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	7003160			
ASTC Name	AMSURG SURGERY CENTER			
ASTC Address	998 N 129TH INFANTRY DR			
ASTC City	JOLIET	**IL**	**Zip Code**	60435

Federal Employer Identification Number (FEIN) 20-8222307

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

- ○ **Sole Proprietorship**
- ○ **Corporation (*RA)**
- ○ **Partnership (registered with county)**
- ◉ **Limited Partnership (*RA)**
- ○ **Limited Liability Partnership (*RA)**
- ○ **Limited Liability Company (*RA)**
- ○ **Other For Profit (specify below)**

NOT FOR PROFIT

- ○ **Church Related**
- ○ **State**
- ○ **County**
- ○ **City**
- ○ **Township**
- ○ **Other Not 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
Address:	208 LASALLE ST
City. State and Zip Code (plus Four):	CHICAGO,IL 60604
Telephone Number:	(312) 263-1414

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	SURGICAL CARE AFFLIATES	OWNER/OPERATOR	GENERAL PARTNERSHIP
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	DR CHRISTOPHER BAILE	13520 S RT 59 STE104	PLAINFIELD,IL 60544	(815) 230-2255
2	DR MATTHEW BARTINDA	2201 GLENWOOD AVE	JOLIET,IL 60435	(815) 725-1191
3	DR ALAN CHEN	823 N 129TH INFANTRY DR	JOLIET,IL 60435	(815) 729-9527
4	DR MICHAEL COHEN	2100 GLENWOOD AVE	JOLIET, IL 60435	(815) 725-2121
5	DR SUNG CHUNG	2201 GLENWOOD AVE	JOLIET,IL 60435	(815) 725-1191
6	DR MANUAL CORRALES	2100 GLENWOOD AVE	JOLIET, IL 60435	(815) 725-2121
7	DR SCOTT DIVINERE	2201 GLENWOOD AVE	JOLIET, IL 60435	(815) 725-1191
8	DR MICHAEL GARTLAN	2201 GLENWOOD AVE	JOLIET,IL 60435	(815) 725-1191
9	DR FIRDUS HASHIM	1012 W 95TH ST	NAPERVILLE,IL 60564	(630) 778-7085
10	DR SAMRA HASHMI	963 N 129TH INFANTRY DR STE	JOLIET,IL 60435	(815) 729-3777
11	DR MARIUS KATILIUS	2100 GLENWOOD AVE	JOLIET,IL 60435	(815) 725-2121
12	DR ELIGIUS LELIS	963 N 129TH INFANTRY DR STE	JOLIET, IL 60435	(815) 729-3777
13	DR RAJEEV MEHTA	2201 GLENWOOD AVE	JOLIET,IL 60435	(815) 725-1191
14	DR PETER MIHALAKAKO	330 N MADISON	JOLIET,IL 60435	(815) 725-3440
15	DR DAVID MORIMOTO	219 N HAMMES	JOLIET,IL 60435	(815) 741-3220
16	DR ANKIT PATEL	2201 GLENWOOD AVE	JOLIET, IL 60435	(815) 725-1191
17	DR MAJID RASSOULI	963 N 129TH INFANTRY DR STE	JOLIET, IL 60435	(815) 729-3777
18	DR RICHARD ROTNICKI	1715 N DIVISION ST STE A	MORRIS, IL 60450	(815) 942-1550
19	DR GUARAV SINGH	202 NORTH HAMMES UNIT A	JOLIET, IL 60435	(815) 744-2020
20	DR ARAS ZLIOBA	219 N HAMMES	JOLIET,IL 60435	(815) 741-3220
21	MIDWEST ORTHOPEDIC	1611 W HARRISON ST	CHICAGO, IL 60612	(815) 649-5992
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	Flagship CPT Joliet, LLC	2701 Coltsgate Rd Suite 300	Charlotte, NC 28211	(704) 442-0222

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: 40.0

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	
Nurse Anesthetists	
Director of Nursing	1.00
Registered Nurses	28.00
Certified Aides	
Other Health Professionals	11.00
Other Non-Health Professionals	7.00
TOTAL FACILITY PERSONNEL	48.00

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	207	183	
15-44 Years	426	347	
45-64 Years	1,173	1,097	TOTAL PATIENTS SERVED
65-74 Years	947	1,142	
75+ Years	642	820	
TOTALS	3,395	3,589	6,984

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	1,318	1,708	
Other Public*	83	40	
Private Insurance	1,984	1,829	TOTAL PATIENTS SERVED
Private Payment	10	12	
Charity Care*			
TOTALS	3,395	3,589	6,984

***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	01095		1
2	20181		1
3	32507		1
4	32583		2
5	33913		1
6	34103		1
7	34103		1
8	34104		1
9	34112		1
10	34135		1
11	36567		1
12	46303		1
13	46304		3
14	46307		4
15	46311		2
16	46319		1
17	46321		1
18	46322		1
19	46324		2
20	46341		1
21	46349		3
22	46365		1
23	46368		1
24	46375		1
25	46385		1

	Zip Code Area	County Name	Number of Patients
26	46970		1
27	49408		1
28	52228		1
29	52317		1
30	53147		1
31	58763		1
32	60004		1
33	60007		1
34	60008		1
35	60016		1
36	60056		2
37	60067		3
38	60074		1
39	60084		2
40	60087		2
41	60090		2
42	60093		1
43	60101		1
44	60106		1
45	60119		1
46	60123		2
47	60126		2
48	60130		1
49	60134		1
50	60136		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
51	60137		4
52	60140		2
53	60148		1
54	60152		1
55	60154		3
56	60160		2
57	60164		1
58	60175		3
59	60181		4
60	60185		4
61	60188		1
62	60189		3
63	60190		1
64	60193		1
65	60202		1
66	60304		3
67	60401		6
68	60402		4
69	60403		280
70	60404		567
71	60405		2
72	60406		4
73	60407		11
74	60407US		1
75	60408		92

	Zip Code Area	County Name	Number of Patients
76	60409		2
77	60410		421
78	60411		2
79	60413		2
80	60416		165
81	60417		5
82	60418		2
83	60420		32
84	60421		69
85	60422		1
86	60423		88
87	60424		35
88	60425		1
89	60428		1
90	60430		1
91	60431		499
92	60432		114
93	60433		133
94	60434		12
95	60435		865
96	60436		211
97	60437		1
98	60439		71
99	60440		33
100	60441		205

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	60442		63
102	60443		2
103	60444		34
104	60445		2
105	60446		155
106	60447		364
107	60448		65
108	40994		9
109	60450		316
110	60451		217
111	60452		6
112	60453		5
113	60455		2
114	60456		2
115	60457		2
116	604586		1
117	60459		1
118	60460		5
119	60462		18
120	60464		4
121	60465		6
122	60466		2
123	60467		24
124	60468		15
125	60469		1

	Zip Code Area	County Name	Number of Patients
126	60470		4
127	60471		1
128	60474		9
129	60476		2
130	60477		7
131	60480		1
132	60481		186
133	60482		2
134	60487		26
135	60490		23
136	60491		55
137	60502		7
138	60503		7
139	60504		10
140	60505		2
141	60506		9
142	60510		1
143	60510		1
144	60513		3
145	60515		5
146	60516		9
147	60517		15
148	60518		3
149	60521		10
150	60523		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	60525		6
152	60526		2
153	60527		7
154	60532		10
155	60537		1
156	60538		10
157	60540		15
158	60541		18
159	60542		1
160	60543		24
161	60544		149
162	60544		2
163	60545		6
164	60546		1
165	60548		4
166	60549		4
167	60551		10
168	60552		2
169	60554		2
170	60555		3
171	60559		6
172	60560		32
173	60561		8
174	60562		1
175	60563		5

	Zip Code Area	County Name	Number of Patients
176	60564		21
177	60565		14
178	60585		51
179	60586		420
180	60607		4
181	60608		4
182	60613		2
183	60614		1
184	60616		1
185	60620		1
186	60622		3
187	60628		1
188	60629		2
189	60632		2
190	60633		3
191	60638		5
192	60640		2
193	60642		1
194	60643		1
195	60644		3
196	60652		1
197	60655		2
198	60657		1
199	60803		1
200	60804		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	60805		1
202	60827		1
203	60901		12
204	60913		1
205	60914		15
206	60915		6
207	60917		3
208	60919		2
209	60922		3
210	60927		1
211	60929		2
212	60931		1
213	60935		8
214	60940		1
215	90941		3
216	90948		1
217	60950		14
218	60954		3
219	60959		1
220	60961		4
221	60964		2
222	60966		2
223	61001		2
224	61008		1
225	61071		1

	Zip Code Area	County Name	Number of Patients
226	61101		1
227	61234		1
228	61301		9
229	61304		1
230	61322		1
231	61325		4
232	61329		2
233	61330		1
234	61334		2
235	61341		39
236	61342		2
237	61348		6
238	61350		54
239	61353		1
240	61354		7
241	61360		31
242	61361		1
243	61362		6
244	61364		12
245	61370		1
246	61373		2
247	61455		1
248	61525		1
249	61547		1
250	61560		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	61704		2
252	61705		2
253	61738		1
254	61759		1
255	61761		5
256	61764		7
257	61873		2
258	61920		1
259	61953		1
260	62049		1
261	62565		1
262	62704		1
263	62959		1
264	65656		1
265	71901		1
266	78253		3
267	79821		1
268	85086		1
269	85119		1
270	85209		1
271	85390		1
272	96706		1
273	97211		2
274	98308		1
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	11	11	11	11	11	0	0	55

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)*	3
c. Examination Rooms	0
d. Stage 1 - Post-Anesthesia Recovery Stations	9
e. Stage 2 - Step-down Ambulatory Recovery Stations	5

*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	PRIME HEALTH CARE-JOLIET IL	5
2	SILVER CROSS HOSPITAL	
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	463	203.00	282.00	252.00
Gastroenterology	1,091	575.00	646.50	402.00
Neurological	25	5.00	16.25	3.00
OB/Gynecology	0			
Oral/Maxillofacial	0			
Ophthalmology	2,156	498.00	469.50	367.00
Laser Eye Surgery	265	2.00	21.75	2.00
Orthopedic	908	375.50	739.00	400.25
Otolaryngology	598	135.00	272.75	178.00
Pain Management	56	2.75	3.75	2.75
Plastic	2	1.00	0.75	1.00
Podiatry	8	2.00	3.50	1.00
Thoracic				
Urology	1	1.00	1.25	1.00
TOTALS	5,573	1,800.25	2,457.00	1,610.00

***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	2	1,146	225.00	646.50	596.00
b. Dedicated Laser Eye Procedures	1	265	9.00	21.75	9.00
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	3	1,411	234.00	668.25	605.00

TOTAL CASES Questions 11 and 12 TOTAL	6,984	These two figures must match.
PATIENTS Reported on Page 6	6,984	

*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 $ 114,881

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	-$ 15,229
Medicare	$ 3,804,437
Other Public*	$ 1,251,929
Private Insurance	$ 10,103,161
Private Payment	$ 435,595
Total Revenue	$ 15,579,893

***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)