

ILLINOIS HEALTH FACILITIES PLANNING BOARD
APPLICATION FOR PERMIT

08-070

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (IDEN)

ORIGINAL RECEIVED

This section must be completed for all projects.

SEP 11 2008

A. Facility/Project Identification

HEALTH FACILITIES PLANNING BOARD

Facility Name Physicians Surgery Center at Good Samaritan Street
Address Veteran's Memorial Drive at 42nd Street City Mount Vernon
County Jefferson Zip 62864 Illinois State Representative District 107

B. Applicant Identification (provide for each co-applicant [refer to Part 1130.220] and insert after this page)

Exact Legal Name Physicians Surgery Center at Good Samaritan, LLC
Address 605 N. 12th Street Mount Vernon, Illinois 62864
Name of Registered Agent James M. Sanger Name of Chief Executive Officer Gerald W Lefert Title President CEO Address 605 N. 12th Street Mount Vernon, Illinois 62864 Telephone No. (618)241-2201 Type of Ownership: Non-profit Corporation For-profit Corporation Limited Liability Company Partnership Governmental Sole Proprietorship Other (specify) _____
Corporations and limited liability companies must provide an Illinois certificate of good standing; partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT IDEN-1 AFTER THE LAST PAGE OF THIS SECTION.

C. Primary Contact Person (person who is to receive correspondence or inquiries during the review period)

Name Michael Warren Title Vice President
Company Name Good Samaritan Regional Health Center
Address 605 N. 12th Street Mount Vernon, IL 62864 Telephone No. (618)241-2202
E-mail Address mike.warren@ssmhc.com Fax Number (618) 241-3847

D. Additional Contact Person (person such as consultant, attorney, financial representative, registered agent, etc. who also is authorized to discuss application and act on behalf of applicant)

Name Michael I. Copelin Title President
Company Name Copelin Healthcare Consulting, Inc.
Address 42 Birch Lake Drive Sherman, IL 62684
Telephone No. (217)496-3712 E-mail Address micbball@aol.com Fax Number (217)496-3097

E. Post Permit Contact Person (person to whom all correspondence and inquiries pertaining to the project subsequent to permit issuance are to be directed)

Name Michael Warren Title Vice President
Company Name Good Samaritan Regional Health Center
Address 605 N. 12th Street Mount Vernon, IL 62864
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Address Veteran's Memorial Drive at 42nd Street City Mount Vernon
County Jefferson Zip 62864 Illinois State Representative District 107

B. Applicant Identification (provide for each co-applicant [refer to Part 1130.220] and insert after this page)

Exact Legal Name Mount Vernon Physicians, LLC
Address 7101 West 78th Street, Suite 100, Minneapolis, Minnesota 55439
Name of Registered Agent CT Corporation System Name of
Chief Executive Officer David Frauensuh Title Manager CEO
Address 7101 West 78th Street, Suite 100, Minneapolis, Minnesota 55439 Telephone No. (952) 829-3467
Type of Ownership: Non-profit Corporation For-profit Corporation Limited Liability Company Partnership Governmental Sole Proprietorship Other (specify) _____

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Veteran's Memorial Drive at 42nd Street City Mount Vernon County Jefferson
Zip 62864 Illinois State Representative District 107

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Exact Legal Name Good Samaritan Regional Health Center
Address 605 N. 12th Street Mount Vernon, IL 62864
Name of Registered Agent Leo F. Childers, Jr. Name of Chief Executive Officer Leo F. Childers, Jr.
Title President CEO Address 605 N. 12th Street Mount Vernon, IL 62864
Telephone No. (618) 241-2201 Type of Ownership: Non-profit Corporation For-profit Corporation Limited Liability Company Partnership Governmental Sole Proprietorship Other (specify) _____

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Zip 62864 Illinois State Representative District 107

B. Applicant Identification (provide for each co-applicant [refer to Part 1130.220] and insert after this page)

Exact Legal Name SSM Regional Health Services Address 477 N. Lindbergh Blvd., St. Louis, MO 63141 Name of Registered Agent Leo F. Childers, Jr Name of Chief Executive Officer Sr. Mary Jean Ryan, FSM Title President & Chief Executive Officer
CEO Address 477 N. Lindbergh Blvd., St. Louis, MO 63141 Telephone No. (314) 994-7800
Type of Ownership: Non-profit Corporation For-profit Corporation Limited Liability Company Partnership Governmental Sole Proprietorship Other (specify) _____
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Exact Legal Name SSM Health Care Corporation Address 477 N. Lindbergh Blvd., St. Louis, MO 63141
Name of Registered Agent Leo F. Childers, Jr. Name of Chief Executive Officer Sr. Mary Jean Ryan, FSM
Title President & Chief Executive Officer CEO
Address 477 N. Lindbergh Blvd., St. Louis, MO 63141 Telephone No. (314) 994-7800
Type of Ownership: Non-profit Corporation For-profit Corporation Limited Liability Company Partnership Governmental Sole Proprietorship Other (specify) _____
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Telephone No. (618)241-2202 E-mail Address mike.warren@ssmhc.com
Fax Number (618) 241-3847

F. Site Ownership (complete this information for each applicable site and insert after this page)
Exact Legal Name of Person Who Owns Site Good Samaritan Regional Health Center
Address of Site Owner 605 N. 12th Street Mount Vernon, IL 62864
Street Address or Legal Description of Site Veteran's Memorial Drive at 42nd Street Mount Vernon, IL 62864 (Legal Description is attached).

G. Operating Entity/Licensee (complete this information for each applicable facility and insert after this page)
Exact Legal Name Physicians Surgery Center at Good Samaritan, LLC 605 N. 12th Street Mount Vernon, Illinois 62864

Type of Ownership: Non-profit Corporation For-profit Corporation Limited Liability Company Partnership Governmental Sole Proprietorship Other (specify) _____
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APPEND DOCUMENTATION AS ATTACHMENT IDEN-2 AFTER THE LAST PAGE OF THIS SECTION.

H. Organizational Relationships
Provide (for each co-applicant) an organization chart containing the name and relationship of any person who is related (related person is defined in Part 1130.140). If the related person is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT IDEN-3 AFTER THE LAST PAGE OF THIS SECTION.

I. Status of Previous Certificate of Need Projects
Provide the project number for any of the applicant's projects that have received permits but are not yet complete (completion is defined in Part 1130.140) and provide the current status of the project. If all projects are complete, indicate NONE: NONE

J. Flood Plain Requirements (refer to instructions for completion of this application)
Provide documentation regarding compliance with the Flood Plain requirements of Executive Order #4, 1979.

APPEND DOCUMENTATION AS ATTACHMENT IDEN-4 AFTER THE LAST PAGE OF THIS SECTION.

K. Historic Resources Preservation Act Requirements (refer to instructions for completion of this application)
Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT IDEN-5 AFTER THE LAST PAGE OF THIS SECTION.

- Substantive
- Non-substantive

only)

- Part 1120 Not Applicable
- DHS or DVA Project

- Category A Project
- Category B Project

M. Narrative Description

Provide in the space below a brief narrative description of the project. Explain what is to be done, NOT why it is being done. Include the rationale as to the project's classification as substantive or non-substantive. If the project site does NOT have a street address, include a legal description of the site.

The applicants propose to establish an Ambulatory Surgical Treatment Center in space leased from Mountt Vernon Physicians, LLC, in a Medical Office Building known as Good Samaritan Physician and Ambulatory Services Building which will be located on land leased from Good Samaritan Regional Health Center. The CON for the MOB is being filed simultaneously with this application and an application for a replacement hospital building to be located adjacent to the MOB. The cost for the core and shell for the ASTC and \$150 per square foot of build-out costs are included in the CON application for the MOB and are shown in this application as lease space costs.

The ASTC will have a total of 13,675 GSF and will house 3 operating rooms and two procedure rooms. For purposes of the CON these will be counted and justified as 5 Operating Rooms (OR's). The procedure rooms will be used for the less invasive procedures but will be designed to meet licensure standards for operating rooms.

This is a substantive project as it establishes a new health care facility. It is a category "B" project because the proposed cost exceeds two million dollars.

N. Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1190.40.b) of the component must be included in the estimated project cost. If the project contains components that are not related to the provision of health care, complete an additional table for the portions that are solely for health care and insert that table following this page (e.g. separate a nursing home's costs from the components of a retirement community; separate patient care area costs from a hospital project that includes a parking garage).

PROJECT COST AND SOURCES OF FUNDS-TOTAL	
Preplanning Costs	
Site Survey and Soil Investigation	
Site Preparation	
Off Site Work	
New Construction Contracts	\$1,112,500
Modernization Contracts	
Contingencies	\$100,000
Architectural/Engineering Fees	\$203,500
Consulting and Other Fees	\$225,000
Movable or Other Equipment (not in construction contracts)	\$2,490,000
Bond Issuance Expense (project related)	
Net Interest Expense During Construction (project related)	
Fair Market Value of Leased Space or Equipment	\$4,478,781
Other Costs To Be Capitalized	\$338,490
Acquisition of Building or Other Property (excluding land)	
ESTIMATED TOTAL PROJECT COST	\$8,949,271

Cash and Securities	\$1,575,000
Pledges	
Gifts and Bequests	
Bond Issues (project related)	
Mortgages	\$2,894,490
Leases (fair market value)	\$4,478,781
Governmental Appropriations	
Grants	
Other Funds and Sources	
TOTAL FUNDS	\$8,948,271

O. Related Project Costs

1. Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

No land acquisition is related to project; Purchase Price \$ _____ ; Fair Market Value \$ _____

2. Does the project involve establishment of a new facility or a new category of service? Yes No

If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ \$596,080

P. Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Schematics Preliminary Final Working

1. Provide the following dates (indicate N/A for any item that is not applicable):

25% of project costs expended 11/30/2009 50% of project costs expended 5/31/2010
 75% of project costs expended 10/31/2010 95% of project costs expended 03/31/2011
 100% of project costs expended 7/31/2011 Midpoint of construction date 03/31/2010
 Anticipated project completion date (refer to Part 1130.140) 3/31/2012

3. Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases, or contracts pertaining to the project have been executed;
- Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.
- Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT INFO-6 AFTER THE LAST PAGE OF THIS SECTION.

O. Cost/Space Requirements

Provide in the format of the following example the gross square footage (GSF) and the attributable portion of total project cost for each department/area. Identify each piece of major medical equipment. The sum of the department costs MUST equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurement plus the department or area's portion of the surrounding circulation space. Indicate the proposed use of any vacated space.

Department/Area	Cost	Gross Square Feet		Amount of Proposed Total		GSF That Is:	
		Existing	Proposed	New Const.	Remodeled	As is	Vacated Space
Dietary	\$1,150,000	3,000	6,000	3,000	1,000	2,000	
Radiation Therapy	3,250,000*	4,000(1)	5,500	5,500			
Medical Records	300,000	2,500	6,500	4,000(1)	2,500		
TOTAL	4,700,000	9,500	18,000	8,500	5,000	4,500	

*Includes \$1,500,000 for an 18 MEV linear accelerator

(1) Existing radiation therapy space will be vacated and remodeled and converted to medical records.

APPEND DOCUMENTATION AS ATTACHMENT INFO-7 AFTER THE LAST PAGE OF THIS

R. Facility Bed Capacity and Utilization

Complete the following chart as applicable. Complete a separate chart for each facility that is part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest 12 month period for which data is available. Any bed capacity discrepancy from the Inventory will result with the application being deemed incomplete.

FACILITY NAME Good Samaritan Regional Health Center CITY Mount Vernon

REPORTING PERIOD DATES: From 1/1/2007 to 12/31/2007

Category of Service	Existing # of Beds	Number of Admissions	Patient Days	Bed Changes	Proposed # of Beds
Medical/Surgical	106	6,015	24,506		
Pediatrics	16	146	296		
Obstetrics	6	1,006	1,861		
Intensive Care	10	904	3,128		
Neonatal ICU					
Acute Mental Illness					
Rehabilitation	23	240	2,819		
Nursing Care					
Sheltered Care					
Other (identify)					
Other (identify)					
Other (identify)					
TOTAL	161	8,311	32,610		

Note: Bed Changes will be reflected in replacement hospital CON, and the above patient days do not include observation days. (509 MS, 36 Peds 4 ICU, and 88 in OB).

- Is the facility certified for participation in the Medicare "swing bed" (i.e. acute care beds certified for extended care) program? Yes No
- For the following categories of service, indicate the number of existing beds that are Medicare certified and the number of existing beds that are Medicaid certified (if none, so indicate):

Service	# Medicare Beds	#Medicaid Beds
Nursing Care	_____	_____
ICF/DD Adult	_____	_____
Children DD	_____	_____

S. **Certification**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are in the case of a corporation, any two of its officers or members of its board of directors; in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist); in the case of a partnership, two of its general partners (or the sole general partner when two or more general partners do not exist); in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and in the case of a sole proprietor, the individual that is the proprietor. The signature(s) must be notarized. If the application has co-applicants, a separate certification page must be completed for each co-applicant and inserted following this page. One copy of the application must have the ORIGINAL signatures for all persons that sign for the applicant and for each of the co-applicants.

This Application for Permit is filed on behalf of Physicians Surgery Center at Good Samaritan, LLC * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

Michael D. Warren
Signature

Printed Name MICHAEL D. WARREN

Printed Title Chair person

Richard W. Huntington
Signature

Printed Name Richard W. Huntington

Printed Title Secretary

Notarization:
Subscribed and sworn to before me
this 25th day of June 2008

Mary E. Green
Signature of Notary

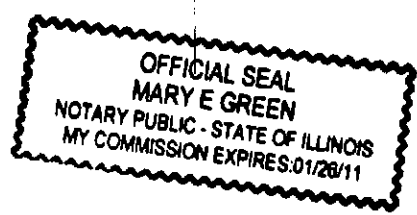
Seal



Notarization:
Subscribed and sworn to before me
this 25th day of June 2008

Mary E. Green
Signature of Notary

Seal



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This Application for Permit is filed on behalf of MOUNT VERNON PHYSICIANS, LLC
* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

[Signature]
Signature

Printed Name Ronald J Smith

Printed Title Principal

[Signature]
Signature

Printed Name Richard V. Wicka

Printed Title Managing Principal

Notarization:

Subscribed and sworn to before me this 17th day of June, 2008

[Signature]
Signature of Notary

Seal

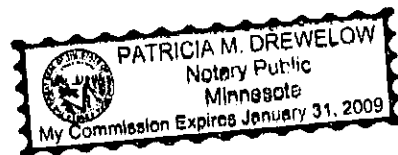


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[Signature]
Signature of Notary

Seal



*Insert EXACT legal name of the applicant

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This Application for Permit is filed on behalf of GOOD SAMARITAN REGIONAL HEALTH CENTER

*** in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.**

Sr. Mary Jean Ryan, FSM
Signature
Printed Name Sr. Mary Jean Ryan, FSM
Printed Title President/CEO

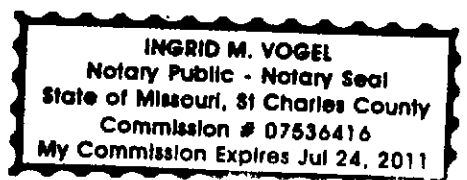
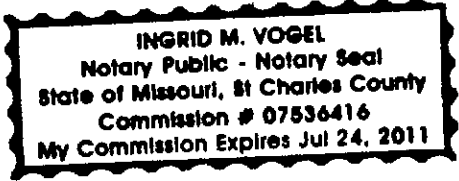
William C. Schoenhard
Signature
Printed Name William C. Schoenhard
Printed Title Executive Vice President/COO

Notarization:
Subscribed and sworn to before me
this 16th day of June 2008
Ingrid M. Vogel
Signature of Notary

Notarization:
Subscribed and sworn to before me
this 16th day of June 2008
Ingrid M. Vogel
Signature of Notary

Seal

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Sr. Mary Jean Ryan, FSM
Signature

William C. Schoenhard
Signature

Printed Name Sr. Mary Jean Ryan, FSM

Printed Name William C. Schoenhard

Printed Title President/CEO

Printed Title Executive Vice President/COO

Notarization:
Subscribed and sworn to before me
this 16th day of June 2008

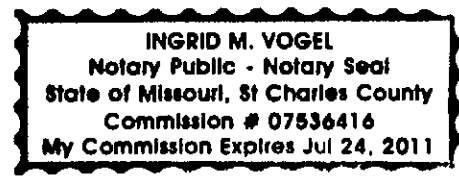
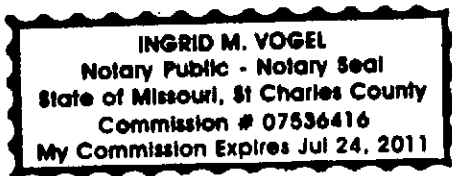
Notarization:
Subscribed and sworn to before me
this 16th day of June 2008

Ingrid M. Vogel
Signature of Notary

Ingrid M. Vogel
Signature of Notary

Seal

Seal



S. Certification

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are in the case of a corporation, any two of its officers or members of its board of directors; in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist); in the case of a partnership, two of its general partners (or the sole general partner when two or more general partners do not exist); in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and in the case of a sole proprietor, the individual that is the proprietor. The signature(s) must be notarized. If the application has co-applicants, a separate certification page must be completed for each co-applicant and inserted following this page. One copy of the application must have the ORIGINAL signatures for all persons that sign for the applicant and for each of the co-applicants.

This Application for Permit is filed on behalf of SSM Health Care Corporation
* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

Sr. Mary Jean Ryan, FSM
Signature

Printed Name Sr. Mary Jean Ryan, FSM

Printed Title President/CEO

William C. Schoenhard
Signature

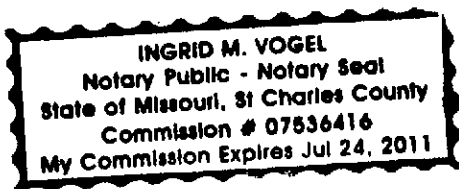
Printed Name William C. Schoenhard

Printed Title Executive Vice President/COO

Notarization:
Subscribed and sworn to before me
this 16th day of June 2008

Ingrid M. Vogel
Signature of Notary

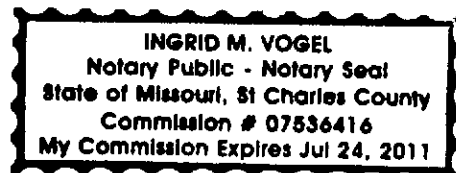
Seal



Notarization:
Subscribed and sworn to before me
this 16th day of June 2008

Ingrid M. Vogel
Signature of Notary

Seal





To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

PHYSICIANS SURGERY CENTER AT GOOD SAMARITAN, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 23, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



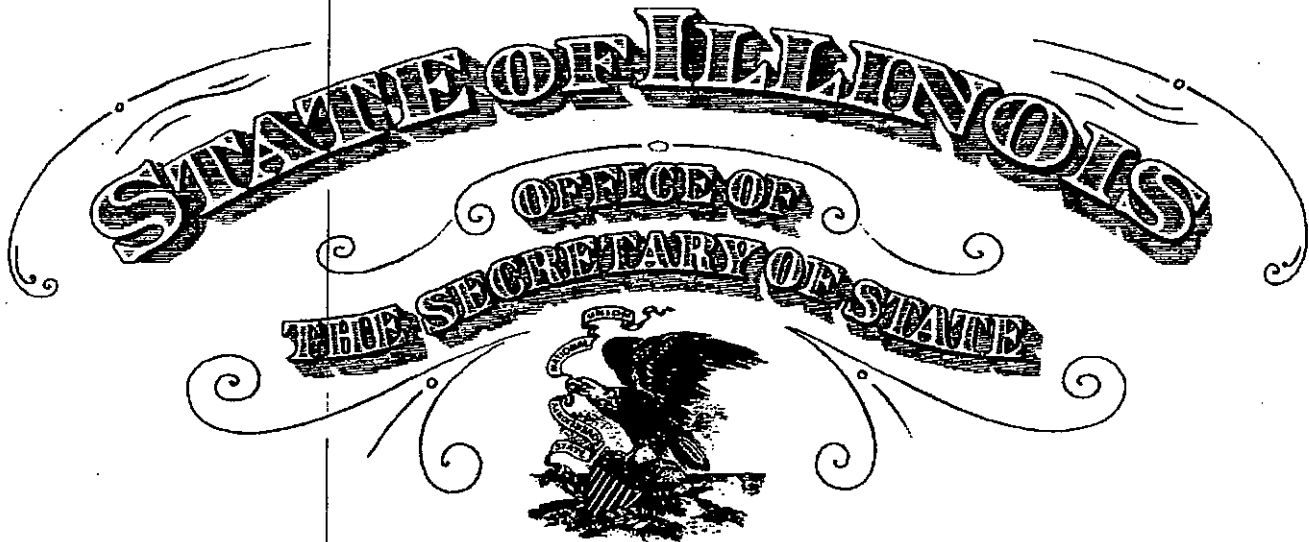
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of MAY A.D. 2008

Jesse White

ATTACHMENT IDEN-1
SECRETARY OF STATE

Authentication #: 0812802176

Authenticate at: <http://www.cyberdriveillinois.com>



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MOUNT VERNON PHYSICIANS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 10, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



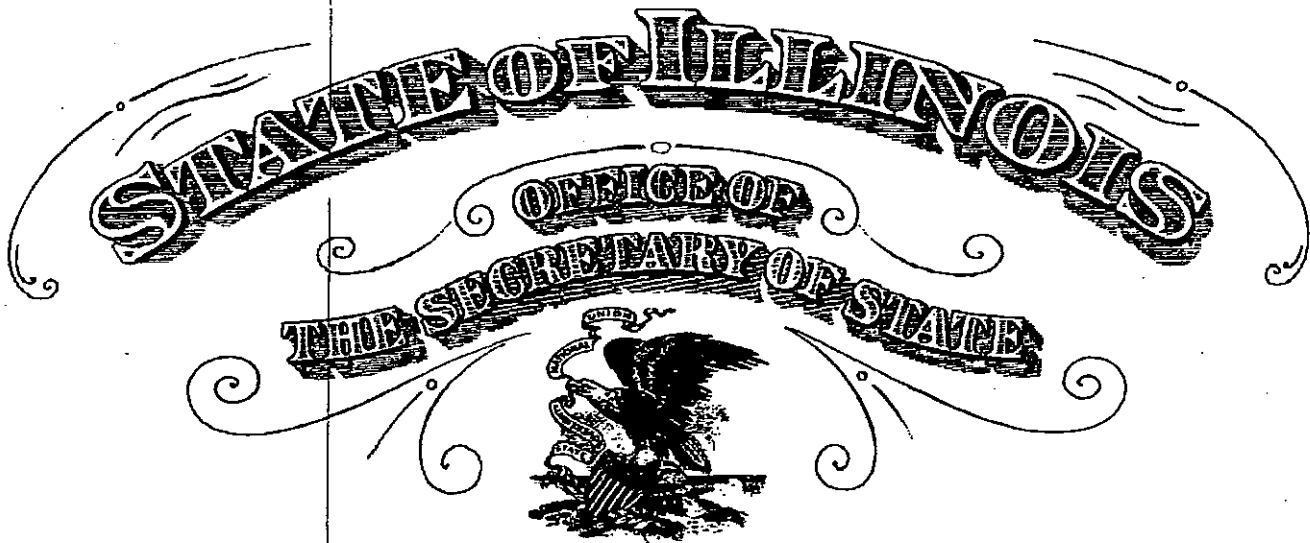
Authentication #: 0808900386

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of MARCH A.D. 2008

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

GOOD SAMARITAN REGIONAL HEALTH CENTER, INCORPORATED IN MISSOURI AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JANUARY 22, 1996, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



Authentication #: 0808900368

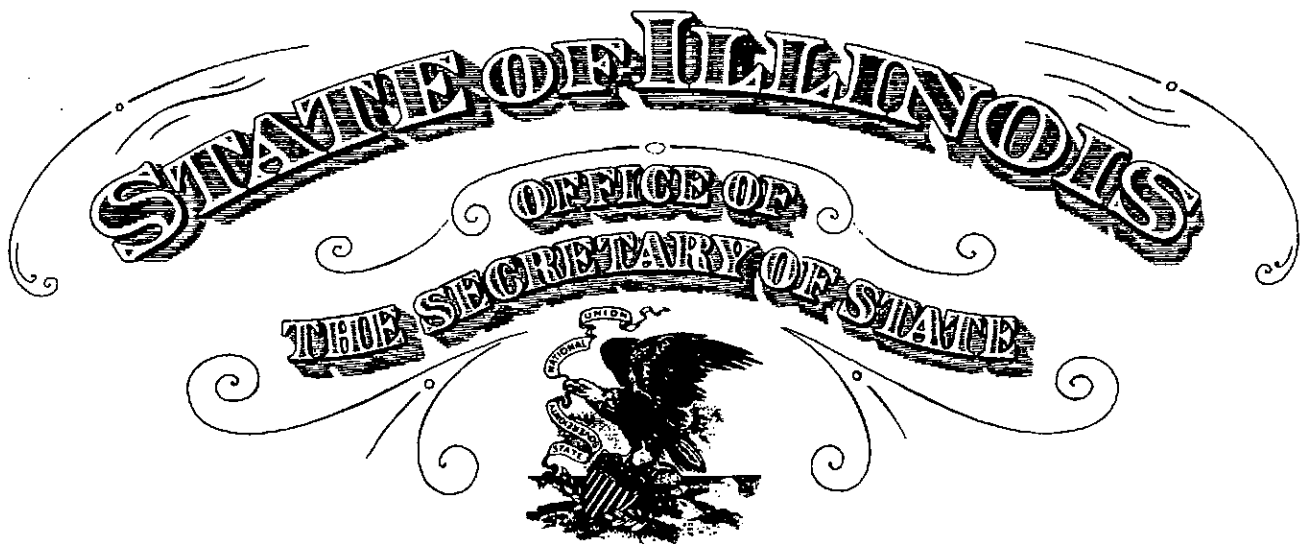
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of MARCH A.D. 2008

Jesse White

ATTACHMENT IDEN-1

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SSM REGIONAL HEALTH SERVICES, INCORPORATED IN MISSOURI AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON OCTOBER 18, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



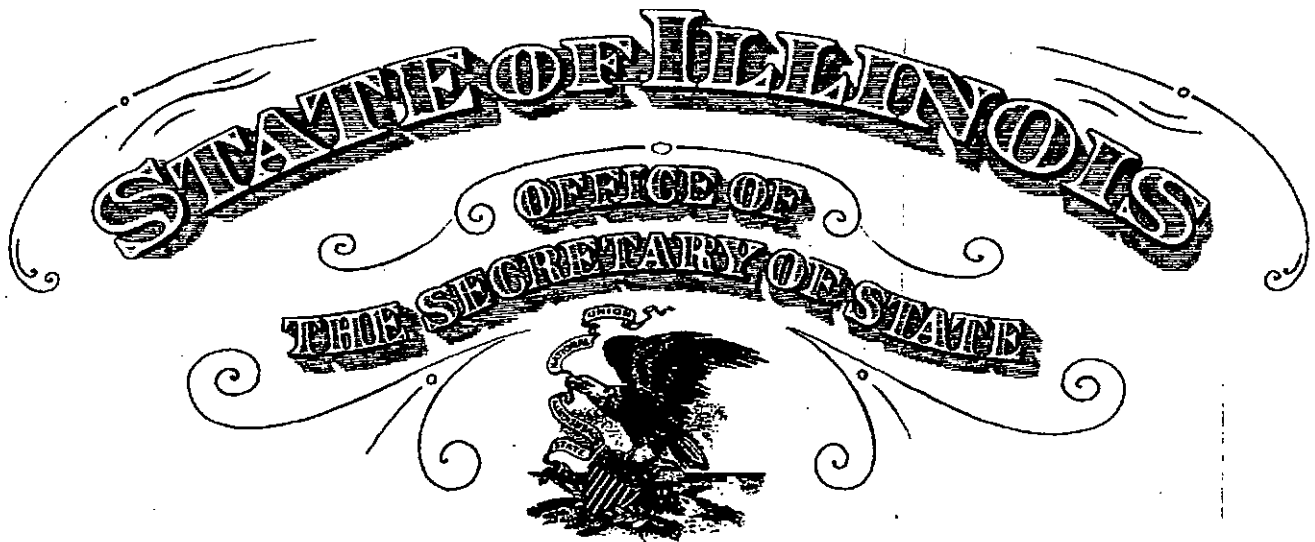
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of JUNE A.D. 2008

Jesse White

SECRETARY OF STATE

Authentication #: 0815802242

Authenticate at: <http://www.cyberdriveillinois.com>



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SSM HEALTH CARE CORPORATION, INCORPORATED IN MISSOURI AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON OCTOBER 23, 1952, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of MARCH A.D. 2008

Jesse White
ATTACHMENT IDEN-1
SECRETARY OF STATE

Authentication #: 0808900374

Authenticate at: <http://www.cyberdriveillinois.com>



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

PHYSICIANS SURGERY CENTER AT GOOD SAMARITAN, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 23, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of MAY A.D. 2008

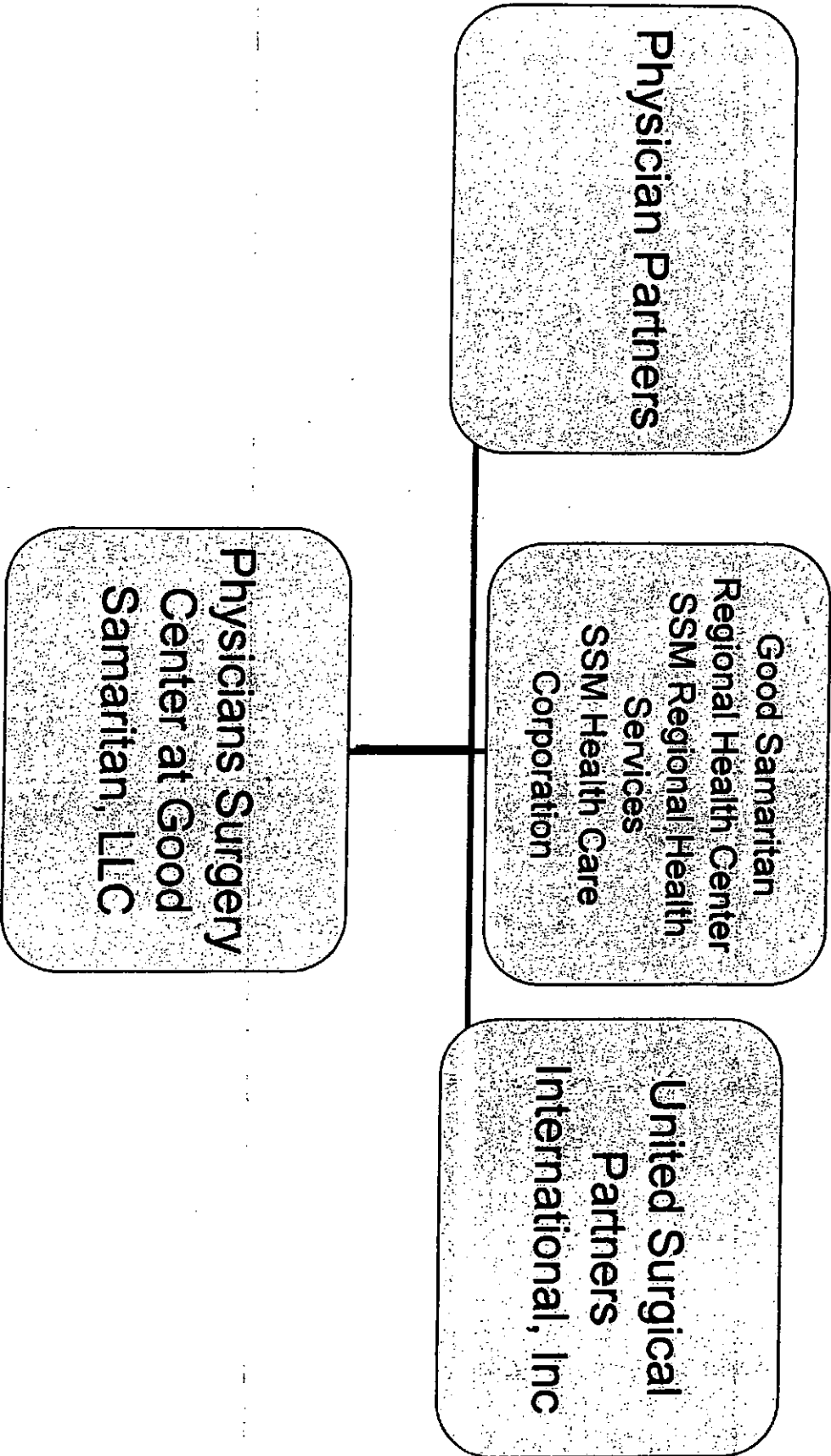


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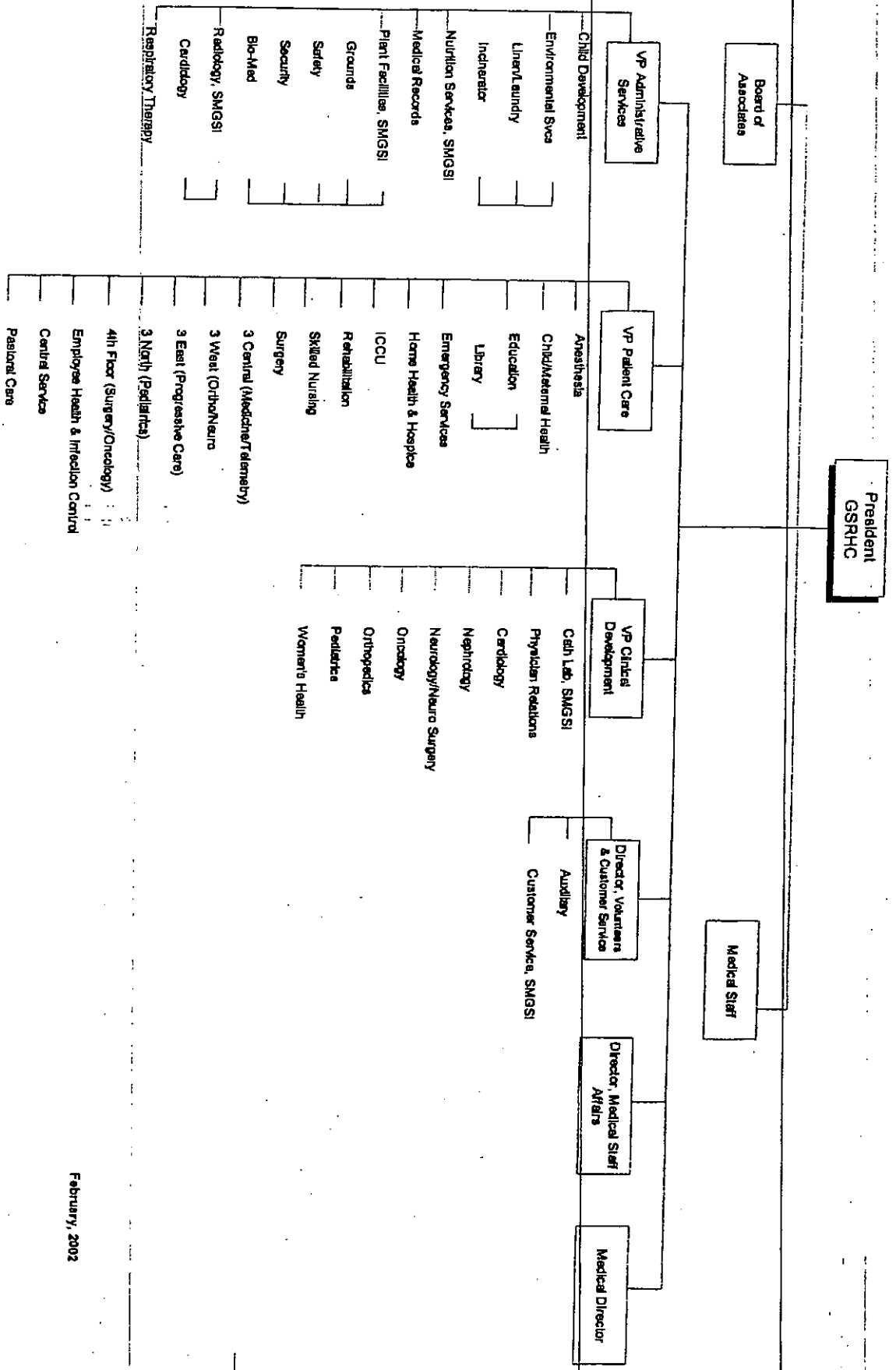
Jesse White

SECRETARY OF STATE

Organizational Chart Showing Relationship of Applicants



GOOD SAMARITAN REGIONAL HEALTH CENTER, Mt. Vernon, IL



ATTACHMENT IDEN-3

February, 2002

24



Illinois State Water Survey

Main Office • 2204 Griffith Drive • Champaign, IL 61820-7495 • Tel (217) 333-2210 • Fax (217) 333-6540
Peoria Office • P.O. Box 697 • Peoria, IL 61652-0697 • Tel (309) 671-3196 • Fax (309) 671-3106



Special Flood Hazard Area Determination pursuant to Governor's Executive Order 5 (2006) (supersedes Governor's Executive Order 4 (1979))

Requester: Michael I. Copelin
Address: Copelin Healthcare Consulting, 42 Birch Lake Dr.
City, state, zip: Sherman, IL 62684 Telephone: (217) 496-3712

Site description of determination:

Site address: SE corner Veterans Memorial Dr. & 42nd St.
City, state, zip: Mt Vernon, IL
County: Jefferson Sec $\frac{1}{4}$: N 1/2 Section: 1 T. 3 S. R. 2 E. PM: 3rd
Subject area: Approximately the E 1500 ft of the W 3100 ft of the N 1700 ft of Sec. 1, T. 3 S., R. 2 E., 3rd P.M.,
Jefferson County IL.

The property described above IS NOT located in a Special Flood Hazard Area or a shaded Zone X floodzone.

Floodway mapped: N/A Floodway on property: No
Sources used: FEMA Flood Hazard Boundary Map (FHBM, annotated copy attached), "existing" site topo (n.d.) site boundary.
Community name: Jefferson County Uninc. Areas Community number: 170305
Panel/map number: 170305 18 A Effective Date: March 4, 1977
Flood zone: C Base flood elevation: N/A ft NGVD 1929

- N/A a. The community does not currently participate in the National Flood Insurance Program (NFIP).
NFIP flood insurance is not available; certain State and Federal assistance may not be available.
N/A b. Panel not printed: no Special Flood Hazard Area on the panel (panel designated all Zone C or unshaded X).
N/A c. No map panels printed: no Special Flood Hazard Areas within the community (NSFHA).

The primary structure on the property:

- N/A d. Is located in a Special Flood Hazard Area. Any activity on the property must meet State, Federal, and local floodplain development regulations. Federal law requires that a flood insurance policy be obtained as a condition of a federally-backed mortgage or loan that is secured by the building.
N/A e. Is located in shaded Zone X or B (500-yr floodplain). Conditions may apply for local permits or Federal funding.
X f. Is not located in a Special Flood Hazard Area or 500-year floodplain area shown on the effective FEMA map.
N/A g. A determination of the building's exact location cannot be made on the current FEMA flood hazard map.
N/A h. Exact structure location is not available or was not provided for this determination.

Note: This determination is based on the current Federal Emergency Management Agency (FEMA) flood hazard map for the community. This letter does not imply that the referenced property will or will not be free from flooding or damage. A property or structure not in a Special Flood Hazard Area may be damaged by a flood greater than that predicted on the FEMA map or by local drainage problems not mapped. This letter does not create liability on the part of the Illinois State Water Survey, or employee thereof for any damage that results from reliance on this determination. This letter does not exempt the project from local stormwater management regulations.

Questions concerning this determination may be directed to Bill Saylor (217/333-0447) at the Illinois State Water Survey. Questions concerning requirements of Governor's Executive Order 5 (2006), or State floodplain regulations, may be directed to Paul Osman (217/782-3862) at the IDNR Office of Water Resources.

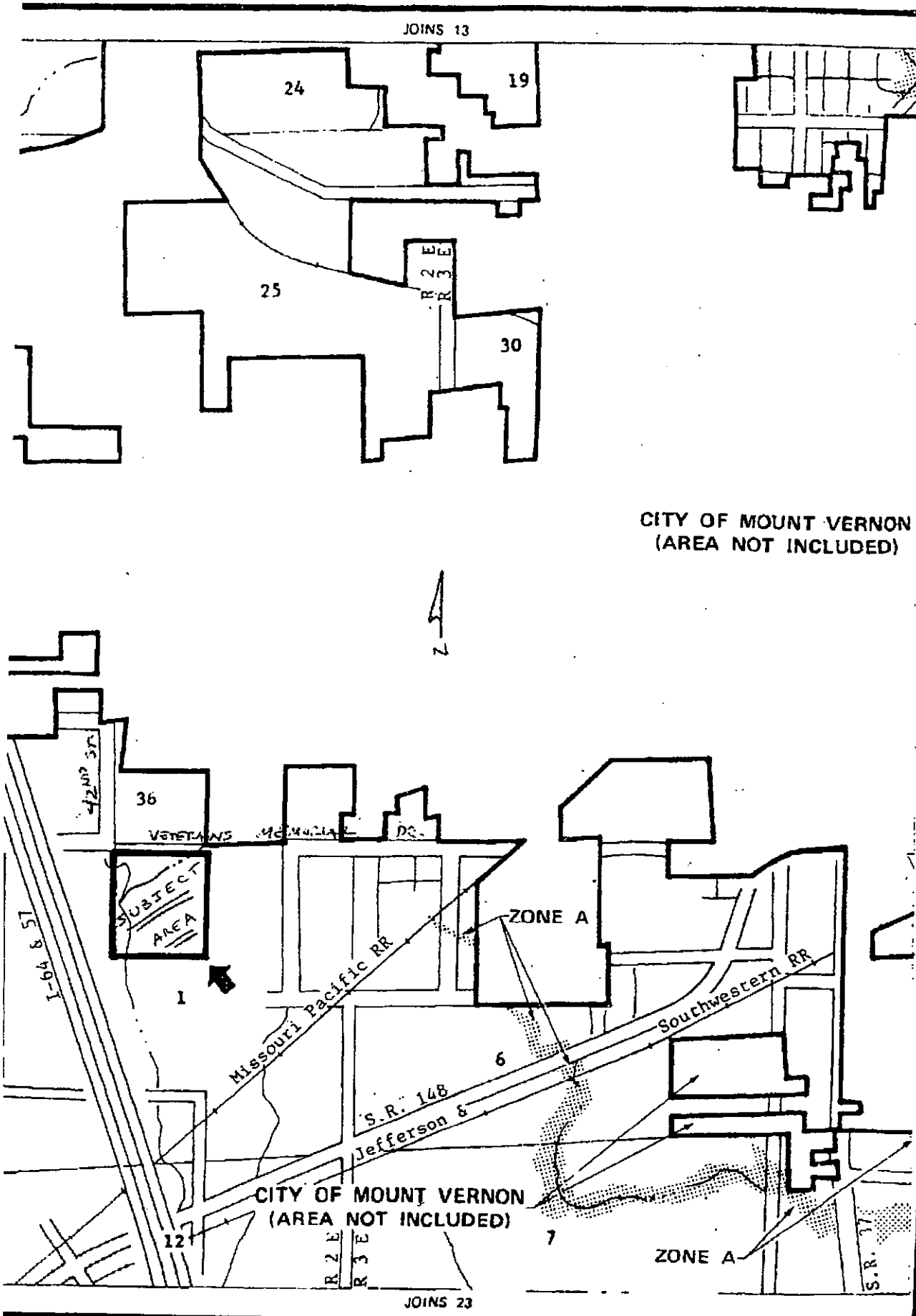
William Saylor
William Saylor, CHM 01-02-06107, Illinois State Water Survey

Title: ISWS Surface Water & Floodplain Information Date: 3/28/2008

Printed on recycled paper

ATTACHMENT IDEN-4 Form rev. 1/10/2005

- LEGEND ON REVERSE -



APPROXIMATE SCALE

6000 FEET
4000
2000
0

EFFECTIVE DATE
MARCH 4, 1977

FLOOD HAZARD BOUNDARY MAP

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
Federal Insurance Administration
JEFFERSON CO., IL
(UNINC. AREAS)

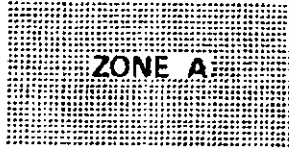
170305

18 A

-WS/ISWS 3/28/2008
ATTACHMENT IDEN-4

LEGEND

**SPECIAL FLOOD HAZARD
AREA**



Note: These maps may not include all Special Flood Hazard Areas in the community. After a more detailed study, the Special Flood Hazard Areas shown on these maps may be modified, and other areas added.

CONSULT NFIA SERVICING COMPANY OR LOCAL INSURANCE AGENT OR BROKER TO DETERMINE IF PROPERTIES IN THIS COMMUNITY ARE ELIGIBLE FOR FLOOD INSURANCE.

INITIAL IDENTIFICATION DATE:
MARCH 4, 1977

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
Federal Insurance Administration

FLOOD HAZARD BOUNDARY MAP H - 01-40

MAP INDEX

JEFFERSON CO., IL
(UNINC. AREAS)

COMMUNITY NO. 170305A



**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

Jefferson County
Mt. Vernon

CON - New Construction of Replacement Hospital and Medical Office Building
SE Corner 42nd St. and Veterans Memorial Dr.
IHPA Log #013032708

April 7, 2008

Michael Copelin
Copelin Health Care Consulting
42 Birch Lake Dr.
Sherman, IL 62684

Dear Mr. Copelin:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact Patrick Gleason, Cultural Resources Manager, 1 Old State Capitol Plaza, Springfield, IL 62701, 217/785-3977.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

SECTION III. GENERAL REVIEW CRITERIA

This section is applicable to all projects EXCEPT those projects that are solely for discontinuation with no project costs and those projects that are non-substantive and subject only to a Part 1120 review. Refer to Part 1110.40 for the requirement for non-substantive projects.

A. Criterion 1110.230.a, Location

Check if the project will result in any of the following: establishment of a health care facility; establishment of a category of service; acquisition of major medical equipment (for treating inpatients) that is not or will not be located in a health care facility and is not being acquired by or on behalf of a health care facility. If NO boxes are checked, this criterion is not applicable. If any box is checked, read the criterion and submit the following:

1. A map (8 1/2" x 11") of the area showing:
 - a. the location of the applicant's facility or project;
 - b. the name and location of all the other facilities providing the same service within the planning area and surrounding planning areas within 30 minutes travel time of the proposed facility;
 - c. the distance (in miles) and the travel time (under normal driving conditions) from the applicant's facility to each of the facilities identified in b. above;
 - d. an outline of the proposed target population area.
2. For existing facilities, provide patient origin data for all admissions for the last 12 months presented by zip code. Note this information must be based upon the patient's legal residence other than a health care facility for the last 6 months immediately prior to admission. For all other projects for which referrals are required patient origin data for the referrals must be provided.
3. The ratio of beds to population (population will be based upon the latest census data by zip code) within 30 minutes travel time of the proposed project.
4. The status of the project in the zoning process. Provide letter(s) from the appropriate local officials.
5. Evidence of legal site ownership, possession, or option to purchase or lease.

APPEND DOCUMENTATION AS ATTACHMENT GRC-1 AFTER THE LAST PAGE OF THIS SECTION.

B. Criterion 1110.230.b, Background of Applicant

Read the criterion and submit the following information:

1. A listing of all health care facilities owned or operated by the applicant, including licensing, certification and accreditation identification numbers, if applicable.
2. Proof of current licensing and, if applicable, certification and accreditation of all health care facilities owned or operated by the applicant.
3. A certification from the applicant listing any adverse action taken against any facility owned or operated by the applicant during the three (3) years prior to the filing of the application.
4. Authorization(s) permitting the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any action by the State Board.**

APPEND DOCUMENTATION AS ATTACHMENT GRC-2 AFTER THE LAST PAGE OF THIS SECTION.

C. Criterion 1110.230.c, Alternatives to the Proposed Project

Read the criterion and provide the following information:

1. Provide a comparison of all of the alternatives considered including the alternative of doing nothing. The comparison must address cost benefit analyses, patient access, quality, and short and long-term financial benefits.
2. Discuss why the alternative of using other area facilities or resources to meet the needs identified in your project is not feasible.
3. Discuss why the alternative of utilizing underutilized bed or other space in the facility is not feasible.
4. If the alternative selected is based solely or in part on improved quality of care, provide empirical evidence (including quantified outcome data) that verifies improved quality of care.

APPEND DOCUMENTATION AS ATTACHMENT GRC-3 AFTER THE LAST PAGE OF THIS SECTION.

D. Criterion 1110.230.d, Need for the Project

Is the need for the project based upon need assessment per Part 1100 or a variance? Yes No.

If no is indicated, read the criterion and submit the following as applicable:

1. Copies of area market studies including explanations regarding how and when these studies were performed.
2. Calculation of the need for the beds or services including the models used to estimate the need (all assumptions used in the model and the mathematical calculations must be included).
3. Identification of the individuals likely to use the proposed beds or service by:

Provide letters from physicians or hospitals which document how many patients were referred for this service in the past 12 months, where the patients were referred and how many patients will be referred annually to the proposed project.

- I 4. If the project is for the acquisition of major medical equipment that does NOT result in the establishment of a category of service, provide documentation that the equipment will achieve or exceed the applicable target utilization levels specified in Appendix B of Part 1110 within 12 months after acquisition.

APPEND DOCUMENTATION AS ATTACHMENT GRC-4 AFTER THE LAST PAGE OF THIS SECTION.

E. Criterion 1110.230.e, Size of Project

Read the criterion and provide the following:

1. For any department involved in this project that has a square footage which exceeds the State Norm found in Appendix B of Part 1110 or if no State Norm is shown in Appendix B, provide:
 - a. a rationale explaining how the proposed square footage was determined;
 - b. copies of any standards used to determine appropriate square footage;
 - c. architectural drawings showing any design impediments in the existing facility; and
 - d. if the project is for the conversion of beds from one category of service to another an explanation as to why the excess space within the facility cannot be more appropriately used for other purposes.

APPEND DOCUMENTATION AS ATTACHMENT GRC-5 AFTER THE LAST PAGE OF THIS SECTION.

2. If the project involves a category of service for which the State Board has established utilization targets, provide the following:

- a. projected utilization for the first two years of operation after project completion;
- b. an explanation regarding how these projections were developed;
- c. copies of any contracts with new physicians or professional staff;
- d. a list of any new procedures which will affect the workload of the facility.

NOT APPLICABLE

APPEND DOCUMENTATION AS ATTACHMENT GRC-6 AFTER THE LAST PAGE OF THIS SECTION.

Criterion 1110.230.a, Location

The proposed project calls for the establishment of a new health care facility, a Non-Hospital Based Ambulatory Surgical Treatment Center. Since this facility serves an area larger than the 30 minute travel time called for under this criterion a map showing the entire target area has been provided. This map shows all facilities within the target area, which includes those facilities which are within 30 minutes travel time.

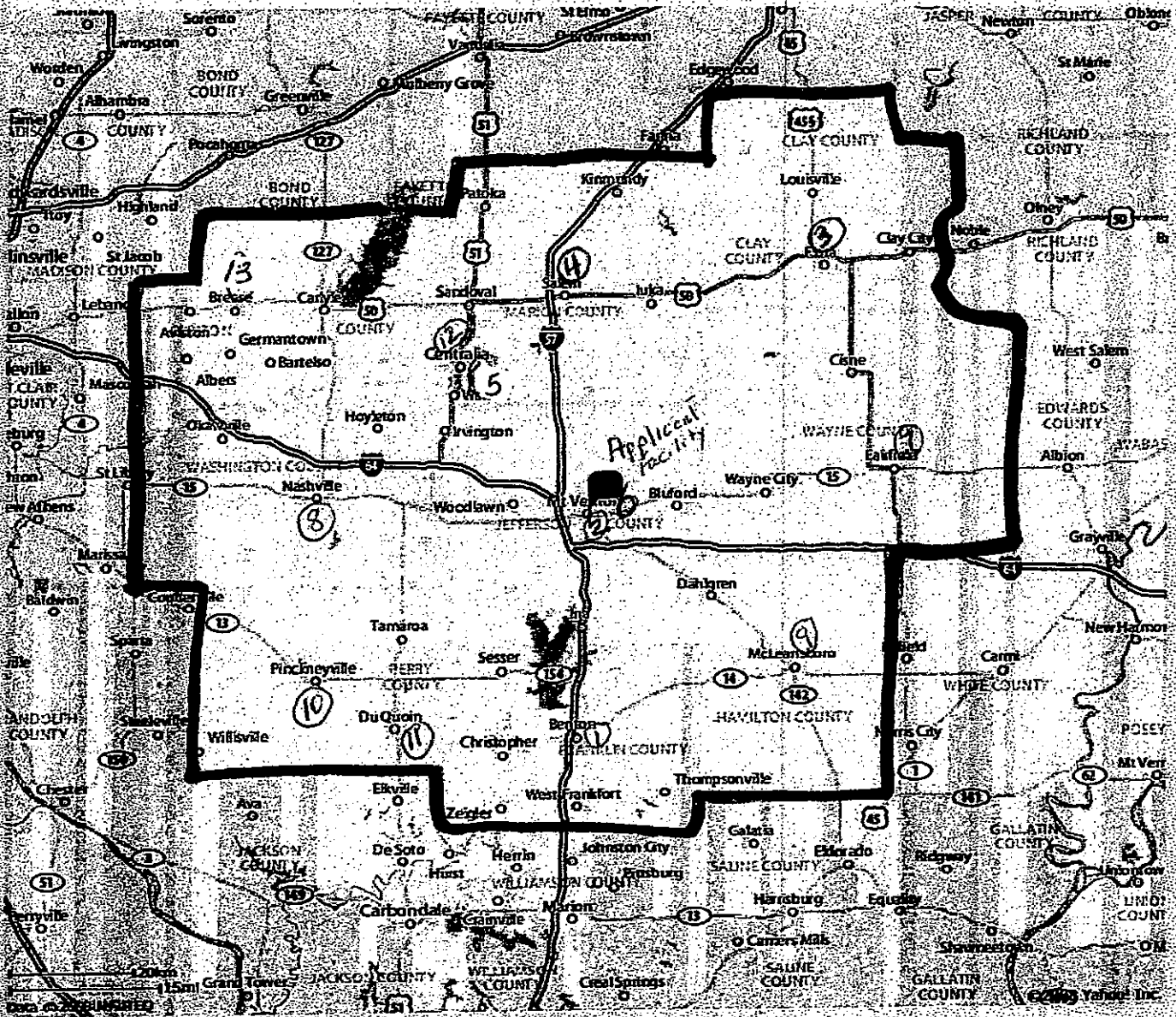
Since this project is for the establishment of a new facility patient origin data specifically for the facility is not available, however, since all of the patient referrals will be from patients historically treated at the hospital the hospital origin data by zipcode is appended to this attachment. Attachment ASTC-1 shows the referral letters from the physicians and in every case they indicate that their volume is presently treated at Good Samaritan Regional Health Center which is why the hospital patient origin relates directly to the projected referral volume.

The proposed facility will be located on land owned by the hospital, which is why the hospital and its parent are listed as co-applicant's on this application. A copy of the hospitals Warranty Deed is appended to this attachment.

The property currently is zoned for the proposed use.

Since the proposed project will not include any patient beds, the ratio of beds to population is not applicable to this project.

ATTACHMENT GRC-1



- | | |
|---|--|
| 1. Franklin Hospital - Benton | 2. Cross Roads Community Hospital - Mt. Vernon |
| 3. Clay County Hospital - Flora | 4. Salem Township Hospital - Salem |
| 5. St. Mary's Hospital - Centralia | 6. Mt. Vernon Eye Center - Mt. Vernon |
| 7. Fairfield Memorial Hospital - Fairfield | 8. Washington County Hospital - Nashville |
| 9. Hamilton Memorial Hospital - McLeansboro | 10. Pinckneyville Community Hospital - Pinckneyville |
| 11. Marshall Browning Hospital - DuQuoin | 12. Surgery Center of Centralia - Centralia |
| 13. St. Joseph's Hospital - Breese | |

TRAVEL TIMES AND DISTANCES

Facility	Travel Time	Distance
Franklin Hospital	30 minutes	25.86 miles
Crossroads Community Hospital	5 minutes	1.6 miles
Clay County Hospital	58 minutes	50.70 miles
Salem Township Hospital	29 minutes	25.03 miles
St. Mary's Hospital	30 minutes	26.06 miles
Mt. Vernon Eye Center	5 minutes	1.5 miles
Fairfield Memorial Hospital	48 minutes	45.27 miles
Washington County Hospital	34 minutes	30.4 miles
Hamilton Memorial Hospital	41 minutes	28.06 miles
Pinckneyville Community Hospital	51 minutes	38.38 miles
Marshall Browning Hospital	49 minutes	36.75 miles
Surgery Center of Centralia	30 minutes	26.06 miles
St. Joseph's Hospital	60 minutes	50.73 miles



CITY OF MT. VERNON
1100 MAIN CITY HALL
MT. VERNON, ILLINOIS 62864

618-242-8000

June 2, 2008

Good Samaritan Regional Health Center & SSM Health Care
605 North 12th Street
Mt. Vernon, IL 62864

RE: Zoning for site of the proposed health care facilities near intersection of
Veterans Memorial Drive and South 42nd Street.

To whom it may concern,

The site of the proposed health care facilities near intersection of Veterans Memorial Drive and South 42nd Street is zoned B-PL, Planned Business District. Hospitals, medical office buildings and ambulatory surgical treatment centers are permitted use and/or structures in B-PL.

For further information regarding the Zoning Ordinance Codes, they can be located on the City's website, www.mtvernon.com under the Ordinance tab.

If you should need any further assistance, please feel free to contact our office at the above-listed number.

Sincerely,


John B. Porter
Chief Building Inspector/City Engineer

Stamps have on top one 750.00 + one 700.00
 JEFFERSON CO. NO. 34
 STATE OF ILLINOIS
 DEPT. OF REVENUE
 Y.B. 10281 10791
 REAL ESTATE TRANSFER TAX
 \$ 0.00

STATE OF ILLINOIS
 COUNTY OF JEFFERSON JSS
FILE FOR RECORD
 At 3:29 O'clock PM

MAR 15 1999
 Recorded Cabinet 6
 Drawer 1 Inst. 3736
Don Rector RECORDER
 \$15.00pd

1999-01857
WARRANTY DEED

THIS INDENTURE WITNESSETH, That the Grantor, Star Investment Group, L.P., a Missouri limited partnership, for and in consideration of the sum of One Dollar and other good and valuable considerations, the receipt of which is hereby acknowledged, CONVEYS and WARRANTS to Good Samaritan Regional Health Center, a Missouri nonprofit corporation, whose address is 605 N. 12th Street, Mt. Vernon, Illinois 62864, Grantee, the following described real estate situated in the County of Jefferson and State of Illinois, to wit:

See Exhibit A attached hereto and hereby made a part hereof.

Tax Identification Number: 50-1-001-02

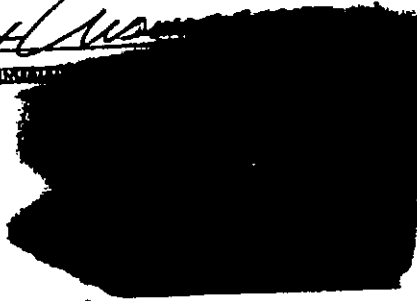
Subject only to those matters listed and described on Exhibit B attached hereto and hereby made a part hereof and the general taxes for the calendar year 1998 and thereafter, and the special taxes becoming a lien after the date of this Deed.

The Grantor hereby releases and waives all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Dated this 16th day of March 1999.

STAR INVESTMENT GROUP, L.P.,
 a Missouri limited partnership

By: STAR INVESTMENT GROUP
 GENERAL, L.L.C.
 a Missouri limited liability company,
 General Partner

By: *[Signature]*
 Rex Customer


STATE OF Illinois)
) ss
COUNTY OF Jefferson)

I, the undersigned, a Notary Public, in and for the County and State aforesaid, DO HEREBY CERTIFY THAT Rex Cusumano, personally known to me to be the same person whose name is subscribed to the foregoing instrument, as having executed the same, appeared before me this day in person and acknowledged that he is a Manager of Star Investment Group General, L.L.C., a Missouri limited liability company, the General Partner of Star Investment Group L.P., a Missouri limited partnership, and that he signed and delivered the said instrument on behalf of said limited liability company in its capacity as the general partner of said limited partnership, and he acknowledged said instrument to be the free and voluntary act of said limited liability company and said limited partnership.

Given under my hand and official seal this 15th day of March, 1999.

Ora A. Ramsey
Notary Public
OFFICIAL SEAL
ORA A RAMSEY
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 03/22/00

My Commission Expires:

Future Taxes to Grantee's
Address

Return this document to:
James E. Adkins, Esq.
Greensfelder, Hemker & Gale, P.C.
10 South Broadway, Suite 2000
St. Louis, Missouri 63102

This Instrument was Prepared by:
Whose Address is:

Suzanne L. Zatin, Esq.
Gallop, Johnson & Neuman, L.C.
101 South Hanley Road, Suite 1600
St. Louis, Missouri 63105
314/862-1200

EXHIBIT A

PROPERTY

Part of Lots 5, 6, 7 and 9 in the Partition of Land of Rhodam Allen Section 1, Township 3 South, Range 2 East of the 3rd Principal Meridian, Circuit Court Record D, Page 331 in the Office of Circuit Clerk, Jefferson County, Illinois, more particularly described as follows:

Commencing at a point 7 rods and 7 feet (122.50 feet) east of the Northwest corner of said Lot 9; thence South 00 degrees 34 minutes 51 seconds East along the west line of the remainder of said Lot 9 a distance of 25.08 feet to the Point of Beginning on the South Right-Of-Way of Veterans Memorial Drive; thence continuing South 00 degrees 34 minutes 51 seconds East along the west line of the remainder of said Lot 9 a distance of 1749.75 feet to a point; thence South 88 degrees 56 minutes 01 seconds East parallel with the Center Line of Veterans Memorial Drive a distance of 1397.23 feet to a point; thence North 00 degrees 34 minutes 51 seconds West parallel to the west line of the remainder of said Lot 9 a distance of 1416.25 feet to a point; thence North 88 degrees 56 minutes 01 seconds West parallel to the Center Line of Veterans Memorial Drive a distance of 800.00 feet to a point; thence North 00 degrees 34 minutes 51 seconds West parallel to the west line of said Lot 9 a distance of 333.50 feet to a point on the South Right-of-Way Line of Veterans Memorial Drive; thence North 88 degrees 56 minutes 01 seconds West along the South Right-of-Way of Veterans Memorial Drive a distance of 597.23 feet to the point of beginning, containing 50.00 acres.

0303235.01

EXHIBIT B

Permitted Exceptions

1. Easement dated March 6, 1970 and filed November 25, 1970 in Cabinet 1, Drawer G, Instrument No. 333 made by First National Bank and Trust Company as Trustee under the Testamentary Trust established by the Last Will and Testament of Lester E. Starr, deceased to Illinois Power Company.
2. Easement dated March 24, 1981 and recorded July 27, 1981 in Cabinet 3, Drawer 1, Instrument No. 1265 made by First Bank and Trust Co., as Trustee under the provisions of a Trust Agreement dated May 3, 1976 as Trust No. 11118 to Illinois Power Company.
3. General Real Estate Taxes for the year 1998 and subsequent years, the 1998 General Real Estate Taxes being payable by Grantee, an adjustment having been made therefor.

AMERICAN LAND TITLE ASSOCIATION
OWNER'S POLICY
(10-17-92)

14 0205 106 00002273

CHICAGO TITLE INSURANCE COMPANY

SUBJECT TO THE EXCLUSIONS FROM COVERAGE, THE EXCEPTIONS FROM COVERAGE CONTAINED IN SCHEDULE B AND THE CONDITIONS AND STIPULATIONS, CHICAGO TITLE INSURANCE COMPANY, a Missouri corporation, herein called the Company, insures, as of Date of Policy shown in Schedule A, against loss or damage, not exceeding the Amount of Insurance stated in Schedule A, sustained or incurred by the insured by reason of:

1. Title to the estate or interest described in Schedule A being vested other than as stated therein;
2. Any defect in or lien or encumbrance on the title;
3. Unmarketability of the title;
4. Lack of a right of access to and from the land.

The Company will also pay the costs, attorneys' fees and expenses incurred in defense of the title, as insured, but only to the extent provided in the Conditions and Stipulations.

In Witness Whereof, CHICAGO TITLE INSURANCE COMPANY has caused this policy to be signed and sealed as of Date of Policy shown in Schedule A, the policy to become valid when countersigned by an authorized signatory.


Issued by:
KING CITY ABSTRACTERS
716 MAIN STREET
P.O. BOX 402
MT. VERNON, IL 62864
(618) 242-3212

CHICAGO TITLE INSURANCE COMPANY

By:


President

By:


Secretary



EXCLUSIONS FROM COVERAGE

The following matters are expressly excluded from the coverage of this policy and the Company will not pay loss or damage, costs, attorneys' fees or expenses which arise by reason of:

1. (a) Any law, ordinance or governmental regulation (including but not limited to building and zoning laws, ordinances, or regulations) restricting, regulating, prohibiting or relating to (i) the occupancy, use, or enjoyment of the land; (ii) the character, dimensions or location of any improvement now or hereafter erected on the land; (iii) a separation in ownership or a change in the dimensions or area of the land or any parcel of which the land is or was a part; or (iv) environmental protection, or the effect of any violation of these laws, ordinances or governmental regulations, except to the extent that a notice of the enforcement thereof or a notice of a defect, lien or encumbrance resulting from a violation or alleged violation affecting the land has been recorded in the public records at Date of Policy.
- (b) Any governmental police power not excluded by (a) above, except to the extent that a notice of the exercise thereof or a notice of a defect, lien or encumbrance resulting from a violation or alleged violation affecting the land has been recorded in the public records at Date of Policy.
2. Rights of eminent domain unless notice of the exercise thereof has been recorded in the public records at Date of Policy, but not excluding from coverage any taking which has occurred prior to Date of Policy which would be binding on the rights of a purchaser for value without knowledge.
3. Defects, liens, encumbrances, adverse claims or other matters:
 - (a) created, suffered, assumed or agreed to by the insured claimant;
 - (b) not known to the Company, not recorded in the public records at Date of Policy, but known to the insured claimant and not disclosed in writing to the Company by the insured claimant prior to the date the insured claimant became an insured under this policy;
 - (c) resulting in no loss or damage to the insured claimant;
 - (d) attaching or created subsequent to Date of Policy; or
 - (e) resulting in loss or damage which would not have been sustained if the insured claimant had paid value for the estate or interest insured by this policy.
4. Any claim, which arises out of the transaction vesting in the insured the estate or interest insured by this policy, by reason of the operation of federal bankruptcy, state insolvency, or similar creditors' rights laws, that is based on:
 - (i) the transaction creating the estate or interest insured by this policy being deemed a fraudulent conveyance or fraudulent transfer; or
 - (ii) the transaction creating the estate or interest insured by this policy being deemed a preferential transfer except where the preferential transfer results from the failure:
 - (a) to timely record the instrument of transfer; or
 - (b) of such recordation to impart notice to a purchaser for value or a judgment or lien creditor.

OWNERS
SCHEDULE A

OFFICE FILE NUMBER	POLICY NUMBER	DATE OF POLICY	AMOUNT OF INSURANCE
1 KCA 41714	2 14 0205 106 00002273	3 3-15-1999	4 \$900,000.00

NOTE: A loan Policy on the encumbrance described in this Schedule has been issued naming as the insured:

1. Name of Insured:

GOOD SAMARITAN REGIONAL HEALTH CENTER

2. The estate or interest in the land which is covered by this Policy is:

Fee Simple

3. Title to the estate of interest in the land is vested in the Insured.

4. The land herein described is encumbered by the following mortgage or trust deed, and assignments:

"NOT APPLICABLE"

and the mortgages or trust deeds, if any, shown in Schedule B hereof.

5. The land referred to in this Policy is described as follows:

SEE ATTACHED PAGE FOR LEGAL DESCRIPTION

SCHEDULE A

ALTA Loan/Owners This Policy valid only if Schedule B is attached.

ADDED PAGE

(Schedule A Continued)

Policy Number: 14 0205 106 00002273
Owners

KCA 41714

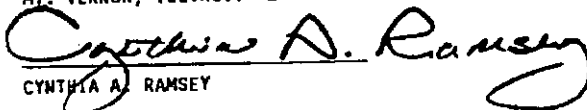
LEGAL DESCRIPTION

Part of Lots 5, 6, 7, and 9 of the Partition of land of Rhodam Allen, deceased, situated in Section 1, Township 3 South, Range 2 East of the Third Principal Meridian, as shown by plat thereof in the Circuit Court Record D at page 331 in the Circuit Clerk's Office of Jefferson County; more particularly described as follows:

Commencing at a point 7 rods and 7 feet (122.50 feet) East of the Northwest corner of said Lot 9; thence South 00 degrees 34 minutes 51 seconds East along the West line of the remainder of said Lot 9 a distance of 25.08 feet to the point of beginning on the South right of way of Veterans Memorial Drive; thence continuing South 00 degrees 34 minutes 51 seconds East along the West line of the remainder of said Lot 9 a distance of 1749.75 feet to a point; thence South 88 degrees 56 minutes 01 seconds East parallel with the center line of Veterans Memorial Drive a distance of 1397.23 feet to a point; thence North 00 degrees 34 minutes 51 seconds West parallel to the West line of the remainder of said Lot 9 a distance of 1416.25 feet to a point; thence North 88 degrees 56 minutes 01 seconds West parallel to the center line of Veterans Memorial Drive a distance of 800.00 feet to a point; thence North 00 degrees 34 minutes 51 seconds West parallel to the West line of said Lot 9 a distance of 333.50 feet to a point on the South right of way line of Veterans Memorial Drive; thence North 88 degrees 56 minutes 01 seconds West along the South right of way of Veterans Memorial Drive a distance of 597.23 feet to the point of beginning,

SITUATED IN JEFFERSON COUNTY, ILLINOIS.

KING CITY ABSTRACTERS
716 MAIN STREET,
P.O. BOX 402
MT. VERNON, ILLINOIS 62864


CYNTHIA A. RAMSEY

POLICY INSERT

OWNERS
SCHEDULE B

Policy Number: 14 0205 106 00002273
Owners

EXCEPTIONS FROM COVERAGE

This policy does not insure loss or damage (and the Company will not pay costs, attorneys' fees expenses) which arise by reason of:

General Exceptions:

- (1) Rights or claims of parties in possession not shown by the public records.
- (2) Encroachments, overlaps, boundary line disputes, and any other matters which would be disclosed by an accurate survey and inspections of the premises.
- (3) Easements or claims of easements not shown by the public records.
- (4) Any lien, or right to lien, for services, labor, or materials heretofore or hereafter furnished, imposed by law and not shown by the public records.
- (5) Taxes or special assessments which are not shown as existing liens by the public records.

Special Exceptions: The mortgage, if any, referred to in Item 4 of Schedule A.

1. Taxes for the year 1998.
2. Easement dated March 6, 1970 and filed November 25, 1970 in Cabinet 1, Drawer G, Instrument No. 333 made by First National Bank and Trust Company as Trustee under the Testamentary Trust established by the Last Will and Testament of Lester E. Starr, deceased to Illinois Power Company.
3. Easement dated March 24, 1981 and recorded July 27, 1981 in Cabinet 3, Drawer 1, Instrument No. 1265 made by First Bank and Trust Co., as Trustee under the provisions of a Trust Agreement dated May 3, 1976 as Trust No. 11118 to Illinois Power Company.

KING CITY ABSTRACTERS
716 MAIN ST.
MT. VERNON, ILLINOIS 62864


CYNTHIA A. RAMSEY

SCHEDULE B Schedule B of this Policy consists of 1 page.
Alta Modified Loan/Owners-1970

CONDITIONS AND STIPULATIONS

1. DEFINITION OF TERMS

The following terms when used in this policy mean:

(a) "insured": the insured named in Schedule A, and, subject to any rights or defenses the Company would have had against the named insured, those who succeed to the interest of the named insured by operation of law as distinguished from purchase including, but not limited to, heirs, distributees, devisees, survivors, personal representatives, next of kin, or corporate or fiduciary successors.

(b) "insured claimant": an insured claiming loss or damage.

(c) "knowledge" or "known": actual knowledge, not constructive knowledge or notice which may be imputed to an insured by reason of the public records as defined in this policy or any other records which impart constructive notice of matters affecting the land.

(d) "land": the land described or referred to in Schedule A, and improvements affixed thereto which by law constitute real property. The term "land" does not include any property beyond the lines of the area described or referred to in Schedule A, nor any right, title, interest, estate or easement in abutting streets, roads, avenues, alleys, lanes, ways or waterways, but nothing herein shall modify or limit the extent to which a right of access to and from the land is insured by this policy.

(e) "mortgage": mortgage, deed of trust, trust deed, or other security instrument.

(f) "public records": records established under state statutes at Date of Policy for the purpose of imparting constructive notice of matters relating to real property to purchasers for value and without knowledge. With respect to Section 1(a)(iv) of the Exclusions From Coverage, "public records" shall also include environmental protection liens filed in the records of the clerk of the United States district court for the district in which the land is located.

(g) "unmarketability of the title": an alleged or apparent matter affecting the title to the land, not excluded or excepted from coverage, which would entitle a purchaser of the estate or interest described in Schedule A to be released from the obligation to purchase by virtue of a contractual condition requiring the delivery of marketable title.

2. CONTINUATION OF INSURANCE AFTER CONVEYANCE OF TITLE

The coverage of this policy shall continue in force as of Date of Policy in favor of an insured only so long as the insured retains an estate or interest in the land, or holds an indebtedness secured by a purchase money mortgage given by a purchaser from the insured, or only so long as the insured shall have liability by reason of covenants of warranty made by the insured in any transfer or conveyance of the estate or interest. This policy shall not continue in force in favor of any purchaser from the insured of either (i) an estate or interest in the land, or (ii) an indebtedness secured by a purchase money mortgage given to the insured.

3. NOTICE OF CLAIM TO BE GIVEN BY INSURED CLAIMANT

The insured shall notify the Company promptly in writing (i) in case of any litigation as set forth in Section 4(a) below, (ii) in case knowledge shall come to an insured hereunder of any claim of title or interest which is adverse to the title to the estate or interest, as insured, and which might cause loss or damage for which the Company may be liable by virtue of this policy, or (iii) if title to the estate or interest, as insured, is rejected as unmarketable. If prompt notice shall not be given to the Company, then as to the insured all liability of the Company shall terminate with regard to the matter or matters for which prompt notice is required; provided, however, that failure to notify the Company shall in no case prejudice the rights of any insured under this policy unless the Company shall be prejudiced by the failure and then only to the extent of the prejudice.

4. DEFENSE AND PROSECUTION OF ACTIONS; DUTY OF INSURED CLAIMANT TO COOPERATE

(a) Upon written request by the insured and subject to the options contained in Section 6 of these Conditions and Stipulations, the Company, at its own cost and without unreasonable delay, shall provide for the defense of an insured in litigation in which any third party asserts a claim adverse to the title or interest as insured, but only as to those stated causes of action alleging a defect, lien or encumbrance or other matter insured against by this policy. The Company shall have the right to select counsel of its choice (subject to the right of the insured to object for reasonable cause) to represent the insured as to those stated causes of action and shall not be liable for and will not pay the fees of any other counsel. The Company will not pay any fees, costs or expenses incurred by the insured in the defense of those causes of action which allege matters not insured against by this policy.

(b) The Company shall have the right, at its own cost, to institute and prosecute any action or proceeding or to do any other act which in its opinion may be necessary or desirable to establish the title to the estate or interest, as insured, or to prevent or reduce loss or damage to the insured. The Company may take any appropriate action under the terms of this policy, whether or not it shall be liable hereunder, and shall not thereby concede liability or waive any provision of this policy. If the Company shall exercise its rights under this paragraph, it shall do so diligently.

(c) Whenever the Company shall have brought an action or interposed a defense as required or permitted by the provisions of this policy, the Company may pursue any litigation to final determination by a court of competent jurisdiction and expressly reserves the right, in its sole discretion, to appeal from any adverse judgment or order.

(d) In all cases where this policy permits or requires the Company to prosecute or provide for the defense of any action or proceeding, the insured shall secure to the Company the right to so prosecute or provide defense in the action or proceeding, and all appeals therein, and permit the Company to use, at its option, the name of the insured for this purpose. Whenever requested by the Company, the insured, at the Company's expense, shall give the Company all reasonable aid (i) in any action or proceeding, securing evidence, obtaining witnesses, prosecuting or defending the action or proceeding, or effecting settlement, and (ii) in any other lawful act which in the opinion of the Company may be necessary or desirable to establish the title to the estate or interest as insured. If the Company is prejudiced by the failure of the insured to furnish the required cooperation, the Company's obligations to the insured under the policy shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation, with regard to the matter or matters requiring such cooperation.

5. PROOF OF LOSS OR DAMAGE

In addition to and after the notices required under Section 3 of these Conditions and Stipulations have been provided the Company, a proof of loss or damage signed and sworn to by the insured claimant shall be furnished to the Company within 90 days after the insured claimant shall ascertain the facts giving rise to the loss or damage. The proof of loss or damage shall describe the defect in, or lien or encumbrance on the title, or other matter insured against by this policy which constitutes the basis of loss or damage and shall state, to the extent possible, the basis of calculating the amount of the loss or damage. If the Company is prejudiced by the failure of the insured claimant to provide the required proof of loss or damage, the Company's obligations to the insured under the policy shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation, with regard to the matter or matters requiring such proof of loss or damage.

In addition, the insured claimant may reasonably be required to submit to examination under oath by any authorized representative of the Company and shall produce for examination, inspection and copying, at such reasonable times and places as may be designated by any authorized representative of the Company, all records, books, ledgers, checks, correspondence and memoranda, whether bearing a date before or after Date of Policy, which reasonably pertain to the loss or damage. Further, if requested by any authorized representative of the Company, the insured claimant shall grant its permission, in writing, for any authorized representative of the Company to examine, inspect and copy all records, books, ledgers, checks, correspondence and memoranda in the custody or control of a third party, which reasonably pertain to the loss or damage. All information designated as confidential by the insured claimant provided to the Company pursuant to this Section shall not be disclosed to others unless, in the reasonable judgment of the Company, it is necessary in the administration of the claim. Failure of the insured claimant to submit for examination under oath, produce other reasonably requested information or grant permission to secure reasonably necessary information from third parties as required in this paragraph shall terminate any liability of the Company under this policy as to that claim.

6. OPTIONS TO PAY OR OTHERWISE SETTLE CLAIMS; TERMINATION OF LIABILITY

In case of a claim under this policy, the Company shall have the following additional options:

(a) To Pay or Tender Payment of the Amount of Insurance.

To pay or tender payment of the amount of insurance under this policy together with any costs, attorneys' fees and expenses incurred by the insured claimant, which were authorized by the Company, up to the time of payment or tender of payment and which the Company is obligated to pay.

Upon the exercise by the Company of this option, all liability and obligations to the insured under this policy, other than to make the payment required, shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation, and the policy shall be surrendered to the Company for cancellation.

(b) To Pay or Otherwise Settle With Parties Other than the Insured or With the Insured Claimant.

(i) to pay or otherwise settle with other parties for or in the name of an insured claimant any claim insured against under this policy, together with any costs, attorneys' fees and expenses incurred by the insured claimant which were authorized by the Company up to the time of payment and which the Company is obligated to pay; or

(ii) to pay or otherwise settle with the insured claimant the loss or damage provided for under this policy, together with any costs, attorneys' fees and expenses incurred by the insured claimant which were authorized by the Company up to the time of payment and which the Company is obligated to pay.

Upon the exercise by the Company of either of the options provided for in paragraphs (b)(i) or (ii), the Company's obligations to the insured under this policy for the claimed loss or damage, other than the payments required to be made, shall terminate, including any liability or obligation to defend, prosecute or continue any litigation.

7. DETERMINATION, EXTENT OF LIABILITY AND COINSURANCE

This policy is a contract of indemnity against actual monetary loss or damage sustained or incurred by the insured claimant who has suffered loss or damage by reason of matters insured against by this policy and only to the extent herein described.

(a) The liability of the Company under this policy shall not exceed the least of:

(i) the Amount of Insurance stated in Schedule A; or,

(ii) the difference between the value of the insured estate or interest as insured and the value of the insured estate or interest subject to the defect, lien or encumbrance insured against by this policy.

(b) In the event the Amount of Insurance stated in Schedule A at the Date of Policy is less than 80 percent of the value of the insured estate or interest or the full consideration paid for the land, whichever is less, or if subsequent to the Date of Policy an improvement is erected on the land which increases the value of the insured estate or interest by at least 20 percent over the Amount of Insurance stated in Schedule A, then this Policy is subject to the following:

(i) where no subsequent improvement has been made, as to any partial loss, the Company shall only pay the loss pro rata in the proportion that the amount of insurance at Date of Policy bears to the total value of the insured estate or interest at Date of Policy; or

(ii) where a subsequent improvement has been made, as to any partial loss, the Company shall only pay the loss pro rata in the proportion that 120 percent of the Amount of Insurance stated in Schedule A bears to the sum of the Amount of Insurance stated in Schedule A and the amount expended for the improvement.

The provisions of this paragraph shall not apply to costs, attorneys' fees and expenses for which the Company is liable under this policy, and shall only apply to that portion of any loss which exceeds, in the aggregate, 10 percent of the Amount of Insurance stated in Schedule A.

(c) The Company will pay only those costs, attorneys' fees and expenses incurred in accordance with Section 4 of these Conditions and Stipulations.

8. APPORTIONMENT

If the land described in Schedule A consists of two or more parcels which are not used as a single site, and a loss is established affecting one or more of the parcels but not all, the loss shall be computed and settled on a pro rata basis as if the amount of insurance under this policy was divided pro rata as to the value on Date of Policy of each separate parcel to the whole, exclusive of any improvements made subsequent to Date of Policy, unless a liability or value has otherwise been agreed upon as to each parcel by the Company and the insured at the time of the issuance of this policy and shown by an express statement or by an endorsement attached to this policy.

9. LIMITATION OF LIABILITY

(a) If the Company establishes the title, or removes the alleged defect, lien or encumbrance, or cures the lack of a right of access to or from the land, or cures the claim of unmarketability of title, all as insured, in a reasonably diligent manner by any method, including litigation and the completion of any appeals therefrom, it shall have fully performed its obligations with respect to that matter and shall not be liable for any loss or damage caused thereby.

(b) In the event of any litigation, including litigation by the Company or with the Company's consent, the Company shall have no liability for loss or damage until there has been a final determination by a court of competent jurisdiction, and disposition of all appeals therefrom, adverse to the title as insured.

(c) The Company shall not be liable for loss or damage to any insured for liability voluntarily assumed by the insured in settling any claim or suit without the prior written consent of the Company.

10. REDUCTION OF INSURANCE; REDUCTION OR TERMINATION OF LIABILITY

All payments under this policy, except payments made for costs, attorneys' fees and expenses, shall reduce the amount of the insurance pro tanto.

11. LIABILITY NONCUMULATIVE

It is expressly understood that the amount of insurance under this policy shall be reduced by any amount the Company may pay under any policy insuring a mortgage to which exception is taken in Schedule B or to which the insured has agreed, assumed, or taken subject, or which is hereafter executed by an insured and which is a charge or lien on the estate or interest described or referred to in Schedule A, and the amount so paid shall be deemed a payment under this policy to the insured owner.

12. PAYMENT OF LOSS

(a) No payment shall be made without producing this policy for endorsement of the payment unless the policy has been lost or destroyed, in which case proof of loss or destruction shall be furnished to the satisfaction of the Company.

(b) When liability and the extent of loss or damage has been definitely fixed in accordance with these Conditions and Stipulations, the loss or damage shall be payable within 30 days thereafter.

13. SUBROGATION UPON PAYMENT OR SETTLEMENT

(a) The Company's Right of Subrogation.

Whenever the Company shall have settled and paid a claim under this policy, all right of subrogation shall vest in the Company unaffected by any act of the insured claimant.

The Company shall be subrogated to and be entitled to all rights and remedies which the insured claimant would have had against any person or property in respect to the claim had this policy not been issued. If requested by the Company, the insured claimant shall transfer to the Company all rights and remedies against any person or property necessary in order to perfect this right of subrogation. The insured claimant shall permit the Company to sue, compromise or settle in the name of the insured claimant and to use the name of the insured claimant in any transaction or litigation involving these rights or remedies.

If a payment on account of a claim does not fully cover the loss of the insured claimant, the Company shall be subrogated to these rights and remedies in the proportion which the Company's payment bears to the whole amount of the loss.

If loss should result from any act of the insured claimant, as stated above, that act shall not void this policy, but the Company, in that event, shall be required to pay only that part of any losses insured against by this policy which shall exceed the amount, if any, lost to the Company by reason of the impairment by the insured claimant of the Company's right of subrogation.

(b) The Company's Rights Against Non-Insured Obligors.

The Company's right of subrogation against non-insured obligors shall exist and shall include, without limitation, the rights of the insured to indemnities, guaranties, other policies of insurance or bonds, notwithstanding any terms or conditions contained in those instruments which provide for subrogation rights by reason of this policy.

14. ARBITRATION

Unless prohibited by applicable law, either the Company or the insured may demand arbitration pursuant to the Title Insurance Arbitration Rules of the American Arbitration Association. Arbitrable matters may include, but are not limited to, any controversy or claim between the Company and the insured arising out of or relating to this policy, any service of the Company in connection with its issuance or the breach of a policy provision or other obligation. All arbitrable matters when the Amount of Insurance is \$1,000,000 or less shall be arbitrated at the option of either the Company or the insured. All arbitrable matters when the Amount of Insurance is in excess of \$1,000,000 shall be arbitrated only when agreed to by both the Company and the insured. Arbitration pursuant to this policy and under the Rules in effect on the date the demand for arbitration is made or, at the option of the insured, the Rules in effect at Date of Policy shall be binding upon the parties. The award may include attorneys' fees only if the laws of the state in which the land is located permit a court to award attorneys' fees to a prevailing party. Judgment upon the award rendered by the Arbitrator(s) may be entered in any court having jurisdiction thereof.

The law of the situs of the land shall apply to an arbitration under the Title Insurance Arbitration Rules.

A copy of the Rules may be obtained from the Company upon request.

15. LIABILITY LIMITED TO THIS POLICY; POLICY ENTIRE CONTRACT

(a) This policy together with all endorsements, if any, attached hereto by the Company is the entire policy and contract between the insured and the Company. In interpreting any provision of this policy, this policy shall be construed as a whole.

(b) Any claim of loss or damage, whether or not based on negligence, and which arises out of the status of the title to the estate or interest covered hereby or by any action asserting such claim, shall be restricted to this policy.

(c) No amendment of or endorsement to this policy can be made except by a writing endorsed hereon or attached hereto signed by either the President, a Vice President, the Secretary, an Assistant Secretary, or validating officer or authorized signatory of the Company.

16. SEVERABILITY

In the event any provision of the policy is held invalid or unenforceable under applicable law, the policy shall be deemed not to include that provision and all other provisions shall remain in full force and effect.

17. NOTICES, WHERE SENT

All notices required to be given the Company and any statement in writing required to be furnished the Company shall include the number of this policy and shall be addressed to the Company at the issuing office or to:

Chicago Title Insurance Company
Claims Department
171 North Clark Street
Chicago, Illinois 60601-3294

Good Samaritan		Sorted in descending	
2007 discharges		order by Grand Total	
4/22/2008			
Sum of CASES	IP OR OP		
PT ZIP CODE	IP	OP	Grand Total
62864	2,898	40,757	43,655
62812	458	3,631	4,089
62801	502	2,550	3,052
62814	166	2,516	2,682
62881	392	2,208	2,600
62898	168	2,210	2,378
62837	242	1,930	2,172
62895	159	2,004	2,163
62859	254	1,817	2,071
62872	132	1,655	1,787
62830	124	1,571	1,695
62816	124	1,505	1,629
62884	138	1,384	1,522
62810	68	1,129	1,197
62828	94	1,067	1,161
62894	77	1,042	1,119
62896	136	923	1,059
62808	70	967	1,037
62846	79	955	1,034
62889	70	959	1,029
62263	138	556	694
62883	46	533	579
62836	38	470	508
62849	63	392	455
62890	46	402	448
62853	40	394	434
62851	37	388	425
62839	62	342	404
62831	31	316	347
62882	60	283	343
62823	42	298	340
62901	4	329	333
62821	29	287	316
62886	27	285	312
62822	37	273	310
62933		302	302
62897	30	261	291
62870	59	229	288
62842	19	264	283
62959	11	254	265
62899	31	220	251
62893	16	232	248
62891	28	211	239
62854	41	182	223
62860	27	185	212
62803	13	193	206
62948	6	199	205
62877	16	188	204
62865	14	173	187
62231	8	174	182

PT ZIP CODE	Sum of CASES		Grand Total
	IP	OP	
62848	11	169	180
62850	16	144	160
62876	9	143	152
62888	25	110	135
62807	24	108	132
62951	9	120	129
62832	18	105	123
62274	17	93	110
62835	8	100	108
62450	8	96	104
62862	12	82	94
62866	4	87	91
62999	8	81	89
62819	12	70	82
62858	17	63	80
62806	12	68	80
62856	7	71	78
62946	3	74	77
62817	12	64	76
62930	8	67	75
62887	7	68	75
62918	1	70	71
62271	15	56	71
62869	10	54	64
62875	10	52	62
62863	7	50	57
62471	8	46	54
62966	1	50	51
62924	1	47	48
62237	2	44	46
62906	5	40	45
62250	10	35	45
62268	5	39	44
62824	8	30	38
62401	2	36	38
62265		38	38
62844	3	34	37
62922	1	31	32
62964	1	30	31
62838	4	27	31
62809	3	27	30
62805	4	24	28
62878	4	23	27
62820	3	23	26
62825	4	21	25
62565		25	25
62446	2	23	25
62892	5	19	24
62249		24	24
62939	2	21	23
62935	6	15	21
62921		20	20
62827	4	16	20
62983	4	15	19

Sum of CASES PT ZIP CODE	IP OR OP		Grand Total
	IP	OP	
62974	1	18	19
44145	2	17	19
62861	5	13	18
62829	4	14	18
62867	1	15	16
62476	2	14	16
62454	1	15	16
62230	3	13	16
62418	1	14	15
62214	3	12	15
62040	1	14	15
62979	3	11	14
62885	1	13	14
62286	2	12	14
80524	3	10	13
62977		13	13
62874	1	12	13
62269	3	10	13
62226	1	12	13
62972	1	11	12
62960		12	12
62880	3	9	12
62411	2	10	12
62002	1	11	12
62949	3	8	11
60004		11	11
62920	1	9	10
62902	1	9	10
62246	1	9	10
62245		10	10
62984		9	9
62833	5	4	9
62815	3	6	9
62264	2	7	9
63376		8	8
30189		8	8
38878		8	8
62260	2	6	8
62234		8	8
62221		8	8
62216		8	8
62207	1	7	8
60901		8	8
60108	3	5	8
53588		8	8
63146		7	7
63126		7	7
63116		7	7
62931		7	7
62917	2	5	7
42001		7	7
29321		7	7
30067	1	6	7
62439		7	7

Sum of CASES PT ZIP CODE	IP OR OP		Grand Total
	IP	OP	
62281	2	5	7
62275	1	6	7
62238		7	7
62220	2	5	7
62034		7	7
61856	1	6	7
62958		6	6
62934		6	6
62916	1	5	6
62910		6	6
62704		6	6
62437		6	6
62282		6	6
62258		6	6
62248	1	5	6
62208	1	5	6
62010		6	6
61723	2	4	6
60507	1	5	6
89021	2	3	5
63379		5	5
63101		5	5
62843		5	5
62522	1	4	5
62449		5	5
62434		5	5
62219		5	5
62061		5	5
62025		5	5
61920		5	5
61554	1	4	5
47630	2	3	5
78102	1	3	4
62987		4	4
62982		4	4
62938		4	4
62926	1	3	4
62915		4	4
62907	1	3	4
42003		4	4
47111		4	4
25510		4	4
62650		4	4
62473		4	4
62466	2	2	4
62458	1	3	4
62294		4	4
62262	1	3	4
33913		4	4
62095		4	4
62001	1	3	4
60645		4	4
55920		4	4
89014		3	3

Sum of CASES PT ZIP CODE	IP OR OP		Grand Total
	IP	OP	
79760		3	3
72076		3	3
70506	2	1	3
47714		3	3
65284		3	3
63138	1	2	3
63122		3	3
41011		3	3
32507		3	3
62997		3	3
62995	1	2	3
62967		3	3
62932		3	3
62903		3	3
38655		3	3
29935	1	2	3
62871		3	3
62841		3	3
62811		3	3
42345		3	3
62656		3	3
62629		3	3
62451	1	2	3
45385		3	3
62426		3	3
62425	3		3
62419		3	3
38242	1	2	3
62239		3	3
62232		3	3
62223		3	3
62215	1	2	3
53190		3	3
62062	1	2	3
62035		3	3
61764		3	3
61443		3	3
60628	1	2	3
60433		3	3
60152	1	2	3
94501		2	2
43055		2	2
85712		2	2
85629		2	2
38024	1	1	2
47711		2	2
78665		2	2
74955		2	2
70526	1	1	2
68826	1	1	2
67701	1	1	2
66204	1	1	2
66047		2	2
66040		2	2

Sum of CASES PT ZIP CODE	IP OR OP		Grand Total
	IP	OP	
65740	1	1	2
65202		2	2
64744	1	1	2
64068		2	2
63863		2	2
63857	1	1	2
60025		2	2
63664	1	1	2
63366		2	2
63303		2	2
63129		2	2
47933		2	2
63109	1	1	2
63108		2	2
63104		2	2
63103		2	2
63090		2	2
63010		2	2
62998		2	2
62988		2	2
62976		2	2
62969	1	1	2
60421	1	1	2
60425		2	2
28376		2	2
42303		2	2
62952		2	2
30901		2	2
60475	1	1	2
35757		2	2
33288		2	2
60505		2	2
34135		2	2
36207		2	2
42323		2	2
62914		2	2
47001		2	2
60601		2	2
28602		2	2
38240		2	2
62879	1	1	2
34470		2	2
62868	1	1	2
0	1	1	2
32329	1	1	2
60629		2	2
32606		2	2
62857		2	2
60644		2	2
62855		2	2
42023		2	2
49938		2	2
31750		2	2
40324		2	2

Sum of CASES PT ZIP CODE	IP OR OP		Grand Total
	IP	OP	
60914	1	1	2
34690		2	2
62818		2	2
33056		2	2
20109		2	2
39503		2	2
50021		2	2
30504		2	2
62557		2	2
37145		2	2
62475		2	2
47501	1	1	2
47591	1	1	2
42028		2	2
62432		2	2
62421	1	1	2
62410	1	1	2
62292		2	2
42352		2	2
39705		2	2
61701		2	2
62257	2		2
62254		2	2
62253		2	2
62252	2		2
33928		2	2
42442		2	2
42086		2	2
62233		2	2
62218		2	2
61846	1	1	2
62080		2	2
62075		2	2
62063		2	2
61938		2	2
53511		2	2
61957		2	2
98937		1	1
47639		1	1
38345		1	1
42728	1		1
62024		1	1
46037		1	1
42223		1	1
40741		1	1
37218		1	1
62049		1	1
62060		1	1
45638		1	1
61956		1	1
61944		1	1
46161	1		1
42276		1	1
47638		1	1

Sum of CASES	IP OR OP		
PT ZIP CODE	IP	OP	Grand Total
62097		1	1
62203		1	1
62205		1	1
62206		1	1
40313		1	1
42634	1		1
37216		1	1
53210	1		1
40299		1	1
61853		1	1
45601		1	1
42167		1	1
40218	1		1
53188		1	1
62225		1	1
38128	1		1
37174	1		1
30062		1	1
52856		1	1
61834		1	1
40215		1	1
47635		1	1
61832		1	1
52802		1	1
62243		1	1
38804		1	1
38671		1	1
61814	1		1
35204		1	1
53933		1	1
61761		1	1
61738		1	1
61727		1	1
42757		1	1
42411		1	1
62259		1	1
40214		1	1
46220	1		1
23452		1	1
61704		1	1
33990		1	1
33931		1	1
38109		1	1
33418		1	1
62272		1	1
32064		1	1
42071	1		1
42066	1		1
61604		1	1
62284		1	1
37857		1	1
62289		1	1
61603		1	1
62293		1	1

Sum of CASES PT ZIP CODE	IP OR OP		Grand Total
	IP	OP	
47620		1	1
62326	1		1
33982		1	1
46201	1		1
52750	1		1
62413		1	1
62417		1	1
37207		1	1
52658	1		1
61484		1	1
51455		1	1
51044		1	1
62427		1	1
61483		1	1
50854		1	1
42347		1	1
61455		1	1
62443		1	1
34747		1	1
62448	1		1
44855		1	1
32162		1	1
50702		1	1
62452		1	1
37167		1	1
54452		1	1
47523		1	1
33804		1	1
61427		1	1
61350		1	1
61348		1	1
62477	1		1
62489		1	1
62513		1	1
62521		1	1
44663		1	1
62549		1	1
62550		1	1
61257		1	1
62561		1	1
34746		1	1
62568		1	1
62626		1	1
50325		1	1
47441		1	1
50266	1		1
62677		1	1
62690		1	1
62702		1	1
50213	1		1
62707		1	1
62708		1	1
62711		1	1
62716		1	1

Sum of CASES	IP OR OP		
PT ZIP CODE	IP	OP	Grand Total
4401		1	1
29440		1	1
34287	1		1
32728		1	1
61241		1	1
22182	1		1
34239	1		1
20906		1	1
61115		1	1
3825		1	1
7059		1	1
61109		1	1
61103	1		1
61102		1	1
61064		1	1
32536		1	1
61032		1	1
27597		1	1
28117	1		1
26582		1	1
33950		1	1
34711		1	1
37027		1	1
21117		1	1
37115		1	1
15359		1	1
26105		1	1
61012		1	1
40210		1	1
62834		1	1
32134		1	1
24347		1	1
8832		1	1
34233		1	1
25801		1	1
60680		1	1
28372		1	1
44278		1	1
33991		1	1
22191		1	1
30066		1	1
24551		1	1
60657		1	1
47172		1	1
62852	1		1
24630		1	1
29150		1	1
60647		1	1
32822		1	1
47665		1	1
60641		1	1
14437	1		1
47112		1	1
37090		1	1

Sum of CASES PT ZIP CODE	IP OR OP		Grand Total
	IP	OP	
60640		1	1
33785		1	1
54495		1	1
30034		1	1
32425		1	1
37116		1	1
60626		1	1
33592		1	1
28208	1		1
49759	1		1
15301	1		1
38107		1	1
33772		1	1
40207		1	1
49507		1	1
60624		1	1
60617		1	1
60614		1	1
7646		1	1
26431		1	1
24224	1		1
20124	1		1
37813	1		1
27616	1		1
33312	1		1
30263		1	1
22553		1	1
24605		1	1
28803	1		1
35160		1	1
60612		1	1
21502		1	1
10552		1	1
21648		1	1
28205		1	1
8731		1	1
28546		1	1
27571		1	1
49301		1	1
48910		1	1
33922		1	1
60609		1	1
42330		1	1
60585		1	1
46901		1	1
60555		1	1
42002	1		1
33322		1	1
62919		1	1
38464		1	1
60525	1		1
60518		1	1
33876		1	1
46601		1	1

Sum of CASES PT ZIP CODE	IP OR OP		Grand Total
	IP	OP	
43050		1	1
41075		1	1
48461	1		1
28152		1	1
42320		1	1
60501	1		1
46582		1	1
35502	1		1
62940		1	1
62941		1	1
32837		1	1
62947		1	1
29576		1	1
38351		1	1
62950		1	1
60481		1	1
60458		1	1
62953		1	1
60445		1	1
54555		1	1
38237	1		1
34203		1	1
33870	1		1
48439		1	1
60426		1	1
38135		1	1
37064		1	1
60415		1	1
38079	1		1
37705		1	1
46410		1	1
37042		1	1
38868	1		1
62985		1	1
46320		1	1
60407		1	1
62992		1	1
48356		1	1
48213	1		1
60401		1	1
48151		1	1
60194		1	1
63028		1	1
63033		1	1
63050		1	1
63052		1	1
63077		1	1
60185		1	1
37066		1	1
60181	1		1
60178		1	1
63106		1	1
54562	1		1
60137	1		1

Sum of CASES PT ZIP CODE	IP OR OP		Grand Total
	IP	OP	
63115		1	1
40517		1	1
63119		1	1
63121		1	1
47905		1	1
63125		1	1
40965		1	1
60107		1	1
47882		1	1
40769		1	1
60090		1	1
63304	1		1
60089		1	1
39773	1		1
43360		1	1
63501		1	1
63537		1	1
63561		1	1
60064		1	1
63701		1	1
63744		1	1
63780		1	1
63781		1	1
63801		1	1
63823		1	1
63830		1	1
63841		1	1
60051	1		1
60010		1	1
63937	1		1
63961		1	1
64024	1		1
64055	1		1
60007		1	1
64093		1	1
64119	1		1
64228		1	1
64468		1	1
64628		1	1
38358		1	1
64836		1	1
64865		1	1
65201		1	1
60002		1	1
65251		1	1
47871		1	1
65459		1	1
65559		1	1
65560	1		1
65652	1		1
59801		1	1
66025		1	1
59741		1	1
59701	1		1

Sum of CASES PT ZIP CODE	IP OR OP		Grand Total
	IP	OP	
59068	1		1
66666	1		1
66716		1	1
67473		1	1
58102		1	1
67951		1	1
68506		1	1
56001		1	1
69123		1	1
47715		1	1
47703		1	1
71303		1	1
71665		1	1
71923		1	1
72007		1	1
72012		1	1
47712		1	1
72140		1	1
72209		1	1
72315		1	1
72401		1	1
72732	1		1
73461		1	1
73533		1	1
74014		1	1
74133		1	1
55812		1	1
75070		1	1
75189		1	1
75440		1	1
75460	1		1
75559		1	1
76107		1	1
76301		1	1
76541		1	1
76542	1		1
76543		1	1
77007		1	1
77056		1	1
77284	1		1
77302	1		1
77340		1	1
77351		1	1
77399		1	1
77624		1	1
46254		1	1
78132		1	1
78234		1	1
78358		1	1
78516		1	1
78550		1	1
55811		1	1
79107	1		1
55746		1	1

Sum of CASES	IP OR OP		
PT ZIP CODE	IP	OP	Grand Total
79924		1	1
80033		1	1
80218		1	1
80439	1		1
55304		1	1
81223		1	1
82003		1	1
82072		1	1
82633		1	1
85029		1	1
85250		1	1
85361		1	1
85374		1	1
54903	1		1
54902		1	1
86406		1	1
86436	1		1
86441	1		1
86442		1	1
87120		1	1
87123		1	1
88202		1	1
47710		1	1
54901	1		1
89139		1	1
89706		1	1
90034		1	1
90815		1	1
94044		1	1
94402		1	1
54766	1		1
95205		1	1
95841	1		1
96020		1	1
96734		1	1
96743	1		1
97048	1		1
97429		1	1
97501	1		1
98208		1	1
Grand Total	7,965	86,106	94,071

Criterion 1110.230.b, Background of Applicant

SSM Health Care Corporation, through its affiliates owns and operates three hospitals in Illinois, St. Mary's Hospital in Centralia, Good Samaritan Regional Health Center in Mt. Vernon and St. Francis Hospital and Health Center in Blue Island. The St. Francis Hospital in Blue Island is currently in the process of being sold and will be appearing before the IHFPB at the July 1 and 2 2008 Board Meeting. Copies of the licensure and accreditation documents for those three facilities are appended to this application. The co-applicant has also provided the required letter assuring that no adverse action has been taken against any of the facilities within the last three years and allowing the Board access to all pertinent information, that letter is appended to this attachment.

The Mount Vernon Physicians , LLC does not operate any other health care facilities.

The Physicians Surgery Center at Good Samaritan, LLC also does not operate any other health care facility, however, in the spirit of full disclosure one of the parties to the LLC is United Surgical Partners Incorporated, who will own 30 % of the proposed facility. Since they do not have controlling interest in the facility they have not been listed as a co-applicant. Since they are involved in the project, however, a list of their Illinois Facilities, their respective licenses and accreditation letters are also appended to this application. They have also provided the letter assuring that no adverse action has been taken against any of their facilities in the last three years and allowing the Board access to their licensure files.



May 29, 2008

Mr. Jeffrey Mark
Executive Secretary
Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Mr. Mark:

The applicant SSM Health Care Corporation is a not-for-profit entity which through its related organizations owns and operates three licensed hospitals in Illinois. SSM Health Care Corporation is the ultimate corporate member of the operations of St. Francis Hospital and Health Center in Blue Island, Illinois, of Good Samaritan Regional Health Center in Mt. Vernon, Illinois and of St. Mary's Hospital in Centralia, Illinois. Except as disclosed herein, SSM Health Care Corporation does not "own or operate" any other health care facilities within the meaning of Section 1110.230(b) of the State Board's Rules.

I hereby certify that there has been no "adverse action" (as defined by Section 1110.230(b) of the State Board's Rules) taken against St. Francis Hospital and Health Center, Good Samaritan Regional Health Center or St. Mary's Hospital during the past three years.

SSM Health Care Corporation hereby authorizes the Illinois Health Facilities Planning Board and the Illinois Department of Public Health access to information in order to verify any documentation or information submitted in response to the requirements of Criterion 1110.230.b, Background of Applicant or to obtain documentation of information the State Board or Agency finds pertinent to this subsection.

I am President and Chief Executive Officer of SSM Health Care Corporation and am authorized to make these statements herein.

Sincerely,

Sister Mary Jean Ryan, FSM

Sister Mary Jean Ryan, FSM
President and CEO

SUBSCRIBED and SWORN to before me
this 29th day of May, 2008.

Norma R. Tucker

Notary Public



477 N. Lindbergh Blvd.
St. Louis, MO 63141-7832
www.ssmhc.com

(314) 994 7800 phone
(314) 994 7900 fax

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1859680
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of the State of Illinois Department of Public Health

DAMON T. ARNOLD, M.D.
DIRECTOR

EXPIRATION DATE	CATEGORY	ID NUMBER
02/28/09	BGBD	0004705
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 03/01/08		

BUSINESS ADDRESS

GOOD SAMARITAN REGIONAL HEALTH CENTER
605 NORTH 12TH STREET

MOUNT VERNON IL 62864
The face of this license has a colored background. Printed by authority of the State of Illinois, 4/97

1859680

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

GOOD SAMARITAN REGIONAL HEALTH CENTER

EXPIRATION DATE	CATEGORY	ID NUMBER
02/28/09	BGBD	0004705
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 03/01/08		

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 03/01/08

01/05/08

GOOD SAMARITAN REGIONAL HEALTH CENTER
605 NORTH 12TH STREET

MT. VERNON IL 62864

FEE RECEIPT NO.



State of Illinois 1849761

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

DAMON T. ARNOLD, M.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/08	BGBD	0002642
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/08		

BUSINESS ADDRESS

ST. MARY'S HOSPITAL
400 NORTH PLEASANT AVENUE
CENTRAL IA IL 62801

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

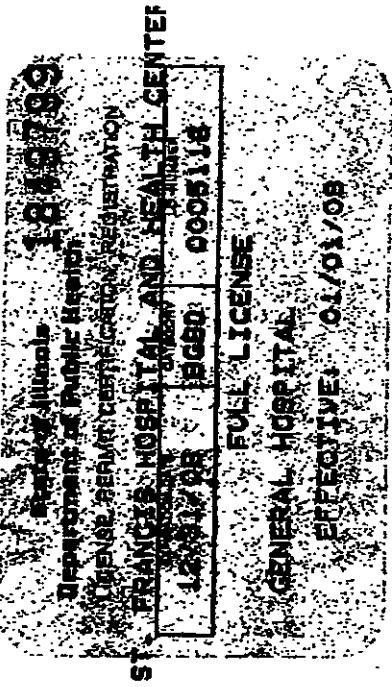
This license, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or applicable regulations and is hereby authorized to engage in the activity to which this license applies.

DANIEL J. WANDL, M.D.
DIRECTOR
Issued under the authority of:
The State of Illinois
Department of Public Health

EXPIRES 12/31/08	ISSUE DATE 06/30/08	ISSUE NUMBER 0005118
FULL LICENSE GENERAL HOSPITAL EFFECTIVE: 01/01/08		

BUSINESS ADDRESS:

ST. FRANCIS HOSPITAL AND HEALTH CENTER
12935 SOUTH GREGORY STREET
BLUE ISLAND IL 60406



11/03/07

ST. FRANCIS HOSPITAL & HEALTH SVS
12935 SOUTH GREGORY STREET
BLUE ISLAND IL 60406

FEE RECEIPT NO.



February 2, 2007

Leo F. Childers, Jr., FACHE
President
Good Samaritan Regional Health Center
605 North 12th Street
Mount Vernon, IL 62864

Joint Commission ID #: 7391
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 2/2/2007

Dear Mr. Childers:

The Joint Commission would like to thank your organization for participating in the Joint Commission's accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Home Care
- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning July 22, 2006. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit Quality Check® on the Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Russell P. Massaro, MD, FACPE
Executive Vice President
Division of Accreditation and Certification Operations



February 2, 2007

Bruce A. Merrell
President
St. Mary's Hospital
400 North Pleasant Avenue
Centralia, IL 62801

Joint Commission ID #: 7254
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 2/2/2007

Dear Mr. Merrell:

The Joint Commission would like to thank your organization for participating in the Joint Commission's accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Behavioral Health Care
- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning October 12, 2006. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit [Quality Check®](#) on the Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Russell P. Massaro, MD, FACPE
Executive Vice President
Division of Accreditation and Certification Operations



May 23, 2008

Colleen L. Kannaday
Chief Executive Officer
St. Francis Hospital and Health Center
12935 South Gregory Street
Blue Island, Illinois 60406

ORG ID: 7249

Dear Ms. Kannaday:

This letter is to confirm the accreditation status for St. Francis Hospital and Health Center.

The Joint Commission accreditation survey on August 29, 2006 for St. Francis Hospital and Health Center included the following sites of care:

St. Francis Hospital and Health Center, 12935 South Gregory Street, Blue Island, Illinois 60406

This accreditation cycle is effective beginning July 25, 2007. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

If I can be of further assistance I can be reached at (630) 792-5184 or tmullin@jointcommission.org. Thank you for your cooperation and support of the accreditation process.

Sincerely,

Theresa Mullin

Theresa Mullin
Account Executive, Corporate Region
Accreditation and Certification Operations

cc: Correspondence File

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5100 ext

Attachment GRC-2



United Surgical Partners

I N T E R N A T I O N A L

May 28, 2008

Mr. Jeffery Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson, Second Floor
Springfield, IL 62761

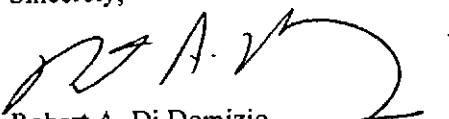
Dear Mr. Mark:

As a future owner of the proposed Physicians Surgery Center at Good Samaritan ASTC, United Surgical Partners International (USPI) has partial ownership in 5 existing ASTCs in the State of Illinois. The USPI affiliated ASTCs in Illinois are Sameday Surgery 25 East, Sameday Surgery River North, Sameday Surgery Elmwood Park, Sameday Surgery North Shore and Hinsdale Surgical Center

I herby certify that there has been no "adverse action" taken against any of the USPI affiliated ASTCs during the past three years.

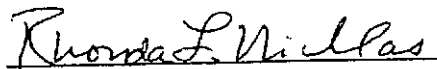
USPI herby authorizes the Illinois Health Planning Board and the Illinois Department of Public Health access to information in order to verify any documentation of information submitted in response to the requirements.

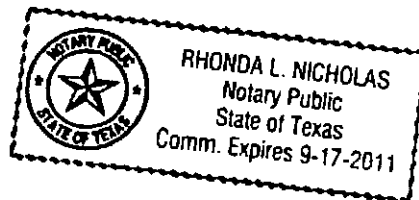
Sincerely,


Robert A. Di Domizio
United Surgical Partners International

SUBSCRIBED and SWORN before

me this 28 day of May


Rhonda L. Nicholas
Notary Public



State of Illinois 1870300

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

son, firm or corporation whose name appears on this certificate has complied with the
is of the Illinois Statutes and/or rules and regulations and is hereby authorized to
in the activity as indicated below.

ION T. ARNOLD, M.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
04/19/09	BGBD	7002397

FULL LICENSE

AMBUL SURGICAL TREAT CNTR

EFFECTIVE: 04/20/08

BUSINESS ADDRESS

ELMWOOD PARK SAME DAY SURGERY, LLC

1614 NORTH HARLEM AVENUE

ELMWOOD PARK IL 60707

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CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
IDENTIFICATION

State of Illinois 1870300

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ELMWOOD PARK SAME DAY SURGERY, LLC

EXPIRATION DATE	CATEGORY	I.D. NUMBER
04/19/09	BGBD	7002397

FULL LICENSE

AMBUL SURGICAL TREAT CNTR

EFFECTIVE: 04/20/08

03/29/08

ELMWOOD PARK SAME DAY SURGERY, LLC
1614 NORTH HARLEM AVENUE

ELMWOOD PARK IL 60707

FEE RECEIPT NO.

57378

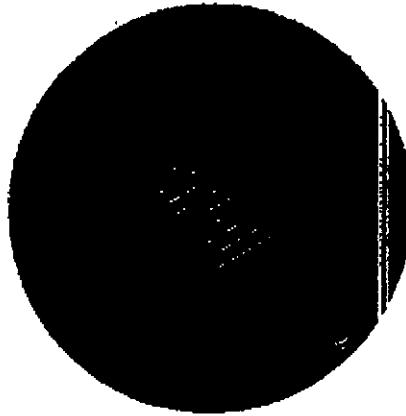
72

25 East Same Day Surgery
Chicago, IL

Elmwood Park Same Day Surgery

Elmwood Park, IL

has been Accredited by the



Joint Commission *on Accreditation of Healthcare Organizations*

Which has surveyed this organization and found it to meet the requirements for accreditation.

March 8, 2006

Accreditation is customarily valid for up to 39 months.


Fred L. Brown
Chairman of the Board of Commissioners

110195
Organization ID #


Dennis S. O'Leary MD.
President

The Joint Commission on Accreditation of Healthcare Organizations is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to the Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through the Joint Commission's web site at www.jcaho.org.



State of Illinois 1822867
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

This person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

ERIC E. WHITAKER, M.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/11/08	BGBD	7002090

FULL LICENSE
AMBUL SURGICAL TREAT CNTR
EFFECTIVE: 07/12/07

BUSINESS ADDRESS

RIVER NORTH SAME DAY SURGERY CENTER, LLC
ONE EAST ERIE
CHICAGO IL 60611

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State of Illinois 1822
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

RIVER NORTH SAME DAY SURGERY

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/11/08	BGBD	7002090

FULL LICENSE
AMBUL SURGICAL TREAT CNTR
EFFECTIVE: 07/12/07

06/16/07

RIVER NORTH SAME DAY SURGERY
ONE EAST ERIE
CHICAGO IL 60611

FEE RECEIPT NO.

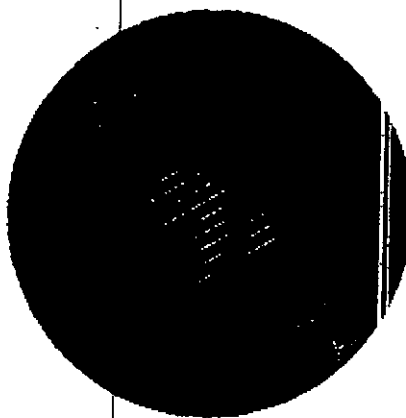
74E

74

25 East Same Day Surgery
Chicago, IL

River North Same Day Surgery
Chicago, IL

has been Accredited by the



Joint Commission
on Accreditation of Healthcare Organizations

Which has surveyed this organization and found it to meet the requirements for accreditation.

March 8, 2006

Accreditation is customarily valid for up to 39 months.


Fred L. Brown
Fred L. Brown
Chairman of the Board of Commissioners

110195
Organization ID #

Dennis S. O'Leary
Dennis S. O'Leary, M.D.
President

The Joint Commission on Accreditation of Healthcare Organizations is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to the Joint Commission at 1-800-994-6633. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through the Joint Commission's web site at www.jcaho.org.





State of Illinois 1860688

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated herein.

DAMON T. ARNOLD, M.D.
DIRECTOR

ISSUED TO BY THE AUTHORITY OF
THE STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

EXPIRATION DATE	CATEGORY	LIC. NUMBER
01/16/09	SGBD	7002199

FULL LICENSE

AMBUL SURGICAL TREAT CNTR

EFFECTIVE: 01/17/08

BUSINESS ADDRESS

NORTH SHORE SAME DAY SURGERY, L.L.C.

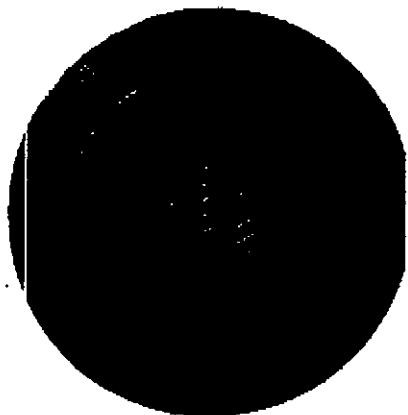
918 W. HOWARD STREET

EVANSTON IL 60202

The face of this license has a colored background. Printed by authority of the State of Illinois - 407 -

25 East Same Day Surgery
 Chicago, IL
North Shore Same Day Surgery
 Evanston, IL

has been Accredited by the



Joint Commission
on Accreditation of Healthcare Organizations

Which has surveyed this organization and found it to meet the requirements for accreditation.

March 8, 2006

Accreditation is customarily valid for up to 39 months.

Fred L. Brown
 Fred L. Brown
 Chairman of the Board of Commissioners

110195
 Organization ID #

Dennis S. O'Leary
 Dennis S. O'Leary MD.
 President

The Joint Commission on Accreditation of Healthcare Organizations is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to the Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through the Joint Commission's web site at www.jcaho.org.



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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1858917 Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

DAMON T. ARNOLD, M.D.
DIRECTOR
Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE 01/18/09	CATEGORY BGBD	ID NUMBER 7001969
FULL LICENSE		
AMBUL SURGICAL TREAT CNTR		
EFFECTIVE: 01/19/08		

BUSINESS ADDRESS

**28 EAST SAME DAY SURGERY
28 EAST WASHINGTON
SUITE 300
CHICAGO IL 60602**

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State of Illinois 1858917
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE 01/18/09	CATEGORY BGBD	ID NUMBER 7001969
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FULL LICENSE

AMBUL SURGICAL TREAT CNTR

EFFECTIVE: 01/19/08

12/23/07

**28 EAST SAME DAY SURGERY
28 EAST WASHINGTON
SUITE 300
CHICAGO IL 60602**

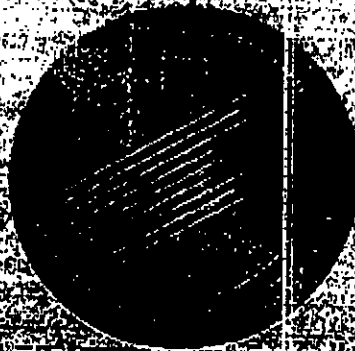
FEE RECEIPT NO.

33796

78

Same Day Surgery Chicago, IL

has been Accredited by the



Joint Commission on Accreditation of Healthcare Organizations

Which has surveyed this organization and found it to meet the requirements for accreditation

March 8, 2006

Accreditation is customarily valid for 3 years

John C. Brown
Fred E. Brown
Chairman of the Board of Commissioners

David A. ...
Organization, Inc.

The Joint Commission on Accreditation of Healthcare Organizations is a not-for-profit organization that provides accreditation services to healthcare organizations. The safety and quality of health care and other services provided to patients by accredited organizations may be provided directly by the Joint Commission at 1-800-550-5500. Information regarding accreditation performance of individual organizations can be obtained through the Joint Commission's web site at www.jcah.org.



State of Illinois 1867709
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

DAMON T. ARNOLD, M.D.
DIRECTOR

Issued under the authority of
 The State of Illinois
 Department of Public Health

EXPIRATION DATE 03/31/09	CATEGORY BGBD	LD NUMBER 7002314
FULL LICENSE		
AMBUL SURGICAL TREAT CNTR		
EFFECTIVE: 04/01/08		
BUSINESS ADDRESS		

HSC TRANSFER, LLC D/B/A
 HINSDALE SURGICAL CENTER, LLC
 908 N. ELM STREET
 SUITE 401
 HINSDALE
 IL 60521 3638

The fees of this license have been prepaid. Printed by Authority of the State of Illinois - 4874

Protecting public health, and community at a time

DISPLAY THIS PART IN A
 CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
 IDENTIFICATION

State of Illinois 1867709
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE 03/31/09	CATEGORY BGBD	LD NUMBER 7002314
FULL LICENSE		
AMBUL SURGICAL TREAT CNTR		
EFFECTIVE: 04/01/08		

HSC TRANSFER, LLC D/B/A
 HINSDALE SURGICAL CENTER, LLC
 908 N. ELM STREET
 SUITE 401
 HINSDALE
 IL 60521 3638

FEE RECEIPT NO.

49198



Joint Commission
on Accreditation of Healthcare Organizations
Setting the Standard for Quality in Health Care

April 3, 2006

Shirley E. Zemansky, RN, MBA
Executive Director
Hinsdale Surgical Center, LLC
908 North Elm Street Suite 401
Hinsdale, IL 60521

Joint Commission ID #: 131243
Accreditation Activity: Evidence of Standards
Compliance
Accreditation Activity Completed: 4/3/2006

Dear Ms. Zemansky:

The Joint Commission would like to thank your organization for participating in the Joint Commission's accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Ambulatory Health Care

This accreditation cycle is effective beginning January 14, 2006. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months. Please visit [Quality Check®](#) on the Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Russell P. Massaro, MD, FACPE
Executive Vice President
Division of Accreditation and Certification Operations

Criterion 1110.230.c, Alternatives to the Proposed Project

The applicant's considered three alternatives for the proposed project:

1. Not develop the ASTC and continue to do all outpatient surgery in the hospital.

This alternative was rejected for two main reasons:

- a. The cost of this alternative was excessive. The hospital surgery department would have to have been expanded and the operating rooms would have to be constructed to hospital standards rather than to freestanding ASTC review standards. A review of projects for hospital based surgery construction standards recently submitted to the IHFPB shows a range of \$750 per square foot to \$900 per square foot based upon total project cost. Using the lower of these figures it is estimated that the cost of adding 13,750 GSF of space to the hospital surgery would cost \$10,312,500. Versus the proposed project cost of \$8,974,491. While the cost savings for this area maybe somewhat less due to lower cost of construction, the project cost is still lower to construct non-hospital space than to construct space within the hospital.
- b. The opportunity to joint venture the project with an experienced ASTC management firm and the area physicians would be lost if the operating rooms were added to the hospital. Having the physicians involved in the proposed project has long-term positive results for the hospital in that it would discourage the physicians from establishing their own facility at a remote site and it would encourage them to utilize the hospital's ancillary services since the facility will be adjacent to the hospital.

2. To construct the new ASTC at a location remote from the hospital, in a freestanding building.

This alternative would cost approximately the same as the proposed project. However, it would not be as convenient for the patients and would result in an unnecessary duplication of some of the ancillary services which will readily available from the hospital if the facility is located in the adjacent MOB.

3. The Proposed Project

This alternative was chosen for several reasons:

- a. It is the most cost effective alternative when one considers the ability to avoid duplicating ancillary support services.
- b. It is the most convenient location available in regards to physical access to the

ATTACHMENT GRC-3

site, and access to ancillary and support services. This access is important to the patients as it will prevent them from having to go to several different sites to have pre-surgical testing and evaluations done.

- c. The location in the MOB will allow the physicians to also locate their offices in the same building where they will be treating patients will enhance their ability to efficiently take care of their patients.
- d. The proposed facility will allow the hospital to joint venture the outpatient surgery with the physicians and an experienced operator of outpatient surgical facilities. Thereby, allowing the hospital to preserve capital for other patient care needs while developing strong relationships with their physicians.

Criterion 1110.230.d, Need for the Project

The need for this project stems primarily from the need to replace the hospital. The hospital was constructed in 1947 and since that time there have been numerous additions and renovations. This conglomeration of buildings has now reached beyond its expected useful life and needs to be replaced. The electrical, mechanical and plumbing systems can no longer be expected to meet the needs of a modern healthcare facility and need to be replaced. The site of the present hospital is in a residential area and is not on any of the main arterial roads of the community. The site is also very limited and no space is available at the current site to construct a new building. These things all go together to support the need to replace the hospital. Once that decision was made, it was determined that relocating the majority of the outpatient surgical procedures to a non-hospital based ASTC was the best alternative available and that this facility was best built through a joint venture with the area physicians and a company which had experience in operating this type of facility.

Twenty-one area physicians have provided letters of support for this project and have provided referral letters to show their commitment to the project. These letters meet the requirements for referral letters set forth in the State Board's rules.

The letters give a total projected volume of 4,197 procedures.

These letters are appended to this attachment.

This volume of patients justifies the five rooms proposed based upon an average time per procedure of 1.5 hours and the Board's formula of 1,500 hours per OR per year.

$$4,197 \times 1.5 \text{ hours} = 6,295.5 \text{ hours of surgery}$$

$$6,295.5 \text{ hours} \div 1,500 \text{ hours per room per year} = 4.2 \text{ or } 5 \text{ rooms needed.}$$

The proposed project calls for 3 operating rooms and two minor procedure rooms for a total of 5 ORs.

<u>DOCTOR</u>	<u>SPECIALTY</u>	<u>SURGERIES</u>		<u>LOCATION OF HISTORICAL PROCEDURES</u>	
		<u>PERFORMED</u>	<u>PROJECTED</u>	<u>Good Samaritan</u>	<u>Crossroads Community</u>
Mlot	Otolaryngology	211	110	117	94
Manoj Desai	Urology	280	232	272	8
Meenakshi Desai	Ophthalmology	17	10	17	
Papazian	Otolaryngology	499	358	426	73
Knowles	Urology	207	167	191	16
Asbury	Gynecology	97	78	67	30
Chow	Orthopedic	270	241	270	
Ahn	Orthopedic	428	354	427	1
Houle	Orthopedic	205	164	204	1
Kovalsky	Orthopedic	60	48	60	
Vacca	Pulmonary	60	48	60	
Eaton	Pain Management	218	175	218	
Khan	Pain Management	539	431	539	
Oliver	Pain Management	173	138	173	
Claffey	Endoscopy	378	302	358	20
	General	147	111	139	8
Longwell	Endoscopy	205	122	152	53
	General	162	96	120	42
Shores	Endoscopy	421	237	296	125
	General	227	128	160	67
Harad	Endoscopy	360	264	330	30
	General	178	154	163	15
Smith	Gynecology	58	47	58	
Brown	Orthopedic	182	146	182	5
Froehling	Orthopedic	89	36	15	74
TOTALS		5,671	4,197	5,014	662

50

Dennis P. Mlot M.D.

Medicine and Surgery
Ear, Nose and Throat/ Allergy
Licensed to Practice in Illinois

2413 Broadway
Mt. Vernon, Ill 62864
(618) 244-6559

8/2/2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, Ill 62761

Dear Mr. Mark:

During the perior of April 1, 2006 to March 31,2007, I performed 211 outpatient otolaryngological surgeries at the following locations:

117 otolaryngological surgeries at Good Samaritan Regional Health Center,
Mount Vernon, Illinois

94 otolaryngological surgeries at Crossroads Community Hospital, Mount Vernon
Illinois

Of the total number of surgeries indicated above, I expect to perform at least 110 otolaryngological surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief. If you have any questions, please contact me at the above phone number.

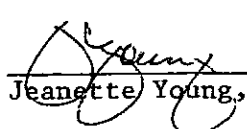
Sincerely


Dennis P. Mlot MD



State of Illinois, County of Jefferson

Signed this 2nd day of August, 2007.


Jeanette Young, Notary

MANOJ DESAI, M.D., F.A.C.S.
DIPLOMATE AMERICAN BOARD OF UROLOGY
PRACTICE LIMITED TO UROLOGY

MEENAKSHI DESAI, M.D., F.A.C.S.
DIPLOMATE AMERICAN BOARD OF OPHTHALMOLOGY
PRACTICE LIMITED TO OPHTHALMOLOGY

August 1, 2007

3000 BROADWAY
P.O. BOX 986
MT. VERNON, ILLINOIS 62864

(618) 244-3200
FAX (618) 244-3254

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 280 outpatient urological surgeries at the following locations:

- 272 outpatient urological surgeries at Good Samaritan Regional Health Center, Mt. Vernon
- 8 outpatient urological surgeries at Crossroads Community Hospital

Of the total number of surgeries indicated above, I expect to perform 232 urological surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

Manoj Desai, M.D.

Manoj H. Desai, M.D.
3000 Broadway
Mt. Vernon, IL 62864

State of Illinois, County of Jefferson

NOTARY SEAL

Signed before me this 2nd day of August, 2007.



Jeanette Young

Jeanette Young, Notary

MANOJ DESAI, M.D., F.A.C.S.
DIPLOMATE AMERICAN BOARD OF UROLOGY
PRACTICE LIMITED TO UROLOGY

MEENAKSHI DESAI, M.D., F.A.C.S.
DIPLOMATE AMERICAN BOARD OF OPHTHALMOLOGY
PRACTICE LIMITED TO OPHTHALMOLOGY

3000 BROADWAY
P.O. BOX 986
MT. VERNON, ILLINOIS 62864

August 1, 2007

(618) 244-3200
FAX (618) 244-3254

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 17 outpatient ophthalmologic surgeries at the following locations;

- 17 ophthalmologic surgeries at Good Samaritan Regional Health Center, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 10 ophthalmology surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

Meenakshi Desai

Meenakshi M. Desai, M.D.
3000 Broadway
P.O. Box 986
Mt. Vernon, IL 62864

State of Illinois, County of Jefferson

Signed before me this 2nd day of August, 2007.

NOTARY SEAL



Jeanette Young

Jeanette Young, Notary

JACQUES PAPAIZIAN, M.D., F.R.C.S. (C)

Ear, Nose, Throat,
Head and Neck Surgery

4117 S. Water Tower Place
Mt. Vernon, IL 62864

618-242-0672
Fax 618-242-0862

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

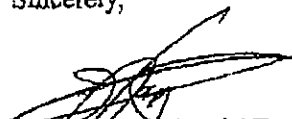
During the period April 1, 2006 to March 31, 2007, I performed 499 outpatient otolaryngological surgeries at the following locations:

- 426 otolaryngological surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 73 otolaryngological surgeries at Crossroads Community Hospital, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 358 otolaryngological surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

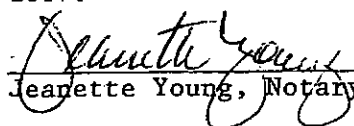
Sincerely,


Jacques Papazian, M.D.
4117 S. Water Tower Place, Suite C
Mt. Vernon, IL 62864

State of Illinois
County of Jefferson

Signed before me this 14th day of August,
2007.

NOTARY SEAL


Jeanette Young, Notary



Advanced Urologic Surgeons P.C.
1009 S. 42nd Street, Suite 5B
Mount Vernon, IL 62864

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

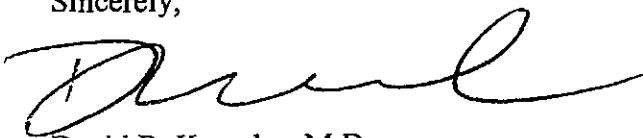
During the period April 1, 2006 to March 31, 2007, I performed 207 outpatient urological surgeries at the following locations;

- 191 urological surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 16 urological surgeries at Crossroads Community Hospital, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform approximately 167 urological surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,



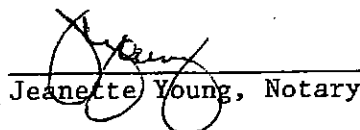
David R. Knowles, M.D.
Advanced Urologic Surgeons
1009 S. 42nd Street, Suite 5B
Mt. Vernon, IL 62864

NOTARY SEAL



State of Illinois, County of Jefferson

Signed before me this 2nd day of August, 2007.



Jeanette Young, Notary

May 2, 2008



Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

David Asbery, MD, FACOG
OB/GYN

1708 Jefferson Avenue
Mt. Vernon, IL 62864
618.241.1747
Fax: 618.241.1746

www.smgisi.com/medicalgroup

Dear Mr. Mark:

During the period June 1, 2007, to April 30, 2008, I performed 97 outpatient gynecological surgeries at the following locations:

- 67 gynecological surgeries at Good Samaritan Regional Health Center, Mt. Vernon, Illinois.
- 30 gynecological surgeries at Crossroads Community Hospital, Mt. Vernon, Illinois.

Of the total number of surgeries indicated above, I expect to perform 78 gynecological surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

A handwritten signature in black ink, appearing to read 'David S. Asbery'.

David S. Asbery, M.D.
St. Mary's Good Samaritan Medical Group
1708 Jefferson, Suite 250
Mt. Vernon, IL 62864

NOTARY SEAL

State of Illinois, County of Jefferson
Signed this 12th day of May, 2008.



A handwritten signature in black ink, appearing to read 'Jeanette Young'.
Notary

Associates' Service Locations In...Benton, Carlyle, Centralia, Mt. Vernon, Salem and Wayne City



James C. Chow, M.D., Ltd.
dba **ORTHOPAEDIC CENTER**
OF SOUTHERN ILLINOIS
4121 VETERANS MEMORIAL DRIVE
MOUNT VERNON, ILLINOIS 62864

Practice Limited to
Orthopaedic Surgery
Bone and Joint Disease

August 1, 2007

James C. Y. Chow, M.D.
Arthroscopic and
Reconstructive Surgery

Jean Benoit Houle, M.D.
Sports Medicine
and Knee Surgery

Joon S. Ahn, M.D.
Surgery of the Hand
and Upper Extremity

Don A. Kovalsky, M.D.
Spine Surgery, Treatment
of the Injured Back
and Adult Reconstruction

Angela Freehill, M.D.
Sports Medicine
Knee and Shoulder Surgery

Dharmesh S. Mehta, M.D.
Interventional Pain Management

Sajjan K. Nemani, MD
Neurology

Vicki Seeburger, FNP, ONP-C
Orthopaedic Nurse Practitioner

Amanda McKee, RN, MSN
Family Nurse Practitioner

Raymond L. Coss, M.D.
EMERITUS

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:


During the period April 1, 2006 to March 31, 2007, I performed 270 outpatient orthopedic surgeries at the following locations;

- 270 orthopedic surgeries at Good Samaritan Regional Health Center, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform approximately 241 orthopedic surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,


James C. Chow, M.D.
Orthopaedic Center of Southern Illinois
4121 Veterans Memorial Drive
Mt. Vernon, IL 62864

NOTARY SEAL





TELEPHONE (618) 242-3778 • FAX (618) 242-1267 • EMAIL ocsi@charter.net • www.orthocenter-si.com

CENTRALIA CAMPUS

TELEPHONE (618) 545-0894 • 402 N. Pleasant, Centralia, IL 62801 • FAX (618) 545-0914



James C. Chow, M.D., Ltd.
dba **ORTHOPAEDIC CENTER**
OF SOUTHERN ILLINOIS
4121 VETERANS MEMORIAL DRIVE
MOUNT VERNON, ILLINOIS 62864

Practice Limited to
Orthopaedic Surgery
Bone and Joint Disease

August 1, 2007

James C. Y. Chow, M.D.
Arthroscopic and
Reconstructive Surgery

Jean Benoit Houle, M.D.
Sports Medicine
and Knee Surgery

Joon S. Ahn, M.D.
Surgery of the Hand
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Sajjan K. Nemani, MD
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Vicki Seeburger, FNP, ONP-C
Orthopaedic Nurse Practitioner

Amanda McKee, RN, MSN
Family Nurse Practitioner

Raymond L. Coss, M.D.
EMERITUS

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

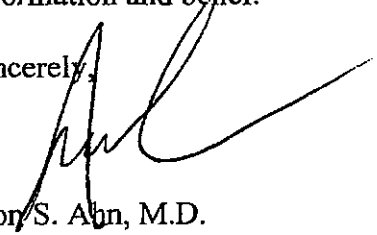
During the period April 1, 2006 to March 31, 2007, I performed 428 outpatient orthopedic surgeries at the following locations;

- 427 orthopedic surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 1 orthopedic surgeries at Crossroads Community Hospital, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform approximately 354 orthopedic surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,


Joon S. Ahn, M.D.
Orthopaedic Center of Southern Illinois, Ltd.
4121 Veterans Memorial Drive
Mt. Vernon, IL 62864

NOTARY SEAL



Jennifer Lehman

TELEPHONE (618) 242-3778 • FAX (618) 242-1267 • EMAIL ocsi@charter.net • www.orthocenter-si.com

CENTRALIA CAMPUS
TELEPHONE (618) 545-0894 • 402 N. Pleasant, Centralia, IL 62801 • FAX (618) 545-0914



James C. Chow, M.D., Ltd.
dba **ORTHOPAEDIC CENTER**
OF SOUTHERN ILLINOIS
4121 VETERANS MEMORIAL DRIVE
MOUNT VERNON, ILLINOIS 62864

Practice Limited to
Orthopaedic Surgery
Bone and Joint Disease

August 1, 2007

James C. Y. Chow, M.D.
Arthroscopic and
Reconstructive Surgery

Jean Benoit Houle, M.D.
Sports Medicine
and Knee Surgery

Joon S. Ahn, M.D.
Surgery of the Hand
and Upper Extremity

Don A. Kovalsky, M.D.
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Neurology

Vicki Seeburger, FNP, ONP-C
Orthopaedic Nurse Practitioner

Amanda McKee, RN, MSN
Family Nurse Practitioner

Raymond L. Coss, M.D.
EMERITUS

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 205 outpatient orthopedic surgeries at the following locations;

- 204 orthopedic surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 1 orthopedic surgeries at Crossroads Community Hospital, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform approximately 164 orthopedic surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

Jean Benoit Houle, M.D.
Orthopaedic Center of Southern Illinois, Ltd.
4121 Veterans Memorial Drive
Mt. Vernon, IL 62864

NOTARY SEAL



TELEPHONE (618) 242-3778 • FAX (618) 242-1267 • EMAIL ocsi@charter.net • www.orthocenter-si.com

CENTRALIA CAMPUS
TELEPHONE (618) 545-0894 • 402 N. Pleasant, Centralia, IL 62801 • FAX (618) 545-0914



James C. Chow, M.D., Ltd.
dba **ORTHOPAEDIC CENTER**
OF SOUTHERN ILLINOIS
4121 VETERANS MEMORIAL DRIVE
MOUNT VERNON, ILLINOIS 62864

Practice Limited to
Orthopaedic Surgery
Bone and Joint Disease

August 1, 2007

James C. Y. Chow, M.D.
Arthroscopic and
Reconstructive Surgery

Jean Benoit Houle, M.D.
Sports Medicine
and Knee Surgery

Joon S. Ahn, M.D.
Surgery of the Hand
and Upper Extremity

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Neurology

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Orthopaedic Nurse Practitioner

Amanda McKee, RN, MSN
Family Nurse Practitioner

Raymond L. Coss, M.D.
EMERITUS

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 60 outpatient orthopedic surgeries at the following locations;

- 60 orthopedic surgeries - Good Samaritan Regional Health Center, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform approximately 48 orthopedic surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

Don A. Kovalsky, M.D.
Orthopaedic Center of Southern Illinois, Ltd.
4121 Veterans Memorial Dr.
Mt. Vernon, IL 62864

NOTARY SEAL



TELEPHONE (618) 242-3778 • FAX (618) 242-1267 • EMAIL ocsi@charter.net • www.orthocenter-si.com

CENTRALIA CAMPUS
TELEPHONE (618) 545-0894 • 402 N. Pleasant, Centralia, IL 62801 • FAX (618) 545-0914

Southern Illinois Acute Care Consultants

4106 S. Water Tower Place
Mt Vernon, IL 62864
(618)242-8900

Anthony C. Vacca, DO

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 60 outpatient pulmonary procedures at the following locations;

- 60 pulmonary procedures at Good Samaritan Regional Health Center, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 48 pulmonary procedures annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

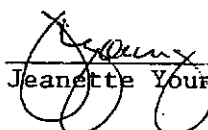


Anthony C. Vacca, D.O.
Southern Illinois Acute Care Center
4106 S. Water Tower Place
Mt. Vernon, IL 62864

State of Illinois, County of Jefferson

Signed this 2nd day of August, 2007.

NOTARY SEAL



Jeanette Young, Notary



Southern Illinois Anesthesiology, Ltd.
605 NORTH 12TH ST.
MT. VERNON, IL 62864

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor

Springfield, IL 62761

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 218 outpatient pain management procedures at the following locations;

- 218 pain management procedures at Good Samaritan Regional Health Center, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform approximately 175 pain management procedures annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

Frank M. Eaton, III, M.D.
Southern Illinois Anesthesiology, Ltd.
605 N. 12th Street, Attn: Anesthesiology
Mt. Vernon, IL 62864

State of Illinois, County of Jefferson

Signed before me this 2nd day of August, 2007.

Jeanette Young, Notary

NOTARY SEAL



ANESTHESIOLOGY & PAIN MANAGEMENT

Frank M. Eaton, M.D.

Waqas H. Khan, M.D.

Prince B. Oliver, M.D.

CERTIFIED REGISTERED NURSE ANESTHETIST

David Beveridge, CRNA

Scott Boss, CRNA

Gene Gardner, CRNA

Brooks Greger, CRNA

David Lees, CRNA

Carlos Machicao, CRNA

Jody Showalter, CRNA

Tommy Steege, CRNA



Southern Illinois Anesthesiology, Ltd.
605 NORTH 12TH ST.
MT. VERNON, IL 62864

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

**ANESTHESIOLOGY &
PAIN MANAGEMENT**

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 539 outpatient pain management procedures at the following locations;

- Frank M. Eaton, M.D.
- Waqas H. Khan, M.D.
- Prince B. Oliver, M.D.

- 539 pain management procedures at Good Samaritan Regional Health Center, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform approximately 431 pain management procedures annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

**CERTIFIED REGISTERED
NURSE ANESTHETIST**

Sincerely,

Waqqas Khan, M.D.
Southern Illinois Anesthesiology, Ltd.
605 N. 12th Street, Attn: Anesthesia
Mt. Vernon, IL 62864

- David Beveridge, CRNA
- Scott Boss, CRNA
- Gene Gardner, CRNA
- Brooks Greger, CRNA
- David Lees, CRNA
- Carlos Machicao, CRNA
- Jody Showalter, CRNA
- Tommy Steege, CRNA

State of Illinois, County of Jefferson

NOTARY SEAL

Signed before me this 2nd day of August, 2007.

OFFICIAL SEAL
JEANETTE YOUNG
Notary Public, State of Illinois
My Commission Expires 12-05-10

Jeanette Young, Notary



Southern Illinois Anesthesiology, Ltd.
605 NORTH 12TH ST.
MT. VERNON, IL 62864

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

**ANESTHESIOLOGY &
PAIN MANAGEMENT**

- Frank M. Eaton, M.D.
- Waqas H. Khan, M.D.
- Prince B. Oliver, M.D.

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 173 outpatient pain management procedures at the following locations;

- 173 pain management procedures at Good Samaritan Regional Health Center, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform approximately 138 pain management procedures annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

**CERTIFIED REGISTERED
NURSE ANESTHETIST**

- David Beveridge, CRNA
- Scott Boss, CRNA
- Gene Gardner, CRNA
- Brooks Greger, CRNA
- David Lees, CRNA
- Carlos Machicao, CRNA
- Jody Showalter, CRNA
- Tommy Steege, CRNA

Sincerely,

Prince B. Oliver, M.D.
Southern Illinois Anesthesiology, Ltd.
605 N. 12th Street, Attn: Anesthesiology
Mt. Vernon, IL 62864

NOTARY SEAL



State of Illinois, County of Jefferson

Signed before me, this 2nd day of August, 2007.

Jeanette S. Young, Notary.

Kevin B. Claffey, M.D.
Board Certified General Surgeon

4218 Lincolnshire Dr. • P.O. Box 2168
Mt. Vernon, Illinois 62864

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

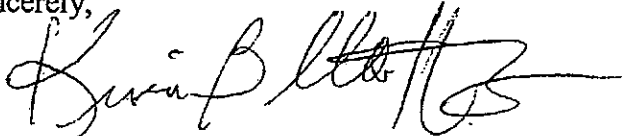
During the period April 1, 2006 to March 31, 2007, I performed 378 outpatient endoscopy procedures and 147 general surgeries at the following locations;

- 358 endoscopy procedures and 139 general surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 20 endoscopy procedures and 8 general surgeries at Crossroads Community Hospital, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 302 endoscopy procedures and 111 general surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,



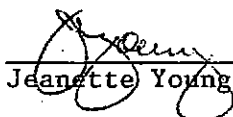
Kevin B. Claffey, M.D.
Surgical Associates of Mt. Vernon, Ltd.
4218 Lincolnshire Drive
Mt. Vernon, IL 62864

State of Illinois, County of Jefferson

Signed this 3rd day of August, 2007.

NOTARY SEAL





Jeanette Young, Notary



Annette V. Shores, M.D. F.A.C.S
Board Certified General Surgeon

Charles W. Longwell, M.D. F.A.C.S
Board Certified General Surgeon

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

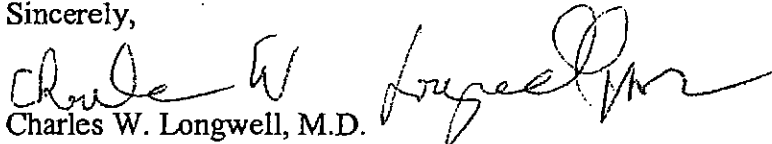
During the period April 1, 2006 to March 31, 2007, I performed 205 outpatient endoscopy procedures and 162 general surgeries at the following locations;

- 152 endoscopy procedures and 120 general surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 53 endoscopy procedures and 42 general surgeries at Crossroads Community Hospital, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 122 endoscopy procedures and 96 general surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,



 Charles W. Longwell, M.D.
 Surgical Associates of Mt. Vernon, Ltd.
 4218 Lincolnshire Drive
 Mt. Vernon, IL 62864

State of Illinois, County of Jefferson

Signed before me this 2nd day of August, 2007.

NOTARY SEAL




 Jeanette Young, Notary



Annette V. Shores, M.D. F.A.C.S
Board Certified General Surgeon

Charles W. Longwell, M.D. F.A.C.S
Board Certified General Surgeon

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 421 outpatient endoscopy procedures and 227 general surgeries at the following locations;

- 296 endoscopy procedures and 160 general surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 125 endoscopy procedures and 67 general surgeries at Crossroads Community Hospital, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 237 endoscopy procedures and 128 general surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

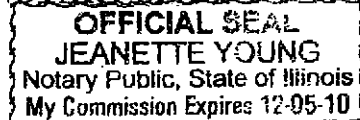
The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

Annette V. Shores, M.D.
Surgical Associates of Mt. Vernon, Ltd.
4218 Lincolnshire Drive
Mt. Vernon, IL 62864

State of Illinois
County of Jefferson

NOTARY SEAL



Signed before me this 14th Day August, 2007.

Jeanette Young, Notary

A. Scott Harad, M.D.

Board Certified General Surgeon

4218 Lincolnshire Dr. • P.O. Box 968
Mt. Vernon, Illinois 62864

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761


During the period April 1, 2006 to March 31, 2007, I performed 360 outpatient endoscopy procedures and 178 general surgeries at the following locations;

- 330 endoscopy procedures and 163 general surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 30 endoscopy procedures and 15 general surgeries at Crossroads Community Hospital, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 264 endoscopy procedures and 154 general surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

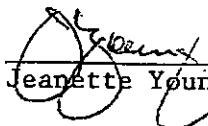


A. Scott Harad, M.D.
Surgical Associates of Mt. Vernon., Ltd.
4218 Lincolnshire
Mt. Vernon, IL 62864

State of Illinois, County of Jefferson

Signed this 3rd day of August, 2007.

NOTARY SEAL



Jeanette Young, Notary

103

Womens Health Associates
of Southern Illinois SC
LESLIE L. SIMONTON-SMITH, M.D.

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 58 outpatient gynecological surgeries at the following locations;

- 58 gynecological surgeries at Good Samaritan Regional Health Center, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 47 gynecological surgeries annually the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

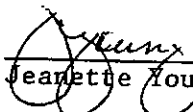


Leslie L. Smith, M.D.
Womens Health Associates of So. Illinois
1708 Jefferson
Mt. Vernon, IL 62864

State of Illinois, County of Jefferson

Signed this 3rd day of August, 2007.

NOTARY SEAL



Jeanette Young, Notary



James C. Chow, M.D., Ltd.
dba **ORTHOPAEDIC CENTER**
OF SOUTHERN ILLINOIS
4121 VETERANS MEMORIAL DRIVE
MOUNT VERNON, ILLINOIS 62864

Practice Limited to
Orthopaedic Surgery
Bone and Joint Disease

May 5, 2008

James C. Y. Chow, M.D.
Arthroscopic and
Reconstructive Surgery

Jean Benoit Houle, M.D.
Sports Medicine
and Knee Surgery

Joon S. Ahn, M.D.
Surgery of the Hand
and Upper Extremity

Don A. Kovalsky, M.D.
Spine Surgery, Treatment
of the Injured Back
and Adult Reconstruction

Angela Freehill, M.D.
Sports Medicine
Knee and Shoulder Surgery

Glen Feather, D.O.
Interventional Pain Management

Aiping Smith, M.D.
Physical Medicine and Rehabilitation
Electrodiagnostic Medicine
Non-Operative Spine Care

Sajjan K. Nemani, M.D.
Neurology

Vicki Seeburger, FNP, ONP-C
Orthopaedic Nurse Practitioner

Amanda McKee, RN, MSN
Family Nurse Practitioner

Centralia

M. Mike Malek, M.D.
Reconstructive Knee Surgery
and Sports Medicine

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period June 1, 2007, to April 30, 2008, I performed 182 outpatient orthopedic surgeries at the following locations:

- 182 orthopedic surgeries at Good Samaritan Regional Health Center, Mt. Vernon.
- -5- orthopedic surgeries at Crossroads Community Hospital, Mt. Vernon, Illinois.

Of the total number of surgeries indicated above, I expect to perform 146 orthopedic surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

Angela Freehill Brown, M.D.

NOTARY SEAL



TELEPHONE (618) 242-3778 • FAX (618) 242-1267 • EMAIL ocsi@charter.net • www.orthocenter-si.com

CENTRALIA CAMPUS

TELEPHONE (618) 545-0894 • 402 N. Pleasant, Centralia, IL 62801 • FAX (618) 545-0914



NEUROMUSCULAR ORTHOPAEDIC INSTITUTE

302 Broadway, Mt. Vernon, IL 62864

(618) 242-4750 fax: (618) 242 7674

www.noimvn.net

Alan L. Froehling, M.D.
orthopaedic surgeon

Norman Cohen, M.D.
orthopaedic surgeon

August 1, 2007

Julie Lampley, PA-C

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 89 outpatient orthopedic surgeries at the following locations;

- 15 orthopedic surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 74 orthopedic surgeries at Crossroads Community Hospital, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 5 orthopedic surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

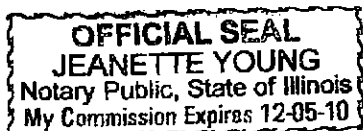
Sincerely,

Alan Froehling, M.D.
302 Broadway Street
Mt. Vernon, IL 62864

State of Illinois, County of Jefferson

NOTARY SEAL

Signed this 2nd day of August, 2007.



Jeanette Young, Notary

Criterion 1110.230.e, Size of Project

The IHFPB standard for ASTC space is 2,750 GSF per OR. The facility is proposed to have 5 ORs, therefore the IHFPB standard would allow 13,750 GSF. The facility will have a total of 13,675 GSF.

ATTACHMENT GRC-5

SECTION XV. REVIEW CRITERIA RELATING TO NON-HOSPITAL AMBULATORY SURGERY (ASTC)

This section is applicable to all projects proposing to establish or modernize a non-hospital based ambulatory surgical treatment center or to the addition of surgical specialties.

A. Criterion 1110.1540.a, Scope of Services Provided

Read the criterion and complete the following:

1. Indicate which of the following types of surgery are proposed:
a. Cardiovascular f. Obstetrics/Gynecology k. Plastic
b. Dermatology g. Ophthalmology l. Podiatry
c. Gastroenterology h. Oral/Maxillofacial m. Thoracic
d. General/Other i. Orthopaedic n. Urology
e. Neurology j. Otolaryngology
2. Indicate if the project will result in a limited or a multi-specialty ASTC.

B. Criterion 1110.1540.b, Target Population

Read the criterion and provide the following:

1. On a map (8 1/2" x 11"), outline the intended geographic services area (GSA).
2. Indicate the population within the GSA and how this number was obtained.
3. Provide the travel time in all directions from the proposed location to the GSA borders and indicate how this travel time was determined.

APPEND DOCUMENTATION AS ATTACHMENT ASTC-1 AFTER THE LAST PAGE OF THIS SECTION.

C. Criterion 1110.1540.c, Projected Patient Volume

Read the criterion and provide signed letters from physicians that contain the following:

1. The number of referrals anticipated annually for each specialty.
2. For the past 12 months, the name and address of health care facilities to which patients were referred, including the number of patients referred for each surgical specialty by facility.
3. A statement that the projected patient volume will come from within the proposed GSA.
4. A statement that the information in the referral letter is true and correct to the best of his or her belief.

APPEND DOCUMENTATION AS ATTACHMENT ASTC-2 AFTER THE LAST PAGE OF THIS SECTION.

D. Criterion 1110.1540.d, Treatment Room Need Assessment

Read the criterion and provide:

1. The number of procedure rooms proposed.
2. The estimated time per procedure including clean-up and set-up time and the methodology used in arriving at this figure.

APPEND DOCUMENTATION AS ATTACHMENT ASTC-3 AFTER THE LAST PAGE OF THIS SECTION.

E. Criterion 1110.1540.e, Impact on Other Facilities

Read the criterion and provide:

1. A copy of the letter sent to area surgical facilities regarding the proposed project's impact on their workload. NOTE: This letter must contain: a description of the project including its size, cost, and projected workload; the location of the proposed project; and a request that the facility administrator indicate what the impact of the proposed project will be on the existing facility.
2. A list of the facilities contacted. NOTE: Facilities must be contacted by registered mail.

APPEND DOCUMENTATION AS ATTACHMENT ASTC-4 AFTER THE LAST PAGE OF THIS SECTION.

F. Criterion 1110.1540.f, Establishment of New Facilities

Read the criterion and provide:

1. A list of services that the proposed facility will provide that are not currently available in the GSA; or
2. Documentation that the existing facilities in the GSA have restrictive admission policies; or
3. For co-operative ventures,
4. Patient origin data that documents the existing hospital is providing outpatient surgery services to the target population of the GSA, and
5. The hospital's surgical utilization data for the latest 12 months, and
6. Certification that the existing hospital will not increase its operating room capacity until such a time as the proposed project's operating rooms are operating at or above the target utilization rate for a period of twelve full months; and

7. Certification that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

APPEND DOCUMENTATION AS ATTACHMENT ASTC-5 AFTER THE LAST PAGE OF THIS SECTION.

G. Criterion 1110.1540.g, Charge Commitment

Read the criterion and provide:

1. A complete list of the procedures to be performed at the proposed facility with the proposed charge shown for each procedure.
2. A letter from the owner and operator of the proposed facility committing to maintain the above charges for the first two years of operation.

APPEND DOCUMENTATION AS ATTACHMENT ASTC-6 AFTER THE LAST PAGE OF THIS SECTION.

H. Criterion 1110.1540.h, Change in Scope of Service

Read the criterion and, if applicable, document that existing programs do not currently provide the service proposed or are not accessible to the general population of the geographic area in which the facility is located.

APPEND DOCUMENTATION AS ATTACHMENT ASTC-7 AFTER THE LAST PAGE OF THIS SECTION.

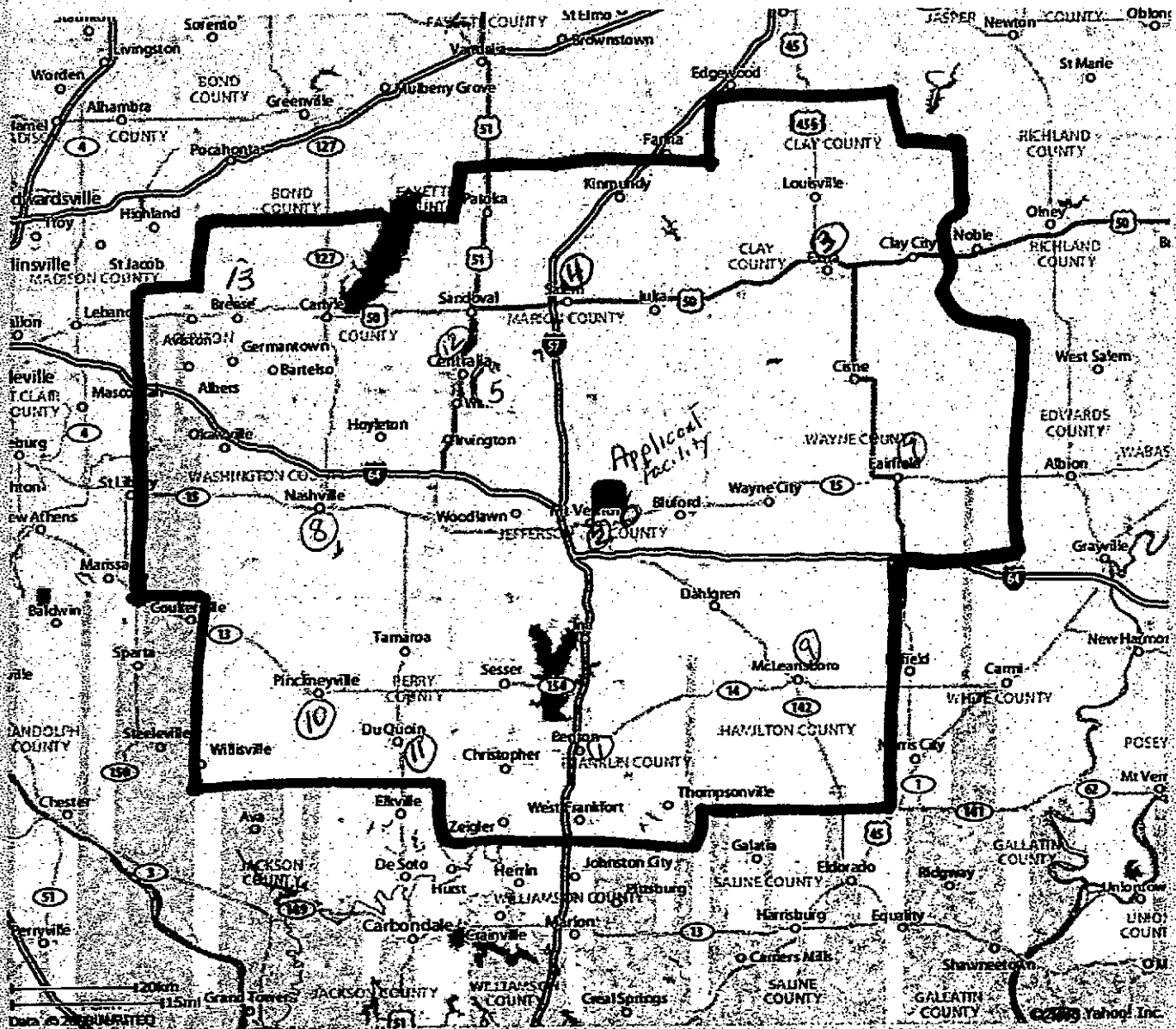
Criterion 1110.1540.b, Target Population

The map which outlines the proposed geographic planning area for the ASTC is appended to this attachment.

The geographic area mirrors the service area for the hospital, which is a 9 county area in southern Illinois. The counties are: Clay County, Marion County, Jefferson County, Franklin County, Perry County, Hamilton County, Wayne County and Washington County. While this geographic target area is not a 30 or 60 minute circle around the applicant facility it reflects the utilization of the hospital, and based upon the letters from the physicians who will be referring patients to the facility all but 17 of the projected procedures would come from patients normally referred to Good Samaritan Regional Health Center. The service area stretches 1 hour to the West, 1 hour to the east and 45 minutes to the North and 45 minutes to the South.

The number of patients seen at the applicant facility diminishes as you proceed further away from the facility, however, the hospital still sees patients from these areas and it was therefore decided to include them in the geographic target area.

Based upon the 2000 census this area had a total of 234,863 people. The Illinois Department of Public Health Center for Health Statistics projects the 2005 population for this area to be 232,810 with the population projected to grow to 251,500 by 2015.



- | | |
|---|--|
| 1. Franklin Hospital - Benton | 2. Cross Roads Community Hospital-Mt. Vernon |
| 3. Clay County Hospital - Flora | 4. Salem Township Hospital - Salem |
| 5. St. Mary's Hospital - Centralia | 6. Mt. Vernon Eye Center - Mt. Vernon |
| 7. Fairfield Memorial Hospital- Fairfield | 8. Washington County Hospital - Nashville |
| 9. Hamilton Memorial Hospital - McLeansboro | 10. Pinckneyville Community Hospital - Pinckneyville |
| 11. Marshall Browning Hospital - DuQuoin | 12. Surgery Center of Centralia - Centralia |
| 13. St. Joseph's Hospital - Breese | |

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TRAVEL TIMES AND DISTANCES

Facility	Travel Time	Distance
Franklin Hospital	30 minutes	25.86 miles
Crossroads Community Hospital	5 minutes	1.6 miles
Clay County Hospital	58 minutes	50.70 miles
Salem Township Hospital	29 minutes	25.03 miles
St. Mary's Hospital	30 minutes	26.06 miles
Mt. Vernon Eye Center	5 minutes	1.5 miles
Fairfield Memorial Hospital	48 minutes	45.27 miles
Washington County Hospital	34 minutes	30.4 miles
Hamilton Memorial Hospital	41 minutes	28.06 miles
Pinckneyville Community Hospital	51 minutes	38.38 miles
Marshall Browning Hospital	49 minutes	36.75 miles
Surgery Center of Centralia	30 minutes	26.06 miles
St. Joseph's Hospital	60 minutes	50.73 miles

Criterion 1110.1540.c, Projected Patient Volume

Twenty-one area physicians have provided letters of support for this project and have provided referral letters to show their commitment to the project. These letters meet the requirements for referral letters set forth in the State Board's rules.

The letters give a total projected volume of 4,197 procedures.

These letters are appended to this attachment.

All but 11 of the projected referrals are patients who have in the past been treated at Good Samaritan Regional Health Center, with the other 11 having been treated at Crossroads Community Hospital in Mt. Vernon. Based upon this information the referrals are considered to be from within the Geographic Target area described in Attachment ASTC-1.

ATTACHMENT ASTC-2

<u>DOCTOR</u>	<u>SPECIALTY</u>	<u>SURGERIES</u>		<u>LOCATION OF HISTORICAL PROCEDURES</u>	
		<u>PERFORMED</u>	<u>PROJECTED</u>	<u>Good Samaritan</u>	<u>Crossroads Community</u>
Milot	Otolaryngology	211	110	117	94
Manoj Desai	Urology	280	232	272	8
Meenakshi Desai	Ophthalmology	17	10	17	
Papazian	Otolaryngology	499	358	426	73
Knowles	Urology	207	167	191	16
Asbury	Gynecology	97	78	67	30
Chow	Orthopedic	270	241	270	
Ahn	Orthopedic	428	354	427	1
Houle	Orthopedic	205	164	204	1
Kovalsky	Orthopedic	60	48	60	
Vacca	Pulmonary	60	48	60	
Eaton	Pain Management	218	175	218	
Khan	Pain Management	539	431	539	
Oliver	Pain Management	173	138	173	
Claffey	Endoscopy	378	302	358	20
Longwell	General	147	111	139	8
	Endoscopy	205	122	152	53
	General	162	96	120	42
Shores	Endoscopy	421	237	296	125
	General	227	128	160	67
Harad	Endoscopy	360	264	330	30
	General	178	154	163	15
Smith	Gynecology	58	47	58	
Brown	Orthopedic	182	146	182	5
Froehling	Orthopedic	89	36	15	74
TOTALS		5,671	4,197	5,014	662

Dennis P. Mlot M.D.

Medicine and Surgery
Ear, Nose and Throat/ Allergy
Licensed to Practice in Illinois

2413 Broadway
Mt. Vernon, Ill 62864
(618) 244-6559

8/2/2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, Ill 62761

Dear Mr. Mark:

During the perior of April 1, 2006 to March 31,2007, I performed 211 outpatient otolaryngological surgeries at the following locations:

117 otolaryngological surgeries at Good Samaritan Regional Health Center,
Mount Vernon, Illinois

94 otolaryngological surgeries at Crossroads Community Hospital, Mount Vernon
Illinois

Of the total number of surgeries indicated above, I expect to perform at least 110 otolaryngological surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief. If you have any questions, please contact me at the above phone number.

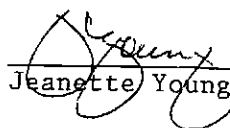
Sincerely


Dennis P. Mlot MD



State of Illinois, County of Jefferson

Signed this 2nd day of August, 2007.


Jeanette Young, Notary

MANOJ DESAI, M.D., F.A.C.S.
DIPLOMATE AMERICAN BOARD OF UROLOGY
PRACTICE LIMITED TO UROLOGY

MEENAKSHI DESAI, M.D., F.A.C.S.
DIPLOMATE AMERICAN BOARD OF OPHTHALMOLOGY
PRACTICE LIMITED TO OPHTHALMOLOGY

August 1, 2007

3000 BROADWAY
P.O. BOX 986
MT. VERNON, ILLINOIS 62864
—
(618) 244-3200
FAX (618) 244-3254

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:


During the period April 1, 2006 to March 31, 2007, I performed 280 outpatient urological surgeries at the following locations:

- 272 outpatient urological surgeries at Good Samaritan Regional Health Center, Mt. Vernon
- 8 outpatient urological surgeries at Crossroads Community Hospital

Of the total number of surgeries indicated above, I expect to perform 232 urological surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

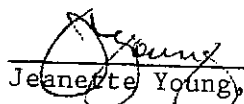

Manoj H. Desai, M.D.
3000 Broadway
Mt. Vernon, IL 62864

NOTARY SEAL



State of Illinois, County of Jefferson

Signed before me this 2nd day of August, 2007.



Jeanette Young, Notary

MANOJ DESAI, M.D., F.A.C.S.
DIPLOMATE AMERICAN BOARD OF UROLOGY
PRACTICE LIMITED TO UROLOGY

MEENAKSHI DESAI, M.D., F.A.C.S.
DIPLOMATE AMERICAN BOARD OF OPHTHALMOLOGY
PRACTICE LIMITED TO OPHTHALMOLOGY

3000 BROADWAY
P.O. BOX 986
MT. VERNON, ILLINOIS 62864

(618) 244-3200
FAX (618) 244-3254

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 17 outpatient ophthalmologic surgeries at the following locations;

- 17 ophthalmologic surgeries at Good Samaritan Regional Health Center, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 10 ophthalmology surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

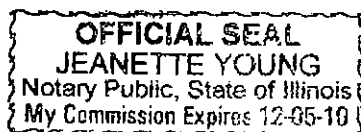
Meenakshi Desai

Meenakshi M. Desai, M.D.
3000 Broadway
P.O. Box 986
Mt. Vernon, IL 62864

State of Illinois, County of Jefferson

Signed before me this 2nd day of August, 2007.

NOTARY SEAL



Jeanette Young

Jeanette Young, Notary

JACQUES PAPAIZIAN, M.D., F.R.C.S. (C)

Ear, Nose, Throat,
Head and Neck Surgery

4117 S. Water Tower Place
Mt. Vernon, IL 62864

618-242-0672
Fax 618-242-0862

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

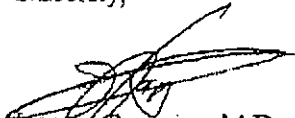
During the period April 1, 2006 to March 31, 2007, I performed 499 outpatient otolaryngological surgeries at the following locations:

- 426 otolaryngological surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 73 otolaryngological surgeries at Crossroads Community Hospital, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 358 otolaryngological surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

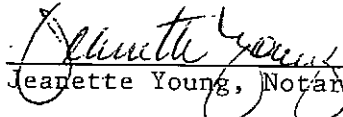
The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,


Jacques Papazian, M.D.
4117 S. Water Tower Place, Suite C
Mt. Vernon, IL 62864

State of Illinois
County of Jefferson

Signed before me this 14th day of August,
2007.


Jeanette Young, Notary

NOTARY SEAL



Advanced Urologic Surgeons P.C.
1009 S. 42nd Street, Suite 5B
Mount Vernon, IL 62864

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 207 outpatient urological surgeries at the following locations;

- 191 urological surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 16 urological surgeries at Crossroads Community Hospital, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform approximately 167 urological surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,



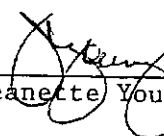
David R. Knowles, M.D.
Advanced Urologic Surgeons
1009 S. 42nd Street, Suite 5B
Mt. Vernon, IL 62864

NOTARY SEAL



State of Illinois, County of Jefferson

Signed before me this 2nd day of August, 2007.



Jeanette Young, Notary

May 2, 2008



David Asbery, MD, FACOG
OB/GYN

1708 Jefferson Avenue
Mt. Vernon, IL 62864
618.241.1747
Fax: 618.241.1746

www.smgsi.com/medicalgroup

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period June 1, 2007, to April 30, 2008, I performed 97 outpatient gynecological surgeries at the following locations:

- 67 gynecological surgeries at Good Samaritan Regional Health Center, Mt. Vernon, Illinois.
- 30 gynecological surgeries at Crossroads Community Hospital, Mt. Vernon, Illinois.

Of the total number of surgeries indicated above, I expect to perform 78 gynecological surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

A handwritten signature in black ink, appearing to read 'David S. Asbery', is written over a horizontal line.

David S. Asbery, M.D.
St. Mary's Good Samaritan Medical Group
1708 Jefferson, Suite 250
Mt. Vernon, IL 62864

NOTARY SEAL



State of Illinois, County of Jefferson
Signed this 12th day of May, 2008.

A handwritten signature in black ink, appearing to read 'Jeanette Young', is written over a horizontal line.
Notary

Associates' Service Locations In...Benton, Carlyle, Centralia, Mt. Vernon, Salem and Wayne City



James C. Chow, M.D., Ltd.
dba **ORTHOPAEDIC CENTER
OF SOUTHERN ILLINOIS**
4121 VETERANS MEMORIAL DRIVE
MOUNT VERNON, ILLINOIS 62864

Practice Limited to
Orthopaedic Surgery
Bone and Joint Disease

August 1, 2007

James C. Y. Chow, M.D.
Arthroscopic and
Reconstructive Surgery

Jean Benoit Houle, M.D.
Sports Medicine
and Knee Surgery

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Neurology

Vicki Seeburger, FNP, ONP-C
Orthopaedic Nurse Practitioner

Amanda McKee, RN, MSN
Family Nurse Practitioner

Raymond L. Coss, M.D.
EMERITUS

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

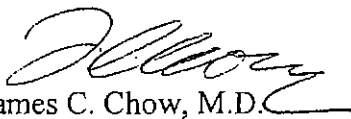
During the period April 1, 2006 to March 31, 2007, I performed 270
outpatient orthopedic surgeries at the following locations;

- 270 orthopedic surgeries at Good Samaritan Regional Health Center,
Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform
approximately 241 orthopedic surgeries annually at the new Physicians
Surgery Center at Good Samaritan once the facility receives approval from
the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge,
information and belief.

Sincerely,


James C. Chow, M.D.
Orthopaedic Center of Southern Illinois
4121 Veterans Memorial Drive
Mt. Vernon, IL 62864

NOTARY SEAL





TELEPHONE (618) 242-3778 • FAX (618) 242-1267 • EMAIL ocsi@charter.net • www.orthocenter-si.com

CENTRALIA CAMPUS
TELEPHONE (618) 545-0894 • 402 N. Pleasant, Centralia, IL 62801 • FAX (618) 545-0914



James C. Chow, M.D., Ltd.
dba **ORTHOPAEDIC CENTER
OF SOUTHERN ILLINOIS**
4121 VETERANS MEMORIAL DRIVE
MOUNT VERNON, ILLINOIS 62864

Practice Limited to
Orthopaedic Surgery
Bone and Joint Disease

August 1, 2007

James C. Y. Chow, M.D.
Arthroscopic and
Reconstructive Surgery

Jean Benoit Houle, M.D.
Sports Medicine
and Knee Surgery

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Surgery of the Hand
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Orthopaedic Nurse Practitioner

Amanda McKee, RN, MSN
Family Nurse Practitioner

Raymond L. Coss, M.D.
EMERITUS

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

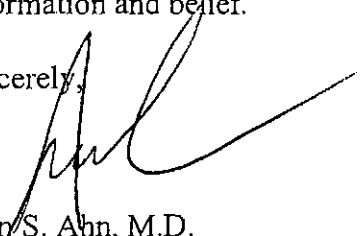
During the period April 1, 2006 to March 31, 2007, I performed 428 outpatient orthopedic surgeries at the following locations;

- 427 orthopedic surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 1 orthopedic surgeries at Crossroads Community Hospital, Mt. Vernon.

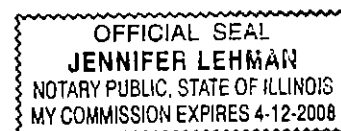
Of the total number of surgeries indicated above, I expect to perform approximately 354 orthopedic surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,


Joon S. Ahn, M.D.
Orthopaedic Center of Southern Illinois, Ltd.
4121 Veterans Memorial Drive
Mt. Vernon, IL 62864

NOTARY SEAL



Jennifer Lehman

TELEPHONE (618) 242-3778 • FAX (618) 242-1267 • EMAIL ocsi@charter.net • www.orthocenter-si.com

CENTRALIA CAMPUS
TELEPHONE (618) 545-0894 • 402 N. Pleasant, Centralia, IL 62801 • FAX (618) 545-0914



James C. Chow, M.D., Ltd.
dba **ORTHOPAEDIC CENTER**
OF SOUTHERN ILLINOIS
4121 VETERANS MEMORIAL DRIVE
MOUNT VERNON, ILLINOIS 62864

Practice Limited to
Orthopaedic Surgery
Bone and Joint Disease

August 1, 2007

James C. Y. Chow, M.D.
Arthroscopic and
Reconstructive Surgery

Jean Benoit Houle, M.D.
Sports Medicine
and Knee Surgery

Joon S. Ahn, M.D.
Surgery of the Hand
and Upper Extremity

Don A. Kovalsky, M.D.
Spine Surgery, Treatment
of the Injured Back
and Adult Reconstruction

Angela Freehill, M.D.
Sports Medicine
Knee and Shoulder Surgery

Dharmesh S. Mehta, M.D.
Interventional Pain Management

Sajjan K. Nemani, MD
Neurology

Vicki Seeburger, FNP, ONP-C
Orthopaedic Nurse Practitioner

Amanda McKee, RN, MSN
Family Nurse Practitioner

Raymond L. Coss, M.D.
EMERITUS

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 205 outpatient orthopedic surgeries at the following locations;

- 204 orthopedic surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 1 orthopedic surgeries at Crossroads Community Hospital, Mt. Vernon.

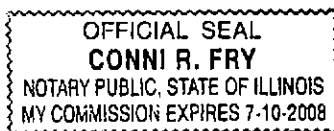
Of the total number of surgeries indicated above, I expect to perform approximately 164 orthopedic surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

Jean Benoit Houle, M.D.
Orthopaedic Center of Southern Illinois, Ltd.
4121 Veterans Memorial Drive
Mt. Vernon, IL 62864

NOTARY SEAL



TELEPHONE (618) 242-3778 • FAX (618) 242-1267 • EMAIL ocsi@charter.net • www.orthocenter-si.com

CENTRALIA CAMPUS

TELEPHONE (618) 545-0894 • 402 N. Pleasant Centralia, IL 62801 • FAX (618) 545-0914



James C. Chow, M.D., Ltd.
dba **ORTHOPAEDIC CENTER**
OF SOUTHERN ILLINOIS
4121 VETERANS MEMORIAL DRIVE
MOUNT VERNON, ILLINOIS 62864

Practice Limited to
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August 1, 2007

James C. Y. Chow, M.D.
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Vicki Seeburger, FNP, ONP-C
Orthopaedic Nurse Practitioner

Amanda McKee, RN, MSN
Family Nurse Practitioner

Raymond L. Coss, M.D.
EMERITUS

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 60 outpatient orthopedic surgeries at the following locations;

- 60 orthopedic surgeries - Good Samaritan Regional Health Center, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform approximately 48 orthopedic surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

Don A. Kovalsky, M.D.
Orthopaedic Center of Southern Illinois, Ltd.
4121 Veterans Memorial Dr.
Mt. Vernon, IL 62864

NOTARY SEAL



TELEPHONE (618) 242-3778 • FAX (618) 242-1267 • EMAIL ocsi@charter.net • www.orthocenter-si.com

CENTRALIA CAMPUS
TELEPHONE (618) 545-0894 • 402 N. Pleasant, Centralia, IL 62801 • FAX (618) 545-0014

Southern Illinois Acute Care Consultants

4106 S. Water Tower Place
Mt Vernon, IL 62864
(618)242-8900

Anthony C. Vacca, DO

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 60 outpatient pulmonary procedures at the following locations;

- 60 pulmonary procedures at Good Samaritan Regional Health Center, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 48 pulmonary procedures annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,



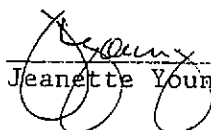
Anthony C. Vacca, D.O.
Southern Illinois Acute Care Center
4106 S. Water Tower Place
Mt. Vernon, IL 62864

State of Illinois, County of Jefferson

Signed this 2nd day of August, 2007.

NOTARY SEAL





Jeanette Young, Notary



Southern Illinois Anesthesiology, Ltd.
605 NORTH 12TH ST.
MT. VERNON, IL 62864

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor

Springfield, IL 62761

**ANESTHESIOLOGY &
PAIN MANAGEMENT**

Frank M. Eaton, M.D.

Wagqas H. Khan, M.D.

Prince B. Oliver, M.D.

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 218 outpatient pain management procedures at the following locations;

- 218 pain management procedures at Good Samaritan Regional Health Center, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform approximately 175 pain management procedures annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

Frank M. Eaton, III, M.D.
Southern Illinois Anesthesiology, Ltd.
605 N. 12th Street, Attn: Anesthesiology
Mt. Vernon, IL 62864

**CERTIFIED REGISTERED
NURSE ANESTHETIST**

David Beveridge, CRNA

Scott Boss, CRNA

Gene Gardner, CRNA

Brooks Greger, CRNA

David Lecc, CRNA

Carlos Machicao, CRNA

Jody Showalter, CRNA

Tommy Steege, CRNA

NOTARY SEAL



State of Illinois, County of Jefferson

Signed before me this 2nd day of August, 2007.

Jeanette Young, Notary



Southern Illinois Anesthesiology, Ltd.
605 NORTH 12TH ST.
MT. VERNON, IL 62864

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

**ANESTHESIOLOGY &
PAIN MANAGEMENT**

Frank M. Eaton, M.D.
Waqas H. Khan, M.D.
Prince B. Oliver, M.D.

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 539 outpatient pain management procedures at the following locations;

- 539 pain management procedures at Good Samaritan Regional Health Center, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform approximately 431 pain management procedures annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

**CERTIFIED REGISTERED
NURSE ANESTHETIST**

David Beveridge, CRNA
Scott Boss, CRNA
Gene Gardner, CRNA
Brooks Greger, CRNA
David Lees, CRNA
Carlos Machicao, CRNA
Jody Showalter, CRNA
Tommy Steege, CRNA

Sincerely,

Waqas Khan, M.D.
Southern Illinois Anesthesiology, Ltd.
605 N. 12th Street, Attn: Anesthesia
Mt. Vernon, IL 62864

State of Illinois, County of Jefferson

NOTARY SEAL

Signed before me this 2nd day of August, 2007.



Jeanette Young, Notary



Southern Illinois Anesthesiology, Ltd.
605 NORTH 12TH ST.
MT. VERNON, IL 62864

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

**ANESTHESIOLOGY &
PAIN MANAGEMENT**

- Frank M. Eaton, M.D.
- Wagqas H. Khan, M.D.
- Prince B. Oliver, M.D.

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 173 outpatient pain management procedures at the following locations;

- 173 pain management procedures at Good Samaritan Regional Health Center, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform approximately 138 pain management procedures annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

Prince B. Oliver, M.D.
Southern Illinois Anesthesiology, Ltd.
605 N. 12th Street, Attn: Anesthesiology
Mt. Vernon, IL 62864

NOTARY SEAL



State of Illinois, County of Jefferson

Signed before me, this 2nd day of August, 2007.

Kevin B. Claffey, M.D.
Board Certified General Surgeon

4218 Lincolnshire Dr. • P.O. Box 2168
Mt. Vernon, Illinois 62864

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

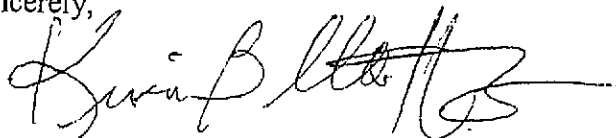
During the period April 1, 2006 to March 31, 2007, I performed 378 outpatient endoscopy procedures and 147 general surgeries at the following locations;

- 358 endoscopy procedures and 139 general surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 20 endoscopy procedures and 8 general surgeries at Crossroads Community Hospital, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 302 endoscopy procedures and 111 general surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

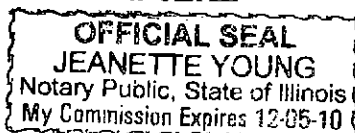
The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,



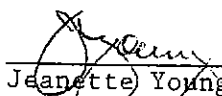
Kevin B. Claffey, M.D.
Surgical Associates of Mt. Vernon, Ltd.
4218 Lincolnshire Drive
Mt. Vernon, IL 62864

NOTARY SEAL



State of Illinois, County of Jefferson

Signed this 3rd day of August, 2007.



Jeanette Young, Notary



Annette V. Shores, M.D. F.A.C.S
Board Certified General Surgeon

Charles W. Longwell, M.D. F.A.C.S
Board Certified General Surgeon

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

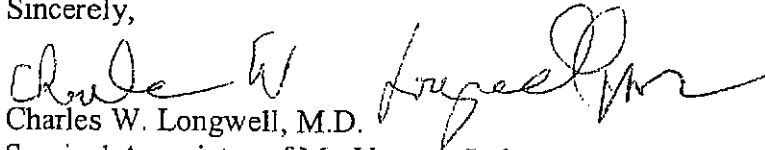
During the period April 1, 2006 to March 31, 2007, I performed 205 outpatient endoscopy procedures and 162 general surgeries at the following locations;

- 152 endoscopy procedures and 120 general surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 53 endoscopy procedures and 42 general surgeries at Crossroads Community Hospital, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 122 endoscopy procedures and 96 general surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

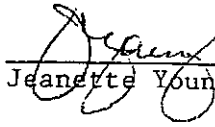

 Charles W. Longwell, M.D.
 Surgical Associates of Mt. Vernon, Ltd.
 4218 Lincolnshire Drive
 Mt. Vernon, IL 62864

State of Illinois, County of Jefferson

Signed before me this 2nd day of August, 2007.

NOTARY SEAL





 Jeanette Young, Notary



Annette V. Shores, M.D. F.A.C.S
Board Certified General Surgeon

Charles W. Longwell, M.D. F.A.C.S
Board Certified General Surgeon

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 421 outpatient endoscopy procedures and 227 general surgeries at the following locations;

- 296 endoscopy procedures and 160 general surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 125 endoscopy procedures and 67 general surgeries at Crossroads Community Hospital, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 237 endoscopy procedures and 128 general surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

Annette V. Shores, M.D.
Surgical Associates of Mt. Vernon, Ltd.
4218 Lincolnshire Drive
Mt. Vernon, IL 62864

State of Illinois
County of Jefferson



Signed before me this 14th Day August, 2007.

Jeanette Young, Notary

4218 Lincolnshire Drive P.O. Box 968 Mt. Vernon, IL 62864

Phone: 618-242-8480 Fax: 618-242-8499

1.32

E-mail: sam1@cbnstl.com

A. Scott Harad, M.D.

Board Certified General Surgeon

4218 Lincolnshire Dr. • P.O. Box 968
Mt. Vernon, Illinois 62864

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

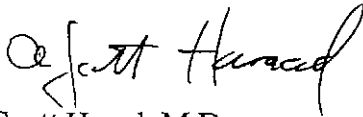
During the period April 1, 2006 to March 31, 2007, I performed 360 outpatient endoscopy procedures and 178 general surgeries at the following locations;

- 330 endoscopy procedures and 163 general surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 30 endoscopy procedures and 15 general surgeries at Crossroads Community Hospital, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 264 endoscopy procedures and 154 general surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

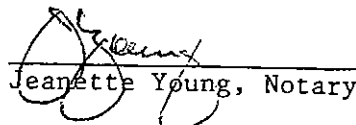


A. Scott Harad, M.D.
Surgical Associates of Mt. Vernon., Ltd.
4218 Lincolnshire
Mt. Vernon, IL 62864

State of Illinois, County of Jefferson

Signed this 3rd day of August, 2007.

NOTARY SEAL



Jeanette Young, Notary

Womens Health Associates
of Southern Illinois SC
LESLIE L. SIMONTON-SMITH, M.D.

August 1, 2007

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 58 outpatient gynecological surgeries at the following locations;

- 58 gynecological surgeries at Good Samaritan Regional Health Center, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 47 gynecological surgeries annually the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

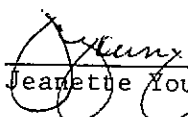


Leslie L. Smith, M.D.
Womens Health Associates of So. Illinois
1708 Jefferson
Mt. Vernon, IL 62864

State of Illinois, County of Jefferson

Signed this 3rd day of August, 2007.

NOTARY SEAL



Jeanette Young, Notary



James C. Chow, M.D., Ltd.
dba **ORTHOPAEDIC CENTER**
OF SOUTHERN ILLINOIS
4121 VETERANS MEMORIAL DRIVE
MOUNT VERNON, ILLINOIS 62864

Practice Limited to
Orthopaedic Surgery
Bone and Joint Disease

May 5, 2008

James C. Y. Chow, M.D.
Arthroscopic and
Reconstructive Surgery

Jean Benoit Houle, M.D.
Sports Medicine
and Knee Surgery

Joon S. Ahn, M.D.
Surgery of the Hand
and Upper Extremity

Don A. Kovalsky, M.D.
Spine Surgery, Treatment
of the Injured Back
and Adult Reconstruction

Angela Freehill, M.D.
Sports Medicine
Knee and Shoulder Surgery

Glen Feather, D.O.
Interventional Pain Management

Aiping Smith, M.D.
Physical Medicine and Rehabilitation
Electrodiagnostic Medicine
Non-Operative Spine Care

Sajjan K. Nemani, M.D.
Neurology

Vicki Seeburger, FNP, ONP-C
Orthopaedic Nurse Practitioner

Amanda McKee, RN, MSN
Family Nurse Practitioner

Centralia

M. Mike Malek, M.D.
Reconstructive Knee Surgery
and Sports Medicine

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period June 1, 2007, to April 30, 2008, I performed 182 outpatient orthopedic surgeries at the following locations:

- 182 orthopedic surgeries at Good Samaritan Regional Health Center, Mt. Vernon.
- -5- orthopedic surgeries at Crossroads Community Hospital, Mt. Vernon, Illinois.

Of the total number of surgeries indicated above, I expect to perform 146 orthopedic surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

Sincerely,

Angela Freehill Brown, M.D.

NOTARY SEAL


Notary

TELEPHONE (618) 242-3778 • FAX (618) 242-1267 • EMAIL ocsi@charter.net • www.orthocenter-si.com

CENTRALIA CAMPUS

TELEPHONE (618) 545-0894 • 402 N. Pleasant, Centralia, IL 62801 • FAX (618) 545-0914



NEUROMUSCULAR ORTHOPAEDIC INSTITUTE

302 Broadway, Mt. Vernon, IL 62864

(618) 242-4750 fax: (618) 242 7674

www.noimvn.net

August 1, 2007

Alan L. Froehling, M.D.
orthopaedic surgeon

Norman Cohen, M.D.
orthopaedic surgeon

Julie Lampley, PA-C

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

During the period April 1, 2006 to March 31, 2007, I performed 89 outpatient orthopedic surgeries at the following locations;

- 15 orthopedic surgeries at Good Samaritan Regional Health Center, Mt. Vernon,
- 74 orthopedic surgeries at Crossroads Community Hospital, Mt. Vernon.

Of the total number of surgeries indicated above, I expect to perform 5 orthopedic surgeries annually at the new Physicians Surgery Center at Good Samaritan once the facility receives approval from the Illinois Health Facilities Planning Board and becomes operational.

The above information is true and correct to the best of my knowledge, information and belief.

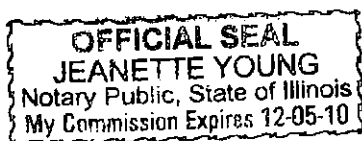
Sincerely,

Alan Froehling, M.D.
302 Broadway Street
Mt. Vernon, IL 62864

State of Illinois, County of Jefferson

Signed this 2nd day of August, 2007.

NOTARY SEAL



Jeanette Young, Notary

Criterion 1110.1540.d, Treatment Room Need Assessment

The physician letters discussed in Attachment ASTC -2 documented a total of 4,197 procedures. With an estimated time per procedure including clean-up and set-up of 1.5 hours per procedure this totals 6,295.5 hours of surgery. The 1.5 hours per procedure is based upon the fact that this project is a multi-specialty ASTC and when compared to other similar facilities the 1.5 hour figure is generally accepted.

The IHFPB rules indicate that an applicant must document the need for the number of rooms proposed by dividing the total number of hours projected by 1,500 hours per room. Based upon this formula the applicant's projected workload supports the need for 4.2 or 5 rooms needed. The applicant is proposing to have 5 rooms.

$$4,197 \text{ procedures} \times 1.5 \text{ hours/procedure} = 6,295.5$$

$$6,295.5 \text{ hours} \div 1,500 \text{ hours per room per year} = 4.2 \text{ or } 5 \text{ rooms needed}$$

ATTACHMENT ASTC-3

Criterion 1110.1540.e, Impact on Other Facilities

A letter was sent to all of the hospitals and ASTC's within the proposed geographic service area, plus the ASTC's in Marion and Herrin, Illinois which are close of the target area..

The following is a list of those facilities contacted:

1. Franklin Hospital - Benton
2. Crossroads Community Hospital-Mt. Vernon
3. Clay County Hospital - Flora
4. Salem Township Hospital - Salem
5. St. Mary's Hospital - Centralia
6. Mt. Vernon Eye Center - Mt. Vernon
7. Fairfield Memorial Hospital- Fairfield
8. Washington County Hospital - Nashville
9. Hamilton Memorial Hospital - McLeansboro
10. Pinckneyville Community Hospital - Pinckneyville
11. Marshall Browning Hospital - DuQuoin
12. Surgery Center of Centralia - Centralia
13. St. Joseph's Hospital - Breese
14. Healthsouth Surgery Center of Southern Illinois - Marion
15. Marion Healthcare - Marion
16. Southern Illinois Orthopedic, LLC - Herrin
17. Pain Care Surgery - Marion

To date none of these facilities have provided any indication that the proposed facility will impact their facilities.

It is the applicant's position that no impact will be experienced by the existing facilities other than potentially a very minor impact on Crossroads Community Hospital in Mt. Vernon. The physicians' letters of support for this project have, in all but one case, consistently indicated that the patients who would be treated in this new facility would be patients who are currently being treated at the applicant facility.

The hospitals outpatient volume supports the need for these five rooms, and still allows for some more complicated outpatient procedures to be performed at the hospital. The hospital's total outpatient surgical volume, including endoscopy cases totaled 8,658 hours which would easily justify the number of operating rooms proposed without taking any patients from other hospitals.

It is important to note that even the new ASTC approved by the IHFPB in January 2008 will not be adversely impacted in that it is a limited specialty facility which is limited to Ophthalmology services and the proposed project's projected workload includes only one surgeon who will provide this service and the volume from that surgeon is projected to be only 10 procedures.

ATTACHMENT ASTC-4

December 7, 2007

St. Mary's Good Samaritan

Incorporated

Cosponsored by Felician Services, Inc.
and SS&I Health Care

Jason Fischer, RN, BSN
Administrator
Surgery Center of Centralia
1045 Martin Luther King Drive
Centralia, IL 62801



RE: Physicians Surgery Center at Good Samaritan, LLC

Dear Mr. Fischer:

Good Samaritan Regional Health Center is planning to relocate from its current location at 605 North 12th Street in Mount Vernon, Illinois to Veterans Memorial Drive and South 42nd Street in Mount Vernon, Illinois. The relocation and campus development plan includes establishment of an adjacent Ambulatory Surgical Treatment Center (ASTC)

The proposed ASTC will include four operating rooms, two minor procedure rooms, and associated ancillary and support space. The total estimated project cost is \$6,520,000 and the proposed facility size is 17,000 GSF.

Please advise Good Samaritan Regional Health Center if you believe this proposed project will have any impact on your facility. You may direct any correspondence pertaining to this to:

Michael Warren
Vice President, Clinical Development
Good Samaritan Regional Health Center
605 North 12th Street
Mount Vernon, IL 62864

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Gerald W. Lefert".

Gerald W. Lefert
President and Chief Executive Officer
St. Mary's Good Samaritan, Inc.

605 North 12th Street
Mt. Vernon, IL 62864
618.242.4600

www.smgsi.com

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Sent To: JASON FISCHER, RN, BSN
ADMINISTRATOR
Street, Apt or PO Box: 1045 MARTIN LUTHER KING DRIVE
City, State: CENTRALIA IL 62801

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7002 2410 0002 8364 4568

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Sent To: GREG THOMPSON
ADMINISTRATOR
Street, Apt or PO Box: SOUTHERN ILLINOIS ORTHOPEDIC CENTER, LLC
City, State: 510 LINCOLN DRIVE
HERRIN IL 62948

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ADMINISTRATOR
Street or PO Box: 806 NORTH TREAS
City, State: MARION IL 62959

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Sent To: JOSE YONG
ADMINISTRATOR
Street, Apt or PO Box: MARION HEALTHCARE
City, State: 303 CIVIC CIRCLE BOULEVARD
MARION IL 62959

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7002 2410 0002 8364 4551

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Sent To: LAXMAJAH MANCHIKANATI, M.D
ADMINISTRATOR
Street, Apt or PO Box: 108 AIRWAY DRIVE
City, State: MARION IL 62959

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7676 2220 0006 0390 7005

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Total Postage & Fees \$	

Sent To: HERVEY DAVIS
 CHIEF EXECUTIVE OFFICER
 FRANKLIN HOSPITAL
 201 BAILEY LANE
 BENTON IL 62812-1999

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7663 2220 0006 0390 7005

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To: KATHERINE BUNTING
 CHIEF EXECUTIVE OFFICER
 FAIRFIELD MEMORIAL HOSPITAL
 303 NW ELEVENTH STREET
 FAIRFIELD IL 62837-1298

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To: SUSAN BATCHELOR
 PRESIDENT
 CLAY COUNTY HOSPITAL
 P.O. BOX 280
 FLORA IL 62839-0280

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To: RANDALL W. DAUBY
 CHIEF EXECUTIVE OFFICER
 HEAMILTON MEMORIAL HOSPITAL
 DISTRICT
 P.O. BOX 429
 MCLEANSBORO IL 62859-0429

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To: BRUCE MERRELL
 PRESIDENT
 ST. MARY'S HOSPITAL
 400 NORTH PLEASANT AVENUE
 CENTRALIA IL 62801

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Sent To: WILLIAM J. HUFF
 CHIEF EXECUTIVE OFFICER,
 MARSHALL BROWNING HOSPITAL
 P.O. BOX 192
 DUQUOIN IL 62832-9788

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To LOWELL JONES
 INTERIM ADMINISTRATOR
 ST. JOSEPH'S HOSPITAL
 P.O. BOX 99
 BREESE IL 62230-0099

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To NANCY M. NEWBY, PH.D.
 PRESIDENT & CEO
 WASHINGTON COUNTY HOSPITAL
 705 SOUTH GRAND AVENUE
 NASHVILLE IL 62263-1599

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Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To EDWARD CUNNINGHAM
 CHIEF EXECUTIVE OFFICER
 CROSSROADS COMMUNITY HOSPITAL
 #8 DOCTORS PARK ROAD
 MT. VERNON IL 62864-6224

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To THOMAS J. HUDGINS, FACHE
 ADMINISTRATOR/CEO
 PINCKNEYVILLE COMMUNITY HOSPITAL
 101 NORTH WALNUT STREET
 PINCKNEYVILLE IL 62274-1034

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Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To RICHELLE RENNIGARBE, PH.D., RN
 PRESIDENT
 SALEM TOWNSHIP HOSPITAL
 1201 RICKER DRIVE
 SALEM IL 62881-6250

PS Form 3800, June 2002



May 23, 2008

Michael Warren, VP, Clinical Development
Good Samaritan Regional Health Center
605 North Clark Street
Mt. Vernon, IL 62864

Dear Mike,

In response to the letter from Gerald Lefert, I am forwarding this letter to you indicating that I do not believe your proposed relocation in campus development which will include the establishment of an adjacent ambulatory surgical treatment center will have any impact on our facility.

I wish you the best of luck with your efforts as you move to meet the needs of your community.

Sincerely,

A handwritten signature in cursive script, appearing to read "Thomas J. Hudgins".

Thomas J. Hudgins, FACHE
Administrator/CEO

TJH:pmk

C: File

Criterion 1110.1540.f, Establishment of New Facilities

This criterion reads as follows:

"Any applicant proposing to establish an ambulatory surgical treatment center will be approved only if one of the following conditions exists:

- "1) There are no other ASTC's within the intended geographic service area of the proposed project under normal driving conditions; or
- "2) All of the other ASTC's and hospital equivalent outpatient surgery rooms within the intended geographic service area are utilized at or above the 80% occupancy target; or
- "3) The applicant can document that the facility is necessary to improve access to care. Documentation shall consist of evidence that the facility will be providing services which are not currently available in the geographic service area, or that the existing underutilized services in the geographic service area have restrictive admission policies; or
- "4) The proposed project is a co-operative venture sponsored by two or more persons at least one of which operates an existing hospital. The applicant must document:
 - "A) that the existing hospital is currently providing outpatient surgery services to the target population of the geographic service area;
 - "B) that the existing hospital has sufficient historical workload to justify the number of operating rooms at the existing hospital and at the proposed ASTC based upon the Treatment Room Need Assessment methodology of subsection d of this Section;
 - "C) that the existing hospital agrees not to increase its operating room capacity until such time as the proposed project's operating rooms are operating at or above the target utilization rate for a period of twelve full months; and
 - "D) that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital."

The proposed applicant for this new facility is a joint venture LLC between United Surgical Partners International (USPI), Good Samaritan Regional Health Center, and the area physicians. The applicant is the LLC since neither USPI or Good Samaritan Regional Health Center has a controlling interest in the facility.

The proposed new ASTC will allow the hospital to reduce the number of operating rooms in the new replacement hospital. Based upon the 2007 annual workload data as submitted to the Illinois Department of Public Health the hospital had 7,322 hour of outpatient surgery performed in the surgery department and 5,675 hours of inpatient surgery. The hospital proposes to have four general operating rooms, one room dedicated for open heart surgery, and one cystoscopy room. The historical volume at the hospital justifies 8 general surgery rooms, one cardiac surgery room, and 1 cystoscopy room. This figure does not include any future growth. The population projections for the target service area show an increase of 7.1% by the year 2015. This project

ATTACHMENT ASTC - 5

has a projected completion date of 2012. Based upon these two figures it is reasonable to assume an increase of 4.97% in the surgical volume will also take place. This increase in the volume when the cardiac surgery procedures and the cyscopy procedures are remove justifies the 7 total general rooms and two minor procedure rooms proposed for the combined hospital and ASTC.

The hospital is not constructing shell space for new operating rooms and will not increase its number of operating rooms until such time as the ASTC is operating at its full capacity.

The ASTC charges per procedure are lower than the hospital costs due to the complexity of the procedures performed at the hospital and the lower overhead costs associated with a freestanding ASTC versus a full service hospital which must maintain twenty-four hour seven days per week Emergency and Surgery services.

Criterion 1110.1540.g, Charge Commitment

A list of the procedures which will be performed at the proposed facility and the charges for those procedures is appended to this attachment.

Also appended to this attachment is a letter from the applicant indicating that the proposed charges will be maintained for the first two full years of operation.

ATTACHMENT ASTC-6

Physicians Surgery Center at Good Samaritan, LLC

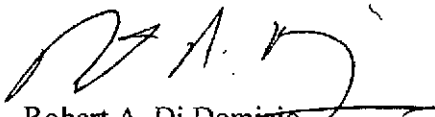
May 28, 2008

Mr. Jeffery Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson, Second Floor
Springfield, IL 62761

Dear Mr. Mark:

Please find attached a copy of the proposed procedure list and charges for the proposed Physicians Surgery Center at Good Samaritan, LLC. Per the Illinois Health Facilities Planning board review criteria, the Physicians Surgery Center at Good Samaritan, LLC does not intend to increase their proposed charges for a period of two years upon opening of the proposed ambulatory surgery center.

Sincerely,



Robert A. Di Domizio
Physicians Surgery Center at Good Samaritan, LLC

June 11, 2008

St. Mary's Good Samaritan

Incorporated

Sponsored by Fitchian Services, Inc.
and SSM Health Care

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761



RE: Ambulatory Surgical Treatment Center
Charity Care Policy

Dear Mr. Mark:

Please accept this notice of assurance that the Physicians Surgery Center at Good Samaritan, LLC will follow the Charity Program of Good Samaritan Regional Health Center as expressed in the St. Mary's-Good Samaritan, Inc. Board Policy B2.

Co-Applicants	Physicians Surgery Center at Good Samaritan, LLC Good Samaritan Regional Health Center SSM Regional Health Services SSM Health Care Corporation
Project Location	Veterans Memorial Drive at South 42 nd Street Mount Vernon, Illinois
Name of Existing or Proposed Health Care Facility	Physicians Surgery Center at Good Samaritan
Project Description	Establishment of an Ambulatory Surgical Treatment Center to include three operating rooms, two minor procedure rooms, and associated ancillary and support space

Sincerely,

Leo F. Childers, Jr., FACHE
President

605 North 12th Street
Mt. Vernon, IL 62864
618.242.4600

www.smgsi.com

CPTCode	Desc	New Charge Master
10060	Drainage of skin abscess	\$704
10061	Drainage of skin abscess	\$1,262
10080	Drainage of pilonidal cyst	\$704
10120	Remove foreign body	\$1,824
10140	Drainage of hematoma/fluid	\$939
10180	Complex drainage, wound	\$2,817
11012	Debride skin/muscle/bone, fx	\$8,452
11040	Debride skin, partial	\$704
11041	Debride skin, full	\$1,643
11042	Debride skin/tissue	\$4,226
11043	Debride tissue/muscle	\$2,729
11044	Debride tissue/muscle/bone	\$7,044
11055	Trim skin lesion	\$315
11100	Biopsy, skin lesion	\$446
11200	Removal of skin tags	\$1,708
11201	Remove skin tags add-on	\$1,454
11300	Shave skin lesion	\$2,365
11301	Shave skin lesion	\$1,774
11302	Shave skin lesion	\$814
11303	Shave skin lesion	\$1,403
11305	Shave skin lesion	\$2,653
11306	Shave skin lesion	\$1,403
11310	Shave skin lesion	\$1,920
11311	Shave skin lesion	\$1,677
11313	Shave skin lesion	\$1,750
11400	Exc tr-ext b9+marg 0.5 < cm	\$2,561
11401	Exc tr-ext b9+marg 0.6-1 cm	\$1,105
11402	Exc tr-ext b9+marg 1.1-2 cm	\$1,510
11403	Exc tr-ext b9+marg 2.1-3 cm	\$2,106
11404	Exc tr-ext b9+marg 3.1-4 cm	\$1,832
11406	Exc tr-ext b9+marg > 4.0 cm	\$8,922
11420	Exc h-f-nk-sp b9+marg 0.5 <	\$2,636
11421	Exc h-f-nk-sp b9+marg 0.6-1	\$1,589
11422	Exc h-f-nk-sp b9+marg 1.1-2	\$1,764
11423	Exc h-f-nk-sp b9+marg 2.1-3	\$2,279
11424	Exc h-f-nk-sp b9+marg 3.1-4	\$4,889
11426	Exc h-f-nk-sp b9+marg > 4 cm	\$8,922
11440	Exc face-mm b9+marg 0.5 < cm	\$2,004
11441	Exc face-mm b9+marg 0.6-1 cm	\$2,365
11442	Exc face-mm b9+marg 1.1-2 cm	\$3,235
11443	Exc face-mm b9+marg 2.1-3 cm	\$2,931
11444	Exc face-mm b9+marg 3.1-4 cm	\$3,234
11446	Exc face-mm b9+marg > 4 cm	\$4,852
11600	Exc tr-ext mlg+marg 0.5 < cm	\$1,044
11603	Exc tr-ext mlg+marg 2.1-3 cm	\$3,234
11604	Exc tr-ext mlg+marg 3.1-4 cm	\$4,852
11606	Exc tr-ext mlg+marg > 4 cm	\$6,469
11640	Exc face-mm malig+marg 0.5 <	\$1,901

11641	Exc face-mm malig+marg 0.6-1	\$2,089
11642	Exc face-mm malig+marg 1.1-2	\$4,598
11643	Exc face-mm malig+marg 2.1-3	\$3,234
11644	Exc face-mm malig+marg 3.1-4	\$4,852
11646	Exc face-mm mlg+marg > 4 cm	\$2,150
11730	Removal of nail plate	\$3,034
11732	Remove nail plate, add-on	\$1,573
11750	Removal of nail bed	\$2,145
11755	Biopsy, nail unit	\$1,334
11760	Repair of nail bed	\$3,681
11770	Removal of pilonidal lesion	\$3,234
11771	Removal of pilonidal lesion	\$6,469
11950	Therapy for contour defects	\$1,731
11951	Therapy for contour defects	\$2,291
11952	Therapy for contour defects	\$2,426
11954	Therapy for contour defects	\$2,314
11960	Insert tissue expander(s)	\$1,050
11970	Replace tissue expander	\$2,000
11971	Remove tissue expander(s)	\$2,730
12001	Repair superficial wound(s)	\$578
12011	Repair superficial wound(s)	\$554
12020	Closure of split wound	\$987
12031	Layer closure of wound(s)	\$1,533
12032	Layer closure of wound(s)	\$1,474
12034	Layer closure of wound(s)	\$2,311
12035	Layer closure of wound(s)	\$3,466
12041	Layer closure of wound(s)	\$1,596
12042	Layer closure of wound(s)	\$963
12051	Layer closure of wound(s)	\$1,360
12052	Layer closure of wound(s)	\$1,534
12053	Layer closure of wound(s)	\$2,311
12054	Layer closure of wound(s)	\$3,466
13100	Repair of wound or lesion	\$763
13101	Repair of wound or lesion	\$3,466
13102	Repair wound/lesion add-on	\$1,396
13120	Repair of wound or lesion	\$2,311
13121	Repair of wound or lesion	\$3,466
13122	Repair wound/lesion add-on	\$1,396
13131	Repair of wound or lesion	\$2,461
13132	Repair of wound or lesion	\$4,621
13150	Repair of wound or lesion	\$2,311
13151	Repair of wound or lesion	\$3,466
13160	Late closure of wound	\$5,008
14000	Skin tissue rearrangement	\$2,120
14001	Skin tissue rearrangement	\$6,932
14020	Skin tissue rearrangement	\$2,961
14021	Skin tissue rearrangement	\$6,932
14040	Skin tissue rearrangement	\$2,010
14041	Skin tissue rearrangement	\$8,665
14060	Skin tissue rearrangement	\$2,087
14061	Skin tissue rearrangement	\$9,242
14300	Skin tissue rearrangement	\$1,880

14350	Skin tissue rearrangement	\$6,932
15100	Skin splt grft, trnk/arm/leg	\$8,087
15120	Skn split a-grft fac/nck/hf/g	\$1,880
15220	Skin full graft sclp/arm/leg	\$9,242
15221	Skin full graft add-on	\$4,621
15240	Skin full grft face/genit/hf	\$9,242
15260	Skin full graft een & lips	\$5,921
15300	Apply skinallogrft, t/arm/lg	\$3,658
15430	Apply acellular xenograft	\$7,124
15630	Skin graft	\$9,242
15732	Muscle-skin graft, head/neck	\$3,849
15734	Muscle-skin graft, trunk	\$13,864
15736	Muscle-skin graft, arm	\$11,553
15760	Composite skin graft	\$6,932
15770	Derma-fat-fascia graft	\$6,932
15780	Abrasion treatment of skin	\$7,536
15783	Abrasion treatment of skin	\$1,490
15788	Chemical peel, face, epiderm	\$3,000
15789	Chemical peel, face, dermal	\$1,000
15819	Plastic surgery, neck	\$10,048
15820	Revision of lower eyelid	\$1,729
15821	Revision of lower eyelid	\$2,296
15822	Revision of upper eyelid	\$2,449
15823	Revision of upper eyelid	\$2,699
15824	Removal of forehead wrinkles	\$8,792
15825	Removal of neck wrinkles	\$2,825
15828	Removal of face wrinkles	\$3,982
15829	Removal of skin wrinkles	\$3,884
15830	Exc skin abd	\$2,941
15831	Excision, excessive skin, abdomen	\$10,048
15832	Excise excessive skin tissue	\$7,536
15835	Excise excessive skin tissue	\$8,792
15836	Excise excessive skin tissue	\$7,125
15838	Excise excessive skin tissue	\$7,536
15839	Excise excessive skin tissue	\$2,215
15847	Exc skin abd add-on	\$1,722
15876	Suction assisted lipectomy	\$2,591
15877	Suction assisted lipectomy	\$5,123
15878	Suction assisted lipectomy	\$1,760
15879	Suction assisted lipectomy	\$2,545
17000	Destruct premalg lesion	\$3,371
17001	Not in CPT Book 2006	\$2,784
17003	Destruct premalg les, 2-14	\$2,873
17004	Destroy premalg lesions 15+	\$3,533
17106	Destruction of skin lesions	\$3,479
17110	Destruct b9 lesion, 1-14	\$2,692
17111	Destruct lesion, 15 or more	\$3,506
17999	Skin tissue procedure	\$1,281
19020	Incision of breast lesion	\$4,999
19101	Biopsy of breast, open	\$4,166
19110	Nipple exploration	\$4,166
19112	Excise breast duct fistula	\$4,166

19120	Removal of breast lesion	\$2,285
19125	Excision, breast lesion	\$2,000
19126	Excision, addl breast lesion	\$1,999
19290	Place needle wire, breast	\$562
19300	Removal of breast tissue	\$4,202
19301	Partical mastectomy	\$7,498
19303	Mast, simple, complete	\$9,997
19316	Suspension of breast	\$2,454
19318	Reduction of large breast	\$3,428
19325	Enlarge breast with implant	\$4,025
19328	Removal of breast implant	\$2,872
19330	Removal of implant material	\$3,079
19340	Immediate breast prosthesis	\$5,250
19342	Delayed breast prosthesis	\$9,997
19350	Breast reconstruction	\$4,123
19355	Correct inverted nipple(s)	\$7,998
19357	Breast reconstruction	\$9,997
19366	Breast reconstruction	\$4,123
19370	Surgery of breast capsule	\$3,887
19371	Removal of breast capsule	\$3,687
19380	Revise breast reconstruction	\$5,548
20102	Explore wound, abdomen	\$4,088
20103	Explore wound, extremity	\$4,088
20200	Muscle biopsy	\$937
20245	Bone biopsy, excisional	\$6,132
20520	Removal of foreign body	\$745
20526	Ther injection, carp tunnel	\$256
20550	Inj tendon sheath/ligament	\$2,600
20552	Inj trigger point, 1/2 muscl	\$1,914
20553	Inject trigger points, => 3	\$977
20600	Drain/inject, joint/bursa	\$1,381
20605	Drain/inject, joint/bursa	\$1,273
20610	Drain/inject, joint/bursa	\$1,273
20670	Removal of support implant	\$1,853
20680	Removal of support implant	\$3,385
20690	Apply bone fixation device	\$7,154
20900	Removal of bone for graft	\$1,996
20902	Removal of bone for graft	\$3,237
20912	Remove cartilage for graft	\$2,811
20924	Removal of tendon for graft	\$1,789
20926	Removal of tissue for graft	\$2,106
20999	Musculoskeletal surgery	\$4,815
21015	Resection of facial tumor	\$8,802
21032	Remove exostosis, maxilla	\$9,431
21120	Reconstruction of chin	\$3,182
21121	Reconstruction of chin	\$2,486
21123	Reconstruction of chin	\$8,383
21142	two pieces, segment movement in any di	\$2,122
21209	Reduction of facial bones	\$15,090
21235	Ear cartilage graft	\$12,575
21248	Reconstruction of jaw	\$15,090
21280	Revision of eyelid	\$10,060

21282	Revision of eyelid	\$4,930
21315	Treatment of nose fracture	\$2,515
21320	Treatment of nose fracture	\$2,806
21335	Treatment of nose fracture	\$15,090
21336	Treat nasal septal fracture	\$10,060
21337	Treat nasal septal fracture	\$3,772
21386	OPEN TX ORB BLOWOUT FX; PERIOR	\$2,122
21555	Remove lesion, neck/chest	\$2,767
21556	Remove lesion, neck/chest	\$7,545
21899	Neck/chest surgery procedure	\$3,825
21930	Remove lesion, back or flank	\$2,985
22526	Idet, single level	\$4,601
22527	Idet, 1 or more levels	\$2,301
22900	Remove abdominal wall lesion	\$7,545
22999	Abdomen surgery procedure	\$2,789
23075	Removal of shoulder lesion	\$3,818
23076	Removal of shoulder lesion	\$6,533
23120	Partial removal, collar bone	\$4,629
23130	Remove shoulder bone, part	\$11,199
23140	Removal of bone lesion	\$6,533
23330	Remove shoulder foreign body	\$3,733
23331	Remove shoulder foreign body	\$6,533
23350	INJ SHLDR ARTHROGRPH/ENHNCD C	\$1,492
23410	Repair rotator cuff, acute	\$8,399
23412	Repair rotator cuff, chronic	\$5,336
23420	Repair of shoulder	\$11,199
23430	Repair biceps tendon	\$5,383
23440	Remove/transplant tendon	\$9,333
23450	Repair shoulder capsule	\$9,333
23515	Treat clavicle fracture	\$8,399
23550	Treat clavicle dislocation	\$8,399
23700	Fixation of shoulder	\$4,815
23929	Shoulder surgery procedure	\$3,375
24075	Remove arm/elbow lesion	\$5,390
24076	Remove arm/elbow lesion	\$6,533
24101	Explore/treat elbow joint	\$7,466
24105	Removal of elbow bursa	\$6,533
24140	Partial removal of arm bone	\$9,333
24200	Removal of arm foreign body	\$467
24341	Repair arm tendon/muscle	\$4,183
24342	Repair of ruptured tendon	\$6,061
24345	Repr elbw med ligmnt w/tissu	\$9,333
24350	Repair of tennis elbow	\$5,600
24351	Repair of tennis elbow	\$6,533
24352	Repair of tennis elbow	\$6,533
24356	Revision of tennis elbow	\$4,814
24358	TENOTOMY ELBOW LATERAL/MEDIAL	\$6,533
24359	TENOTOMY ELBOW LATERAL/MEDIAL	\$6,533
24575	Treat humerus fracture	\$8,399
24635	Treat elbow fracture	\$9,333
24665	Treat radius fracture	\$8,399
24685	Treat ulnar fracture	\$11,114

25000	Incision of tendon sheath	\$6,446
25001	Incise flexor carpi radialis	\$4,960
25065	Biopsy forearm soft tissues	\$551
25075	Removal forearm lesion subcu	\$6,041
25076	Removal forearm lesion deep	\$6,613
25101	Explore/treat wrist joint	\$7,439
25105	Remove wrist joint lining	\$8,266
25107	Remove wrist joint cartilage	\$7,439
25111	Remove wrist tendon lesion	\$5,180
25112	Reremove wrist tendon lesion	\$8,266
25115	Remove wrist/forearm lesion	\$7,439
25116	Remove wrist/forearm lesion	\$7,439
25118	Excise wrist tendon sheath	\$4,960
25145	Remove forearm bone lesion	\$6,613
25210	Removal of wrist bone	\$6,613
25230	Partial removal of radius	\$7,439
25260	Repair forearm tendon/muscle	\$7,439
25270	Repair forearm tendon/muscle	\$7,439
25275	Repair forearm tendon sheath	\$7,439
25290	Incise wrist/forearm tendon	\$6,613
25295	Release wrist/forearm tendon	\$6,613
25310	Transplant forearm tendon	\$7,439
25315	Revise palsy hand tendon(s)	\$6,613
25320	Repair/revise wrist joint	\$6,613
25350	Revision of radius	\$7,439
25390	Shorten radius or ulna	\$7,439
25431	Repair nonunion carpal bone	\$8,266
25440	Repair/graft wrist bone	\$8,266
25447	Repair wrist joint(s)	\$8,266
25515	Treat fracture of radius	\$6,613
25545	Treat fracture of ulna	\$6,613
25605	Treat fracture radius/ulna	\$3,306
25606	Treat fx distal radial	\$4,801
25607	Treat fx rad extra-articul	\$5,775
25608	Treat fx rad intra-articul	\$5,840
25609	Treat fx radial 3+ frag	\$7,425
25624	Treat wrist bone fracture	\$3,306
25628	Treat wrist bone fracture	\$6,613
25645	Treat wrist bone fracture	\$6,613
25652	Treat fracture ulnar styloid	\$6,613
25810	Fusion/graft of wrist joint	\$9,919
25825	Fuse hand bones with graft	\$9,919
26010	Drainage of finger abscess	\$362
26045	Release palm contracture	\$7,439
26055	Incise finger tendon sheath	\$3,494
26070	Explore/treat hand joint	\$4,960
26075	Explore/treat finger joint	\$4,960
26115	Removal hand lesion subcut	\$3,522
26116	Removal hand lesion, deep	\$4,960
26121	Release palm contracture	\$7,439
26123	Release palm contracture	\$11,090
26125	Release palm contracture	\$4,133

26135	Revise finger joint, each	\$6,613
26145	Tendon excision, palm/finger	\$6,613
26160	Remove tendon sheath lesion	\$5,715
26205	Remove/graft bone lesion	\$6,613
26210	Removal of finger lesion	\$4,960
26230	Partial removal of hand bone	\$8,266
26235	Partial removal, finger bone	\$8,601
26236	Partial removal, finger bone	\$7,439
26350	Repair finger/hand tendon	\$8,432
26356	Repair finger/hand tendon	\$7,439
26370	Repair finger/hand tendon	\$7,439
26418	Repair finger tendon	\$6,656
26426	Repair finger/hand tendon	\$5,786
26433	Repair finger tendon	\$4,960
26440	Release palm/finger tendon	\$6,196
26445	Release hand/finger tendon	\$3,624
26455	Incision of finger tendon	\$4,960
26480	Transplant hand tendon	\$7,439
26496	Revise thumb tendon	\$7,439
26516	Fusion of knuckle joint	\$4,960
26520	Release knuckle contracture	\$6,613
26525	Release finger contracture	\$5,380
26530	Revise knuckle joint	\$8,266
26535	Revise finger joint	\$6,613
26536	Revise/implant finger joint	\$9,919
26540	Repair hand joint	\$6,075
26541	Repair hand joint with graft	\$9,093
26546	Repair nonunion hand	\$7,439
26600	Treat metacarpal fracture	\$758
26605	Treat metacarpal fracture	\$1,653
26608	Treat metacarpal fracture	\$4,565
26615	Treat metacarpal fracture	\$4,383
26676	Pin hand dislocation	\$3,306
26720	Treat finger fracture, each	\$517
26727	Treat finger fracture, each	\$4,729
26735	Treat finger fracture, each	\$6,795
26740	Treat finger fracture, each	\$792
26746	Treat finger fracture, each	\$6,613
26755	Treat finger fracture, each	\$689
26756	Pin finger fracture, each	\$3,306
26765	Treat finger fracture, each	\$4,133
26850	Fusion of knuckle	\$7,439
26860	Fusion of finger joint	\$7,439
26862	Fusion/graft of finger joint	\$8,266
26910	Amputate metacarpal bone	\$5,373
26951	Amputation of finger/thumb	\$5,580
26952	Amputation of finger/thumb	\$5,786
27093	INJ PROC HIP ARTHROGRAPHY; WO /	\$2,675
27095	INJ PROC HIP ARTHROGRAPHY; W/AF	\$1,750
27096	INJ SI JNT ARTHRGRPH &/ANES/STEF	\$2,292
27301	Drain thigh/knee lesion	\$5,193
27305	Incise thigh tendon & fascia	\$6,677

27310	Exploration of knee joint	\$5,193
27327	Removal of thigh lesion	\$3,025
27328	Removal of thigh lesion	\$5,193
27331	Explore/treat knee joint	\$6,677
27340	Removal of kneecap bursa	\$5,193
27370	INJECTION PROC KNEE ARTHROGRA	\$1,503
27372	Removal of foreign body	\$5,935
27380	Repair of kneecap tendon	\$4,327
27385	Repair of thigh muscle	\$5,935
27405	Repair of knee ligament	\$7,419
27420	Revision of unstable kneecap	\$6,677
27425	Lat retinacular release open	\$7,419
27524	Treat kneecap fracture	\$7,419
27532	Treat knee fracture	\$3,709
27570	Fixation of knee joint	\$2,461
27599	Leg surgery procedure	\$2,539
27603	Drain lower leg lesion	\$3,340
27605	Incision of achilles tendon	\$4,175
27606	Incision of achilles tendon	\$5,845
27613	Biopsy lower leg soft tissue	\$835
27618	Remove lower leg lesion	\$4,175
27619	Remove lower leg lesion	\$6,680
27620	Explore/treat ankle joint	\$6,680
27625	Remove ankle joint lining	\$6,680
27626	Remove ankle joint lining	\$6,680
27630	Removal of tendon lesion	\$5,010
27635	Remove lower leg bone lesion	\$6,680
27640	Partial removal of tibia	\$5,845
27641	Partial removal of fibula	\$5,845
27650	Repair achilles tendon	\$6,295
27652	Repair/graft achilles tendon	\$9,185
27654	Repair of achilles tendon	\$8,350
27658	Repair of leg tendon, each	\$4,175
27659	Repair of leg tendon, each	\$5,845
27664	Repair of leg tendon, each	\$5,010
27675	Repair lower leg tendons	\$6,680
27680	Release of lower leg tendon	\$5,010
27685	Revision of lower leg tendon	\$5,010
27687	Revision of calf tendon	\$7,515
27691	Revise lower leg tendon	\$7,100
27695	Repair of ankle ligament	\$4,629
27696	Repair of ankle ligaments	\$7,515
27698	Repair of ankle ligament	\$7,515
27766	Treatment of ankle fracture	\$6,680
27792	Treatment of ankle fracture	\$5,536
27822	Treatment of ankle fracture	\$9,185
27823	Treatment of ankle fracture	\$9,185
27829	Treat lower leg joint	\$8,438
27899	Leg/ankle surgery procedure	\$7,790
28005	Treat foot bone lesion	\$6,680
28008	Incision of foot fascia	\$4,700
28010	Incision of toe tendon	\$1,431

28020	Exploration of foot joint	\$5,845
28022	Exploration of foot joint	\$5,845
28035	Decompression of tibia nerve	\$6,680
28043	Excision of foot lesion	\$3,944
28045	Excision of foot lesion	\$4,258
28046	Resection of tumor, foot	\$6,680
28060	Partial removal, foot fascia	\$6,680
28070	Removal of foot joint lining	\$5,845
28080	Removal of foot lesion	\$3,678
28086	Excise foot tendon sheath	\$5,010
28090	Removal of foot lesion	\$3,446
28092	Removal of toe lesions	\$4,200
28100	Removal of ankle/heel lesion	\$5,845
28104	Removal of foot lesion	\$5,845
28106	Remove/graft foot lesion	\$7,515
28107	Remove/graft foot lesion	\$6,680
28108	Removal of toe lesions	\$5,845
28110	Part removal of metatarsal	\$3,676
28112	Part removal of metatarsal	\$2,786
28113	Part removal of metatarsal	\$3,376
28114	Removal of metatarsal heads	\$8,350
28116	Revision of foot	\$6,680
28119	Removal of heel spur	\$4,849
28120	Part removal of ankle/heel	\$6,845
28122	Partial removal of foot bone	\$6,093
28124	Partial removal of toe	\$4,889
28126	Partial removal of toe	\$5,010
28150	Removal of toe	\$3,161
28153	Partial removal of toe	\$5,845
28160	Partial removal of toe	\$2,282
28190	Removal of foot foreign body	\$1,670
28192	Removal of foot foreign body	\$3,482
28200	Repair of foot tendon	\$6,680
28208	Repair of foot tendon	\$6,680
28220	Release of foot tendon	\$3,340
28230	Incision of foot tendon(s)	\$5,845
28232	Incision of toe tendon	\$1,873
28234	Incision of foot tendon	\$2,314
28238	Revision of foot tendon	\$8,350
28250	Revision of foot fascia	\$6,680
28270	Release of foot contracture	\$1,872
28272	Release of toe joint, each	\$5,010
28280	Fusion of toes	\$6,680
28285	Repair of hammertoe	\$3,502
28286	Repair of hammertoe	\$5,845
28288	Partial removal of foot bone	\$4,123
28289	Repair hallux rigidus	\$5,957
28290	Correction of bunion	\$5,578
28292	Correction of bunion	\$5,176
28293	Correction of bunion	\$7,913
28294	Correction of bunion	\$7,515
28296	Correction of bunion	\$5,441

28297	Correction of bunion	\$6,680
28298	Correction of bunion	\$3,126
28299	Correction of bunion	\$5,433
28300	Incision of heel bone	\$5,845
28304	Incision of midfoot bones	\$5,845
28306	Incision of metatarsal	\$6,060
28308	Incision of metatarsal	\$4,908
28310	Revision of big toe	\$5,845
28312	Revision of toe	\$5,845
28315	Removal of sesamoid bone	\$5,800
28322	Repair of metatarsals	\$7,515
28445	Treat ankle fracture	\$6,680
28465	Treat midfoot fracture, each	\$5,845
28485	Treat metatarsal fracture	\$6,346
28496	Treat big toe fracture	\$4,175
28505	Treat big toe fracture	\$6,680
28515	Treatment of toe fracture	\$574
28525	Treat toe fracture	\$6,680
28531	Treat sesamoid bone fracture	\$6,680
28645	Repair toe dislocation	\$5,845
28725	Fusion of foot bones	\$7,100
28740	Fusion of foot bones	\$7,515
28750	Fusion of big toe joint	\$7,515
28755	Fusion of big toe joint	\$7,515
28800	AMP FOOT MIDTARSL	\$4,700
28820	Amputation of toe	\$5,010
28825	Partial amputation of toe	\$5,010
28890	High energy eswt, plantar f	\$669
28899	Foot/toes surgery procedure	\$2,468
29805	Shoulder arthroscopy, dx	\$5,977
29806	Shoulder arthroscopy/surgery	\$10,238
29807	Shoulder arthroscopy/surgery	\$9,029
29819	Shoulder arthroscopy/surgery	\$4,067
29822	Shoulder arthroscopy/surgery	\$4,632
29823	Shoulder arthroscopy/surgery	\$5,734
29824	Shoulder arthroscopy/surgery	\$8,696
29825	Shoulder arthroscopy/surgery	\$7,970
29826	Shoulder arthroscopy/surgery	\$6,692
29827	Arthroscop rotator cuff repr	\$9,530
29834	Elbow arthroscopy/surgery	\$7,306
29835	Elbow arthroscopy/surgery	\$7,306
29836	Elbow arthroscopy/surgery	\$7,306
29837	Elbow arthroscopy/surgery	\$7,306
29838	Elbow arthroscopy/surgery	\$7,306
29844	Wrist arthroscopy/surgery	\$6,642
29846	Wrist arthroscopy/surgery	\$9,740
29848	Wrist endoscopy/surgery	\$5,972
29851	Knee arthroscopy/surgery	\$7,970
29862	Hip arthroscopy/surgery	\$7,970
29870	Knee arthroscopy, dx	\$7,735
29873	Knee arthroscopy/surgery	\$9,385
29874	Knee arthroscopy/surgery	\$8,790

29875	Knee arthroscopy/surgery	\$9,320
29876	Knee arthroscopy/surgery	\$9,385
29877	Knee arthroscopy/surgery	\$6,739
29879	Knee arthroscopy/surgery	\$7,220
29880	Knee arthroscopy/surgery	\$8,810
29881	Knee arthroscopy/surgery	\$8,988
29882	Knee arthroscopy/surgery	\$5,530
29883	Knee arthroscopy/surgery	\$7,306
29884	Knee arthroscopy/surgery	\$7,306
29886	Knee arthroscopy/surgery	\$7,306
29887	Knee arthroscopy/surgery	\$7,306
29888	Knee arthroscopy/surgery	\$8,653
29891	Ankle arthroscopy/surgery	\$5,977
29893	Scope, plantar fasciotomy	\$6,158
29894	Ankle arthroscopy/surgery	\$5,977
29895	Ankle arthroscopy/surgery	\$5,977
29897	Ankle arthroscopy/surgery	\$8,531
29898	Ankle arthroscopy/surgery	\$6,642
29999	Arthroscopy of joint	\$6,281
30020	Drainage of nose lesion	\$913
30100	Intranasal biopsy	\$664
30110	Removal of nose polyp(s)	\$1,217
30117	Removal of intranasal lesion	\$6,639
30130	Excise inferior turbinate	\$9,295
30140	Resect inferior turbinate	\$2,404
30150	Partial removal of nose	\$10,623
30220	Insert nasal septal button	\$6,639
30400	Reconstruction of nose	\$2,582
30410	Reconstruction of nose	\$5,384
30420	Reconstruction of nose	\$6,289
30430	Revision of nose	\$10,623
30435	Revision of nose	\$11,951
30450	Revision of nose	\$9,822
30462	Revision of nose	\$15,934
30465	Repair nasal stenosis	\$5,236
30520	Repair of nasal septum	\$4,473
30560	Release of nasal adhesions	\$1,024
30630	Repair nasal septum defect	\$13,279
30801	Ablate inf turbinate, superf	\$1,134
30802	Cauterization, inner nose	\$2,305
30901	Control of nosebleed	\$692
30905	Control of nosebleed	\$2,656
30930	Ther fx, nasal inf turbinate	\$1,478
30999	Nasal surgery procedure	\$2,646
31200	Removal of ethmoid sinus	\$11,951
31231	Nasal endoscopy, dx	\$2,656
31237	Nasal/sinus endoscopy, surg	\$2,818
31239	Nasal/sinus endoscopy, surg	\$4,550
31240	Nasal/sinus endoscopy, surg	\$1,181
31254	Revision of ethmoid sinus	\$11,951
31255	Removal of ethmoid sinus	\$1,213
31256	Exploration maxillary sinus	\$1,294

31267	Endoscopy, maxillary sinus	\$1,190
31276	Sinus endoscopy, surgical	\$2,126
31287	Nasal/sinus endoscopy, surg	\$898
31288	Nasal/sinus endoscopy, surg	\$879
31525	Dx laryngoscopy excl nb	\$5,311
31535	Laryngoscopy w/biopsy	\$8,631
31536	Laryngoscopy w/bx & op scope	\$9,295
31540	Laryngoscopy w/exc of tumor	\$9,295
36561	Insert tunneled cv cath	\$903
36590	Removal tunneled cv cath	\$602
37609	Temporal artery procedure	\$2,629
37718	Ligate/strip short leg vein	\$903
37722	Ligate/strip long leg vein	\$903
37760	Ligation, leg veins, open	\$903
37765	Phleb veins - extrem - to 20	\$702
37766	Phleb veins - extrem 20+	\$702
37799	Vascular surgery procedure	\$3,757
38500	Biopsy/removal, lymph nodes	\$4,891
38505	Needle biopsy, lymph nodes	\$2,445
38510	Biopsy/removal, lymph nodes	\$5,869
38525	Biopsy/removal, lymph nodes	\$6,847
38542	Explore deep node(s), neck	\$7,825
38792	Identify sentinel node	\$1,223
40490	Biopsy of lip	\$321
40520	Partial excision of lip	\$3,503
40799	Lip surgery procedure	\$2,850
40806	Incision of lip fold	\$701
40810	Excision of mouth lesion	\$584
40812	Excise/repair mouth lesion	\$4,814
41110	Excision of tongue lesion	\$525
41112	Excision of tongue lesion	\$2,802
41113	Excision of tongue lesion	\$3,503
41120	Partial removal of tongue	\$6,305
41899	Dental surgery procedure	\$2,260
42100	Biopsy roof of mouth	\$584
42104	Excision lesion, mouth roof	\$2,802
42106	Excision lesion, mouth roof	\$3,503
42120	Remove palate/lesion	\$6,305
42140	Excision of uvula	\$3,503
42145	Repair palate, pharynx/uvula	\$6,305
42330	Removal of salivary stone	\$2,802
42405	Biopsy of salivary gland	\$701
42408	Excision of salivary cyst	\$4,203
42409	Drainage of salivary cyst	\$4,203
42415	Excise parotid gland/lesion	\$6,305
42420	Excise parotid gland/lesion	\$8,406
42804	Biopsy of upper nose/throat	\$409
42808	Excise pharynx lesion	\$2,802
42820	Remove tonsils and adenoids	\$2,426
42821	Remove tonsils and adenoids	\$2,356
42825	Removal of tonsils	\$3,094
42826	Removal of tonsils	\$2,286

42830	Removal of adenoids	\$2,456
42831	Removal of adenoids	\$3,152
42835	Removal of adenoids	\$2,744
42999	Throat surgery procedure	\$607
43200	Esophagus endoscopy	\$2,452
43202	Esophagus endoscopy, biopsy	\$2,802
43235	Uppr gi endoscopy, diagnosis	\$2,903
43239	Upper GI endoscopy, biopsy	\$2,531
43249	Esoph endoscopy, dilation	\$2,802
44342	0	\$2,346
45100	Biopsy of rectum	\$3,162
45170	Excision of rectal lesion	\$5,533
45330	Diagnostic sigmoidoscopy	\$543
45378	Diagnostic colonoscopy	\$3,011
45380	Colonoscopy and biopsy	\$2,337
45384	Lesion remove colonoscopy	\$3,162
45385	Lesion removal colonoscopy	\$3,019
46020	Placement of seton	\$329
46080	Incision of anal sphincter	\$4,742
46200	Removal of anal fissure	\$4,742
46221	Ligation of hemorrhoid(s)	\$659
46230	Removal of anal tags	\$461
46250	Hemorrhoidectomy	\$4,742
46255	Hemorrhoidectomy	\$4,742
46270	Removal of anal fistula	\$4,742
46280	Removal of anal fistula	\$6,323
46922	Excision of anal lesion(s)	\$3,162
46924	Destruction, anal lesion(s)	\$3,952
47562	Laparoscopic cholecystectomy	\$9,313
49320	Diag laparo separate proc	\$6,894
49322	Laparoscopy, aspiration	\$7,450
49500	Rpr ing hernia, init, reduce	\$9,313
49505	Prp i/hern init reduc >5 yr	\$7,609
49507	Prp i/hern init block >5 yr	\$11,175
49520	Rerepair ing hernia, reduce	\$5,669
49525	Repair ing hernia, sliding	\$11,175
49550	Rpr rem hernia, init, reduce	\$14,901
49560	Rpr ventral hern init, reduc	\$7,730
49568	Hernia repair w/mesh	\$4,338
49585	Rpr umbil hern, reduc > 5 yr	\$6,445
49587	Rpr umbil hern, block > 5 yr	\$9,147
49590	Repair spigelian hernia	\$11,175
49650	Laparo hernia repair initial	\$7,609
50590	Fragmenting of kidney stone	\$600
52000	Cystoscopy	\$415
52214	Cystoscopy and treatment	\$14,628
52332	Cystoscopy and treatment	\$14,628
52647	Laser surgery of prostate	\$500
52648	Laser surgery of prostate	\$500
53060	Drainage of urethra abscess	\$1,828
54057	Laser surg, penis lesion(s)	\$3,072
54161	Circum 28 days or older	\$2,657

54162	Lysis penil circumic lesion	\$3,840
54522	Orchiectomy, partial	\$5,375
54840	Remove epididymis lesion	\$5,375
55040	Removal of hydrocele	\$5,375
55110	Explore scrotum	\$3,840
55250	Removal of sperm duct(s)	\$3,376
55400	Repair of sperm duct	\$3,840
55530	Revise spermatic cord veins	\$5,375
55535	Revise spermatic cord veins	\$6,143
55899	Genital surgery procedure	\$2,970
56405	I & D of vulva/perineum	\$953
56420	Drainage of gland abscess	\$1,062
56440	Surgery for vulva lesion	\$6,538
56442	Hymenotomy	\$1,062
56501	Destroy, vulva lesions, sim	\$926
56620	Partial removal of vulva	\$10,461
56625	Complete removal of vulva	\$13,076
56700	Partial removal of hymen	\$5,230
56810	Repair of perineum	\$9,153
57020	Drainage of pelvic fluid	\$953
57065	Destroy vag lesions, complex	\$7,845
57105	Biopsy of vagina	\$5,230
57130	Remove vagina lesion	\$7,845
57135	Remove vagina lesion	\$7,845
57454	Bx/curett of cervix w/scope	\$1,362
57460	Bx of cervix w/scope, leep	\$3,432
57461	Conz of cervix w/scope, leep	\$1,676
57505	Endocervical curettage	\$5,212
57513	Laser surgery of cervix	\$7,845
57520	Conization of cervix	\$7,845
57522	Conization of cervix	\$4,967
58120	Dilation and curettage	\$4,954
58301	Remove intrauterine device	\$327
58340	CATH&INTRO-CONTRST HYSTROSON	\$981
58350	Reopen fallopian tube	\$1,117
58353	Endometr ablate, thermal	\$5,230
58555	Hysteroscopy, dx, sep proc	\$5,230
58558	Hysteroscopy, biopsy	\$4,166
58559	Hysteroscopy, lysis	\$7,845
58560	Hysteroscopy, resect septum	\$6,538
58561	Hysteroscopy, remove myoma	\$5,669
58562	Hysteroscopy, remove fb	\$7,845
58563	Hysteroscopy, ablation	\$4,472
58565	Hysteroscopy, sterilization	\$5,646
58579	Hysteroscope procedure	\$2,145
58660	Laparoscopy, lysis	\$7,845
58661	Laparoscopy, remove adnexa	\$10,461
58662	Laparoscopy, excise lesions	\$6,127
58670	Laparoscopy, tubal cautery	\$4,629
58671	Laparoscopy, tubal block	\$4,791
58970	Retrieval of oocyte	\$5,957
58974	Transfer of embryo	\$4,375

58999	Genital surgery procedure	\$3,049
59150	Treat ectopic pregnancy	\$10,461
59151	Treat ectopic pregnancy	\$10,461
59812	Treatment of miscarriage	\$7,845
59820	Care of miscarriage	\$3,652
61795	Brain surgery using computer	\$1,694
62264	Epidural lysis on single day	\$2,021
62268	Drain spinal cord cyst	\$2,021
62273	Inject epidural patch	\$1,636
62287	Percutaneous diskectomy	\$8,082
62290	INJ PROC DISKOGRAPHY EA LEVL; LL	\$2,861
62291	INJ PROC-DISKGRPHY EA LEV; CRV/T	\$4,023
62310	Inject spine c/t	\$2,709
62311	Inject spine l/s (cd)	\$2,710
62319	Inject spine w/cath l/s (cd)	\$3,080
62367	Analyze spine infusion pump	\$2,550
62368	Analyze spine infusion pump	\$2,550
63030	Low back disk surgery	\$11,964
63035	Spinal disk surgery add-on	\$2,750
63042	Laminotomy, single lumbar	\$7,409
63044	LAMOT W/PRTL FFD HRNA8 REEXPL	\$3,079
63650	Implant neuroelectrodes	\$4,595
64405	Nblock inj, occipital	\$954
64415	Nblock inj, brachial plexus	\$1,275
64418	Nblock inj, suprascapular	\$954
64421	Nblock inj, intercost, mlt	\$1,285
64425	Nblock inj, ilio-ing/hypogi	\$954
64430	Nblock inj, pudental	\$954
64447	Nblock inj fem, single	\$954
64450	Nblock, other peripheral	\$2,407
64470	Inj paravertebral c/t	\$2,669
64472	Inj paravertebral c/t add-on	\$1,953
64475	Inj paravertebral l/s	\$2,608
64476	Inj paravertebral l/s add-on	\$1,345
64479	Inj foramen epidural c/t	\$2,735
64480	Inj foramen epidural add-on	\$2,675
64483	Inj foramen epidural l/s	\$2,675
64484	Inj foramen epidural add-on	\$2,675
64510	Nblock, stellate ganglion	\$2,675
64517	Nblock inj, hypogas plxs	\$640
64520	Nblock, lumbar/thoracic	\$3,018
64530	Nblock inj, celiac pelus	\$996
64610	Injection treatment of nerve	\$954
64620	Injection treatment of nerve	\$1,362
64622	Destr paravertebrl nerve l/s	\$1,279
64623	Destr paravertebral n add-on	\$761
64626	Destr paravertebrl nerve c/t	\$2,968
64627	Destr paravertebral n add-on	\$2,144
64640	Injection treatment of nerve	\$994
64680	Injection treatment of nerve	\$1,515
64702	Revise finger/toe nerve	\$2,694
64704	Revise hand/foot nerve	\$2,694

64708	Revise arm/leg nerve	\$5,388
64718	Revise ulnar nerve at elbow	\$3,396
64719	Revise ulnar nerve at wrist	\$4,030
64721	Carpal tunnel surgery	\$3,923
64727	Internal nerve revision	\$1,669
64776	Remove digit nerve lesion	\$4,715
64782	Remove limb nerve lesion	\$4,715
64784	Remove nerve lesion	\$4,715
64790	Removal of nerve lesion	\$5,388
64820	Remove sympathetic nerves	\$6,062
64831	Repair of digit nerve	\$5,031
64835	Repair of hand or foot nerve	\$4,715
64836	Repair of hand or foot nerve	\$4,715
64856	Repair/transpose nerve	\$6,062
64857	Repair arm/leg nerve	\$5,388
64890	Nerve graft, hand or foot	\$6,062
64892	Nerve graft, arm or leg	\$6,062
64999	Nervous system surgery	\$2,795
65105	Remove eye/attach implant	\$6,674
65114	Remove eye/revise socket	\$7,079
65175	Removal of ocular implant	\$2,427
65220	Remove foreign body from eye	\$245
65275	Repair of eye wound	\$4,247
65400	Removal of eye lesion	\$3,034
65420	Removal of eye lesion	\$2,377
65426	Removal of eye lesion	\$5,176
65435	Curette/treat cornea	\$787
65730	Corneal transplant	\$9,325
65750	Corneal transplant	\$6,670
65755	Corneal transplant	\$6,380
65760	KERATOMILEUSIS	\$126
65772	Correction of astigmatism	\$2,427
65775	Correction of astigmatism	\$4,247
65780	Ocular reconst, transplant	\$6,674
65810	Drainage of eye	\$4,854
65850	Incision of eye	\$3,641
65860	Incise inner eye adhesions	\$910
65865	Incise inner eye adhesions	\$2,427
65920	Remove implant of eye	\$4,854
66170	Glaucoma surgery	\$6,896
66172	Incision of eye	\$6,832
66180	Implant eye shunt	\$7,284
66185	Revise eye shunt	\$4,854
66250	Follow-up surgery of eye	\$3,111
66625	Removal of iris	\$5,305
66680	Repair iris & ciliary body	\$4,247
66699	Not in CPT Book 2006	\$1,985
66761	Revision of iris	\$1,973
66820	Incision, secondary cataract	\$2,427
66821	After cataract laser surgery	\$1,897
66825	Reposition intraocular lens	\$3,030
66840	Removal of lens material	\$4,854

66850	Removal of lens material	\$6,068
66852	Removal of lens material	\$4,854
66920	Extraction of lens	\$4,854
66940	Extraction of lens	\$5,461
66982	Cataract surgery, complex	\$6,533
66984	Cataract surg w/iol, 1 stage	\$3,668
66985	Insert lens prosthesis	\$4,292
66986	Exchange lens prosthesis	\$5,504
66999	Eye surgery procedure	\$4,180
67005	Partial removal of eye fluid	\$8,733
67010	Partial removal of eye fluid	\$9,607
67031	Laser surgery, eye strands	\$4,367
67255	Reinforce/graft eye wall	\$8,733
67299	Eye surgery procedure	\$2,937
67311	Revise eye muscle	\$2,670
67312	Revise two eye muscles	\$6,987
67314	Revise eye muscle	\$6,987
67316	Revise two eye muscles	\$6,987
67335	Eye suture during surgery	\$3,493
67346	Biopsy, eye muscle	\$3,493
67400	Explore/biopsy eye socket	\$7,860
67412	Explore/treat eye socket	\$2,657
67414	Explr/decompress eye socket	\$8,733
67450	Explore/biopsy eye socket	\$8,733
67700	Drainage of eyelid abscess	\$437
67710	Incision of eyelid	\$728
67800	Remove eyelid lesion	\$1,293
67801	Remove eyelid lesions	\$582
67805	Remove eyelid lesions	\$1,250
67808	Remove eyelid lesion(s)	\$1,274
67810	Biopsy of eyelid	\$528
67840	Remove eyelid lesion	\$852
67875	Closure of eyelid by suture	\$728
67900	Repair brow defect	\$2,788
67901	Repair eyelid defect	\$7,860
67903	Repair eyelid defect	\$2,951
67904	Repair eyelid defect	\$2,623
67908	Repair eyelid defect	\$3,589
67909	Revise eyelid defect	\$6,987
67911	Revise eyelid defect	\$2,546
67912	Correction eyelid w/implant	\$2,855
67914	Repair eyelid defect	\$5,240
67916	Repair eyelid defect	\$2,144
67917	Repair eyelid defect	\$2,336
67921	Repair eyelid defect	\$1,913
67923	Repair eyelid defect	\$3,627
67924	Repair eyelid defect	\$2,430
67935	Repair eyelid wound	\$5,240
67950	Revision of eyelid	\$4,020
67961	Revision of eyelid	\$6,361
67966	Revision of eyelid	\$2,426
67971	Reconstruction of eyelid	\$6,987

67973	Reconstruction of eyelid	\$2,109
67975	Reconstruction of eyelid	\$6,987
67999	Revision of eyelid	\$2,746
68110	Remove eyelid lining lesion	\$691
68115	Remove eyelid lining lesion	\$3,930
68320	Revise/graft eyelid lining	\$6,987
68399	Eyelid lining surgery	\$3,092
68440	Incise tear duct opening	\$3,500
68520	Removal of tear sac	\$6,113
68700	Repair tear ducts	\$1,758
68720	Create tear sac drain	\$4,077
68750	Create tear duct drain	\$3,155
68760	Close tear duct opening	\$582
68770	Close tear system fistula	\$4,367
68801	Dilate tear duct opening	\$309
68810	Probe nasolacrimal duct	\$637
68811	Probe nasolacrimal duct	\$2,481
68815	Probe nasolacrimal duct	\$2,195
68840	Explore/irrigate tear ducts	\$382
68899	Tear duct system surgery	\$2,210
69145	Remove ear canal lesion(s)	\$4,540
69205	Clear outer ear canal	\$3,027
69210	Remove impacted ear wax	\$2,756
69300	Revise external ear	\$4,163
69420	Incision of eardrum	\$772
69421	Incision of eardrum	\$1,394
69424	Remove ventilating tube	\$631
69436	Create eardrum opening	\$1,395
69610	Repair of eardrum	\$1,261
69620	Repair of eardrum	\$6,053
69714	Implant temple bone w/stimul	\$10,694
69801	Incise inner ear	\$7,566
69990	MICSURG TECHNIQUES RQR USE OP	\$715
73525	Contrast x-ray of hip	\$923
74740	X-ray, female genital tract	\$601
76000	Fluoroscope examination	\$1,289
76003	Fluoroscopic guidance for needle placerr	\$206
76005	FLUOR GID&LOCLZJ NDL/CATH SPI D.	\$207
76830	Transvaginal us, non-ob	\$1,510
76942	Echo guide for biopsy	\$876
76948	Echo guide, ova aspiration	\$965
76998	Us guide, intraop	\$1,250
76999	Echo examination procedure	\$2,407
77002	FLUOROSCOPIC GUIDANCE NEEDLE	\$1,301
77003	FLUOR GID & LOCLZJ NDL/CATH SPI I	\$1,289
80048	BASIC METABOLIC PANEL CALCIUM T	\$140
80053	COMPRES METAB PANEL	\$90
80055	OB PANEL	\$467
80061	LIPID PANEL	\$24
80076	HEPATC FUNCJ PANEL	\$36
81001	URNLS DIP STICK/TABLET RGNT AUT	\$52
81005	URNLS QUAL/SEMIQUAN XCPT IAS	\$40

82043	ALBUMIN URINE MICROALBUMIN QUAF	\$175
82575	CREATININE CLEARANCE	\$145
82607	CYANOCOBALAMIN	\$200
82670	ESTRADIOL	\$235
82728	FERRITIN	\$185
82746	FOLIC ACID SERUM	\$205
82947	GLUC QUAN BLD	\$65
82950	GLUC POST GLUC DOSE GLUC	\$85
83001	GONAD FOLLICLE STIMULATING HOR	\$250
83002	GONAD LTNZNG HORM	\$250
83036	HGB GLYCOSYLATED	\$60
83090	HOMOCSTEINE	\$190
83550	IRON BNDNG CAP	\$85
83698	Not in CPT Book 2006	\$175
84144	PROGST	\$260
84146	PROLACTIN	\$260
84153	PRST8 SPEC AG TOT	\$72
84402	TSTOSTERONE FR	\$286
84436	THYROXINE TOT	\$90
84439	THYROXINE FR	\$150
84443	THYR STIMULATING HORM	\$36
84460	TRANSFERASE ALANINE AMINO	\$55
84479	THYR HORM UPTK/THYR HORM BNDM	\$90
84550	URIC ACID BLD	\$55
85025	Complete CBC	\$41
85652	SEDIMENTATION RATE RBC AUTO	\$55
86200	Cyclic citrullinated peptide (CCP), antibor	\$171
86255	FLUORESCENT NONNFCT AGT ANTB	\$64
86431	RHEUMATOID FACTOR QUAN	\$81
86703	ANTB HIV-1&HIV-2 1 ASSAY	\$163
87086	CUL BACT QUAN COLONY CNT URINE	\$106
92018	New eye exam & treatment	\$1,455
92502	Ear and throat examination	\$258
93005	Electrocardiogram, tracing	\$84
95991	Spin/brain pump refill & main	\$365
96522	Refill/maint pump/resvr syst	\$1,450
96999	Dermatological procedure	\$1,504
0101T	Extracorp shockwv tx,hi enrg	\$1,169
G0121	Colon ca scm not hi rsk ind	\$2,314
G0260	Inj for sacroiliac jt anesth	\$2,270
G0289	Arthroscopy, knee, surgical, for removal c	\$5,784
S0812	0	\$2,426
S2114	0	\$1,750
S2117	0	\$8,615
Grand Total		

SECTION XXIV. REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

**SSM Health Care Corporation
SSM Regional Health Services
Good Samaritan Regional Health Center**

This section is applicable to all projects subject to Part 1120.

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming the applicant's debt obligations in case of default) have a bond rating of "A" or better?
Yes No .

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXX. If no is indicated, submit the most recent three years' audited financial statements including the following:

- | | |
|---------------------|---------------------------------|
| 1. Balance sheet | 3. Change in fund balance |
| 2. Income statement | 4. Change in financial position |

APPEND THE REQUIRED DOCUMENTS AS ATTACHMENT FINANCIALS AND PLACE AFTER ALL OTHER APPLICATION ATTACHMENTS INCLUDING THE REMAINING ATTACHMENTS FOR THIS SECTION AND FOR SECTION XXX.

A. Criterion 1120.210.a, Financial Viability

1. Viability Ratios

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each. Insert the worksheets after this page.

2. Variance

Compare the viability ratios provided to the Part 1120 Appendix A review standards. If any of the standards for the applicant or for any co-applicant are not met, provide documentation that a person or organization will assume the legal responsibility to meet the debt obligations should the applicant default. The person or organization must demonstrate compliance with the ratios in Appendix A when proof of a bond rating of "A" or better has not been provided.

APPEND DOCUMENTATION AS ATTACHMENT FIN-1 AFTER THE LAST PAGE OF THIS SECTION.

B. Criterion 1120.210.b, Availability of Funds

If proof of an "A" or better bond rating has not been provided, read the criterion and document that sufficient resources are available to fund the project and related costs including operating start-up costs and operating deficits. Indicate the dollar amount to be provided from the following sources:

_____ Cash & Securities

Provide statements as to the amount of cash/securities available for the project. Identify any security, its value and availability of such funds. Interest to be earned or depreciation account funds to be earned on any asset from the date of application submission through project completion are also considered cash.

_____ Pledges

For anticipated pledges, provide a letter or report as to the dollar amount feasible showing the discounted value and any conditions or action the applicant would have to take to accomplish goal. The time period, historical fund raising experience and major contributors also must be specified.

_____ Gifts and Bequests

Provide verification of the dollar amount and identify any conditions of the source and timing of its use.

_____ Debt Financing (indicate type(s) _____)

For general obligation bonds, provide amount, terms and conditions, including any anticipated discounting or shrinkage) and proof of passage of the required referendum or evidence of governmental authority to issue such bonds;

For revenue bonds, provide amount, terms and conditions and proof of securing the specified amount;

For mortgages, provide a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated;

For leases, provide a copy of the lease including all terms and conditions of the lease including any purchase options.

_____ Governmental Appropriations

Provide a copy of the appropriation act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, provide a resolution or other action of the governmental unit attesting to such future funding.

_____ Grants

Provide a letter from the granting agency as to the availability of funds in terms of the amount, conditions, and time or receipt.

_____ Other Funds and Sources

Provide verification of the amount, terms and conditions, and type of any other funds that will be used for the project.

_____ TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT FIN-2 AFTER THE LAST PAGE OF THIS SECTION.

C. Criterion 1120.210.c, Operating Start-up Costs

If proof of an "A" or better bond rating has not been provided, indicate if the project is classified as a Category B project that involves establishing a new facility or a new category of service? Yes No . If yes is indicated read the criterion and provide in the space below the amount of operating start-up costs (the same as reported in Section I of this application) and provide a description of the items or components that comprise the costs. Indicate the source and amount of the financial resources available to fund the operating start-up costs (including any initial operating deficit) and reference the documentation that verifies sufficient resources are available.

SECTION XXV. REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)

This section is applicable to all projects subject to Part 1120.

A. Criterion 1120.310.a, Reasonableness of Financing Arrangements

Is the project classified as a Category B project? Yes No . If no is indicated this criterion is not applicable. If yes is indicated, has proof of a bond rating of "A" or better been provided? Yes No . If yes is indicated this criterion is not applicable, go to item B. If no is indicated, read the criterion and address the following:

Are all available cash and equivalents being used for project funding prior to borrowing? Yes
 No

If no is checked, provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following:

1. a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or
2. borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

APPEND DOCUMENTATION AS ATTACHMENT ECON-1 AFTER THE LAST PAGE OF THIS SECTION.

B. Criterion 1120.310.b, Conditions of Debt Financing

Read the criterion and provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following as applicable:

1. The selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term (years) financing costs, and other factors;
2. All or part of the project involves the leasing of equipment or facilities and the expenses incurred with such leasing are less costly than constructing a new facility or purchasing new equipment.

APPEND DOCUMENTATION AS ATTACHMENT ECON-2 AFTER THE LAST PAGE OF THIS SECTION.

C. Criterion 1120.310.c, Reasonableness of Project and Related Costs

Read the criterion and provide the following:

format (insert after this page).

CLINICAL - COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

*Include the percentage (%) of space for circulation

2. For each piece of major medical equipment included in the proposed project, the applicant must certify one of the following:
 - a. that the lowest net cost available has been selected; or
 - b. that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.

APPEND DOCUMENTATION AS ATTACHMENT ECON-3 AFTER THE LAST PAGE OF THIS SECTION.

3. List the items and costs included in preplanning, site survey, site preparation, off-site work, consulting, and other costs to be capitalized. If any project line item component includes costs attributable to extraordinary or unusual circumstances, explain the circumstances and provide the associated dollar amount. When fair market value has been provided for any component of project costs, submit documentation of the value in accordance with the requirements of Part 1190.40.

APPEND DOCUMENTATION AS ATTACHMENT ECON-4 AFTER THE LAST PAGE OF THIS SECTION.

D. Criterion 1120.310.d, Projected Operating Costs

Read the criterion and provide in the space below the facility's projected direct annual operating costs (in current dollars per equivalent patient day or unit of service, as applicable) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. If the project involves a new category of service, also provide the annual operating costs for the service. Direct costs are the fully allocated costs of salaries, benefits, and supplies. Indicate the year for which the projected operating costs are provided. **Since Physicians Surgery Center at Good Samaritan, LLC does not have beds they can not calculate this figure. The hospitals projected operating caost per equivalent patient day is\$1,680.70 for FY 2011.**

E. Criterion 1120.310.e, Total Effect of the Project on Capital Costs

Is the project classified as a category B project? Yes No . If no is indicated, go to item F. If yes is indicated, provide in the space below the facility's total projected annual capital costs as defined in Part 1120.130.f (in current dollars per equivalent patient day) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Indicate the year for which the projected capital costs are provided. **Good Samaritan Regional Health Center's Capital Cost per Equivalent Patient Day is \$311.14.**

F. Criterion 1120.310.f, Non-patient Related Services

Is the project classified as a category B project and involve non-patient related services? Yes No . If no is indicated, this criterion is not applicable. If yes is indicated, read the criterion and document that the project will be self-supporting and not result in increased charges to patients/residents or that increased charges are justified based upon such factors as, but not limited to, a cost benefit or other analysis that demonstrates the project will improve the applicant's financial viability.

APPEND DOCUMENTATION AS ATTACHMENT ECON-5 AFTER THE LAST PAGE OF THIS SECTION.

SECTION XXIV. REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

Mount Vernon Physicians, LLC

This section is applicable to all projects subject to Part 1120.

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming the applicant's debt obligations in case of default) have a bond rating of "A" or better?
 Yes No .

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXX. If no is indicated, submit the most recent three years' audited financial statements including the following:

- | | |
|---------------------|---------------------------------|
| 1. Balance sheet | 3. Change in fund balance |
| 2. Income statement | 4. Change in financial position |

APPEND THE REQUIRED DOCUMENTS AS ATTACHMENT FINANCIALS AND PLACE AFTER ALL OTHER APPLICATION ATTACHMENTS INCLUDING THE REMAINING ATTACHMENTS FOR THIS SECTION AND FOR SECTION XXX.

A. Criterion 1120.210.a, Financial Viability

1. Viability Ratios

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B
Enter Historical and/or Projected Years:				CY 2011
Current Ratio	N/A	N/A	N/A	0.0
Net Margin Percentage	N/A	N/A	N/A	-1.52%
Percent Debt to Total Capitalization	N/A	N/A	N/A	89.33%
Projected Debt Service Coverage	N/A	N/A	N/A	1.12
Days Cash on Hand	N/A	N/A	N/A	42.1
Cushion Ratio	N/A	N/A	N/A	2.0

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each. Insert the worksheets after this page.

SECTION XXIV. REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

Physicians Surgery Center at Good Samaritan, LLC

This section is applicable to all projects subject to Part 1120.

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming the applicant's debt obligations in case of default) have a bond rating of "A" or better?
 Yes No .

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXX. If no is indicated, submit the most recent three years' audited financial statements including the following:

- | | |
|---------------------|---------------------------------|
| 1. Balance sheet | 3. Change in fund balance |
| 2. Income statement | 4. Change in financial position |

APPEND THE REQUIRED DOCUMENTS AS ATTACHMENT FINANCIALS AND PLACE AFTER ALL OTHER APPLICATION ATTACHMENTS INCLUDING THE REMAINING ATTACHMENTS FOR THIS SECTION AND FOR SECTION XXX.

A. Criterion 1120.210.a, Financial Viability

1. Viability Ratios

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B
Enter Historical and/or Projected Years:				CY 2012
Current Ratio	N/A	N/A	N/A	1.47
Net Margin Percentage	N/A	N/A	N/A	18.3%
Percent Debt to Total Capitalization	N/A	N/A	N/A	63.2%
Projected Debt Service Coverage	N/A	N/A	N/A	4.98
Days Cash on Hand	N/A	N/A	N/A	132
Cushion Ratio	N/A	N/A	N/A	2.94

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each. Insert the worksheets after this page.

2. Variance

Compare the viability ratios provided to the Part 1120 Appendix A review standards. If any of the standards for the applicant or for any co-applicant are not met, provide documentation that a person or organization will assume the legal responsibility to meet the debt obligations should the applicant default. The person or organization must demonstrate compliance with the ratios in Appendix A when proof of a bond rating of "A" or better has not been provided.

APPEND DOCUMENTATION AS ATTACHMENT FIN-1 AFTER THE LAST PAGE OF THIS SECTION.

B. Criterion 1120.210.b, Availability of Funds

If proof of an "A" or better bond rating has not been provided, read the criterion and document that sufficient resources are available to fund the project and related costs including operating start-up costs and operating deficits. Indicate the dollar amount to be provided from the following sources:

\$1,575,000 Cash & Securities

Provide statements as to the amount of cash/securities available for the project. Identify any security, its value and availability of such funds. Interest to be earned or depreciation account funds to be earned on any asset from the date of application submission through project completion are also considered cash.

_____ Pledges

For anticipated pledges, provide a letter or report as to the dollar amount feasible showing the discounted value and any conditions or action the applicant would have to take to accomplish goal. The time period, historical fund raising experience and major contributors also must be specified.

_____ Gifts and Bequests

Provide verification of the dollar amount and identify any conditions of the source and timing of its use.

\$2,894,490 Debt Financing (indicate type(s) Mortgage)

For general obligation bonds, provide amount, terms and conditions, including any anticipated discounting or shrinkage) and proof of passage of the required referendum or evidence of governmental authority to issue such bonds;

For revenue bonds, provide amount, terms and conditions and proof of securing the specified amount;

For mortgages, provide a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated;

For leases, provide a copy of the lease including all terms and conditions of the lease including any purchase options.

_____ Governmental Appropriations

Provide a copy of the appropriation act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, provide a resolution or other action of the governmental unit attesting to such future funding.

_____ Grants

Provide a letter from the granting agency as to the availability of funds in terms of the amount, conditions, and time or receipt.

\$4,478,781 Other Funds and Sources

Provide verification of the amount, terms and conditions, and type of any other funds that will be used for the project. **This funding is for the lease of space in a MOB located adjacent to the new Hospital and reflects the actual portion of the total project cost assigned to the proposed ASTC space. Please note that application for permit was submitted concurrently with this application.**

\$8,948,781 TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT FIN-2 AFTER THE LAST PAGE OF THIS SECTION.

C. Criterion 1120.210.c, Operating Start-up Costs

If proof of an "A" or better bond rating has not been provided, indicate if the project is classified as a Category B project that involves establishing a new facility or a new category of service? Yes
No . If yes is indicated read the criterion and provide in the space below the amount of operating start-up costs (the same as reported in Section I of this application) and provide a description of the items or components that comprise the costs. Indicate the source and amount of the financial resources available to fund the operating start-up costs (including any initial operating deficit) and reference the documentation that verifies sufficient resources are available.

The estimated start-up cost and operating deficit for the proposed project totals \$596,080. These funds will come from contributions from the members of the LLC.

SECTION XXV. REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)

This section is applicable to all projects subject to Part 1120.

A. Criterion 1120.310.a, Reasonableness of Financing Arrangements

Is the project classified as a Category B project? Yes No . If no is indicated this criterion is not applicable. If yes is indicated, has proof of a bond rating of "A" or better been provided? Yes No . If yes is indicated this criterion is not applicable, go to item B. If no is indicated, read the criterion and address the following:

Are all available cash and equivalents being used for project funding prior to borrowing? Yes
 No

If no is checked, provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following:

1. a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or
2. borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

APPEND DOCUMENTATION AS ATTACHMENT ECON-1 AFTER THE LAST PAGE OF THIS SECTION.

B. Criterion 1120.310.b, Conditions of Debt Financing

Read the criterion and provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following as applicable:

1. The selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term (years) financing costs, and other factors;
2. All or part of the project involves the leasing of equipment or facilities and the expenses incurred with such leasing are less costly than constructing a new facility or purchasing new equipment.

APPEND DOCUMENTATION AS ATTACHMENT ECON-2 AFTER THE LAST PAGE OF THIS SECTION.

C. Criterion 1120.310.c, Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
TOTALS									

*Include the percentage (%) of space for circulation

2. For each piece of major medical equipment included in the proposed project, the applicant must certify one of the following:
 - a. that the lowest net cost available has been selected; or
 - b. that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.

APPEND DOCUMENTATION AS ATTACHMENT ECON-3 AFTER THE LAST PAGE OF THIS SECTION.

3. List the items and costs included in preplanning, site survey, site preparation, off-site work, consulting, and other costs to be capitalized. If any project line item component includes costs attributable to extraordinary or unusual circumstances, explain the circumstances and provide the associated dollar amount. When fair market value has been provided for any component of project costs, submit documentation of the value in accordance with the requirements of Part 1190.40.

APPEND DOCUMENTATION AS ATTACHMENT ECON-4 AFTER THE LAST PAGE OF THIS SECTION.

D. Criterion 1120.310.d, Projected Operating Costs

Read the criterion and provide in the space below the facility's projected direct annual operating costs (in current dollars per equivalent patient day or unit of service, as applicable) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. If the project involves a new category of service, also provide the annual operating costs for the service. Direct costs are the fully allocated costs of salaries, benefits, and supplies. Indicate the year for which the projected operating costs are provided.

E. Criterion 1120.310.e, Total Effect of the Project on Capital Costs

Is the project classified as a category B project? Yes No . If no is indicated, go to item F. If

yes is indicated, provide in the space below the facility's total projected annual capital costs as defined in Part 1120.130.f (in current dollars per equivalent patient day) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Indicate the year for which the projected capital costs are provided.

F. Criterion 1120.310.f, Non-patient Related Services

Is the project classified as a category B project and involve non-patient related services? Yes
No . If no is indicated, this criterion is not applicable. If yes is indicated, read the criterion and document that the project will be self-supporting and not result in increased charges to patients/residents or that increased charges are justified based upon such factors as, but not limited to, a cost benefit or other analysis that demonstrates the project will improve the applicant's financial viability.

APPEND DOCUMENTATION AS ATTACHMENT ECON-5 AFTER THE LAST PAGE OF THIS SECTION.

Criterion 1120.210.a, Financial Viability

The operating entity on this project is a new LLC and currently does not have historical ratios. The applicant also projects that the first year of operation will result in some losses due to the start-up costs and staff training. The second and third years are projected to show positive cash flow and that is expected to continue in the future.

It is not uncommon for a new entity to have some operating losses for the first year after project completion. Any shortfalls will be met by contributions from the members of the LLC.



May 29, 2008

Mr. Jeffrey S. Mark
Executive Secretary
Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Financing Arrangements

Dear Mr. Mark:

We, Sister Mary Jean Ryan, FSM, member of the Board of Directors of SSM Health Care Corporation, and June L. Pickett, Corporate Secretary of SSM Health Care Corporation, hereby certify that the selected form of debt financing will be at the lowest net cost available to us.

Sincerely,

Sister Mary Jean Ryan, FSM

Sister Mary Jean Ryan, FSM
Board of Directors
SSM Health Care Corporation

June L. Pickett

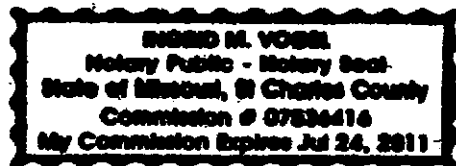
June L. Pickett
Corporate Secretary
SSM Health Care Corporation

SUBSCRIBED and SWORN to before me
this 2nd day of June, 2008.

Ingrid M. Vogel
Notary Public

SUBSCRIBED and SWORN to before me
this 2nd day of June, 2008.

Ingrid M. Vogel
Notary Public



477 N. Lindbergh Blvd.
St. Louis, MO 63141-7832
www.ssmhc.com

(314) 994 7800 phone
(314) 994 7900 fax

Physicians Surgery Center at Good Samaritan, LLC

May 28, 2008

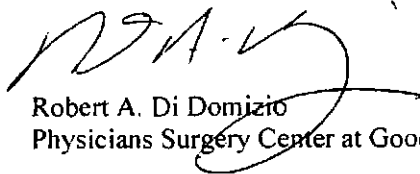
Mr. Jeffery Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson, Second Floor
Springfield, IL 62761

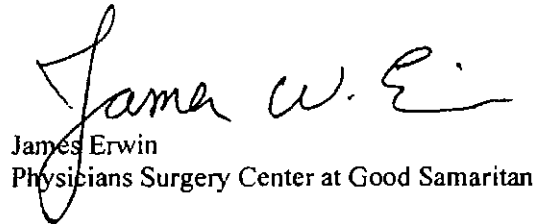
Re: Financing Arrangements

Dear Mr. Mark:

We certify that the selected from of debt financing for the proposed Physicians Surgery Center at Good Samaritan ASTC will be the lowest net cost available.

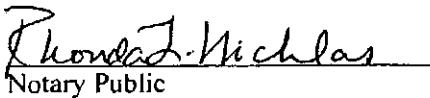
Sincerely,

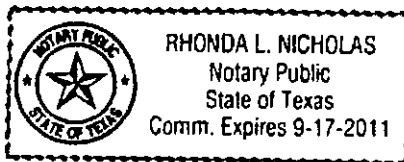

Robert A. Di Domizio
Physicians Surgery Center at Good Samaritan


James Erwin
Physicians Surgery Center at Good Samaritan

SUBSCRIBED and SWORN before

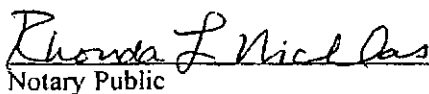
me this 28 day of May

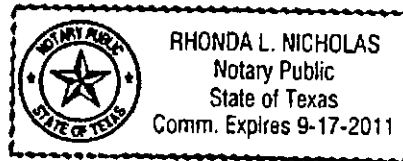

Notary Public



SUBSCRIBED and SWORN before

me this 28 day of May


Notary Public



Criterion 1120.310.c, Reasonableness of Project and Related Costs

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ASTC Build-out	\$81.35		13,675						\$1,112,500
ASTC Construction Cost in Leased Space **	\$272.62		13,675						\$3,728,118
Contingency***	\$7.31		13,675						\$100,000
TOTALS									

*Include the percentage (%) of space for circulation

**This cost is based upon the construction cost shown in the MOB application for the ASTC

***This cost is related to this project only does not include any cost in the Fair Market Value cost.

There is no cost associated with this project which includes major medical equipment as defined in the State Statute.

**United Surgical Partners International
Physicians Surgery Center at Good Samaritan
PROFORMA INCOME STATEMENT**

	Pre Opening	YEAR 1	YEAR 2	% Incr.	YEAR 3	% Incr.	YEAR 4	% Incr.	YEAR 5	% Incr.
Outpatient Cases		2,393	4,064	70%	4,226	4%	4,396	4%	4,571	4%
Outpatient Net Revenue		\$ 4,165,224	\$ 6,577,968	58%	\$ 7,012,114	7%	\$ 7,474,914	7%	\$ 7,968,258	7%
Total Net Revenue		\$ 4,165,224	\$ 6,577,968	58%	\$ 7,012,114	7%	\$ 7,474,914	7%	\$ 7,968,258	7%
Personnel Costs	100,000	1,128,188	1,494,401	32%	1,637,700	11%	1,741,827	5%	1,881,425	8%
Drug & Medical Supplies	50,000	596,291	1,052,976	77%	1,138,899	8%	1,221,833	8%	1,332,351	8%
Repair and Maintenance	99,131	99,131	102,105	3%	105,168	3%	109,373	4%	114,844	5%
Professional Services	200,000	200,000	230,000	15%	239,200	6%	248,768	4%	258,719	4%
Minor Equipment	10,000	30,000	30,750	2%	31,519	2%	32,307	2%	33,114	2%
Utilities	122,587	122,587	123,651	2%	128,793	3%	132,013	2%	135,313	2%
Non-Medical Supplies and Expenses:	185,000	185,000	185,000	0%	185,000	0%	185,000	0%	185,000	0%
Professional Fees	185,000	185,000	23,632	2%	26,266	2%	26,922	2%	27,595	2%
Insurance	7,500	7,500	7,688	2%	7,880	2%	8,077	2%	8,279	2%
Bad Debt	41,885	41,885	73,232	75%	78,467	7%	84,054	7%	90,039	7%
Lease and Rent Expense	124,917	124,917	107,339	54%	210,563	7%	224,247	7%	239,048	7%
Non-income Taxes	334,908	334,908	333,148	0%	333,392	0%	335,642	0%	335,897	0%
Management Fee Expense	123,281	123,281	107,179	-13%	93,326	-13%	79,336	-15%	65,106	-18%
Total Operating Expenses	26,909	262,617	414,741	58%	442,114	7%	471,293	7%	502,330	7%
EBITDA	\$56,909	\$3,196,344	\$4,299,335	35%	\$4,600,150	7%	\$4,833,384	5%	\$5,134,999	6%
EBITDA Margin %	(556,909)	968,880	2,278,613	135%	2,411,963	6%	2,641,130	10%	2,833,659	7%
Depreciation and Amortization	885,413	885,413	895,413	1%	905,913	1%	916,913	1%	928,413	1%
Interest Expense	205,289	205,289	180,011	-12%	152,770	-15%	123,415	-19%	91,280	-26%
Net Income Before Taxes	\$(56,909)	\$(121,822)	\$1,203,190	0%	\$1,353,282	12%	\$1,601,203	18%	\$1,813,466	13%
CASHFLOW										
Plus: Net Income Before Taxes		\$ (121,822)	\$ 1,203,190		\$ 1,353,282		\$ 1,601,203		\$ 1,813,466	
Change in Working Capital (equal \$T portion of debt)		65,688	(245,312)		(266,775)		(282,408)		(295,782)	
Cash Reserves		(156,942)	(9,318)		(11,569)		(8,971)		(11,345)	
Depreciation and Amortization		885,413	895,413		905,913		916,913		928,413	
Principal Payments		(325,514)	(100,000)		(105,000)		(407,469)		(439,123)	
Capital Expenditures		0	1,393,080		1,497,717		1,709,248		1,880,388	
Available Cash		\$ 347,622	\$ 1,393,080		\$ 1,497,717		\$ 1,709,248		\$ 1,880,388	
Annual Return on Cash		13.9%	55.7%		59.9%		68.4%		75.2%	

STATISTICS	Pre Opening	YEAR 1	YEAR 2	% Incr.	YEAR 3	% Incr.	YEAR 4	% Incr.	YEAR 5	% Incr.
Outpatient Net Revenue per Case	\$1,740	\$1,610	\$1,659	-7%	\$1,659	2%	\$1,701	3%	\$1,743	2%
Personnel Cost per Case	471	368	392	-22%	392	7%	396	1%	412	4%
Drug & Medical per Case	249	259	269	4%	269	4%	291	4%	291	4%
Other Operating Expense per Case	481	615	427	-30%	427	-1%	423	-1%	420	-4%
Total Operating Expense per Case (without depr)	1,335	1,058	1,088	-21%	1,088	3%	1,100	1%	1,123	-1%
CON RATIOS										
Current Ratio	1.55	1.47	1.44		1.44		1.44		1.45	
Net Income Margin %	-2.9%	18.3%	19.3%		19.3%		21.4%		22.8%	
Debt Capitalization Ratio	1.82	63.2%	63.2%		61.6%		58.0%		50.3%	
Debt Service Coverage	4.3	132	133		143		143		148	
# Days Cash on Hand (before partner distributions)	0.95	2.94	3.15		3.57		3.91		3.91	
Quotion Ratio (before partner distributions)										

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United Surgical Partners International
Physicians Surgery Center at Good Samaritan
PROFORMA BALANCE SHEET

	Pre-Opening	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Cash and Cash Equivalents	\$ 825,000	\$ 1,393,080	\$ 1,497,717	\$ 176,929	\$ 185,900	\$ 197,485
Net Accounts Receivable		156,042	165,360			
Other Current Assets/Inventory	36,508	771,338	822,246	876,514	934,364	996,032
Current Assets	861,508	87,748	87,748	94,908	102,653	111,029
Land	0	1,015,128	1,075,354	1,148,352	1,222,917	1,304,546
Net Building	0	0	0	0	0	0
Net Leaseholds	1,491,000	0	0	0	0	0
Net Equipment	2,475,000	1,341,900	1,192,800	1,043,700	894,600	745,500
Net Landlord TI Allowance	2,413,125	1,980,000	1,575,000	1,164,500	748,000	325,000
Property, Plant & Equipment	6,379,125	2,171,813	1,930,500	1,689,188	1,447,875	1,206,563
Net Goodwill	0	5,493,713	4,698,300	3,897,388	3,090,475	2,277,063
Total Assets	\$ 7,240,633	\$ 6,508,840	\$ 5,773,654	\$ 5,045,739	\$ 4,313,392	\$ 3,581,609
Accounts Payable		165,725	\$ 180,441	\$ 191,947	\$ 204,361	\$ 217,753
Current Portion - LT Debt	325,614	350,893	378,133	407,489	439,123	473,214
Current Portion - Equipment Financing	0	0	0	0	0	0
Current Portion - Working Capital Loan	0	0	0	0	0	0
Deferred Rent-Landlord TI Allowance	2,413,125	2,171,813	1,930,500	1,689,188	1,447,875	1,206,563
Deferred Rent-SL Rent		48,937	87,569	115,689	133,087	139,549
Other Current Liabilities		89,916	83,477	79,817	74,505	70,227
Current Liabilities	2,738,739	2,827,284	2,660,121	2,484,130	2,298,951	2,107,305
LT Debt	2,538,802	2,207,909	1,829,776	1,422,287	983,164	509,950
LT Portion - Equipment Financing	0	0	0	0	0	0
LT Portion - Working Capital Loan	0	0	0	0	0	0
Other Long-term Liabilities	0	0	0	0	0	0
Long-term Liabilities	2,538,802	2,207,909	1,829,776	1,422,287	983,164	509,950
TV Capital	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
TV Distributions		(208,573)	(1,044,421)	(1,943,051)	(2,968,600)	(4,096,833)
Physician Partner Capital	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Physician Partner Distributions		(139,049)	(696,281)	(1,295,368)	(1,979,067)	(2,731,222)
Retained Earnings	(556,909)	(678,731)	524,459	1,877,741	3,478,943	5,292,409
Total Equity	1,943,091	1,473,647	1,283,757	1,139,322	1,031,276	964,354
Total Liabilities & Equity	\$ 7,240,633	\$ 6,508,840	\$ 5,773,654	\$ 5,045,739	\$ 4,313,392	\$ 3,581,609

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United Surgical Partners International
Physicians Surgery Center at Good Samaritan
Fact Sheet and Assumptions for ASC

Facility
 Location/Address

Physicians Surgery Center at Good Samaritan
 Mt. Vernon, IL

Operating Rooms	3	
Procedure Rooms	2	CON requires 1500 hours of OR time per procedure room including turnover time
Overnight beds		
Freestanding or MOB	MOB	
Owned or Leased	Leased	
Square Footage	16,008	
Lease Term-Years	10	13,750 = Gross
Rental Rate PSF	\$33.03	\$8.62 in oper expenses (per LOI) added to approp accounts
Escalation tied to CPI?	No	If No, rent will be straight line
Average Days in Receivables	45	
Average Days in Inventory	30	
Leasehold Allowance PSF	\$150.00	
Projected Close	Q1 2011	

Total Cost - S&U \$5,384,417
 NPV Facility Lease 3,413,908
 Total Project Cost \$8,798,324

Lendlord Lease Financing \$3,413,908
 External Financing 2,884,417
 Equity Raised 2,500,000
 Total Project Sources \$8,798,324

Guarantees	
Building	None
Equipment Financing	
Leasehold Improvements	

Financial Projections	YR 1	YR 2	YR 3	YR 4	YR 5
Cases	2,393	4,064	4,226	4,396	4,571
Net revenue per case	\$1,740	\$1,619	\$1,659	\$1,701	\$1,743
Net revenue	\$4,165,224	\$6,577,968	\$7,012,114	\$7,474,914	\$7,968,238
EBITDA	\$968,880	\$2,278,613	\$2,411,985	\$2,641,530	\$2,833,659
EBITDA Margin %	23.3%	34.6%	34.4%	35.3%	35.6%
Management fee	\$262,617	\$414,741	\$442,114	\$471,293	\$502,399
Net Income before Taxes	(\$121,822)	\$1,203,190	\$1,353,282	\$1,601,203	\$1,813,466
Available Cash	\$347,622	\$1,393,080	\$1,497,717	\$1,709,248	\$1,880,388
Return on Cash Investment	13.9%	55.7%	59.9%	68.4%	75.2%

Ownership/Management Fee	No
Consolidate - Yes or No?	
% owned by USPI	30.0%
% owned by Hospital Partner	30.0%
% owned by Physician Partner	40.0%
% owned by Other (Developer)	0%
Hospital Partner	St. Mary's Good Sam
Buy-Up Option	No
Management fee	6.5%
% of Management fee to USPI	84.6%

NOTES:
 De Novo on new hospital campus, south of Mt. Vernon. Filing of CON will be required

Physicians by Specialty and Procedures by Specialty

Physicians by Specialty	Doctors	Yr 1 Cases	% of total
Pulmonary	1	-	0%
Dental	-	-	0%
ENT	3	189	8%
General Surgery	7	340	14%
GI	7	578	24%
Gynecology	5	81	3%
Ortho/Spine	2	71	3%
Ophthalmology	4	-	0%
Orthopedics	9	527	22%
Pain Management	4	375	16%
Plastics	1	-	0%
Podiatry	2	-	0%
Urology	3	212	10%
TOTAL	48	2,393	100%

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United Surgical Partners International
Physicians Surgery Center at Good Samaritan
Projected ratios for CON

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Current Assets	1,015,128	1,075,354	1,148,352	1,222,917	1,304,546
Current Liabilities (excl deferred landlord TI allowance)	655,471	729,621	794,943	831,076	900,742
Current Ratio	1.55	1.47	1.44	1.44	1.45
Net Income	(121,822)	1,203,190	1,353,282	1,601,203	1,813,466
Net Revenue	4,165,224	6,577,968	7,012,114	7,474,914	7,968,258
Net Income Margin %	-2.9%	18.3%	19.3%	21.4%	22.8%
LT Debt	2,558,802	2,207,909	1,829,776	1,422,287	983,164
LT Debt + Equity	4,032,449	3,491,667	2,969,098	2,453,564	1,947,518
Debt Capitalization Ratio	63.5%	63.2%	61.6%	58.0%	50.5%
EBITDA	968,880	2,278,613	2,411,965	2,641,530	2,833,659
Debt Service Payments (P & I)	530,904	530,904	530,904	530,904	530,904
Debt Service Coverage	1.82	4.29	4.54	4.98	5.34
Cash + Partner Designated Funds	503,664	1,558,440	1,674,646	1,895,147	2,077,873
Daily Operating Expenses	11,678	11,779	12,603	13,242	14,067
# Days Cash on Hand (before partner distributions)	43	132	133	143	148
Cash + Partner Designated Funds	503,664	1,558,440	1,674,646	1,895,147	2,077,873
Debt Service Payments (P & I)	530,904	530,904	530,904	530,904	530,904
Cushion Ratio (before partner distributions)	0.95	2.94	3.15	3.57	3.91

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United Surgical Partners International
Physicians Surgery Center at Good Samaritan
Summary Proforma Projections

	Year 1	Year 2	Year 3	Year 4	Year 5
Cases	2,393	4,064	4,226	4,396	4,571
Net revenue per case	\$1,740	\$1,619	\$1,659	\$1,701	\$1,743
Total Net revenue	\$ 4,165,224	\$ 6,577,968	\$ 7,012,114	\$ 7,474,914	\$ 7,968,258
Total Operating Expenses	<u>3,196,344</u>	<u>4,299,355</u>	<u>4,600,150</u>	<u>4,833,384</u>	<u>5,134,599</u>
EBITDA	\$ 968,880	\$ 2,278,613	\$ 2,411,965	\$ 2,641,530	\$ 2,833,659
EBITDA Margin %	23.3%	34.6%	34.4%	35.3%	35.6%
Net Income Before Taxes	\$ <u>(121,822)</u>	\$ <u>1,203,190</u>	\$ <u>1,353,282</u>	\$ <u>1,601,203</u>	\$ <u>1,813,466</u>
Available Cash	\$ 347,622	\$ 1,393,080	\$ 1,497,717	\$ 1,709,248	\$ 1,880,388
Available Cash per Unit	\$ 3,476	\$ 13,931	\$ 14,977	\$ 17,092	\$ 18,804
Price per unit	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000
Return on Cash Investment	13.9%	55.7%	59.9%	68.4%	75.2%

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Criterion 1120.310.c, Reasonableness of Project and Related Costs

The Consulting and Other fees consist of the following:

Legal Fees	\$75,000
CON preparation	\$40,000
Equipment Planning	\$50,000
CON Application Fee	\$18,000
Development Fees	\$42,000

Other Costs to Be Capitalized consist of the following:

Salaries	\$100,000
Offering and Organizational Costs	\$35,000
Facility Lease before opening	\$26,900
Initial Inventory	\$91,590
Implants - Initial Expense	\$50,000
Other costs including travel	\$35,000

The fair market value of the leased space is directly calculated from the cost associated with the development of the Medical Office Building space for the ASTC . The entire medical office building will be before the Board for its approval in conjunction with this application, but is filed separately.

Criterion 1120.310.d, Projected Operating Costs

Physicians Surgery Center at Good Samaritan, LLC does not have any inpatient beds, so it is impossible for them to calculate an Operating Cost per equivalent patient day. Good Samaritan Regional Health Center's Operating Cost per equivalent patient day for 2011 is \$1,680.70

Criterion 1120.310.e, Total Effect of the Project on Capital Costs

Again Physicians Surgery Center at Good Samaritan, LLC is unable to calculate this number since they do not have inpatient beds. Good Samaritan Regional Health Center's Capital Cost per Equivalent Patient Day is \$311.14.

Criterion 1120.310.f, Non-patient Related Services

This criterion is not applicable to this project.

SSM Health Care System, Missouri

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Credit Profile

Missouri Hlth & Educl Facs Auth, Missouri

SSM Hlth Care Sys, Missouri

Missouri Hlth & Ed Facs Auth (SSM Health Care System)

Long Term Rating

AA-/Stable

Affirmed

Rationale

Standard & Poor's Ratings Services affirmed its 'AA-' rating on Missouri Health and Education Facilities Authority's series 2002A and 2005B bonds and its 'AA-' underlying rating (SPUR) on various issuer's bonds, all issued for SSM Health Care System (SSMHC).

The rating reflects:

- A solid balance sheet characterized by 233 days' cash on hand, leverage of 38%, and a cash-to-debt ratio of 142% as of Sept. 30, 2007;
- Strong operating levels with a 3.8% operating margin as of the nine months ended Sept. 30, 2007 compared with 2.5% for the same period in 2006;
- A solid business base in diversified markets located primarily in St. Louis, Madison, Wis., and Oklahoma City; and
- Strong health system management.

Offsetting credit factors include the very competitive markets in which SSMHC's primary facilities are located; the potential for new debt in 2008 to fund capital expenditures; SSMHC's ability to close a deal to sell the hospital located in Blue Island, Ill; and construction risk associated with projects at various hospitals in the system.

SSMHC owns, manages, and is affiliated with 20 acute care and two nursing homes in four states: Missouri, Illinois, Wisconsin, and Oklahoma. With more than 5,000 affiliated physicians, 24,000 employees, and 5,002 licensed beds, SSMHC provides a wide range of services, including rehabilitation, pediatrics, home health, hospice, residential, and skilled

nursing care. SSMHC's health-related businesses include information systems and support services such as materials management and home care. SSMHC also owns an interest in Dean Health Insurance, Inc., which, through a wholly owned subsidiary, operates a group model health maintenance organization throughout southern Wisconsin.

For fiscal years ended Dec. 31, 2006 and 2005, SSMHC posted operating margins of 2.6% and 3.4%. These margins were down as it compared to operations for fiscal 2003 and 2004. The majority of the decline was due to challenges in Oklahoma City and Blue Island markets. As management has focused on all of its markets there has been a good turnaround in the St. Louis and Oklahoma City markets. Management continues to focus on cutting cost and increasing its utilization in all markets. For the nine months ended Sept. 30, 2007, SSMHC posted a 3.8% operating margin compared with 2.5% for the same period in 2006. An example of this can be seen when comparing 17 facilities that SSMHC reported for the period ended Sept. 30, 2007, compared with fiscal year-end 2006. In fiscal 2006, five of the aforementioned 17 facilities were operating at an acceptable level. For the first nine months of fiscal 2007, 11 of the 17 facilities are now operating at an acceptable level. The improved performance of the six facilities continued to add to the stronger performance of SSMHC. The balance sheet has remained relatively stable over the past couple of years. At Sept. 30, 2007, days' cash on hand was equal to 233 days, leverage was 38%, and the cash-to-debt ratio was 142%.

In the near future, SSMHC has plans to ramp up capital spending as it addresses facility maintenance. With the increased capital spending, SSMHC plans to issue new debt in fiscal 2008 but plans are not finalized. SSMHC does have some debt capacity but the new debt will be reviewed at a later date.

Outlook

The stable outlook reflects SSMHC's solid business position in the markets in which it operates, coupled with the expectation of stable financial performance. The stable outlook also takes into account Standard & Poor's expectation that SSMHC should be able to manage any minor setbacks during the construction projects at its various facilities. Standard & Poor's anticipates that SSMHC's management will continue to strengthen the health system's balance sheet and maintain the positive strides that have been made in its various markets.

Blue Island, Ill.

SSM Health Care has signed a letter of intent with Transition Healthcare Company, to purchase St. Francis Hospital and SSM Home Care's Blue Island home health and hospice operations. The letter of intent is a non-binding agreement that can lead to a purchase and sale agreement. Although the agreement does not guarantee the sale of the hospital, it is an official indication that SSM Health Care and Transition Healthcare Company are negotiating exclusively and that no other group is involved in the process.

Debt Derivative Profile And Indexed Put Bonds

SSMHC has entered into seven swaps, of which six were floating-to-fixed-rate swaps on a total notional amount of \$674.3 million and one was a fixed-to-floating swap on a notional amount of \$50.0 million. UBS AG (AA) and Citibank N.A. (AA+) are the counterparties on all the interest rate swaps. Standard & Poor's assigned SSMHC a Debt Derivative Profile (DDP) score of '2' on a scale of

'1' to '4', with '1' representing the lowest risk and '4' the highest. The overall DDP score of '2' indicates that SSMHC's swaps do not pose significant additional risk to the credit quality. This is mainly a result of low counterparty risk, low termination risk, and good management oversight of the swap. The biggest risk for SSMHC is basis risk if interest rates rise in the future. The total net variable-rate debt exposure is approximately 27%.

With the indexed variable-rate put bond structure, SSMHC faces renewal risk in August 2010. The choices would be to:

- Renew the index put bonds, if the option is available;
- Convert to another variable-rate alternative, if the option is available;
- Refinance with the then-current market fixed rates; or
- Pay off the outstanding debt.

However, the bondholder may put the bonds early if a credit event occurs, including bankruptcy or payment default; taxability of the bonds; or the withdrawal or lowering of the rating on SSMHC's debt to 'A-' or below. SSMHC's current credit strength, evidenced by the 'AA-' rating, provides flexibility at this time. However, should the rating on SSMHC's debt decline to the 'A' category, it will have less financial flexibility and could experience a drop in unrestricted cash balances if the bonds are put (if the rating drops to 'A-') at a time when its credit profile is declining, putting added pressure on the rating. Standard & Poor's will continue to monitor the rating on SSMHC's debt through annually scheduled reviews and will incorporate any credit effect resulting from the series 2005B bond issue in the overall long-term rating.

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St. Mary's Good Samaritan
 Good Samaritan
 Regional Health
 Center -
 Medical
 Office Building
 Tenant Improvement

PROFESSIONAL DRAWING
 PREPARED FOR
 THE ARCHITECT
 CONSTRUCTION

ASTC
 SECOND FLOOR PLAN
 SCALE: 1/8" = 1'-0"
 DATE: 06/17/08
 DRAWN BY: J. [unreadable]
 CHECKED BY: [unreadable]
 PROJECT NO.: A122

NO.	DATE	DESCRIPTION



- LEGEND:
- Height/Tenants
 - Floor Common Area
 - Non-Residential Tenants
 - Building Common Area
 - Unassigned
 - Vertical Penetration

June 17, 2008

SECOND FLOOR PLAN

DATE: 06/17/08
 DRAWN BY: J. [unreadable]
 CHECKED BY: [unreadable]

United Surgical Partners International, Dallas, TX

DATE 09-SEP-08

CUST. ACCT. NO.

VENDOR NAME

STATE OF ILLINOIS

VENDOR NO.

26771

INVOICE NO.	INVOICE DATE	DESCRIPTION	DISCOUNT AMOUNT	NET AMOUNT
09082008CK	08-SEP-08	CON APPLICATION - ST. MARY'S GO	0.00	2,500.00
<p>RECEIVED</p> <p>SEP 11 2008</p> <p>HEALTH FACILITIES PLANNING BOARD</p>				

PLEASE DETACH AND RETAIN THIS STATEMENT AS YOUR RECORD OF PAYMENT.

THANK YOU

0.00

2,500.00

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INTERNATIONAL

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Addison, Texas 75001
972-713-3500

Controlled Disbursement
Bank of America, N.A.
Atlanta, DeKalb County, Georgia

64-1278
611 GA

CHECK DATE	CHECK NUMBER	AMOUNT
09-SEP-08	23461	*****2,500.00

PAY Two Thousand Five Hundred Dollars And 00 Cents*****

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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42 BIRCH LAKE DRIVE
SHERMAN, IL 62684

VOID AFTER 60 DAYS

BY: *Donald Utter*

08-070 Physicians Surgery Center at Good Samaritan

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