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	7003247			
ASTC Name	Springfield Clinic, LLP			
ASTC Address	7309 North Knoxville Avenue			
ASTC City	Peoria	**IL**	**Zip Code**	61614

Federal Employer Identification Number (FEIN) 37-0701328

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:	Michelle Clatfelter
Address:	1025 South 6th Street
City. State and Zip Code (plus Four):	Springfield, IL 62703
Telephone Number:	(217) 528-7541

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	Springfield Clinic, LLP	Partners	Owners
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	Springfield Clinic, LLP	1025 S. 6th Street	Springfield,IL 62794-9248	(217) 528-7541
2	(Partner List Attached)			
3				
4				
5				
6				
7				
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Springfield Clinic, LLP
Active Partner List
as of 12.31.24

ABRAHAM,ARUN
ABRAHAM,PHILIP
ACAKPO-SATCHIVI,LESLIE
ADUSUMILLI,BHAVANI
AFELD,DYLAN
AGARWAL,SUNIL
AGGARWAL,BHUVNESH
ALBRACHT,BRYAN
ALLEN,STANLEY
ALLEY,ROBIN
AMIN,NEHA
ANNABA,FADI
APOSTOL,MARC
ARIKATI,SANTHI
ASGHAR,RABIA
BAIMA,JOSEPH
BANGARULINGAM,SANJAY
BARKMEIER,LYNNE
BARTEAU,CATHERINE
BAUK,SOLMAZ
BAUMANN,BRIAN
BEAL,HEATHER
BEATY,SHAD
BECKER,CECILE
BECKER,JOHN
BENNETT,TARA
BEYER,VIVIANNE
BHANDARI,PURVI
BHANDARI,RAMANATH
BIAGINI,TIMOTHY
BILLINGTON,JOSHUA
BILYEU,ALISON
BILYEU,SCOTT
BLAND,GEOFF
BLITSTEIN,MARISA
BLOEMER,ERIC
BRADBURY,MATTHEW
BREWER,AARON
BROOKS,BENJAMIN
BROOKS,JUSTIN

Springfield Clinic, LLP
Active Partner List
as of 12.31.24

BROWN,CHERYL
CADY,BENJAMIN
CAMPBELL,MARY
CAPECCI,PIERO
CARROLL,DENNIS
CASTALDO,RAYMOND
CHABAK,MICKEY
CHANPURA,TRUPESH
CHEN,STEPHEN
CHERUKU,SAILAJA
CHOPRA,ASHISH
CLEM,GREGORY
COCHRAN,ABIGAIL
CONLON,JOSEPH
COOPER,JAC
COX,ERIC
COX,MELISSA
CRAWFORD,DAVID
CROSS,DAVID
CURRY,JOELLE
DAYOUB,HAYAN
DEJONG,MARC
DELUKA,JENNIFER
DESAI,KRUTI
DIETRICH,SARAH
DIGNAN-MOORE,LESLIE
DIMONDO,JOHN
DUHIG,THOMAS
ECHEAZU,CHINELO
EDEN,RICHARD
EHRLICH,CHRISTOPHER
ELMORE,TODD
EVANS,CHADRICK
EVANS,MATTHEW
EWBANK,PENELOPE
EZE,PHYLLIS
FARR,CURTIS
FERRARO,DANIEL
FERRILL,ALYCE
FIGUERRES,EILEEN

Springfield Clinic, LLP
Active Partner List
as of 12.31.24

FISCHER,JUSTIN
FISCHER-VALUCK,BENJAMIN
FLORIDO,PATRICK
FORERO,NICOLAS
FORSHEE,MEGAN
FRIETAG,KELSEY
FULLERTON,JAMES
GAFFAR,ANEESA
GANDAM,SHYAM
GARCIA,PHILIP
GARCIA,XOCHITL
GARDNER,MATTHEW
GARG,PRAVEEN
GELBER,DAVID
GIBBS,GRETCHEN
GILBERT,DAKOTA
GILBERT,MOLLY
GILL,PAVINDERPAL
GILLISON,CLAUDINE
GILLISON,TIMOTHY
GONCZY,CHAD
GORDON,ROBERT
GOVINDAIAH,RENU
GOWDA,CHETAN
GRAHAM,DONALD
GREATTING,MARK
GREEN,KRISTEN
GUPTA,AMIT
GUPTA,KANCHAN
GUPTA,RUCHI
GUTHRIE,JASON
HALL,AMY
HALLAM,DANIEL
HANY,LUCINDA
HARTER,EDWARD
HAYES,SEAN
HAZARD,KEVIN
HEISE,LYNDSEY
HENDRICKS,TRACY
HENRY,JILLIAN

Springfield Clinic, LLP
Active Partner List
as of 12.31.24

HENRY,JUSTIN
HENRY,KAITLIN
HIDALGO,RONALD
HIGH,ERIC
HILLARD-SEMBELL,DIANE
HOFMANN,PETER
HOLLAND,STEPHEN
HOPPING,JACOB
HORVATH,JEFFREY
HUANG,XINYAN
ICAZA,ORLANDO
JAGTAP,PRASHANT
JAIN,ROHAN
JHA,SAURABH
KAGAN,ALEKSANDR
KAKARALA,ESWARA
KAKUMANI,SEETAL
KAKUMANI,SRINIVASA
KELLENBERGER,BRYAN
KHAN,MUHAMMED
KHOURY,NAIM
KING,ADAM
KINK,LYNN
KNAUER,HOPE
KNOX,JUDITH
KNUDSON,ROBERT
KOCHAR,RAJAN
KONRAD,AARON
KOWALSKI,DAVID
KOWALSKI,LISA
KWEDAR,JOHN
LAMBERT,ANDREW
LAMIKANRA,TOMI
LAUGHLIN,HEATH
LENARDO,TIMOTHY
LOMELINO-MCAFEE,CATHY
LOWENTHAL,ROBERT
LUDOLPH,MARY
LYTCHAKOV,VLADIMIR
MA,JIANJUN

Springfield Clinic, LLP
Active Partner List
as of 12.31.24

MACZURA,NORA
MAHONEY,NATALIE
MALCOTT,JOHN
MAMILLAPALLI,CHAITANYA
MANDANI,BHADRESH
MANEJA,JENNIFER
MARSCHNER,CYNTHIA
MARTINEK,CHRISTOPHER
MAURER,GREGORY
MAYFIELD,ALLISON
MCALLASTER,JASON
MCCLINTOCK,ROGER
MCCOY,KARA
MCILWEE,BRIDGET
MCKAY,MARK
MCKAY,WINDIE
MILLS,ANDREW
MINK,SCOTT
MOHAMAD,AHMAD
MOJA,JESSICA
MOMIN,SAJEDABANU
MOY,CALVIN
MUEHLE,CASEY
MULLANGI,PRAVEEN
NARLA,KOTESWARA
NAYANI,ARCHANA
NAYANI,RAHUL
NEKKANTI,SWAPNA
NEWMAN,JAMES
NORTON,ADAM
NORTON-GREGORY,ASHLEY
O'BRIEN,AMANDA
O'BRIEN,ELIZABETH
O'MARRO,MAUREEN
O'MARRO,STEVEN
OYEWOLE,KOLAWOLE
PACHECO,PAUL
PANDEY,RICHA
PARADOWSKI,THEODORE
PARIS,BRAD

Springfield Clinic, LLP
Active Partner List
as of 12.31.24

PATEL,DHIREN
PATEL,DIGANT
PATEL,DUSHYANTKUMAR
PATEL,MOSAM
PATEL,NILESHKUMAR
PATEL,PARTH
PATEL,PRASAD
PATEL,SAMIR
PATEL,SANDIPKUMAR
PATEL,TEJAS
PAYNE,WILLIAM
PEECHER,MATTHEW
PETERSON,RANDAL
PETERSON,WILLIAM
PHILLIPS,MISTY
PHILLIPS,PAUL
PICK,MICHAEL
PINEDA,STEPHEN
PITTMAN,DAVID
POPP,MARYAN
PRASAD,SUDAH
PREUSEN,SCOTT
PURSEGLOVE,HANNAH
PUTMAN,WILLIAM
QUINN,TONI
REDWOOD,GWEN
REEDY,JEREMIAH
REEVES,MICHELLE
RENDUCHINTALA,MURTY
RESERVA,JEAVE
RETTIG,ANGELIQUE
RHOADES,PATRICK
RINABERGER,ALISON
ROSSI,DANIEL
ROZENE,TINA
RUSSO,CRAIG
RYAN,CHRISTOPHER
RYAN,STEPHEN
SAGINS,KENNETH
SAID,SUFYAN

Springfield Clinic, LLP
Active Partner List
as of 12.31.24

SANGWAN,GAURAV
SAPETTI,LARRY
SAVAGE,VERONICA
SAVANI,GHANSHYAMBHAI
SCHMIDT,LANA
SCHUERMAN,JENNIFER
SCHUH,ROBERT
SERAFIN,EMILY
SERAFIN,MATEUSZ
SHAH,ARPAN
SHAH,HARSHIT
SHAH,PRATISH
SHAH,SHUCHI
SHAHIDI,MEHDI
SHARMA,PRANAV
SHARMA,RISHI
SHEKLETON,DANIEL
SHEPHERD,JULIE ANN
SHETTY,RAKSHIT
SHUSTER,DIMITRY
SILVA,COLLEEN
Simkhada, Shailesh
SINGH,DIDAR
SINGH,PREET
SINHA,RAJ
SIRAJEE,SHAFAT
SMART,STEPHEN
SNYDER,BRANDON
SRINIVASAN,RAJESH
SROKOWSKI,TOMASZ
STANDARD,JOSEPH
STEALEY,KATHERINE
STEGEMAN,JAMES
STEH,BETH
STEHLING,DUSTIN
STEVENS,BENJAMIN
STICH,ADRIENNE
STONE,ERIN
STORTZUM,CHRISTOPHER
SU,GRANT

Springfield Clinic, LLP
Active Partner List
as of 12.31.24

SWOPE,STEPHANIE
TAPSCOTT,DAVID
TARIQ,ALI
TENNILL,TAYLOR
THIELE,JAMES
THOMPSON,JEFF
THOMPSON,KATHERINE
TOMAW,ANDREW
TRAPP,ROBERT
TSORAIDES,STEVEN
VELLIYATTIKUZHI,SREEJITH
VELURU,MURALI
VENIGALLA,PRAMILA
VINAYEK,NAMITA
WASCHULL,AMY
WEITZEL,ROBERT
WEST,BRADFORD
WESTERN,GARY
WESTERN,RANDY
WHITE-MAZE,ABIGAIL
WIETFELD,JOEL
WOLTERS,BRETT
WOODSON,IDELLE
WOODWARD,E DAWN
WOTTOWA,CHRISTOPHER
ZHEN,AILEEN

2. PROPERTY OWNERSHIP INFORMATION

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

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

3. CONTRACTUAL MANAGEMENT

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

✓ **No Contractual Management**

	Contractor Name	Full Address
1		
2		
3		
4		
5		

4. FACILITY STAFFING

A. Indicate the number of hours in a work week for a full-time employee of your facility: 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	1.00
Nurse Anesthetists	0.08
Director of Nursing	1.80
Registered Nurses	16.63
Certified Aides	2.00
Other Health Professionals	11.00
Other Non-Health Professionals	2.00
TOTAL FACILITY PERSONNEL	35.50

INFORMATION CONCERNING PATIENTS SERVED - CALENDAR YEAR 2024

5. Patients by Age Groups

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

	Male	Female	
0-14 Years	0	0	
15-44 Years	5	28	
45-64 Years	17	59	
65-74 Years	2	5	
75+ Years	1	1	
TOTALS	25	93	118

TOTAL PATIENTS SERVED

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	1	1	
Medicare	2	4	
Other Public*	0	0	
Private Insurance	18	82	
Private Payment	4	6	
Charity Care*			
TOTALS	25	93	118

TOTAL PATIENTS SERVED

***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			
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	Zip Code Area	County Name	Number of Patients
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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			
52			
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	Zip Code Area	County Name	Number of Patients
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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			
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	Zip Code Area	County Name	Number of Patients
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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			
152			
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	Zip Code Area	County Name	Number of Patients
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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			
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	Zip Code Area	County Name	Number of Patients
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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			
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	Zip Code Area	County Name	Number of Patients
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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)*	1
c. Examination Rooms	1
d. Stage 1 - Post-Anesthesia Recovery Stations	14
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	OSF Saint Francis Medical Center, Peoria	0
2	Carle Methodist Medical Center, Peoria	0
3		
4		
5		

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

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

	Number of Cases	Surgery Room Set-Up Time (in Hours)	Actual Surgery Time (in Hours)	Surgery Room Clean-Up Time (in Hours)
Cardiovascular				
Dermatology				
General Surgery	73	26.80	116.20	9.45
Gastroenterology	20	3.45	7.18	1.85
Neurological				
OB/Gynecology	1	0.25	0.25	0.00
Oral/Maxillofacial				
Ophthalmology				
Laser Eye Surgery				
Orthopedic				
Otolaryngology				
Pain Management				
Plastic	24	7.37	30.32	2.40
Podiatry				
Thoracic				
Urology				
TOTALS	118	37.87	153.95	13.70

*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.					
f.					
g.					
h.					
	Total Multi-Purpose Procedure Rooms				
	TOTALS - PROCEDURE ROOMS	0	0	0.00	0.00	0.00

TOTAL CASES Questions 11 and 12 TOTAL	118	These two figures must match.
PATIENTS Reported on Page 6	118	

*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

Springfield Clinic, LLP
ASC Income Statement

		Peoria Jan-Dec 2024
Revenue		
Patient Service Revenue		151,522
Total Revenue Deductions		(78,311)
Total Net Revenue	**$**	**73,211**
Direct Expenses		
Salary & Benefits		3,173,338
Supplies & Drugs		696,135
Deprecation		177,798
Other		4,205,373
Total Direct Expenses	**$**	**8,252,644**
Allocations	**$**	**(76,873)**
Profit/(Loss)	**$**	**(8,102,560)**

Springfield Clinic, LLP
Balance Sheet (all departments)

		Jan-Dec 2024
Assets		
Current Assets		296,346,568
Net Fixed Assets		228,797,898
Restricted Accounts		14,026,688
Reinsurance receivable		75,907,315
Intangible Assets		1,500,000
Net ROU Assets		231,225,783
Total Assets	**$**	**847,804,251**
Liabilities & Equity		
Current Liabilities		122,586,148
Accrued insurance recoveries		75,907,315
Long-term debt, net of current portion		109,486,114
Capital Lease, net of current portion		212,215,781
Equity		327,608,893
Total Liabilities & Equity	**$**	**847,804,251**

A. CAPITAL EXPENDITURES

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

TOTAL CAPITAL EXPENDITURES FOR YOUR REPORTED FISCAL YEAR $ 1,389,913

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

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

B. NET REVENUE BY PAYMENT SOURCE - REPORTED FISCAL YEAR

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

	Net Revenue (in Dollars)
Medicaid	$ 0
Medicare	$ 15,348
Other Public*	$ 9,678
Private Insurance	$ 40,705
Private Payment	$ 7,480
Total Revenue	$ 73,211

***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)