12
95	60109	1
96	60110	3
97	60112	2
98	60115	6
99	60118	1
100	60119	3
101	60120	6
102	60121	1
103	60123	2
104	60124	7
105	60126	71
106	60130	3
107	60131	4
108	60133	7

	ZIP Code Area	Number of Patients
109	60134	19
110	60135	3
111	60136	2
112	60137	50
113	60139	6
114	60140	1
115	60142	3
116	60143	3
117	60148	63
118	60151	3
119	60152	1
120	60153	5
121	60154	56
122	60155	2
123	60156	2
124	60160	9
125	60162	7
126	60163	3
127	60164	16
128	60169	5
129	60171	3
130	60172	9
131	60173	2
132	60174	13
133	60175	10
134	60176	2
135	60177	2
136	60178	10
137	60181	35
138	60184	3
139	60185	11
140	60187	30
141	60188	15
142	60189	36
143	60190	9
144	60191	6
145	60192	1
146	60193	13
147	60194	1
148	60201	4
149	60301	5
150	60302	14
151	60304	12
152	60304-1131	1
153	60305	12
154	60401	1
155	60402	82
156	60403	5
157	60404	15
158	60406	1

	ZIP Code Area	Number of Patients
159	60408	5
160	60410	14
161	60411	3
162	60415	5
163	60416	5
164	60417	2
165	60418	11
166	60420	1
167	60421	1
168	60422	4
169	60423	21
170	60424	1
171	60428	2
172	60430	1
173	60431	14
174	60432	3
175	60433	1
176	60435	17
177	60436	1
178	60438	5
179	60439	111
180	60440	63
181	60441	45
182	60442	6
183	60443	1
184	60444	2
185	60445	8
186	60446	28
187	60447	9
188	60448	19
189	60449	4
190	60450	26
191	60451	35
192	60452	18
193	60453	20
194	60455	10
195	60456	3
196	60457	14
197	60458	19
198	60459	15
199	60462	24
200	60463	13
201	60464	14
202	60465	5
203	60467	21
204	60468	3
205	60469	1
206	60471	2
207	60474	1
208	60475	2

	ZIP Code Area	Number of Patients
209	60477	11
210	60478	2
211	60479	1
212	60480	30
213	60481	8
214	60482	1
215	60487	7
216	60490	22
217	60491	40
218	60501	8
219	60502	7
220	60503	5
221	60504	20
222	60505	10
223	60506	14
224	60507	1
225	60510	18
226	60511	1
227	60512	2
228	60513	65
229	60514	55
230	60515	226
231	60516	208
232	60517	77
233	60520	1
234	60521	144
235	60523	76
236	60525	196
237	60526	64
238	60527	209
239	60532	83
240	60534	24
241	60538	13
242	60540	27
243	60541	1
244	60542	5
245	60543	16
246	60544	47
247	60545	3
248	60546	42
249	60546-2620	1
250	60548	3
251	60551	1
252	60552	2
253	60554	13
254	60555	9
255	60558	100
256	6055892832	1
257	60559	168
258	60560	27

	ZIP Code Area	Number of Patients
259	60561	168
260	60561-4118	1
261	60563	22
262	60564	30
263	60565	42
264	60585	19
265	60586	48
266	60601	1
267	60604	1
268	60605	1
269	60606	5
270	60607	4
271	60608	3
272	60610	6
273	60611	7
274	60613	3
275	60614	4
276	60615	1
277	60616	3
278	60617	3
279	60618	1
280	60620	3
281	60622	3
282	60623	10
283	60624	2
284	60625	1
285	60626	1
286	60628	1
287	60629	15
288	60630	3
289	60631	2
290	60632	10
291	60634	10
292	60636	3
293	60638	58
294	60639	5
295	60640	4
296	60641	1
297	60642	6
298	60643	2
299	60644	7
300	60646	2
301	60647	11
302	60649	1
303	60651	5
304	60652	6
305	60654	1
306	60655	7
307	60656	1
308	60657	7

	ZIP Code Area	Number of Patients
309	60661	2
310	60680	1
311	60706	2
312	60707	14
313	60714	3
314	60803	7
315	60804	33
316	60805	6
317	60827	1
318	60901	1
319	60911	2
320	60914	5
321	60915	7
322	60917	1
323	60936	1
324	60940	1
325	60950	4
326	60951	1
327	60964	1
328	61008	1
329	61021	1
330	61032	1
331	61046	1
332	61065	1
333	61068	2
334	61081	1
335	61114	1
336	61301	1
337	61310	1
338	61341	7
339	61342	2
340	61350	21
341	61353	2
342	61354	1
343	61360	5
344	61362	1
345	61364	1
346	61373	1
347	61455	1
348	61537	1
349	61704	1
350	61738	1
351	61764	1
352	61822	2
353	62946	1
354	68131	1
355	78738	3
356	92014	1
357	92602	1
358	CANADA	1

	ZIP Code Area	Number of Patients
359	ON M6R 2E1	1
TOTALS		**4495**

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	10	10	10	10	10	—	—	50 0

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)*	4
b. Procedure (not operating) Rooms (Class B)*	1
c. Examination Rooms	—
d. Stage 1 - Post-Anesthesia Recovery Stations	3
e. Stage 2 - Step-down Ambulatory Recovery Stations	12

*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	UCM ADVENT HEALTH - HINSDALE	8
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	—	—	—
Dermatology	0	—	—	—
General Surgery	0	—	—	—
Gastroenterology	0	—	—	—
Neurological	0	—	—	—
OB/Gynecology	75	.15/19	.30/38	19
Oral/Maxillofacial	0	—	—	—
Ophthalmology	2806	.15/702	.15/702	702
Laser Eye Surgery	174	.15	—	—
Orthopedic	111	.15/28	1/111	28
Otolaryngology	99	.15/25	1.5/149	25
Pain Management	531	.15/133	.30/266	133
Plastic	616	.15/154	4/2464	154
Podiatry	38	.15/10	1/38	10
~~Thoracic~~ RETINA	210	.15/53	1/210	53
Urology	8	.15/2	.30/4	2
TOTALS	4495 0	11260.00	3982 0.00	11260.00

*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	1	0			
b. Dedicated Laser Eye Procedures	0	174			
c. Dedicated Pain Management Procedures	0	0			
d. Cardiac Catheterization Procedures	0	0			

	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 0

TOTALS - PROCEDURE ROOMS	1 0	174 0	0.00	0.00	0.00
TOTAL CASES Questions 11 and 12 TOTAL		4321 0	These two figures must match.		
PATIENTS Reported on Page 6		4495 0			

*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

SEE ATTACHED

Hinsdale Surgical Center, LLC
Profit and Loss Twelve Month Trend

	Month Ending 01/31/2024	Month Ending 02/29/2024	Month Ending 03/31/2024	Month Ending 04/30/2024	Month Ending 05/31/2024	Month Ending 06/30/2024	Month Ending 07/31/2024	Month Ending 08/31/2024	Month Ending 09/30/2024	Month Ending 10/31/2024	Month Ending 11/30/2024	Month Ending 12/31/2024	Twelve Month Total
EYE - Eyes	209	210	230	262	256	248	259	256	238	319	253	276	3,016.00
GEN - General Surgery	0	0	0	0	1	0	0	0	0	0	0	0	1.00
GYN - Gynecology	4	7	3	2	4	5	2	1	1	6	1	4	40.00
ORTH - Orthopedics	10	11	14	11	6	11	5	11	1	14	8	9	111.00
ENT - Otolaryngology	7	10	4	7	12	9	13	3	7	8	9	10	99.00
PAIN - Pain	25	59	51	62	29	40	37	43	41	38	48	58	531.00
PLS - Plastic Surgery	56	56	59	64	47	39	40	44	38	59	57	57	616.00
POD - Podiatry	1	5	7	4	2	1	3	1	4	3	2	5	38.00
URO - Urology	6	1	6	10	4	4	3	2	6	1	0	0	43.00
Total STAT - Case Volume	**318**	**359**	**374**	**422**	**361**	**357**	**362**	**361**	**336**	**448**	**378**	**419**	**4,495.00**
Net Revenue													
40000 - Outpatient Surgical Revenue	3,407,135	3,461,861	3,509,627	4,101,362	3,069,294	3,317,188	2,943,424	2,975,457	2,956,071	4,266,770	3,675,596	3,673,245	41,357,029.00
42000 - HSC Anesthesia Revenue	276,650	275,675	270,125	260,121	209,960	216,235	191,295	223,465	190,761	277,655	240,820	220,795	2,853,557.00
43000 - Accrued Net Revenue	5,470	(7,293)	1,823	(1,823)	(3,647)	1,823	12,763	(3,646)	9,335	5,539	1,877	13,812	36,033.00
44000 - HSC Anesthesia Stipend	58,003	40,000	20,000	10,000	0	4,664	40,000	30,000	20,000	10,000	10,000	42,000	284,667.00
48000 - Other Revenue	277	20	285	308	1,221	932	70	77	29	332	40	690	4,282.00
49000 - Contractual Discount	(2,772,146)	(2,847,853)	(2,821,199)	(3,295,330)	(2,439,443)	(2,626,440)	(2,286,789)	(2,304,980)	(2,356,287)	(3,408,892)	(2,926,291)	(2,904,155)	(32,989,804.00)
49050 - Contractual Discounts - HSC Anesthesia	(153,364)	(170,573)	(204,124)	(150,221)	(66,490)	(123,945)	(92,359)	(134,668)	(93,848)	(163,899)	(135,299)	(123,324)	(1,612,114.00)
49100 - Bad Debt Expense	(26,881)	(26,167)	(27,177)	(16,535)	(6,404)	(7,151)	(6,099)	(6,858)	(6,104)	(8,747)	(7,756)	(7,870)	(153,751.00)
Total Net Revenue	795,144	725,670	749,360	907,882	764,491	783,306	802,305	778,847	719,957	978,758	858,987	915,193	9,779,899.00
Variable Expenses													
Direct Supplies													
50100 - Medical Supplies	67,038	104,733	93,771	86,978	86,190	87,467	93,757	101,758	63,687	128,774	128,977	91,796	1,134,925.00
50103 - Medical Gasses	1,635	970	1,735	2,947	1,552	1,404	381	1,190	725	1,716	908	826	15,989.00
50104 - Implants	112,887	58,193	110,564	131,706	100,810	107,576	71,788	61,249	92,924	93,475	73,814	154,873	1,169,859.00
50500 - Drugs/Pharmeceutical	16,867	10,542	7,745	12,856	8,520	4,557	20,105	8,415	8,553	17,609	9,777	81,320	206,867.00
50600 - Instruments & Minor Equipment	1,552	2,404	281	1,477	7,142	467	545	1,065	351	4,597	417	652	20,950.00
51900 - Freight	858	1,437	1,153	1,616	1,763	1,315	1,254	1,417	685	1,005	1,396	1,695	15,594.00
51999 - Sales Taxes	9,550	7,259	10,221	12,416	9,776	8,056	8,425	7,551	6,843	10,665	10,155	7,138	108,055.00
Total Direct Supplies	210,387	185,538	225,470	249,996	215,753	210,842	196,255	182,645	173,768	257,841	225,444	338,300	2,672,239.00
Non-Direct Supplies & Services													
52000 - Office Supplies	2,043	2,769	1,755	1,733	3,589	(986)	979	982	1,926	2,056	1,564	1,652	20,062.00
52100 - Credit Card Fees	8,437	7,837	7,644	9,116	7,271	7,073	8,303	6,418	7,094	5,621	10,211	9,771	94,798.00
52500 - Medical Equipment Maintenance & Repair	11,969	15,559	15,890	14,669	19,363	21,118	12,646	12,682	10,569	17,143	5,359	17,874	174,838.00
53000 - Purchased Services	15,034	7,982	10,242	9,976	3,586	3,695	4,557	3,345	6,054	7,752	4,180	2,824	79,229.00
53100 - Patient Dietary Services	14	265	357	468	503	353	79	515	44	989	44	689	4,318.00
53200 - Laundry Services	8,777	6,023	5,650	6,916	5,838	5,219	5,860	5,850	4,550	5,850	5,200	6,500	72,235.00
53250 - Anesthesia Coverage	186,361	136,619	148,576	141,036	105,531	111,273	145,087	134,640	91,766	126,261	102,660	146,302	1,576,111.00
53500 - Medical Equipment Lease	665	665	665	0	0	0	0	0	0	0	0	521	2,515.00
54000 - Professional Liabilty Insurance	4,598	4,598	4,598	4,598	4,598	4,598	4,599	4,815	4,815	4,815	4,815	4,815	56,262.00
54500 - Computer Services & Supplies	12,374	12,000	10,954	13,299	13,224	11,823	13,484	10,783	11,605	11,878	10,608	10,921	142,954.00
54900 - Late Payment Fees	1,120	2,225	1,166	652	791	1,230	942	900	115	945	751	358	11,194.00
Total Non-Direct Supplies & Services	251,392	196,542	207,497	202,463	164,294	165,396	196,536	180,930	138,538	183,310	145,392	202,227	2,234,516.00
Labor													
55100 - Wages	229,655	214,552	226,167	224,594	231,927	191,342	211,382	208,888	200,849	227,219	191,582	209,155	2,567,313.00
56000 - Employee Benefits	35,552	35,555	33,781	36,221	35,145	31,656	31,659	24,254	25,318	24,912	24,879	27,566	366,496.00
56200 - Payroll Tax	21,209	28,859	17,846	16,022	15,133	14,621	14,216	21,361	14,332	14,635	13,908	14,894	207,038.00
56300 - Work Comp Insurance	3,817	5,570	4,068	3,860	3,717	3,627	3,525	5,251	3,504	3,591	3,452	3,701	47,684.00
56400 - Accrued PTO Expense	1,323	2,862	(4,193)	(906)	4,112	4,151	2,062	(6,649)	(981)	(3,118)	4,935	(8,835)	(5,239.00)
56500 - HR Mgmt Services	9,802	9,673	6,753	6,355	6,455	6,400	5,991	7,000	6,491	5,746	5,413	5,304	81,383.00
56600 - Agency Staffing	0	0	0	(10,000)	0	2,073	1,607	0	0	0	1,653	2,755	(1,912.00)
Total Labor	301,358	297,071	284,422	276,146	296,489	253,870	270,442	260,105	249,513	272,985	245,822	254,540	3,262,763.00
Mgmt/Billing/Collecting Fees													
57100 - Legal Fees	0	0	8,561	0	583	0	4,375	10,536	0	920	0	3,504	28,479.00
57200 - Accounting Services	4,217	4,974	3,617	4,805	10,834	3,806	4,477	5,076	4,103	4,215	4,112	3,970	58,207.00
57500 - Billing Service	23,040	12,794	24,563	29,816	30,094	21,925	27,004	24,709	15,117	29,854	23,987	34,622	297,524.00
Total Mgmt/Billing/Collecting Fees	27,257	17,768	36,741	34,621	41,511	25,731	35,856	40,321	19,220	34,989	28,099	42,096	384,210.00

Total Variable Expenses	790,394	696,919	754,130	763,226	718,047	655,839	699,089	664,001	581,039	749,125	644,757	837,163	8,553,728.00
Contribution Profit:	4,751	28,751	(4,770)	144,656	46,444	127,467	103,216	114,846	138,918	229,633	214,230	78,030	1,226,172.00
Fixed Expenses													
Professional & Labor													
61100 - Medical Director Fees	2,001	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000.00
Total Professional & Labor	2,001	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000.00
Maintenance & Repairs													
63100 - Maintenance Contract Expense	0	0	0	665	1,350	0	0	0	0	0	0	(800)	1,215.00
Total Maintenance & Repairs	0	0	0	665	1,350	0	0	0	0	0	0	(800)	1,215.00
Facility Cost													
64100 - Rent or Lease Expense	17,977	17,978	17,977	17,978	17,978	17,977	17,978	17,978	17,977	17,978	17,977	17,978	215,732.00
64125 - Operating Costs	3,876	3,876	26,553	3,876	3,876	1,354	3,876	3,876	3,876	3,876	3,876	3,876	66,666.00
64200 - Telephone Expense	718	718	708	595	595	705	1,760	595	595	713	595	595	8,893.00
64305 - Maintenence Contracts (Non-Medical)	179	115	1,512	668	22	159	1,027	2,155	1,018	15	3,719	5,434	16,024.00
64310 - Utilities Expense	9,853	10,154	8,276	9,494	12,380	10,314	11,332	12,189	9,739	11,802	7,987	7,568	121,088.00
64315 - Repairs & Maintenence (Non-Medical)	0	0	0	0	0	0	327	710	0	1,400	0	3,922	6,358.00
64320 - Storage Fees	0	0	0	361	0	0	0	0	306	0	0	0	667.00
Total Facility Cost	32,603	32,841	55,026	32,972	34,851	30,509	36,300	37,503	33,511	35,784	34,154	39,373	435,428.00
Purchased Services													
65500 - Janitorial	4,456	9,299	4,710	4,418	4,380	4,528	4,243	4,639	4,453	4,458	4,504	4,398	58,488.00
Total Purchased Services	4,456	9,299	4,710	4,418	4,380	4,528	4,243	4,639	4,453	4,458	4,504	4,398	58,488.00
Miscellaneous													
70300 - Bank Charges	1,925	3,345	3,084	2,962	2,265	1,939	2,841	2,112	1,973	2,142	3,448	1,948	29,982.00
70350 - Charitable Contributions	0	0	0	0	0	0	0	0	0	200	0	0	200.00
71100 - Client Relations	904	827	994	1,115	909	3,289	1,118	821	692	845	822	1,036	13,370.00
71200 - Dues & Subscriptions	621	620	869	621	621	621	621	621	921	671	621	621	8,050.00
71300 - Education & Development	0	187	316	109	99	0	0	0	158	317	523	0	1,709.00
71400 - Employee Relations	209	1,375	0	154	939	0	0	50	274	0	278	565	3,845.00
73200 - Insurance PP/GL& Umbrella	2,941	3,344	2,941	2,941	3,234	2,981	3,130	3,595	3,594	3,566	3,552	3,537	39,355.00
74100 - License and Misc. Taxes	974	0	0	175	0	0	0	0	0	0	75	0	1,224.00
75200 - Postage & Delivery	560	0	419	870	869	569	178	672	686	609	544	553	6,530.00
75400 - Travel Expense	13	0	0	22	0	0	23	0	14	23	0	0	96.00
79000 - Lease Expense	2,295	2,500	3,798	3,692	3,647	3,795	4,452	3,618	3,957	3,719	4,552	4,427	44,452.00
Total Miscellaneous	10,442	12,198	12,421	12,661	12,583	13,194	12,363	11,489	12,269	12,092	14,415	12,687	148,813.00
Total Fixed Expenses	49,502	56,338	74,157	52,716	55,164	50,231	54,906	55,631	52,233	54,334	55,073	57,658	667,944.00
Income from Operations:	(44,751)	(27,587)	(78,927)	91,940	(8,720)	77,236	48,310	59,215	86,685	175,299	159,157	20,372	558,228.00
Other Income (Expense)													
Other Expenses													
90000 - Other Income/Expense	(8,787)	(8,787)	(8,787)	0	0	0	0	0	0	0	500	600,250	574,389.00
91000 - Interest Income	0	0	0	0	0	0	0	0	9	(354)	0	0	(345.00)
93000 - Interest Expense	(2,450)	(2,578)	(2,121)	(2,268)	(3,167)	(105)	(5,046)	(2,268)	(2,622)	(2,096)	(2,134)	(1,993)	(28,848.00)
94000 - Depreciation Expense	(70,544)	(70,085)	(70,054)	(69,933)	(67,447)	(67,447)	(67,447)	(66,717)	(66,378)	(66,133)	(66,187)	(66,142)	(814,513.00)
Total Other Expenses	(81,781)	(81,450)	(80,962)	(72,201)	(70,614)	(67,552)	(72,493)	(68,985)	(68,991)	(68,583)	(67,821)	532,115	(269,317.00)
Total Other Income (Expense)	(81,781)	(81,450)	(80,962)	(72,201)	(70,614)	(67,552)	(72,493)	(68,985)	(68,991)	(68,583)	(67,821)	532,115	(269,317.00)
Earnings Before Income Tax:	(126,532)	(109,037)	(159,889)	19,739	(79,334)	9,684	(24,183)	(9,770)	17,694	106,716	91,336	552,487	288,911.00
Net Income / (Loss)	$ (126,532)	$ (109,037)	$ (159,889)	$ 19,739	$ (79,334)	$ 9,684	$ (24,183)	$ (9,770)	$ 17,694	$ 106,716	$ 91,336	$ 552,487	288,911.00

Income From Opertaions (excluding Anesthesia) EBITDA	($34,020.00)	($31,909.00)	($11,197.00)	**$118,555.00**	($45,100.00)	**$92,320.00**	**$54,535.00**	**$78,735.00**	**$61,462.00**	**$172,533.00**	**$153,107.00**	**$24,961.00**	**$633,981.00**
Net Income /Loss (excluding Anesthesia)	($115,801.00)	($113,359.00)	($92,159.00)	**$46,354.00**	($115,714.00)	**$24,768.00**	($17,958.00)	**$9,750.00**	($7,529.00)	**$103,950.00**	**$85,286.00**	**$557,076.00**	**$364,664.00**

Hinsdale Surgical Center, LLC
Balance Sheet Trend

	Month Ending 01/31/2024	Month Ending 02/29/2024	Month Ending 03/31/2024	Month Ending 04/30/2024	Month Ending 05/31/2024	Month Ending 06/30/2024	Month Ending 07/31/2024	Month Ending 08/31/2024	Month Ending 09/30/2024	Month Ending 10/31/2024	Month Ending 11/30/2024	Month Ending 12/31/2024
Assets												
Current Assets												
Cash												
10000 - Petty Cash	200	200	200	200	200	200	200	200	200	200	200	200
10200 - BMO Harris	98,073	55,930	33,265	22,203	61,752	21,188	38,320	23,555	41,653	150,991	68,069	81,804
10400 - Hinsdale Bank Operating Account	176,159	35,739	75,910	101,047	207,290	201,695	151,736	117,837	26,183	(3)	180,020	143,802
10700 - Hinsdale Bank - HSC Anesthesia	12,716	49,296	26,765	6,566	29,262	14,414	10,527	29,868	22,775	23,925	42,670	26,574
Total Cash	287,148	141,165	136,140	130,016	298,504	237,497	200,783	171,460	90,811	175,113	290,959	252,380
Accounts Receivable												
11000 - Patient Accounts Receivable	1,372,077	1,418,027	1,425,678	1,394,049	1,325,283	1,340,664	1,081,880	1,133,418	1,366,513	616,138	554,519	490,200
11001 - Patient Account Receivable - HSC Anesthesia	383,732	367,925	390,891	419,697	257,701	262,038	227,787	228,590	186,318	243,408	199,770	178,762
11501 - Allowance for Bad Debt	(743,979)	(720,613)	(740,094)	(753,173)	(749,976)	(758,582)	(721,327)	(726,426)	(727,523)	(45,600)	(50,744)	(55,920)
11503 - Revenue From Unbilled Cases	9,400	2,107	3,930	2,107	(1,540)	284	13,047	9,400	18,735	24,274	26,152	39,964
11504 - Allowance for Contractual Discounts - HSC Anesthesia	(260,283)	(264,611)	(324,186)	(350,759)	(172,659)	(175,487)	(152,617)	(153,038)	(124,715)	(162,967)	(133,846)	(119,770)
11550 - Unapplied Payments	(12,342)	(12,342)	(12,342)	(16,229)	(13,813)	(13,813)	(16,862)	(17,097)	(24,101)	(15,213)	(21,830)	(20,549)
Total Accounts Receivable	748,605	790,493	743,877	695,692	644,996	655,104	431,908	474,847	695,227	660,040	574,021	512,687
Prepaid Supplies												
12000 - Prepaid Drugs / Pharmeceuticals	92,565	92,566	92,566	92,565	92,566	92,566	92,565	92,566	92,566	92,565	92,565	25,000
12001 - Prepaid Medical Supplies	222,157	222,156	222,156	222,156	222,156	222,156	222,156	222,156	222,156	222,156	222,156	258,580
12002 - Prepaid Implants	152,650	152,650	152,650	152,650	152,650	152,650	152,650	152,650	152,650	152,650	152,650	58,269
Total Prepaid Supplies	467,372	467,372	467,372	467,371	467,372	467,372	467,371	467,372	467,372	467,371	467,371	341,849
Other Current Assets												
14000 - Prepaid Expenses	11,616	59,377	10,374	9,753	70,302	70,549	68,901	68,279	67,658	68,467	68,835	68,353
Total Other Current Assets	11,616	59,377	10,374	9,753	70,302	70,549	68,901	68,279	67,658	68,467	68,835	68,353
Total Current Assets	1,514,741	1,458,407	1,357,763	1,302,832	1,481,174	1,430,522	1,168,963	1,181,958	1,321,068	1,370,991	1,401,186	1,175,269
Non-Current Assets												
Fixed Assets												
15000 - Furniture & Fixtures	123,340	123,340	123,340	123,340	123,340	123,340	123,340	123,340	123,340	123,340	123,340	123,340
15100 - Equipment	3,829,766	3,832,807	3,832,806	3,832,806	3,832,806	3,832,806	3,832,806	3,832,807	3,832,807	3,835,462	3,835,463	3,835,463
15150 - Instruments	103,454	103,453	103,454	103,454	103,454	103,454	103,454	103,454	103,454	103,454	103,454	103,454
15300 - Software	18,161	18,161	18,161	18,161	18,161	18,161	18,161	18,161	18,161	18,161	18,161	18,161
15400 - Leasehold Improvements	8,664,996	8,664,997	8,664,996	8,664,997	8,664,996	8,664,996	8,664,996	8,664,996	8,664,996	8,664,996	8,664,996	8,664,996
17000 - Accum. Depreciation Furniture	(101,245)	(102,169)	(103,092)	(104,016)	(104,939)	(105,862)	(106,785)	(107,709)	(108,632)	(109,555)	(110,479)	(111,402)
17100 - Accum. Depreciation - Equipment	(3,444,468)	(3,460,491)	(3,476,521)	(3,492,467)	(3,505,926)	(3,519,385)	(3,532,845)	(3,545,695)	(3,558,239)	(3,570,537)	(3,582,889)	(3,595,196)
17200 - Accum Depreciation - Leasehold Improvements	(7,491,399)	(7,544,215)	(7,597,030)	(7,649,845)	(7,702,660)	(7,755,475)	(7,808,290)	(7,861,106)	(7,913,921)	(7,966,737)	(8,019,551)	(8,072,367)
17300 - Accum. Dep. - Instruments	(101,406)	(101,612)	(101,781)	(101,913)	(102,046)	(102,179)	(102,312)	(102,371)	(102,371)	(102,371)	(102,372)	(102,371)
17500 - Accum. Depreciation-Software	(17,395)	(17,511)	(17,627)	(17,744)	(17,860)	(17,977)	(18,093)	(18,161)	(18,257)	(18,354)	(18,450)	(18,547)
Total Fixed Assets	1,583,804	1,516,760	1,446,706	1,376,773	1,309,326	1,241,879	1,174,432	1,107,716	1,041,338	977,859	911,673	845,531
Other Non-Current Assets												
19110 - Other Intangible Assets	96,477	96,478	96,478	96,478	96,478	96,478	96,478	96,478	96,477	96,478	96,478	96,478
19400 - ROU Assets - Operating	835,087	835,086	835,086	835,086	835,086	835,086	835,086	835,086	835,086	835,086	835,086	835,086
19500 - ROU Amortization - Operating	(542,598)	(555,855)	(569,111)	(582,367)	(595,624)	(608,880)	(622,137)	(635,393)	(648,649)	(664,186)	(679,722)	(695,258)
Total Other Non-Current Assets	388,966	375,709	362,453	349,197	335,940	322,684	309,427	296,171	282,914	267,378	251,842	236,306
Total Non-Current Assets	1,972,770	1,892,469	1,809,159	1,725,970	1,645,266	1,564,563	1,483,859	1,403,887	1,324,252	1,245,237	1,163,515	1,081,837
Total Assets	**$ 3,487,511**	**$ 3,350,876**	**$ 3,166,922**	**$ 3,028,802**	**$ 3,126,440**	**$ 2,995,085**	**$ 2,652,822**	**$ 2,585,845**	**$ 2,645,320**	**$ 2,616,228**	**$ 2,564,701**	**$ 2,257,106**

Liabilities and Equity												
Liabilities												
Current Liabilities												
Accounts Payable												
20000 - Accounts Payable	1,576,393	1,637,456	1,801,863	1,779,763	1,984,501	1,854,972	1,668,504	1,722,089	1,547,375	1,723,128	1,723,923	1,415,914
Total Accounts Payable	1,576,393	1,637,456	1,801,863	1,779,763	1,984,501	1,854,972	1,668,504	1,722,089	1,547,375	1,723,128	1,723,923	1,415,914
Other Current Liabilities												
23000 - Accrued Expenses	1,465,767	1,526,470	1,386,972	1,214,734	1,210,648	1,258,608	1,160,741	1,182,281	1,439,539	1,151,535	1,052,109	555,829
23050 - Accrued Wages	129,421	44,526	52,001	69,048	101,139	97,452	119,320	45,892	58,365	92,519	98,483	108,637
23060 - PTO Payable	97,181	100,043	95,851	94,945	99,056	103,207	105,268	98,619	97,638	94,520	99,455	90,619
23101 - Other current liability	152,039	152,194	152,351	152,508	152,665	152,822	152,980	153,138	153,297	153,398	154,388	153,398
23250 - Hinsdale Bank Line of Credit	309,832	309,832	309,832	309,832	309,832	309,832	309,832	309,832	309,832	309,832	309,832	309,832
24200 - Current Portion Long Term Debt	20,335	5,263	5,262	20,722	13,096	5,418	0	0	0	0	0	0
24270 - Current Portion of Operating Leases	367,165	367,164	371,725	374,004	376,285	378,565	380,845	383,125	385,405	385,405	321,171	289,054
25000 - Intercompany Payable	155,479	155,479	155,478	155,479	155,479	155,479	155,479	155,479	155,478	155,478	155,478	155,478
Total Other Current Liabilities	2,697,219	2,660,971	2,529,472	2,391,272	2,418,200	2,461,383	2,384,465	2,328,366	2,599,554	2,342,687	2,190,916	1,662,847
Total Current Liabilities	4,273,612	4,298,427	4,331,335	4,171,035	4,402,701	4,316,355	4,052,969	4,050,455	4,146,929	4,065,815	3,914,839	3,078,761
Long Term Liabilities												
Notes Payable												
27500 - ROU Liability - Operating	669,860	617,447	560,474	562,915	508,221	453,528	398,835	344,141	289,449	234,756	242,868	218,864
Total Notes Payable	669,860	617,447	560,474	562,915	508,221	453,528	398,835	344,141	289,449	234,756	242,868	218,864
Total Long Term Liabilities	669,860	617,447	560,474	562,915	508,221	453,528	398,835	344,141	289,449	234,756	242,868	218,864
Total Liabilities	4,943,472	4,915,874	4,891,809	4,733,950	4,910,922	4,769,883	4,451,804	4,394,596	4,436,378	4,300,571	4,157,707	3,297,625
Equity												
Member's Equity												
39100 - Capital Class A	2,449,055	2,449,055	2,449,055	2,449,055	2,449,055	2,449,055	2,449,055	2,449,056	2,449,055	2,449,055	2,449,055	2,449,055
39200 - Capital Class C	(488,850)	(488,849)	(488,850)	(488,850)	(488,849)	(488,850)	(488,850)	(488,850)	(488,850)	(488,850)	(488,850)	(488,850)
39250 - Class A Distribution	(4,311,327)	(4,311,328)	(4,311,327)	(4,311,327)	(4,311,328)	(4,311,327)	(4,311,327)	(4,311,328)	(4,311,327)	(4,311,328)	(4,311,327)	(4,311,328)
39275 - Class C Distribution	(19,505,584)	(19,505,584)	(19,505,584)	(19,505,584)	(19,505,584)	(19,505,584)	(19,505,584)	(19,505,584)	(19,505,584)	(19,505,583)	(19,505,584)	(19,505,584)
39402 - Class C Redemption	(63,918)	(63,918)	(63,918)	(63,918)	(63,918)	(63,918)	(63,918)	(63,918)	(63,918)	(63,918)	(63,918)	(63,918)
Total Member's Equity	(21,920,624)	(21,920,624)	(21,920,624)	(21,920,624)	(21,920,624)	(21,920,624)	(21,920,624)	(21,920,624)	(21,920,624)	(21,920,624)	(21,920,624)	(21,920,625)
Retained Earnings												
32000 - Retained Earnings	20,591,194	20,464,663	20,355,626	20,195,737	20,215,476	20,136,142	20,145,826	20,121,643	20,111,872	20,129,566	20,236,282	20,327,618
Total Retained Earnings	20,591,194	20,464,663	20,355,626	20,195,737	20,215,476	20,136,142	20,145,826	20,121,643	20,111,872	20,129,566	20,236,282	20,327,618
Net Income / (Loss)	(126,531)	(109,037)	(159,889)	19,739	(79,334)	9,684	(24,184)	(9,770)	17,694	106,715	91,336	552,488
Total Equity	(1,455,961)	(1,564,998)	(1,724,887)	(1,705,148)	(1,784,482)	(1,774,798)	(1,798,982)	(1,808,751)	(1,791,058)	(1,684,343)	(1,593,006)	(1,040,519)
Total Liabilities and Equity	**$ 3,487,511**	**$ 3,350,876**	**$ 3,166,922**	**$ 3,028,802**	**$ 3,126,440**	**$ 2,995,085**	**$ 2,652,822**	**$ 2,585,845**	**$ 2,645,320**	**$ 2,616,228**	**$ 2,564,701**	**$ 2,257,106**

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	22,919
Medicare	3,309,491
Other Public*	128,038
Private Insurance	3,061,231
Private Payment	2,011,423
Total Revenue	8,533,105 $0

***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.*

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)