

ORIGINAL

09-050

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

SEP 22 2009

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Ambulatory SurgiCenter of Downers Grove, LTD		
Street Address: 4333 Main Street .		
City and Zip Code: Downers Grove, IL 60515		
County: DuPage	Health Service Area 007	Health Planning Area: 043

Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Ambulatory SurgiCenter of Downers Grove, LTD	
Address: 4333 Main Street, Downers Grove, IL 60515	
Name of Registered Agent: Mark E. Furlane	
Name of Chief Executive Officer: Amos Madanes, MD	
CEO Address: 1414 N. Orleans, Chicago, IL 60614	
Telephone Number: 630-322-9451	

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Type of Ownership

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o 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.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name: Amos Madanes, MD
Title: President
Company Name: Ambulatory SurgiCenter of Downers Grove, LTD
Address: 4333 Main Street, Downers Grove, IL 60515
Telephone Number: 630-810-0212
E-mail Address: madanes@ivf.us
Fax Number: 630-810-1027

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name: Monica Hon
Title: Vice President
Company Name: Murer Consultants, Inc.
Address: 58 N. Chicago Street, 7th Floor, Joliet, IL 60432
Telephone Number: 815-727-3355
E-mail Address: mhon@murer.com
Fax Number: 815-727-3360

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

Name: Amos Madanes, MD
Title: President
Company Name: Ambulatory SurgiCenter of Downers Grove, LTD
Address: 4333 Main Street, Downers Grove, IL 60515
Telephone Number: 630-810-0212
E-mail Address: madanes@ivf.us
Fax Number: 630-810-1027

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Ambulatory SurgiCenter of Downers Grove, LTD
Address of Site Owner: 4333 Main Street, Downers Grove, IL 60515
Street Address or Legal Description of Site: 4333 Main Street, Downers Grove, IL 60515

APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: Ambulatory SurgiCenter of Downers Grove, LTD
Address: 4333 Main Street, Downers Grove, IL 60515
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois certificate of good standing. o 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.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person who is related (as 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-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.idph.state.il.us/about/hfpb.htm>).

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT-5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

<p>Part 1110 Classification:</p> <p><input checked="" type="checkbox"/> Substantive</p> <p><input type="checkbox"/> Non-substantive</p>	<p>Part 1120 Applicability or Classification: [Check one only.]</p> <p><input type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input checked="" type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p>
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2. Project Outline

In the chart below, indicate the proposed action(s) for each clinical service area involved by writing the number of beds, stations or key rooms involved:

Clinical Service Areas	Establish	Expand	Modernize	Discontinue	No. of Beds, Stations or Key Rooms
Medical/Surgical, Obstetric, Pediatric and Intensive Care					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
Open Heart Surgery					
Cardiac Catheterization					
In-Center Hemodialysis					
Non-Hospital Based Ambulatory Surgery		x			0
General Long Term Care					
Specialized Long Term Care					
Selected Organ Transplantation					
Kidney Transplantation					
Subacute Care Hospital Model					
Post Surgical Recovery Care Center					
Children's Community-Based Health Care Center					
Community-Based Residential Rehabilitation Center					
Long Term Acute Care Hospital Bed Projects					
Clinical Service Areas Other Than Categories of Service:					
• Surgery					
• Ambulatory Care Services (organized as a service)					
• Diagnostic & Interventional Radiology/Imaging					
• Therapeutic Radiology					
• Laboratory					
• Pharmacy					
• Occupational Therapy					
• Physical Therapy					
• Major Medical Equipment					
Freestanding Emergency Center Medical Services					
Master Design and Related Projects					
Mergers, Consolidations and Acquisitions					

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

3. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The Ambulatory SuriCenter of Downers Grove, Ltd. -- located at 4333 Main Street in Downers Grove, Illinois -- is currently licensed to provide surgical services as a limited-specialty ASTC. This project shall result in the change of licensure status from limited-specialty ASTC to a multi-specialty ASTC due to the addition of the following categories of service: general surgery and urology. This facility is currently authorized to provide surgical procedures under the following categories of service: gynecology and ophthalmology.

This is a substantive project because the scope of services will be increased by two specialties, which will result in a change in licensure from a limited- to a multi-specialty ASTC.

There shall be limited capital expenditure with this project since there will be no construction needed and the plan is to utilize the existing procedure rooms, equipment and nursing staff.

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 1130.140) of the component must be included in the estimated project cost. If the project contains non-clinical components that are not related to the provision of health care, complete the second column of the table below. See 20 ILCS 3960 for definition of non-clinical. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees		40,000	
Movable or Other Equipment (not in construction contracts)		10,000	
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS		50,000	
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities		50,000	
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS		50,000	
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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:

Land acquisition is related to project Yes No
 Purchase Price: \$ _____
 Fair Market Value: \$ _____

The project involves the 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 \$ 0 _____.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): Date licensure change is granted

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.

State Agency Submittals

Are the following submittals up to date as applicable:

Cancer Registry
 APORS
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 All reports regarding outstanding permits

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. 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 measurements plus the department's or area's portion of the surrounding circulation space. Explain the use of any vacated space.

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
Medical Surgical		4,792				4,792	
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON CLINICAL							
Administrative		385				385	
Parking							
Gift Shop							
Total Non-clinical							
TOTAL		5,177				5,177	

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

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

FACILITY NAME:		CITY:			
REPORTING PERIOD DATES:		From:	to:		
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care	N/A				
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:					

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Ambulatory SurgiCenter of Downers Grove, Ltd. *
 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.

Dr. Amos Madanes
 SIGNATURE
 Dr. Amos Madanes, M.D.
 PRINTED NAME
 President
 PRINTED TITLE

 SIGNATURE

 PRINTED NAME

 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 10th day of SEPTEMBER 2009

Notarization:
 Subscribed and sworn to before me
 this _____ day of _____

Carole A. Chyna
 Signature of Notary

 Signature of Notary

Seal

Seal



Carole A. Chyna
 8-1-12

*Insert EXACT legal name of the applicant

SECTION III. - PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 - Project Purpose, Background and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, certification and accreditation identification numbers, if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals.

For projects involving modernization, describe the conditions being upgraded. For facility projects, include statements of age and condition and regulatory citations. For equipment being replaced, include repair and maintenance records.

NOTE: The description of the "Purpose of the Project" should not exceed one page in length. Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-11. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ALTERNATIVES

Document ALL of the alternatives to the proposed project:

Examples of alternative options include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.
 - 3) The applicant shall provide empirical evidence, including quantified outcome data, that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-12. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive.
2. If the gross square footage exceeds the GSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing bed space that results in excess square footage.

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B.

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data are available; and

- b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

H. Non-Hospital Based Ambulatory Surgery

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.

1. Criterion 1110.1540(a), Scope of Services Provided

Read the criterion and complete the following:

a. Indicate which of the following types of surgery are proposed:

<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Obstetrics/Gynecology	<input type="checkbox"/> Plastic
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Oral/Maxillofacial	<input type="checkbox"/> Thoracic
<input checked="" type="checkbox"/> General/Other	<input type="checkbox"/> Orthopaedic	<input checked="" type="checkbox"/> Urology
<input type="checkbox"/> Neurology	<input type="checkbox"/> Otolaryngology	

b. Indicate if the project will result in a _____ limited or _____ a multi-specialty ASTC.

2. Criterion 1110.1540(b), Target Population

Read the criterion and provide the following:

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

3. Criterion 1110.1540(c), Projected Patient Volume

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

- The number of referrals anticipated annually for each specialty.
- 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.
- A statement that the projected patient volume will come from within the proposed GSA.
- A statement that the information in the referral letter is true and correct to the best of his or her belief.

4. Criterion 1110.1540(d), Treatment Room Need Assessment

Read the criterion and provide:

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

5. Criterion 1110.1540(e), Impact on Other Facilities

Read the criterion and provide:

- 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

T. Financial Feasibility

This section is applicable to all projects subject to Part 1120.

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming 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 XXVI. If no is indicated, submit the most recent three years' audited financial statements including the following:

1. Balance sheet
2. Income statement
3. Change in fund balance
4. Change in financial position

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 (Projected)
Enter Historical and/or Projected Years:	2006	2007	2008	2010
Current Ratio	.88	.91	.93	.93
Net Margin Percentage	66.8%	46.67%	58.2%	50%
Percent Debt to Total Capitalization	N/A	N/A	N/A	N/A
Projected Debt Service Coverage	N/A	N/A	N/A	N/A
Days Cash on Hand	429	542	750	750
Cushion Ratio	N/A	N/A	N/A	N/A

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.

facility.

- b. A list of the facilities contacted. NOTE: Facilities must be contacted by registered mail.

6. Criterion 1110.1540(f), Establishment of New Facilities

Read the criterion and provide:

- a. A list of services that the proposed facility will provide that are not currently available in the GSA; or
- b. Documentation that the existing facilities in the GSA have restrictive admission policies; or
- c. For co-operative ventures,
- a. Patient origin data that documents the existing hospital is providing outpatient surgery services to the target population of the GSA, and
 - b. The hospital's surgical utilization data for the latest 12 months, and
 - c. 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
 - d. Certification that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

7. Criterion 1110.1540(g), Charge Commitment

Read the criterion and provide:

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

8. 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 32, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)
(continued)

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:

- 50,000 _____ 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.
- _____ 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

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.

APPEND DOCUMENTATION AS ATTACHED TO FIN IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

U. Economic Feasibility

This section is applicable to all projects subject to Part 1120.

SECTION XXVI. REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)

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.

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.

B. 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)					
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:

REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)
(continued)

- 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.
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.

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 76, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SAFETY NET IMPACT STATEMENT that describes all of the following:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

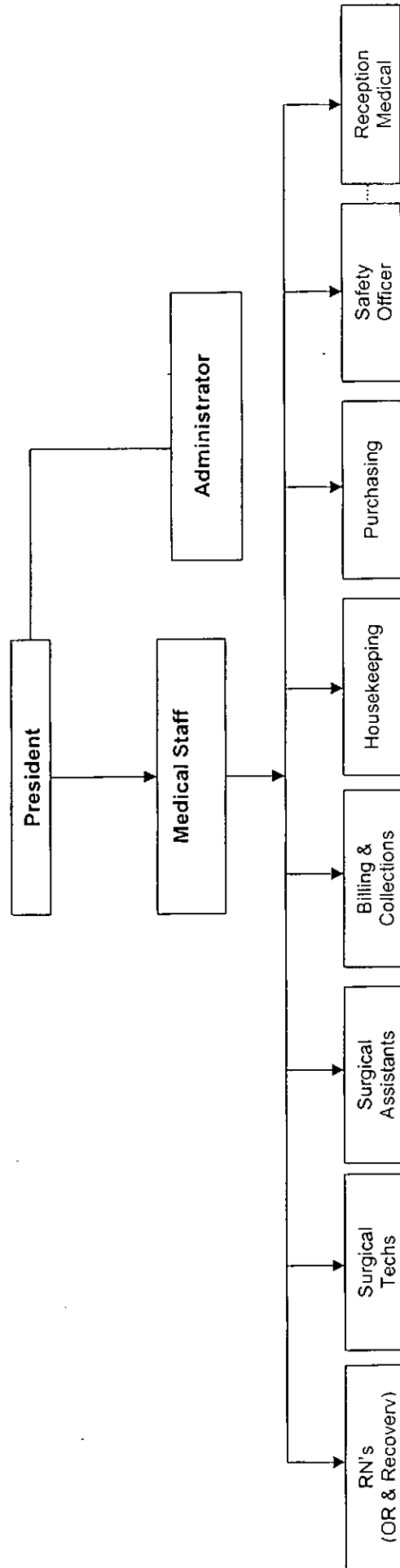
1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service

APPEND DOCUMENTATION AS ATTACHMENT-77, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ATTACHMENT-3: ORGANIZATIONAL RELATIONSHIPS

AMBULATORY SURGICENTER OF DOWNERS GROVE

Organizational Chart





To all to whom these Presents Shall Come, Greeting:

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

AMBULATORY SURGICENTER OF DOWNERS GROVE, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 15, 1992, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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 21ST day of JULY A.D. 2008

Jesse White

Authentication #: 0820301642

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

SECRETARY OF STATE

ATTACHMENT-4: FLOOD PLAIN REQUIREMENTS

The Ambulatory SurgiCenter of Downers Grove, located at 4333 Main Street, Downers Grove, Illinois, is an existing structure. This application does not involve any construction or modification to the facility. The application requests the addition of two surgical specialties, and the Ambulatory SurgiCenter of Downers Grove will continue to utilize the existing procedure rooms and support space with no additions or modifications.

ATTACHMENT-5: HISTORIC RESOURCES PRESERVATION ACT REQUIREMENTS

The Ambulatory SurgiCenter of Downers Grove is an existing structure. This application is a request to add two surgical specialties to the surgicenter license, and no construction or modification to the facility is planned. The additional surgical specialties will utilize the existing procedure rooms and support space. Therefore, no documentation regarding historical preservation is required.

ATTACHMENT-6: PROJECT OUTLINE

The Ambulatory SurgiCenter of Downers Grove is not establishing, modernizing or making any changes to its existing facility. No beds, stations or treatment rooms will be added or modified. Rather, the facility is expanding the scope of its existing license by adding two new categories of non-hospital based ambulatory surgery: general surgery and urology.

ATTACHMENT-7: PROJECT COSTS AND SOURCES OF FUNDS

The Ambulatory SurgiCenter of Downers Grove has budgeted \$50,000 for this project. Because there will be no construction involved, the associated costs will be minimal. Approximately \$40,000 will be paid to Murer Consultants, Inc., for consulting and legal fees. Approximately \$25,000 has been paid to Murer Consultants to date and additional charges will be incurred for work performed during the month of September. An additional \$10,000 has been budgeted to cover the cost of any miscellaneous pieces of equipment that are needed, such as surgical trays. No equipment has been purchased to date.

ATTACHMENT-8: COST SPACE REQUIREMENTS

The Ambulatory SurgiCenter of Downers Grove is an existing structure. This application is a request to add two surgical specialties to the surgicenter license, and no construction or modification to the facility is planned. The additional surgical specialties will utilize the existing procedure rooms and support space. The existing space will be used as-is, with no change.

ATTACHMENT-10: BACKGROUND OF APPLICANT

1. The health care facility that is the subject of this application, the Ambulatory Surgicenter of Downers Grove Ltd., is the only one owned or operated by the applicant.
2. No adverse actions have been taken against any facility owned or operated by the applicant during the last three years.
3. The applicant authorizes HFPB and DPH to access any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.
4. N/A

ATTACHMENT-11: PURPOSE OF PROJECT

1. The applicant, Ambulatory Surgicenter of Downers Grove, Ltd., proposes to change its licensure from a limited specialty ASC to a multi-specialty ASC so that it may better serve the needs of its patients, many of whom are dealing with a range of fertility problems and may require procedures in the specialties of general surgery and urology in addition to the gynecological procedures already being performed at the facility. Under current licensure, this would require two separate procedures at two separate facilities.

The ability to perform more than one type of procedure during the same surgical session at the Ambulatory SurgiCenter of Downers Grove would be beneficial to patients. For example, a general surgery procedure could be performed while a gynecological procedure is being performed. This would prevent the patient from being placed under anesthesia twice and from bearing the financial cost and inconvenience of two separate surgeries.

A multi-specialty ASC license would also enable patients of the Ambulatory SurgiCenter of Downers Grove, who have developed relationships of personal trust with the facility's staff and physicians, to receive consistent care that they are comfortable with. Couples who are experiencing infertility problems could undergo gynecological and urological procedures at the same facility, working with a staff of professionals who understand the medical needs of both the male and female partner.

Further, such services could be provided in an ASTC, rather than in a hospital setting. This would prevent patients from being exposed to the increased risk of infection and disease.

2. The planning or market area for the Ambulatory SurgiCenter of Downers Grove encompasses a 13.5 mile-radius around the facility. This includes a number of suburban Chicago communities, including Wheaton, Naperville, Hinsdale, Westmont, Oak Brook, Arlington Heights, Addison, LaGrange, Maywood, Elmhurst, Warrenville, Lombard, Westchester, Winfield, and Glendale Heights. The area includes sections of Cook and Dupage counties.

ATTACHMENT-12: ALTERNATIVES

1. Comparison of Alternatives:

- The proposed project to expand the scope of service offered at the Ambulatory SurgiCenter of Downers Grove by adding the specialties of General Surgery and Urology requires almost no cost and provides many benefits. The existing procedure rooms, equipment and administrative/clinical space will be utilized. By adding these specialties, the following benefits will result:

- Improved Patient Access.** Currently, because urology is not an authorized category of service, Dr. Sosenko may not perform urology procedures at the Ambulatory SurgiCenter of Downers Grove. This creates unnecessary difficulties for Dr. Sosenko and his patients. As explained in his referral commitment letter, when a couple is experiencing fertility problems, the male often needs to undergo urological surgery to extract sperm from his testicles. Ideally, this procedure is performed in the same facility where In Vitro laboratory services will be provided for the couple so that the sperm may be quickly processed and used. The addition of urology as a specialty at the Ambulatory SurgiCenter of Downers Grove would allow Dr. Sosenko to perform sperm aspiration on a male patient in the same surgical center where his female partner is undergoing In Vitro fertilization procedures. Further, female patients also sometimes experience urological (often urinary incontinence) as well as gynecological problems. The addition of urology as a specialty would allow physicians to perform urological and gynecological procedures at the same time without forcing the patient to undergo two separate surgical experiences and anesthetics. As a result, the patient will also incur fewer insurance and co-pay expenses and avoid the time and inconvenience associated with two surgeries in two separate facilities.

The same benefits would be provided to patients as a result of the addition of general surgery as a specialty. Currently, Dr. Bernardo Duarte may not perform general surgical procedures at the Ambulatory SurgiCenter of Downers Grove, even though such procedures are often closely related to the gynecological surgeries patients are undergoing at the facility. Rather than performing both at the same time, the patients must instead be placed under anesthesia for two separate surgeries and incur all associated costs. The patient must also take time off for two surgeries and factor in recovery time for both.

- Improved Quality of Care.** The Ambulatory SurgiCenter of Downers Grove has highly skilled staff and a state of the art facility for providing outpatient surgical care. The hospital environment involves mixing complex surgeries with outpatient surgical patients, resulting in less consistent use of staff whose skills are focused on providing outpatient specialty cases. Wait times in the hospital setting are also longer, and relatively healthy outpatients are exposed to patients with more serious conditions. By allowing physicians at the Ambulatory SurgiCenter of Downers Grove to perform urology and general surgery procedures, patients can avoid exposure to the diseases and infections found in the acute care hospital setting.
- Reduced Costs for Patients, Payors and Employers.** Costs for ASTC services are less than the cost of the same services in the hospital outpatient setting. In an effort to cut health care costs and avoid unnecessary hospitalizations, the Centers for Medicare and Medicaid Services (CMS) has taken steps to encourage broader use of ASTCs by expanding the list of

ATTACHMENT-12: ALTERNATIVES

surgical procedures that may be performed at ASTCs and adjusting payments rates. Beneficiary copays for most outpatient procedures have been significantly less than copays for the same procedures at outpatient hospital departments. According to MedPAC, ASCs may offer more convenient locations, shorter waiting times, and easier scheduling for patients than hospitals.

- d. **Improved Short-Term and Long-Term Financial Benefits.** As noted above, adding these specialties will improve the cost effectiveness of outpatient surgery and keep fixed costs down. Surgeons will be able to offer a more cost effective procedure fees since their outpatient procedures will no longer be provided in a hospital-based facility. Room and staff utilization will improve, which will also improve the cost effectiveness of providing outpatient surgical care. The fixed assets and staff will be utilized more efficiently by increasing the number of cases provided on a daily basis.

- **Other Alternatives**

- a. Do nothing and continue to provide only gynecology procedures. This will result in continued reduced cost effectiveness as well as poor patient access.
- b. Build a larger facility. This is not needed, since the current complement of procedure rooms can accommodate these additional specialties.

ATTACHMENT-13: SIZE OF THE PROJECT

The proposed project does not involve any increase in the physical space occupied by the Ambulatory SurgiCenter of Downers Grove. Urology and general surgery procedures will take place in the existing procedure rooms and will not require any changes to the current space allocation of the facility.

ATTACHMENT-14: PROJECT SERVICES UTILIZATION

The Ambulatory SurgiCenter of Downers Grove has always made it a priority to effectively and efficiently utilize its physical space. The following state norm has been established for ambulatory surgical treatment centers in 77 Ill. Adm. Code 1100, Appendix B: 2,750 gross square feet/treatment room (based on 1,500 hours of surgery per room). The Ambulatory SurgiCenter of Downers Grove already meets – and shall continue to meet – this utilization standard.

The facility consists of 3 treatment rooms that occupy 4,792 square feet of clinical space. This amounts to 1,597 square feet per treatment room, which falls well within the utilization standards issued by the state.

ATTACHMENT-15: UNFINISHED OR SHELL SPACE

The proposed project does not involve any increase in the physical space occupied by the Ambulatory SurgiCenter of Downers Grove. Urology and general surgery procedures will take place in the existing procedure rooms and will not require any changes to the current space allocation of the facility. There is no unfinished or shell space involved in this project.

ATTACHMENT-16: ASSURANCES

The proposed project does not involve any increase in the physical space occupied by the Ambulatory SurgiCenter of Downers Grove. Urology and general surgery procedures will take place in the existing procedure rooms and will not require any changes to the current space allocation of the facility. There is no unfinished or shell space involved in this project.

ATTACHMENT-32: NON-HOSPITAL BASED AMBULATORY SURGERY

1. The Ambulatory SurgiCenter of Downers Grove is proposing to add the following specialties: general surgery and urology. The facility would thereby become a multi-specialty ASC.
2. Please find attached a map outlining the intended geographic services area (GSA), which extends in a 13.5-mile radius outside the Ambulatory SurgiCenter of Downers Grove, located at 4333 Main Street, Downers Grove, IL.

The population of the intended geographic services area (GSA) is estimated at 1,555,827, based on 2000 U.S. Census data, though the figure would likely be higher if a precise accounting could be taken today. The GSA includes a large section of DuPage County, which has experienced a growth in population in recent years. The population figure was calculated by reviewing patient origin data collected by the Ambulatory SurgiCenter of Downers Grove, which itemizes the number of patients treated from each U.S. city and zip code. Those zip codes were mapped in order to determine which of them fall within the intended GSA for this project. The population for those zip codes was then totaled, based on data published by the U.S. Census Bureau.

Travel times from the Ambulatory SurgiCenter of Downers Grove to several communities within the GSA are as follows, according to Mapquest:

- To the north: Approximately 23 minutes to Elk Grove Village
- To the south: Approximately 24 minutes to Romeoville
- To the east: Approximately 27 minutes to Cicero
- To the west: Approximately 26 minutes to West Chicago

Each of these towns sits inside the proposed GSA. The travel times to the actual GSA borders, therefore, would be approximately 30 minutes or more. It is also important to note that traffic in and around the Chicagoland suburbs is often not reflected in estimated travel times provided by Mapquest. The proposed GSA is densely populated and often heavily-congested.

3. Please find attached letters from Dr. George Sosenko and Dr. Bernardo Duarte. Dr. Sosenko anticipates performing 250 urology procedures annually at the Ambulatory SurgiCenter of Downers Grove. Dr. Duarte anticipates performing 250 general surgery procedures annually at the Ambulatory SurgiCenter of Downers Grove.
4. No new treatment rooms are proposed.
5. Please find attached letters sent to area surgical facilities regarding the proposed project's impact on their workload. Letters were sent by certified mail to the following facilities:
 - (i) Adventist GlenOaks Hospital
 - (ii) Adventist Hinsdale Hospital
 - (iii) Adventist LaGrange Memorial Hospital

- (iv) Advocate Good Samaritan Hospital
- (v) Central Dupage Hospital
- (vi) Chicago Prostate Cancer Surgery Center
- (vii) Children's Outpatient Services at Westchester
- (viii) Concord West Medical Center
- (ix) DMG Surgical Center
- (x) Dupage Eye Surgery Center
- (xi) Dupage Orthopaedic Surgery Center
- (xii) Edward Hospital
- (xiii) Elmhurst Memorial Hospital
- (xiv) Elmhurst Outpatient Surgery Center
- (xv) Hinsdale Surgical Center
- (xvi) Loyola University Ambulatory Surgical Center
- (xvii) MacNeal Hospital
- (xviii) Marianjoy Rehabilitation Hospital
- (xix) Midwest Center for Day Surgery
- (xx) Naperville Surgical Center
- (xxi) Northeast Dupage Surgery Center
- (xxii) Northwest Community Day Surgery Center
- (xxiii) Oak Brook Surgical Center
- (xxiv) RML Specialty Hospital
- (xxv) Salt Creek Surgical
- (xxvi) Smith-Perry Eye Center
- (xxvii) The Center for Surgery

Also find enclosed letters from two facilities – the Smith-Perry Eye Center and Northwest Community Hospital – indicating no objection to the proposed project.

The Ambulatory SurgiCenter of Downers Grove has received three letters in opposition to its proposed licensure change. All three were signed by the same individual, Ali Nili. One of these three facilities – the Ashton Center for Day Surgery – is located in Hoffman Estates, well beyond the intended geographic services area. According to Mapquest, the two facilities sit more than 29 miles apart. Therefore, the letter from Ashton Center for Day Surgery is not relevant to the proposed licensure change at the Ambulatory SurgiCenter of Downers Grove.

The other two letters submitted by Ali Nili – from the Oak Brook Surgical Centre and the Aiden Center for Day Surgery (formerly doing business as Northeast DuPage Surgery Center) – may be considered but do not invalidate the need for the proposed licensure change. The addition of urology and general surgery services is critical to patients at the Ambulatory SurgiCenter of Downers Grove. Nili argues that patients are not always required to undergo repetitive use of anesthesia for minor surgical procedures. However, whether or not anesthesia is delivered in every instance or not, the lack of a multi-specialty ASTC license frequently requires gynecology patients of the Ambulatory SurgiCenter of Downers Grove to seek services for urology and general surgery procedures in other facilities. This is an imposition on the patient and is derogatory to the prudent delivery of health care.

Nili's letters also argue that the proposed licensure change should not be granted because there are other hospitals and ambulatory surgical treatment centers in the area that are licensed to

provide urological and general surgery procedures. Although it's true that other facilities do perform some of the same procedures as the Ambulatory SurgiCenter of Downers Grove, those facilities are not able to offer the same level of highly specialized treatment. The Ambulatory SurgiCenter of Downers Grove focuses its practice on fertility issues. Nili's facilities do not. The Oak Brook Surgical Centre performed only 35 urology procedures in 2007 and only 17 gynecology procedures, out of more than 2400 total surgeries. The Aiden Center for Day Surgery (formerly doing business as the Northeast DuPage Surgery Center) did not perform any urology procedures in 2007.

The physician referral letters submitted by Dr. Sosenko and Dr. Duarte indicate that they each expect to perform at least 250 procedures annually at the Ambulatory SurgiCenter of Downers Grove, allowing their patients to receive general surgery and urology treatment in the same facility where their gynecology procedures are performed. This specialized "one-stop shop" approach will allow medical staff to achieve greater familiarity with fertility patients, better meet their needs and develop courses of treatment more appropriate to their individual circumstances.

6. The Ambulatory SurgiCenter of Downers Grove is not proposing the establishment of new facilities, only the addition of two specialties to the existing license.
7. Find list of procedures attached. The Ambulatory SurgiCenter of Downers Grove does not charge a fixed fee for each specific surgical procedure. Rather, the charge is calculated on a case-by-case basis. The charge is determined based on the amount of time required to perform the surgical procedure and the materials used. Therefore, the facility is unable to provide a firm price list for each procedure. Nonetheless, the owner of the facility, Dr. Amos Madanes, MD, affirms that he will maintain current charging for procedures for the first two years after becoming a multi-specialty ASTC.
8. Although there are hospitals and ASTCs in the geographic area that do perform a smattering of the services proposed, there are very few that perform the full range of gynecology, urology and general surgery procedures that the Ambulatory SurgiCenter of Downers Grove could perform with a multi-specialty license. Among the 16 ASTCs operating in the area, only 9 perform procedures in gynecology, urology and general surgery. Among those 9 surgical centers, only 4 performed more than 100 surgeries in each of those three specialties in 2007. Consider the following examples:
 - MacNeal Memorial Hospital performs services in general surgery, urology and gynecology, but its staffed bed occupancy rate in calendar year 2007 was 86.6 percent.
 - Edward Hospital performs services in general surgery, urology and gynecology, but its staffed bed occupancy rate in calendar year 2007 was 84.7 percent. Its occupancy rate in obstetric/gynecology was even higher, at 92.8 percent.
 - Central DuPage Hospital performs services in general surgery, urology and gynecology, but its staffed bed occupancy rate in obstetric/gynecology in 2007 was 91.1 percent.
 - Adventist LaGrange Memorial Hospital performs urology services but only inpatient, rather than outpatient, procedures.

- DMG Surgical Center performs services in general surgery, urology and gynecology. However, gynecology represents only a small sliver of the facility's practice – 50 surgeries out of 7585 total in 2007.
- The Center for Surgery also performs only a small number of gynecology procedures – 231 surgeries out of 7469 total in 2007.
- Elmhurst Outpatient Surgery performed only 3 gynecology procedures out of 4140 total surgeries in 2007.
- Hinsdale Surgical Center performed only 159 gynecology procedures out of 7966 total surgeries in 2007.
- The Midwest Center for Day Surgery performed only 85 urology procedures in 2007.
- The Naperville Surgical Centre focuses almost entirely on orthopedic surgeries, which account for 1254 of its total 2241 surgeries in 2007. There were four general surgeries, five gynecology surgeries, and 71 urology surgeries at the facility.
- The Oak Brook Surgical Centre performed only 35 urology procedures and 17 gynecology procedures among its 2413 total surgeries in 2007.

As a facility that focuses its practice on the specialties of gynecology, urology and general surgery, the Ambulatory SurgiCenter of Downers Grove will be better able to serve the needs of patients who are struggling with fertility problems. Under its current licensure, gynecology patients who require additional surgical procedures are forced to travel to other facilities – incurring additional cost, undergoing anesthesia a second time, and interacting with a new set of physicians and staff.

If the licensure change is granted and additional specialties are added to the existing license, the Ambulatory SurgiCenter of Downers Grove will be able to enhance the level of service and care provided to its patients. The licensure change will facilitate an integration of service. Fertility patients will not have to compete for surgical hours with patients undergoing other types of procedures, such as dermatology, orthopedic, podiatry or other specialties. Moreover, they will be receiving treatment from highly skilled physicians and staff who have received specialized training. By combining the three specialties – general surgery, gynecology, and urology – in a narrowly focused ASC environment, the Ambulatory SurgiCenter of Downers Grove will be uniquely poised to serve a need within the community.

Geographic Services Area

- : Ambulatory SurgiCenter of Downers Grove
- : Other hospitals/ASTCs

The Geographic Services Area, which covers a large portion of Dupage County, encompasses 60 ZIP codes and an estimated population of more than 1.5 million, based on data from the 2000 U.S. Census.

- 13.5-mile radius around Ambulatory SurgiCenter of Downers Grove
- Approximately 30 minute drive time to each border

Geographic Services Area

- 1 – Marianjoy Rehabilitation Hospital
- 2 – Central Dupage Hospital
- 3 – Dupage Eye Surgery Center
- 4 – Adventist GlenOaks Hospital
- 5 – Northeast Dupage Surgery Center
- 6 – Dupage Orthopaedic Surgery Center
- 7 – The Center for Surgery
- 8 – Edward Hospital
- 9 – Naperville Surgical Center
- 10 – DMG Surgical Center
- 11 – Oak Brook Surgical Centre
- 12 – Elmhurst Outpatient Surgery Center
- 13 – Elmhurst Memorial Hospital
- 14 – Children's Outpatient Services at Westchester
- 15 – MacNeal Hospital
- 16 – Loyola University Ambulatory Surgical Center
- 17 – Midwest Center for Day Surgery
- 18 – Salt Creek Surgical G.M. Property/Concord West Medical Center
- 19 – Chicago Prostate Cancer Surgery Center
- 20 – Hinsdale Surgical Center
- 21 – Smith- Perry Eye Center
- 22 – Adventist Hinsdale Hospital
- 23 – Adventist LaGrange Memorial Hospital
- 24 – RML Specialty Hospital
- 25 – Northwest Community Day Surgery Center
- 26 – Advocate Good Samaritan Hospital

Among the 16 ASTCs operating in this densely populated Geographic Services Area, only 9 perform gynecology, urology and general surgery procedures. Out of those 9 ASTCs, only 4 performed more than 100 surgical procedures in each of those specialties in 2007.

With a multi-specialty license, the Ambulatory SurgiCenter of Downers Grove will be able to offer patients a practice focused on these three specialties and the skills they require. The Ambulatory SurgiCenter expects to perform at least 250 procedures annually in each of these three specialties.

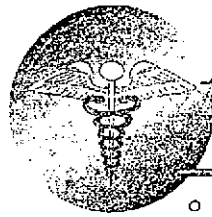
ZIP CODE POPULATION

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60101	38141
60106	22404
60108	21960
60126	45355
60130	15688
60131	19342
60137	38026
60139	32303
60143	10021
60148	50460
60153	26863
60154	16714
60155	8254
60157	2111
60160	23034
60162	8513
60163	5212
60164	21682
60172	25349
60176	11636
60181	30161
60185	32936
60187	61481
60188	43730
60189	
60190	12065
60302	32527
60304	17839
60402	60373
60439	20004
60440	46546
60446	20141
60455	16138
60457	14110
60458	14226
60459	27978
60465	17198
60490	9263
60513	19146
60514	17313
60515	27514
60516	30593
60517	31344
60521	37496
60525	32475

ZIP CODES THAT FALL WITHIN THE GEOGRAPHIC SERVICE AREA

60526	13301
60527	
60532	27341
60534	10212
60540	42065
60546	15700
60555	13852
60559	25954
60561	23570
60563	31405
60564	32206
60565	40640
60707	42621
60804	86133

TOTAL	1555827
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Ambulatory SurgiCenter

o f D o w n e r s G r o v e

4333 Main Street • Downers Grove IL 60515
Phone 630.322.9451 • Fax 630.322.9455

July 14, 2009

Ambulatory SurgiCenter of Downers Grove
4333 Main Street
Downers Grove, IL 60515

Dear Dr. Madanes:

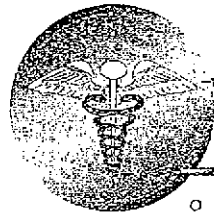
Please consider this my formal request to provide general surgical procedures at the Ambulatory SurgiCenter of Downers Grove, as specified in the procedure list at the end of this letter.

I currently hold privileges at the Ambulatory SurgiCenter of Downers Grove.

If approved, the ability to perform general surgical procedures while a gynecological procedure is being performed would be very beneficial for the patients. Often times, while a patient may need an outpatient general surgical procedure and a gynecological procedure, two separate surgeries must be performed. This requires placing the patient under anesthesia for two separate surgeries with an added cost of two separate procedures and all accompanying expenses of room and staff preparation. Additionally, this is an additional burden to the patient who needs to take time off and added recovery time for two different procedures rather than combining the two.

In addition, patients at the Ambulatory SurgiCenter of Downers Grove are familiar with the personal and professional care they receive at this facility by staff trained to handle outpatient procedures specifically tailored towards the obstetrics and gynecological specialties. As a result, patients would benefit by receiving consistent care for the handling of related general surgical procedures in the same manner, specifically due to the fundamental relationship between general surgery and gynecology specialties.

By allowing a surgeon specializing in general surgery to provide services at the Ambulatory SurgiCenter of Downers Grove, patients shall have the opportunity to obtain modern and specialized services for specific urology related conditions. Patients at this



Ambulatory SurgiCenter

of Downers Grove

4333 Main Street • Downers Grove IL 60515
Phone 630.322.9451 • Fax 630.322.9455

facility are not intermingled with other patient populations that would expose patients to infection and disease commonly found in the acute care setting of a hospital.

My practice is located in Oak Brook and serves the Downers Grove area. Based on performing 400 cases in 2008 (general), I anticipate the handling of 250 general surgery cases over the next 12 months at the Ambulatory SurgiCenter of Downers Grove, if approved.

Sincerely,

Dr. Bernardo Duarte
2425 W. 22nd Street, Suite 204-A
Oak Brook, IL 60523

Procedures requested to be performed:

1. Laparoscopic Cholecystectomy
2. Laparoscopic Appendectomy
3. Laparoscopic Hernia Repair/Ventral Hernia (Spigel-Incisional)
4. Breast Biopsy
5. Anorectal Procedures
6. Lysis of Adhesions (Intraabdominal – Congenital Post Operative)

George R Sosenko, M.D.
Urology
3825 Highland Avenue
Ste # 2A
Downers Grove Il 60515
630-725-9700

June 5, 2009

Ambulatory SurgiCenter of Downers Grove
4333 Main Street
Downers Grove, IL 60515

Dear Dr. Madanes:

Please consider this my formal request to perform urology procedures at the Ambulatory SurgiCenter of Downers Grove.

As a part of couple's infertility treatment at the Midwest Fertility Center, many males need special urologic procedures to directly retrieve sperm from their testicles. These procedures must be performed at the same location where In Vitro Laboratory services are provided. The sperm can immediately be processed and procedurally utilized by the infertility team. It is of foremost importance to the successful treatment of these patients that urologic procedures be permitted at the Ambulatory SurgiCenter of Downers Grove where their In Vitro Fertilization procedure will take place. This will enable me to perform sperm aspiration at the facility since it is a part of the In Vitro Fertilization procedure their female partner is undergoing. Having the sperm aspiration at the same location is crucial for IVF success.

Additionally, patients that need out patient urology procedures, shall benefit from obtaining this service at the Ambulatory SurgiCenter of Downers Grove due to the optimum outpatient environment at this facility. Most patients brought to this facility will also require infertility services that can be provided by the on site Fertility Center.

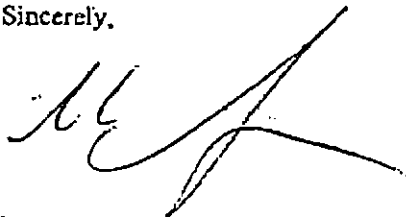
Many couples are familiar with the Ambulatory SurgiCenter of Downers Grove and are comfortable with the personal and professional care they receive at this facility by staff trained to handle outpatient procedures specifically tailored towards the obstetrics and gynecological specialties. As a result, male partners would benefit by receiving consistent care for the handling of related urology procedures in the same manner, specifically due to the fundamental relationship between urology and gynecology specialties. Many of the male patients cared for at the Ambulatory SurgiCenter of Downers Grove need urologic procedures such as ligation of varicocele or repair of other urologic problems in addition to aspirations of sperm from the testicles as previously described,

Often female patients undergoing out patient procedures also need urologic procedures. Up to 50% of the females utilizing the surgery center could possibly have some degree of urinary incontinence and require urologic intervention. It will be a tremendous benefit to the patient to be able to have these services provided at the same time and same place, thus eliminating the need of additional anesthesia and additional down time for a separate urologic procedure at a later time.

By allowing a surgeon specializing in urology to provide services at the Ambulatory SurgiCenter of Downers Grove, patients shall have the opportunity to obtain modern and specialized services for specific urology related conditions. Patients at this facility are not intermingled with other patient populations that would expose patients to infection and disease commonly found in the acute care setting of a hospital.

I anticipate the handling of 250 cases in 2009 at the Ambulatory SurgiCenter of Downers Grove, if approval is granted.

Sincerely,



George R. Sosenko, M.D.

LETTERS SENT TO LOCAL HOSPITALS AND ASTCs



July 24, 2009

Paul Whelton, MD
Loyola University Ambulatory Surgical Center
2160 South First Avenue
Building 150, Room 4109
Maywood, Illinois 60153

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Dr. Whelton:

The Ambulatory Surgicenter of Downers Grove, LP, located at 4333 Main Street, Downers Grove, IL is preparing a submission to the Illinois Health Facilities Planning Board requesting the change from a limited specialty ASC to a multi-specialty ASC for the provision of two additional specialties: general and urology. The location and size of the Ambulatory Surgicenter shall remain the same. There will not be any remodeling or construction expenses with only minimal expenses for some minor purchases of instruments.

As you know, currently the Ambulatory Surgicenter of Downers Grove provides services within the obstetric and gynecology specialties. The addition of the general and urology specialties will enable this ASC to provide a wider range of surgical services to its existing patient population. Patients shall benefit by the handling of multiple minor surgical procedures by eliminating the need for multiple surgeries and repetitive use of anesthesia.

The impact of the provision of these additional minor surgical procedures should be minimal since only an additional 400 procedures a year is anticipated if approved. The physicians shall continue to perform the majority of major and minor surgical cases at area acute care hospitals.

As a result, we would greatly appreciate a letter from your facility indicating your position regarding our application and the anticipated impact (if any) to this facility. Please contact me to discuss the application if needed.

Sincerely,

Amos Madanes, M.D.



July 24, 2009

Brian Lemon
Chief Executive Officer
MacNeal Hospital
125 N. LaGrange Road
LaGrange, Illinois 60525

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Mr. Lemon:

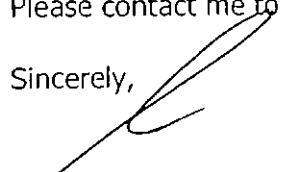
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The impact of the provision of these additional minor surgical procedures should be minimal since only an additional 400 procedures a year is anticipated if approved. The physicians shall continue to perform the majority of major and minor surgical cases at area acute care hospitals.

As a result, we would greatly appreciate a letter from your facility indicating your position regarding our application and the anticipated impact (if any) to this facility. Please contact me to discuss the application if needed.

Sincerely,


Amos Madanes, M.D.



July 24, 2009

Kathleen C. Yosko
President
Marianjoy Rehabilitation Hospital
26 West 171 Roosevelt Road
Wheaton, Illinois 60187

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Ms. Yosko:

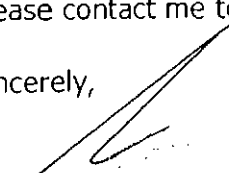
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As a result, we would greatly appreciate a letter from your facility indicating your position regarding our application and the anticipated impact (if any) to this facility. Please contact me to discuss the application if needed.

Sincerely,


Andrés Madanes, M.D.



July 24, 2009

Ronald P. Ladniak
Administrator
Midwest Center for Day Surgery
3811 Highland Avenue
Downers Grove, Illinois 60515

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Mr. Ladniak:

The Ambulatory Surgicenter of Downers Grove, LP, located at 4333 Main Street, Downers Grove, IL is preparing a submission to the Illinois Health Facilities Planning Board requesting the change from a limited specialty ASC to a multi-specialty ASC for the provision of two additional specialties: general and urology. The location and size of the Ambulatory Surgicenter shall remain the same. There will not be any remodeling or construction expenses with only minimal expenses for some minor purchases of instruments.

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The impact of the provision of these additional minor surgical procedures should be minimal since only an additional 400 procedures a year is anticipated if approved. The physicians shall continue to perform the majority of major and minor surgical cases at area acute care hospitals.

As a result, we would greatly appreciate a letter from your facility indicating your position regarding our application and the anticipated impact (if any) to this facility. Please contact me to discuss the application if needed.

Sincerely,


Amos Madanes, M.D.



July 24, 2009

Ronald P. Ladniak
Administrator
Naperville Surgical Center
1263 Rickert Drive
Naperville, Illinois 60540

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Mr. Ladniak:

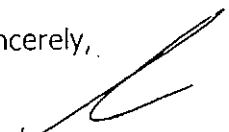
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As a result, we would greatly appreciate a letter from your facility indicating your position regarding our application and the anticipated impact (if any) to this facility. Please contact me to discuss the application if needed.

Sincerely,



Amos Madanes, M.D.



July 24, 2009

Dr. Raymond Dieter
Director
Northeast Dupage Surgery Center, LLC
1580 West Lake Street
Addison, Illinois 60101

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Dr. Dieter:

The Ambulatory Surgicenter of Downers Grove, LP, located at 4333 Main Street, Downers Grove, IL is preparing a submission to the Illinois Health Facilities Planning Board requesting the change from a limited specialty ASC to a multi-specialty ASC for the provision of two additional specialties: general and urology. The location and size of the Ambulatory Surgicenter shall remain the same. There will not be any remodeling or construction expenses with only minimal expenses for some minor purchases of instruments.

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As a result, we would greatly appreciate a letter from your facility indicating your position regarding our application and the anticipated impact (if any) to this facility. Please contact me to discuss the application if needed.

Sincerely,


Amos Madanes, M.D.



July 24, 2009

Bruce Crowther
Chief Executive Officer
Northwest Community Day Surgery Center
675 Kirchoff Road
Arlington Heights, Illinois 60005

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Mr. Crowther:

The Ambulatory Surgicenter of Downers Grove, LP, located at 4333 Main Street, Downers Grove, IL is preparing a submission to the Illinois Health Facilities Planning Board requesting the change from a limited specialty ASC to a multi-specialty ASC for the provision of two additional specialties: general and urology. The location and size of the Ambulatory Surgicenter shall remain the same. There will not be any remodeling or construction expenses with only minimal expenses for some minor purchases of instruments.

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As a result, we would greatly appreciate a letter from your facility indicating your position regarding our application and the anticipated impact (if any) to this facility. Please contact me to discuss the application if needed.

Sincerely,


Amos Madanes, M.D.



July 24, 2009

Ali Nili
Chief Operating Officer
Oak Brook Surgical Centre, Inc.
2425 West 22nd Street
Oak Brook, Illinois 60521

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Mr. Nili:

The Ambulatory Surgicenter of Downers Grove, LP, located at 4333 Main Street, Downers Grove, IL is preparing a submission to the Illinois Health Facilities Planning Board requesting the change from a limited specialty ASC to a multi-specialty ASC for the provision of two additional specialties: general and urology. The location and size of the Ambulatory Surgicenter shall remain the same. There will not be any remodeling or construction expenses with only minimal expenses for some minor purchases of instruments.

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As a result, we would greatly appreciate a letter from your facility indicating your position regarding our application and the anticipated impact (if any) to this facility. Please contact me to discuss the application if needed.

Sincerely,


Amos Madanes, M.D.



July 24, 2009

James R. Prister
President
RML Specialty Hospital
5601 South County Line Road
Hinsdale, Illinois 60521

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Mr. Prister:

The Ambulatory Surgicenter of Downers Grove, LP, located at 4333 Main Street, Downers Grove, IL is preparing a submission to the Illinois Health Facilities Planning Board requesting the change from a limited specialty ASC to a multi-specialty ASC for the provision of two additional specialties: general and urology. The location and size of the Ambulatory Surgicenter shall remain the same. There will not be any remodeling or construction expenses with only minimal expenses for some minor purchases of instruments.

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As a result, we would greatly appreciate a letter from your facility indicating your position regarding our application and the anticipated impact (if any) to this facility. Please contact me to discuss the application if needed.

Sincerely,


Amos Madanes, M.D.



July 24, 2009

Steven Mash, MD
Chief Executive Officer
Salt Creek Surgical G.M. Property, LLC
530 N. Cass Avenue
Westmont, Illinois 60559

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Dr. Mash:

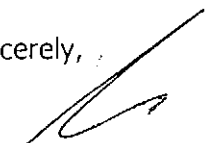
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As a result, we would greatly appreciate a letter from your facility indicating your position regarding our application and the anticipated impact (if any) to this facility. Please contact me to discuss the application if needed.

Sincerely,



Amos Madanes, M.D.



July 24, 2009

Dr. Brian Smith
Owner
Smith-Perry Eye Center
950 North York Road, Suite 203
Hinsdale, Illinois 60521

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Dr. Smith:

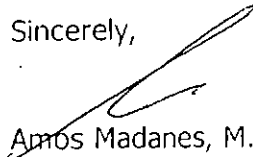
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As a result, we would greatly appreciate a letter from your facility indicating your position regarding our application and the anticipated impact (if any) to this facility. Please contact me to discuss the application if needed.

Sincerely,



Amos Madanes, M.D.



July 24, 2009

The Center For Surgery
Attn: Administrator
475 East Diehl Road
Naperville, Illinois 60563

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Administrator:

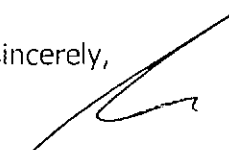
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As a result, we would greatly appreciate a letter from your facility indicating your position regarding our application and the anticipated impact (if any) to this facility. Please contact me to discuss the application if needed.

Sincerely,



Amos Madanes, M.D.



July 24, 2009

Brinsley Lewis
Chief Executive Officer
Adventist GlenOaks Hospital
701 Winthrop Avenue
Glendale Heights, Illinois 60139

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Mr. Lewis:

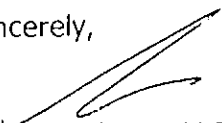
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Sincerely,



Amos Madanes, M.D.



July 24, 2009

Todd S. Werner
Chief Executive Officer
Adventist Hinsdale Hospital
120 North Oak Street
Hinsdale, Illinois 60521

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Mr. Werner:

The Ambulatory Surgicenter of Downers Grove, LP, located at 4333 Main Street, Downers Grove, IL is preparing a submission to the Illinois Health Facilities Planning Board requesting the change from a limited specialty ASC to a multi-specialty ASC for the provision of two additional specialties: general and urology. The location and size of the Ambulatory Surgicenter shall remain the same. There will not be any remodeling or construction expenses with only minimal expenses for some minor purchases of instruments.

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Sincerely,


Amos Madanes, M.D.



July 24, 2009

David Crane
International Chief Executive Officer
Adventist LaGrange Memorial Hospital
5101 South Willow Springs Road
LaGrange, Illinois 60525

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Mr. Crane:

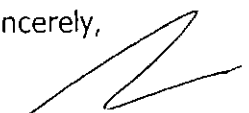
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Sincerely,



Amos Madanes, M.D.



July 24, 2009

David S. Fox
President
Advocate Good Samaritan Hospital
3815 Highland Avenue
Downers Grove, Illinois 60515

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Mr. Fox:

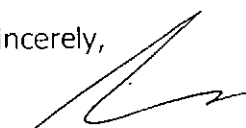
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As a result, we would greatly appreciate a letter from your facility indicating your position regarding our application and the anticipated impact (if any) to this facility. Please contact me to discuss the application if needed.

Sincerely,



Amos Madanes, M.D.



July 24, 2009

Luke McGuinness
Chief Executive Officer
Central Dupage Hospital
25 North Winfield Road
Winfield, Illinois 60190

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Mr. McGuinness:

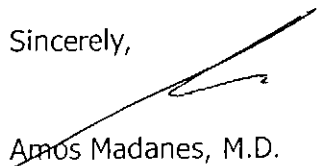
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Sincerely,


Amos Madanes, M.D.



July 24, 2009

Brian Moran, MD
Medical Director
Chicago Prostate Cancer Surgery Center
815 Pasquinelli
Westmont, Illinois 60559

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Dr. Moran:

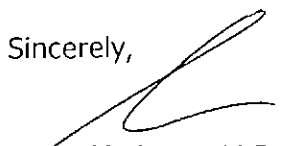
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As a result, we would greatly appreciate a letter from your facility indicating your position regarding our application and the anticipated impact (if any) to this facility. Please contact me to discuss the application if needed.

Sincerely,



Amos Madanes, M.D.



July 24, 2009

Pat Magoon
Chief Executive Officer
Children's Outpatient Services at Westchester
2301 Enterprise Drive
Westchester, Illinois 60154

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Mr. Magoon:

The Ambulatory Surgicenter of Downers Grove, LP, located at 4333 Main Street, Downers Grove, IL is preparing a submission to the Illinois Health Facilities Planning Board requesting the change from a limited specialty ASC to a multi-specialty ASC for the provision of two additional specialties: general and urology. The location and size of the Ambulatory Surgicenter shall remain the same. There will not be any remodeling or construction expenses with only minimal expenses for some minor purchases of instruments.

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As a result, we would greatly appreciate a letter from your facility indicating your position regarding our application and the anticipated impact (if any) to this facility. Please contact me to discuss the application if needed.

Sincerely,

Amos Madanes, M.D.



July 24, 2009

Concord West Medical Center
Attn: Administrator
530 North Cass Avenue
Westmont, IL 60559

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Administrator:

The Ambulatory Surgicenter of Downers Grove, LP, located at 4333 Main Street, Downers Grove, IL is preparing a submission to the Illinois Health Facilities Planning Board requesting the change from a limited specialty ASC to a multi-specialty ASC for the provision of two additional specialties: general and urology. The location and size of the Ambulatory Surgicenter shall remain the same. There will not be any remodeling or construction expenses with only minimal expenses for some minor purchases of instruments.

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Sincerely,



Amos Madanes, M.D.



July 24, 2009

Ed Carne
Chief Executive Officer
DMG Surgical Center, LLC
2725 S. Technology Drive
Lombard, Illinois 60148

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Mr. Carne:

The Ambulatory Surgicenter of Downers Grove, LP, located at 4333 Main Street, Downers Grove, IL is preparing a submission to the Illinois Health Facilities Planning Board requesting the change from a limited specialty ASC to a multi-specialty ASC for the provision of two additional specialties: general and urology. The location and size of the Ambulatory Surgicenter shall remain the same. There will not be any remodeling or construction expenses with only minimal expenses for some minor purchases of instruments.

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Sincerely,


Amos Madanes, M.D.



July 24, 2009

Rick Meyers
Administrator
Dupage Eye Surgery Center, LLC
2015 North Main Street
Wheaton, Illinois 60187

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Mr. Meyers:

The Ambulatory Surgicenter of Downers Grove, LP, located at 4333 Main Street, Downers Grove, IL is preparing a submission to the Illinois Health Facilities Planning Board requesting the change from a limited specialty ASC to a multi-specialty ASC for the provision of two additional specialties: general and urology. The location and size of the Ambulatory Surgicenter shall remain the same. There will not be any remodeling or construction expenses with only minimal expenses for some minor purchases of instruments.

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Sincerely,


Amos Madanes, M.D.



July 24, 2009

Barb Kiel
Chief Executive Officer
Dupage Orthopaedic Surgery Center
27650 Ferry Road
Warrenville, Illinois 60555

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Ms. Kiel:

The Ambulatory Surgicenter of Downers Grove, LP, located at 4333 Main Street, Downers Grove, IL is preparing a submission to the Illinois Health Facilities Planning Board requesting the change from a limited specialty ASC to a multi-specialty ASC for the provision of two additional specialties: general and urology. The location and size of the Ambulatory Surgicenter shall remain the same. There will not be any remodeling or construction expenses with only minimal expenses for some minor purchases of instruments.

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Sincerely,


Amos Madanes, M.D.



July 24, 2009

Pamela M. Davis
President
Edward Hospital
801 South Washington Street
Naperville, Illinois 60540

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Ms. Davis:

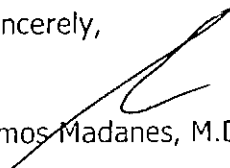
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Sincerely,



Amos Madanes, M.D.



July 24, 2009

Leo F. Fronza, Jr.
President
Elmhurst Memorial Hospital
200 Berteau Avenue
Elmhurst, Illinois 60126

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Mr. Fronza:

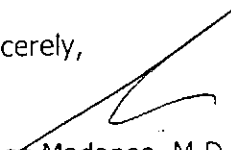
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Sincerely,


Amos Madanes, M.D.



July 24, 2009

Leo F. Fronza, Jr.
President
Elmhurst Outpatient Surgery Center, LLC
1200 South York Road, Suite 1400
Elmhurst, Illinois 60126

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

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Sincerely,


Amos Madanes, M.D.



July 24, 2009

Fernando Gruta
Administrator
Hinsdale Surgical Center, LLC
908 N. Elm Street, Suite 401
Hinsdale, Illinois 60521

VIA U. S. Certified Mail

RE: Ambulatory Surgicenter of Downers Grove
Request to change from limited to multi-specialty ASC

Dear Mr. Gruta:

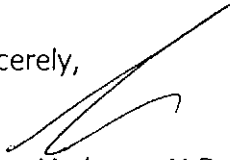
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Sincerely,


Amos Madanes, M.D.

7046

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Fernando Gruta
 Administrator
 Hinsdale Surgical Center, LLC
 908 N. Elm Street, Suite 401
 Hinsdale, Illinois 60521

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

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Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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7008 1140 0003 7704 8037



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Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.54

Postmark Here

Sen Fernando Gruta

Administrator

Str or P Hinsdale Surgical Center, LLC

City 908 N. Elm Street, Suite 401

Hinsdale, Illinois 60521

PSF See Reverse for Instructions

7046

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Leo F. Fronza, Jr.
President
Elmhurst Outpatient Surgery Center, LLC
1200 South York Road, Suite 1400
Elmhurst, Illinois 60126

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7008 1140 0003 7704 8044
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CERTIFIED MAIL



7008 1140 0003 7704 8044
 7008 1140 0003 7704 8044

U.S. MAIL SERVICE
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
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Postage	\$.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.54	
Sent to: Leo F. Fronza, Jr. President Elmhurst Outpatient Surgery Center, LLC City: 1200 South York Road, Suite 1400 Elmhurst, Illinois 60126		

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Leo F. Fronza, Jr.
 President
 Elmhurst Memorial Hospital
 200 Berteau Avenue
 Elmhurst, Illinois 60126

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

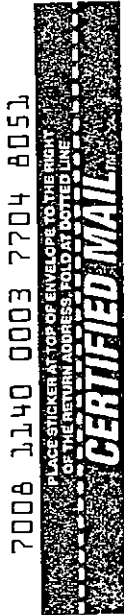
4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7046



7008 1140 0003 7704 8051
 7008 1140 0003 7704 8051

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only. Additional Services Chargeable, Restricted)</small>	
For delivery information visit our website at www.usps.com	
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Postage \$ <u>0.44</u> Certified Fee <u>2.80</u> Return Receipt Fee (Endorsement Required) <u>2.30</u> Restricted Delivery Fee (Endorsement Required) <u>5.54</u> Total <u>9.08</u>	Postmark Here
To: Leo F. Fronza, Jr. Sent: President Street: Elmhurst Memorial Hospital or P: 200 Berteau Avenue City: Elmhurst, Illinois 60126	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pamela M. Davis
 President
 Edward Hospital
 801 South Washington Street
 Naperville, Illinois 60540

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

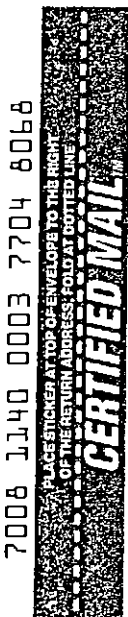
Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7046



7008 1140 0003 7704 8068
 7008 1140 0003 7704 8068

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Postage	\$ 44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
Tot:		

Sent to: Pamela M. Davis
 President
 Street: Edward Hospital
 or P.O. Box: 801 South Washington Street
 City: Naperville, Illinois 60540

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Barb Kiel
 Chief Executive Officer
 Dupage Orthopaedic Surgery Center
 27650 Ferry Road
 Warrenville, Illinois 60555

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7046

7008 1140 0003 7704 8075
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD ALONG DOTTED LINE.
CERTIFIED MAIL



7008 1140 0003 7704 8075
 7008 1140 0003 7704 8075

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

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Postage	\$.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54

Postmark Here

Sent to: Barb Kiel
 Chief Executive Officer
 Street or PO: Dupage Orthopaedic Surgery Center
 City: 27650 Ferry Road
 Warrenville, Illinois 60555

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rick Meyers
 Administrator
 Dupage Eye Surgery Center, LLC
 2015 North Main Street
 Wheaton, Illinois 60187

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-1540

7046



7008 1140 0003 7704 8082
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For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54
Total Price	12.04
Rick Meyers Sent To Administrator Street, Apt. or PO Box Dupage Eye Surgery Center, LLC City, State 2015 North Main Street Wheaton, Illinois 60187	
PS Form	Postmark Here

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ed Carne
 Chief Executive Officer
 DMG Surgical Center, LLC
 2725 S. Technology Drive
 Lombard, Illinois 60148

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

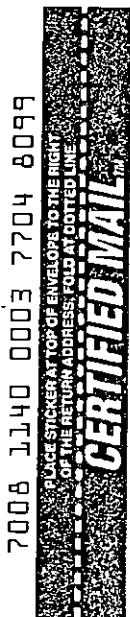
4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

70416



7008 1140 0003 7704 8099

7008 1140 0003 7704 8099

U.S. Postal Service
CERTIFIED MAIL RECEIPT
For Certified Mail Only. See Reverse for Complete Instructions

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
Total Postage & Fees		

Ed Carne
 Chief Executive Officer
 DMG Surgical Center, LLC
 2725 S. Technology Drive
 Lombard, Illinois 60148

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Concord West Medical Center
 Attn: Administrator
 530 North Cass Avenue
 Westmont, Illinois 60559

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7046



7008 1140 0003 7704 8105
 7008 1140 0003 7704 8105



For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	\$ 5.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54
Total	16.08
Sent to: Concord West Medical Center Attn: Administrator 530 North Cass Avenue Westmont, Illinois 60559	

Postmark
Here

PS Form 3811, February 2004 Instruction

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pat Magoon
 Chief Executive Officer
 Children's Outpatient Services of Westchester
 2301 Enterprise Drive
 Westchester, Illinois 60154

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

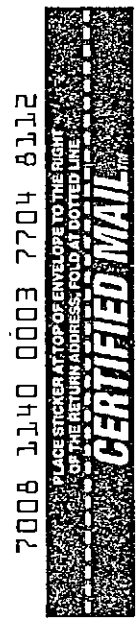
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7046



7008 1140 0003 7704 8112
 7008 1140 0003 7704 8112

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.44	Postmark Here 5.54
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.10	

To: Pat Magoon
 Ser: Chief Executive Officer
 Str: Children's Outpatient Services of Westchester
 or: 2301 Enterprise Drive
 City: Westchester, Illinois 60154

PS Form 3811, August 2003. See reverse for instructions.

7046

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Brian Moran, MD
 Medical Director
 Chicago Prostate Cancer Surgery Center
 815 Pasquinelli
 Westmont, Illinois 60559

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

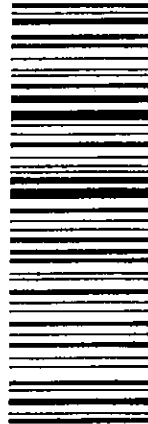
Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7008 1140 0003 7704 8129



7008 1140 0003 7704 8129

7008 1140 0003 7704 8129



For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54
Total Postage & Fees	

Postmark Here

Sent to: Brian Moran, MD
 Medical Director
 Street or PO: Chicago Prostate Cancer Surgery Center
 City: 815 Pasquinelli
 Westmont, Illinois 60559

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Luke McGuinness
 Chief Executive Officer
 Central Dupage Hospital
 25 North Winfield Road
 Winfield, Illinois 60190

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7046



7008 1140 0003 7704 8143
 7008 1140 0003 7704 8143



For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 0.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54

Postmark Here

Sent To Luke McGuinness
 Chief Executive Officer
 Street, or PO Box Central Dupage Hospital
 City, State 25 North Winfield Road
 Winfield, Illinois 60190

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David S. Fox
 President
 Advocate Good Samaritan Hospital
 3815 Highland Avenue
 Downers Grove, Illinois 60515

2. Article Number
 (Transfer from service label)

7008 1140 0003 7704 8136

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7046



7008 1140 0003 7704 8136
 7008 1140 0003 7704 8136



For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54

Postmark Here

Sent by David S. Fox
 President
 Advocate Good Samaritan Hospital
 Street or PO 3815 Highland Avenue
 City Downers Grove, Illinois 60515

PS Form

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Crane
 International Chief Executive Officer
 Adventist LaGrange Memorial Hospital
 5101 South Willow Springs Road
 LaGrange, Illinois 60525

2. Article Number
 (Transfer from service label)

70081140000377048310

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7046



7008 1140 0003 7704 8310
 7008 1140 0003 7704 8310



For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54
Total	

Postmark Here

Sent To: David Crane
 International Chief Executive Officer
 Street or PO: Adventist LaGrange Memorial Hospital
 City, St: 5101 South Willow Springs Road
 LaGrange, Illinois 60525

PS Form

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Todd S. Warner
 Chief Executive Officer
 Adventist Hinsdale Hospital
 120 North Oak Street
 Hinsdale, Illinois 60521

2. Article Number
 (Transfer from service label)

7008 1140 0003 7704 8303

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

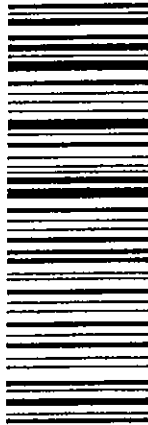
4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7008 1140 0003 7704 8303



7008 1140 0003 7704 8303
 7008 1140 0003 7704 8303



For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 2.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54
Total Postage & Fees	

Postmark Here

Sent to: Todd S. Warner
 Chief Executive Officer
 Street or PO: Adventist Hinsdale Hospital
 City: 120 North Oak Street
 Hinsdale, Illinois 60521

PS Form

(fractions)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Brinsley Lewis
 Chief Executive Officer
 Adventist GlenOaks Hospital
 701 Winthrop Avenue
 Glendale Heights, Illinois 60139

2. Article Number
 (Transfer from service label)

7008 1140 0003 7704 8297

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

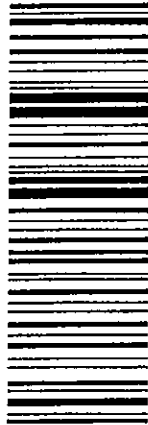
3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7046

7008 1140 0003 7704 8297
 PLEASE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE.
CERTIFIED MAIL™



7008 1140 0003 7704 8297
 7008 1140 0003 7704 8297

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>Domestic Mail Only. No Insurance Coverage Provided.</small>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ <u>0.44</u>	Postmark Here
Certified Fee <u>2.80</u>	
Return Receipt Fee (Endorsement Required) <u>2.30</u>	
Restricted Delivery Fee (Endorsement Required) <u>5.54</u>	
Total P <u>9.08</u>	
Sent To Brinsley Lewis Chief Executive Officer Street, or PO Box Adventist GlenOaks Hospital City, State 701 Winthrop Avenue Glendale Heights, Illinois 60139	
PS Form Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Center For Surgery
 Attn: Administrator
 475 East Diehl Road
 Naperville, Illinois 60563

2. Article Number
(Transfer from service label)

7008 1140 0003 7704 8280

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

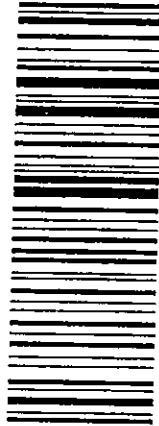
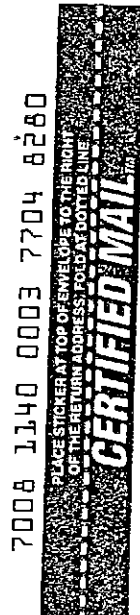
Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7046



7008 1140 0003 7704 8280
7008 1140 0003 7704 8280

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 Domestic Mail Only. No Insurance Coverage Provided.
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total	5.54	

The Center For Surgery
 Attn: Administrator
 475 East Diehl Road
 Naperville, Illinois 60563

PS Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Brian Smith
 Owner
 Smith-Perry Eye Center
 950 North York Road, Suite 203
 Hinsdale, Illinois 60521

2. Article Number

(Transfer from service label)

70081140 0003 7704 8273

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7046

7008 1140 0003 7704 8273



7008 1140 0003 7704 8273

7008 1140 0003 7704 8273



For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.54

Postmark Here

Sent To: Dr. Brian Smith
 Owner
 Street, Apt or PO Box: Smith-Perry Eye Center
 City, State: 950 North York Road, Suite 203
 Hinsdale, Illinois 60521

PS Form

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Steven Mash, MD
 Chief Executive Officer
 Salt Creek Surgical G.M. Property, LLC
 530 N. Cass Avenue
 Westmont, Illinois 60559

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7008 1140 0003 7704 8266

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7046



U.S. Postal Service CERTIFIED MAIL RECEIPT <small>Domestic Mail Only. No International Postage Permitted.</small>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54
Sent to: Steven Mash, MD Chief Executive Officer Street or PO: Salt Creek Surgical G.M. Property, LLC City: 530 N. Cass Avenue Westmont, Illinois 60559	
PS Form	Postmark Here

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James R. Prister
 President
 RML Specialty Hospital
 5601 South County Line Road
 Hinsdale, Illinois 60521

2. Article Number
 (Transfer from service label)

7008 1140 0003 7704 8259

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7046

7008 1140 0003 7704 8259
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL



7008 1140 0003 7704 8259
 7008 1140 0003 7704 8259

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
For delivery information visit our website at www.usps.com			
OFFICIAL USE			
Postage	\$	44	Postmark Here
Certified Fee		2.80	
Return Receipt Fee (Endorsement Required)		2.30	
Restricted Delivery Fee (Endorsement Required)		5.54	
Total P			
Sent To James R. Prister			
Street or PO Box RML Specialty Hospital			
City, State 5601 South County Line Road			
Hinsdale, Illinois 60521			

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ali Nili
 Chief Operating Officer
 Oak Brook Surgical Centre, Inc.
 2425 West 22nd Street
 Oak Brook, Illinois 60521

2. Article Number
 (Transfer from service label) 7008 1140 0003 7704 8242

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

B. Received by (Printed Name) C. Date of Delivery

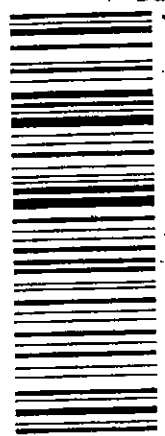
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7046

7008 1140 0003 7704 8242
 PLACE STICKER AT TOP OF ENVELOPE TO INDICATE
 IF THE RETURN ADDRESS IS NOT AT BOTTOM OF MAIL
CERTIFIED MAIL



7008 1140 0003 7704 8242
 7008 1140 0003 7704 8242

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<small>Domestic Mail Only, Add Insurance Coverage Premium</small>	
<small>For delivery information, visit our website at www.usps.com</small>	
OFFICIAL USE	
Postage	\$ 2.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54
Sent to: Ali Nili Chief Operating Officer Oak Brook Surgical Centre, Inc. 2425 West 22 nd Street Oak Brook, Illinois 60521	
Postmark Here	
PS Form 3811	Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bruce Crowther
 Chief Executive Officer
 Northwest Community Day Surgery Center
 675 Kirchoff Road
 Arlington Heights, Illinois 60005

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (*Extra Fee*) Yes

2. Article Number
(*Transfer from service label*)

7008 1140 0003 7704 8235

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7046

7008 1140 0003 7704 8235



7008 1140 0003 7704 8235
7008 1140 0003 7704 8235



For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	\$ 2.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Price	5.54

Postmark Here

Sent To: Bruce Crowther
 Chief Executive Officer
 Street, Apt. or PO Box: Northwest Community Day Surgery Center
 City, State: 675 Kirchoff Road
 Arlington Heights, Illinois 60005

PS Form 3811, August 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Raymond Dieter
 Director
 Northeast Dupage Surgery Center, LLC
 1580 West Lake Street
 Addison, Illinois 60101

2. Article Number
(Transfer from service label)

7008 1140 0003 7704 8228

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7046



7008 1140 0003 7704 8228



For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54
Total Post	

Postmark Here

Total Pos Dr. Raymond Dieter

Sent to Director

Street, Apt. or PO Box Northeast Dupage Surgery Center, LLC

1580 West Lake Street

City, State, Addison, Illinois 60101

PS Form 3811, AUGUST 2000

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ronald P. Ladniak
 Administrator
 Naperville Surgical Center
 1263 Rickert Drive
 Naperville, Illinois 60540

2. Article Number
 (Transfer from service label)

7008 1140 0003 7704 8211

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7046

7008 1140 0003 7704 8211



7008 1140 0003 7704 8211

7008 1140 0003 7704 8211

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only, No Insurance Coverage Provided)</small>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 4.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage	5.54
Sent To: Ronald P. Ladniak Administrator Naperville Surgical Center 1263 Rickert Drive Naperville, Illinois 60540	
Street, Apt. No. or PO Box No. City, State, ZIP	
PS Form 3800	

Postmark Here

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ronald P. Ladniak
 Administrator
 Midwest Center for Day Surgery
 3811 Highland Avenue
 Downers Grove, Illinois 60515

2. Article Number
 (Transfer from service label)

7008 1140 0003 7704 8198

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7046

7008 1140 0003 7704 8198



7008 1140 0003 7704 8198

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
Domestic Mail Only. No Insurance Coverage Provided.	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	5.54
To:	Ronald P. Ladniak
Sent	Administrator
Street or P.O. Box	Midwest Center for Day Surgery
City	3811 Highland Avenue
	Downers Grove, Illinois 60515
PS Form 3811, February 2004	Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kathleen C. Yosko
 President
 Marianjoy Rehabilitation Hospital
 26 West 171 Roosevelt Road
 Wheaton, Illinois 60187

2. Article Number
 (Transfer from service label)

7008 1140 0003 7704 8174

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

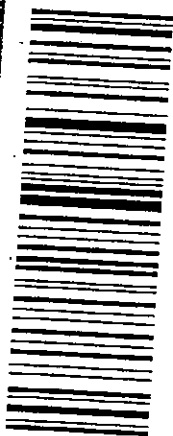
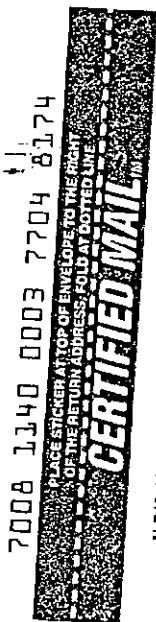
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7046



7008 1140 0003 7704 8174
 7008 1140 0003 7704 8174



For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$: 44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.44	
Restricted Delivery Fee (Endorsement Required)		
Total P	5.54	
Sent To Kathleen C. Yosko President		
Street, or PO B Marianjoy Rehabilitation Hospital		
City, St 26 West 171 Roosevelt Road Wheaton, Illinois 60187		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Brian Lemon
 Chief Medical Officer
 MacNeal Hospital
 125 N. LaGrange Road
 LaGrange, Illinois 60525

2. Article Number
(Transfer from service label)

7008 1140 0003 7704 8167

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7008 1140 0003 7704 8167



7008 1140 0003 7704 8167

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<small>(Insurance Not Given, No Insurance Coverage Provided)</small>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54
Total Postage	
Sent To: Brian Lemon	
Chief Medical Officer	
MacNeal Hospital	
125 N. LaGrange Road	
LaGrange, Illinois 60525	
PS Form 3800, August 2000	

Postmark Here

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Paul Whelton, MD
 Loyola University Ambulatory Surgical Center
 2160 South First Avenue
 Building 150, Room 4109
 Maywood, Illinois 60153

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7008 1140 0003 7704 8150

7046

7008 1140 0003 7704 8150
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™



7008 1140 0003 7704 8150
 7008 1140 0003 7704 8150

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Price	\$ 5.54
Sent To: Paul Whelton, MD	
Loyola University Ambulatory Surgical Center	
2160 South First Avenue	
Building 150, Room 4109	
Maywood, Illinois 60153	
PS Form	Instructions

LETTERS OF NON-OPPOSITION

Brian D. Smith, MD, FACS
Eye Physicians and Surgeons
Small Incision Cataract Surgery
Refractive Surgery
Cosmetic Eyelid Surgery
Laser Surgery



950 N. York Road, Suite 203
Hinsdale, IL 60521
T: 630.789.6700
F: 630.709.3909

Amos Madanes, MD
Midwest Fertility Center
4333 Main Street
Downers Grove, IL 60515

Dear Dr. Madanes:

I do not feel that the expansion of your center to include General Surgery or urology will impact my center. Good luck with your endeavor.

A handwritten signature in black ink, appearing to read "BDS", is written over a horizontal line. Below the signature, the name "Brian D. Smith, MD" is printed in a small, sans-serif font.

Brian D. Smith, MD

800 West Central Road
Arlington Heights, Illinois 60005

847.618.1000
www.nch.org



August 7, 2009

Amos Madanes, M.D.
Director
Midwest Fertility Center
4333 Main Street
Downers Grove, Illinois 60515

Dear Dr. Madanes,

In response to your letter dated July 24, 2009, Northwest Community Hospital does not wish to contest the addition of general and urology specialty services at the Ambulatory Surgicenter of Downers Grove. The Ambulatory Surgicenter of Downers Grove is located over twenty miles away from Northwest Community Hospital and there is minimal overlap in our patient origin areas. For these reasons, we do not believe that your program will have an impact on our ambulatory surgery programs.

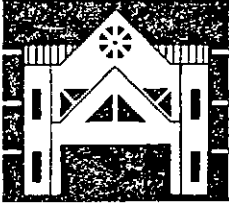
If you need any additional information, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "BK Crowther", is written over a horizontal line.

Bruce K. Crowther
President and CEO

LETTERS OF OPPOSITION



OAK BROOK
Surgical
Centre, Inc.

August 26, 2009

Amos Madanes, M.D.
Ambulatory Surgicenter of Downers Grove
4333 Main Street
Downers Grove, IL 60515

Dear Dr. Madanes:

I regret to inform you that Oak Brook Surgical Centre is **OPPOSED** to any change in the licensure of the Ambulatory Surgicenter of Downers Grove from a limited specialty ASC to a multi-specialty ASC.

As stated in my May 5, 2008 letter to you, there are six other licensed ambulatory surgical treatment centers in a five-mile radius of your facility that are licensed as multi-specialty ASCs and are licensed to perform urological and general surgery procedures. These centers are not fully utilized in those capacities and the addition of further services at your facility will have a direct, negative impact on existing services.

Patients do not require the repetitive use of anesthesia and/or multiple procedures for minor surgical procedures as established within numerous, nationally established clinical protocols. Therefore, this is not a valid reason as stated in your letter of July 24, 2009 to expand your services and licensure.

Again, Oak Brook Surgical Centre cannot support your interest in changing the licensure of the Ambulatory Surgicenter of Downers Grove to a multi-specialty license and we are adamantly **OPPOSED** to such.

Sincerely,

Ali Nili
Chief Operating Officer and Administrator

Cc; Illinois Health Facilities Planning Board



Aiden Center for Day Surgery, LLC

August 26, 2009

Amos Madanes, M.D.
Ambulatory Surgicenter of Downers Grove
4333 Main Street
Downers Grove, IL 60515

Dear Dr. Mandanes:

I am responding to your letter of July 24, 2009 to Dr. Raymond Dieter regarding your intention to request a change in the license status of the Ambulatory Surgicenter of Downers Grove from a limited specialty ASC to multi-specialty ASC. Dr. Dieter is no longer a director at the facility.

I regret to inform you that Aiden Center for Day Surgery (previously dba Northeast DuPage Surgery Center) is **OPPOSED** to such a change in the licensure of your facility.

There is not a need in our HFPB planning area for any additional surgical services in urological and/or general surgery. A change in the licensing of the Ambulatory Surgicenter of Downers Grove to permit this, or any other, increase in services at your facility would further the under utilization of existing services. In addition to the multitude of office-based surgical facilities in the area, there are also 45 ambulatory surgical centers offering a total of 149 operating rooms. Nine hospitals are located within the geographic planning areas of A-05, A-11, and A-12, which is where both patients and physicians seek services in the event that they are not already served by existing ASTCs.

Our facility does hereby **OPPOSE** any changes in status of the limited specialty ASC to multi-specialty ASC license, as there are sufficient services to meet the needs of patients in our geographic area.

Sincerely,

Ali Nili
Chief Operating Officer and Administrator

Cc: Illinois Health Planning Board

CHARGE COMMITMENT DATA

The attached document is a list of procedures performed at the Ambulatory SurgiCenter of Downers Grove. The Ambulatory SurgiCenter of Downers Grove does not charge a fixed fee for each specific surgical procedure. Rather, the charge is calculated on a case-by-case basis. The charge is determined based on the amount of time required to perform the surgical procedure and the materials used. Therefore, the facility is unable to provide a firm price list for each procedure. Nonetheless, the owner of the facility, Dr. Amos Madanes, MD, affirms that he will maintain current charging for procedures for the first two years after becoming a multi-specialty ASTC.

DESCRIPTION	CPT CODE
Pelvic Examination Under Anesthesia	57410
Dilation and Curretage, Diagnostic and/or Therapeutic (Nonobstetrical)	58120
Hysteroscopy, Diagnostic (Separate Procedure)	58555
Laparoscopy, Surgical; With Fulguration or Excision of Lesions of the Ovary, Pelvic Viscera, or Peritoneal Surface by Any Method	58662
Chromotubation of Oviduct, Including Materials	58350
Laparoscopy, Surgical; With Lysis of Adhesions (Salpingolysis Ovariolsis) (Separate Procedure)	58660
Catheterization and Introduction of Saline or Contrast Material for Saline Infusion Sonohysterophary (SIS) or Hysterosalpingography	58340
Cystourethroscopy (Separate Procedure)	52000
Laparoscopy, Surgical; With Removal of Adnexal Structures (Partial or Total Oophorectomy and/or Salpingectomy)	58661
Embryo Transfer, Intrauterine	58974
Follicle Puncture for Oocyte Retrieval, Any Method	58970
Laparoscopy, Surgical, Myomectomy, Excision; 1 to 4 Intramural Myomas With Total Weight of 250 G or less and/or Removal of Surface Myomas	58545
Hysteroscopy, Surgical; With Sampling (Biopsy) of Endometrium and/or Polypectomy, With or Without D & C	58558
Catheterization and Introduction of Saline or Contrast Material for Saline Infusion Sonohysterography (SIS) or Hysterosalpingography Self Pay	58340
Embryo Transfer, Intrauterine Self Pay	58974
Laparoscopy, Surgical; With Aspiration of Cavity or Cyst (EG, Ovarian Cyst) (Single or Multiple)	49322
Unlisted Laparoscopy, Procedure, Uterus	58578
Follicle Puncture for Oocyte Retrieval, Any Method Self Pay	58970
Colposcopy of Cervix Including Upper/Adjacent Vagina; With Loop Electrode Biopsy(s) of the Cervix	57460
Hysteroscopy, Surgical; With Endometrial Abilation (EG, Endometrial Resection, Electrosurgical Ablation, Thermoablation)	58563
Hysteroscopy, Surgical; With Removal of Leiomyomata	58561
Treatment of Missed Abortion, Completed Surgically; First Trimester	59820

Cautery of Cervix; Laser Ablation	57513
Laparoscopy, Surgical, Enterolysis (Freeing of Intestinal Adhesion) (Separate Procedure)	44180
Laparoscopy, Surgical; With Fulguration of Oviducts (With or Without Transection)	58670
Laparoscopy, Surgical; With Removal of Adnexal Structures (Partial or Total Oophorectomy and/or Salpingectomy) Self Pay	58661
Wedge Resection or Bisection of Ovary, Unilateral or Bilateral Self Pay	58920
Laparoscopy, Surgical, Appendectomy	44970
Endocervical Curettage (Not Done as Part of a Dilatation and Curettage)	57505
Laparoscopy, Surgical; With Fimbrioplasty	58672
Laparoscopy, Surgical; With Fulguration or Excision of Lesions of the Ovary, Pelvic Vescera, or Peritoneal Surface by Any Method Self Pay	58662
Laparoscopy, Surgical, Myomectomy, Excision; 1 to 4 Intramural Myomas With Total Weight of 250 G or less and/or Removal of Surface Myomas Self Pay	58545
Observation or Inpatient Hospital Care, for the Evaluation and Management of a Patient Including Admission and Discharge on the Same Date Which Requires These 3 Key Components: (1) Problem-Focused History, (2) Problem-Focused Examination, (3) Straightforward Medical Decision Making.	99234
Tubotubal Anastomosis Self Pay	58750
Laparoscopy, Surgical; With Biopsy (Single or Multiple)	49321
Unlisted Laparoscopy Procedure, Abdomen, Peritoneum and Omentum	49329
Hysteroscopy, Surgical; With Lysis of Intrauterine Adhesions (Any Method)	58559
Colposcopy of the Cervix Including Upper/Adjacent Vagina; With Biopsy(s) of the Cervix	57455
Hysteroscopy, Surgical; With Division or Resection of Intrauterine Septum (Any Method)	58560
Laparoscopy, Surgical, Myomectomy, Excision; 5 or More Intramural Myomas and/or Myomas with Total Weight Greater Than 250 G	58546
Laparoscopy, Surgical; With Lysis of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure) Self Pay	58660
Observation or Inpatient Hospital Care, for the Evaluation and Management or a Patient Including Admission and Discharge on the Same Date Which Requires These 3 Key Components: (1) Problem-Focused History, (2) Problem-Focused Examination, (3) Straightforward Medical Decision Making.	99234
Anterior Colporrhaphy, Repair of Cystocele With or Without Repair of Urethrocele	57240
Colposcopy of the Cervix Including Upper/Adjacent Vagina; With Biopsy(s)	57454
Cystostomy, Cystotomy With Drainage	51040
Drainage of Ovarian Cyst(s), Unilateral or Bilateral, (Separate Procedure), Vaginal Approach	58800
Hysteroscopy, Diagnostic (Separate Procedure) Self Pay	58555
Laparoscopy, Surgical, Supracervical Hysterectomy, for Uterus 250 G or Less; With Removal of Tube(s) and/or Ovary(s)	58542
Laparoscopy, Surgical, With Vaginal Hysterectomy, for Uterus 250 G or Less	58550
Posterior Colporrhaphy, Repair of Rectocele With or Without Perineorrhaphy	57250

Removal of Skin Tags, Multiple Fibrocutaneous Tags, Any Area; Up to and Including 15 Lesions	11200
Transcervical Introduction of Fallopian Tube Catheter for Diagnosis and/or Re-Establishing Patency (Any Method), With or Without Hysterosalpingography	58345
Unlisted Procedure, Male Genital System	55899
Biopsy of Testis, Incisional (Separate Procedure) Self Pay	54505
Colposcopy of the Cervix Including Upper/Adjacent Vagina; Self Pay	57452
Colposcopy of the Cervix Including Upper/Adjacent Vagina; With Loop Electrode Biopsy(s) of the Cervix Self Pay	57460
Combined Anteroposterior Colporrhaphy	57260
Destruction of Lesion(s), Vulva; Extensive (EG, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery)	56515
Dilation and Curettage, Diagnostic and/or Therapeutic (Nonobstetrical) Self Pay	58120
Dilation of Cervical Canal, Instrumental (Separate Procedure)	57800
Excision of Vaginal Cyst or Tumor	57135
Excision of Destruction, Open, Intra-Abdominal or Retroperitoneal Tumors or Cysts or Endometriomas;	49200
Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms or Legs, Excised Diameter 2.1 to 3.0 CM	11403
Exploratory Laparotomy, Exploratory Celiotomy With or Without Biopsy(s) (Separate Procedure)	49000
Fimbrioplasty	58760
Incision and Drainage of Abscess (EG, Carbuncle, Suppurative Hidradenitis, Cutaneous or Subcutaneous Abscess, Cyst, Furuncle, or Paronychia); Simple or Single	10060
Laparoscopy, Abdomen, Peritoneum, and Omentum, Diagnostic, With or Without Collection of Specimen(s) by Brushing or Washing (Separate Procedure)	49320
Laparoscopy, Surgical; With Fimbrioplasty Self pay	58672
Laparoscopy, Surgical; With Occlusion of Oviducts by Device (EG, Band, Clip or Falope Ring)	58671
Laparoscopy, Surgical; With Salingostomy (Salpingoneostomy)	58673
Partial Hymenectomy or Revision of Hymenal Ring	56700
Sling Operation for Stress Incontinence (EG, Fascia or Synthetic)	57288
Tubotubal Anastomosis	58750
Uterine Suspension, With or Without Shortening of Round Ligaments, With or Without Shortening of Sacrouterine Ligaments; (Separate Procedure)	58400

ATTACHMENT-75: FINANCIAL FEASIBILITY

- A-1. The Ambulatory SurgiCenter of Downers Grove has no long term debt. Cash and securities are being used to fund this project and there will be no need to incur additional debt. Therefore, there are no debt obligations to be assumed and there is no risk of applicant default.

- C. There are no start-up costs associated with this project. The Ambulatory SurgiCenter of Downers Grove plans to add two specialties to its existing single-specialty ASTC license. No additional staff, equipment, or treatment rooms will be necessary. The facility is ready and able to begin performing urology and general surgery procedures as soon as the license change is granted.

Ambulatory Surgicenter of Downers Grove, LTD

Financial Statements

For The Year 2006

Ambulatory Surgicenter of Downers Grove, LTD
Statement of Cash Flows
 January through December 2006

	Jan - Dec 06
OPERATING ACTIVITIES	
Net Income	-10,788.03
Adjustments to reconcile Net Income to net cash provided by operations:	
Due from Affiliate - Surg Asst.	31,603.87
Due from Affiliate Anest Svcs	-90,905.80
Due from Laparoscopy Intl	-420,000.00
117 · Loan Receivable - Employee	700.00
118 · Loan Receivable - MFC	-750,000.00
2000 · Accounts Payable	10,788.03
Amex	477.27
211 · Note Payable - Chestnut Mana...	965,207.53
Net cash provided by Operating Activities	-262,917.13
INVESTING ACTIVITIES	
120 · Equipment	-88,039.41
141 · Accum. Depr. - Equipment	92,839.00
142 · Accum Depr. - Furn. & Fix.	1,791.96
143 · Accum. Depr. - Leasehold Impr.	11,816.04
Net cash provided by Investing Activities	18,407.59
Net cash increase for period	-244,509.54
Cash at beginning of period	349,576.77
Cash at end of period	<u>105,067.23</u>

10:03 AM
 07/18/08
 Cash Basis

Ambulatory Surgicenter of Downers Grove, LTD
Balance Sheet
 As of December 31, 2006

Dec 31, 06

ASSETS	
Current Assets	
Checking/Savings	
Checking	
100 · Chase	104,942.23
Total Checking	104,942.23
102 · Petty Cash	125.00
Total Checking/Savings	105,067.23
Other Current Assets	
Due from Affiliate - Surg Asst.	53,038.56
Due from Affiliate Anest Svcs	120,079.19
Due from Laparoscopy Intl	470,000.00
118 · Loan Receivable - MFC	1,792,343.45
Total Other Current Assets	2,435,461.20
Total Current Assets	2,540,528.43
Fixed Assets	
120 · Equipment	618,827.27
125 · Vehicles	19,947.87
130 · Furniture & Fixtures	42,436.17
140 · Leasehold Improvements	456,626.00
141 · Accum. Depr. - Equipment	-616,428.00
142 · Accum Depr. - Furn. & Fix.	-40,558.96
143 · Accum. Depr. - Leasehold Impr.	-123,917.04
144 · Accum. Depr.- Vehicles	-19,947.87
Total Fixed Assets	336,985.44
TOTAL ASSETS	2,877,513.87
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Amex	1,230.37
Total Credit Cards	1,230.37
Other Current Liabilities	
211 · Note Payable - Chestnut Mana...	2,882,207.53
Total Other Current Liabilities	2,882,207.53
Total Current Liabilities	2,883,437.90
Total Liabilities	2,883,437.90
Equity	
Retained Earnings	-6,924.03
240 · Common Stock	1,000.00
Total Equity	-5,924.03
TOTAL LIABILITIES & EQUITY	2,877,513.87

Ambulatory Surgicenter of Downers Grove, LTD

Profit & Loss

January through December 2006

07/18/08
Cash Basis

Jan - Dec 06

Ordinary Income/Expense

Income

300 · Professional Fees	6,564,575.74
301 · Professional Fee Reimburse...	-44,975.95
302 · Patient Refunds	-10,610.60
660 · Miscellaneous Income	5,654.42
700 · Interest Income	14,975.56

Total Income 6,529,619.17

Expense

ADMIN

500 · Advertising	4,557.78
503 · Automobile Expense	389.51
505 · Depreciation	106,447.00
508 · Books	189.80
515 · Dues & Subscriptions	1,550.03
520 · Insurance	8,230.00
522 · Insurance - Malpractice	40,018.00
522.1 · Health & Dental Insurance	91,616.03
524 · Consulting	213,421.99
529 · Licenses and Permits	6,045.00
531 · Bldg. Repair & Maintenance	7,227.53
534 · Cleaning & Laundry	21,996.34
535 · Office Expense	19,395.70
535.1 · Office Expense - AM	1,692.59
536 · Bank Fees	2,079.54
536.1 · Credit Card Fees	4,113.39
537 · Meals	3,132.37
539.1 · Clerical Salaries	238,065.78
539.2 · Clinical Salaries	465,777.63
540 · Outside Services	46,489.42
541 · Payroll Tax Expense	60,688.05
545 · Postage	7,273.88
550 · Legal Fees	142.28
551 · Accounting	7,995.00
555 · Rent	363,780.00
556 · Pension Expense	13,811.88
557 · Employee Relations	6,063.63
561 · Payroll Service	2,909.51
570 · Telephone	9,944.41
572 · Telephone Answering Service	1,124.56
575 · Meeting, Seminar, Cont. Edu...	4,421.48
576 · Travel Expense	4,908.98
579 · Miscellaneous Exp	0.20
580 · Utilities	48,000.00

Total ADMIN 1,813,499.29

CLINICAL

501 · Anesthesia Supplies	11,137.07
502 · Anesthesia Drugs	30,006.56
526 · Lab Expense	37,846.28
532 · Equipment Rental	100,080.00
560 · Clinical Repairs & Maint.	35,259.45
569 · Surgical Supplies	169,890.67
573 · Scavenger	2,486.75
574 · Recovery Room Supplies	23,072.68
577 · Operating Room Supplies	38,412.24
581 · OR & Surgical Equipment	2,720.65

Ambulatory Surgicenter of Downers Grove, LTD

Profit & Loss

January through December 2006

07/18/08
Cash Basis

	Jan - Dec 06
Total CLINICAL	450,912.35
Total Expense	2,264,411.64
Net Ordinary Income	4,265,207.53
Other Income/Expense	
Other Expense	
528 · Chestnut Management	4,265,207.53
Total Other Expense	4,265,207.53
Net Other Income	-4,265,207.53
Net Income	<u>0.00</u>

Ambulatory Surgicenter of Downers Grove, LTD

Financial Statements

For The Year 2007

Ambulatory Surgicenter of Downers Grove, LTD
Statement of Cash Flows
 January through December 2007

	Jan - Dec ...
OPERATING ACTIVITIES	
Net Income	-8,498.24
Adjustments to reconcile Net Income to net cash provided by operations:	
Due from Affiliate - Surg Asst.	43,638.12
Due from Affiliate Anest Svcs	120,079.19
Due from Laparoscopy Intl	-670,000.00
118 · Loan Receivable - MFC	-295,000.00
2000 · Accounts Payable	8,498.24
Amex	27.33
211 · Note Payable - Chestnut Mana...	691,935.35
Net cash provided by Operating Activities	-109,320.01
INVESTING ACTIVITIES	
141 · Accum. Depr. - Equipment	2,400.00
142 · Accum Depr. - Furn. & Fix.	1,251.96
143 · Accum. Depr. - Leasehold Impr.	11,783.04
Net cash provided by Investing Activities	15,435.00
Net cash increase for period	-93,885.01
Cash at beginning of period	105,067.23
Cash at end of period	<u>11,182.22</u>

11:50 AM
07/18/08
Cash Basis

Ambulatory Surgicenter of Downers Grove, LTD
Balance Sheet
As of December 31, 2007

Dec 31, 07

ASSETS	
Current Assets	
Checking/Savings	
Checking	
100 · Chase	11,057.22
Total Checking	11,057.22
102 · Petty Cash	125.00
Total Checking/Savings	11,182.22
Other Current Assets	
Due from Affiliate - Surg Asst.	9,400.44
Due from Laparoscopy Intl	1,140,000.00
118 · Loan Receivable - MFC	2,087,343.45
Total Other Current Assets	3,236,743.89
Total Current Assets	3,247,926.11
Fixed Assets	
120 · Equipment	618,827.27
125 · Vehicles	19,947.87
130 · Furniture & Fixtures	42,436.17
140 · Leasehold Improvements	456,626.00
141 · Accum. Depr. - Equipment	-618,828.00
142 · Accum Depr. - Furn. & Fix.	-41,810.92
143 · Accum. Depr. - Leasehold Impr.	-135,700.08
144 · Accum. Depr. - Vehicles	-19,947.87
Total Fixed Assets	321,550.44
TOTAL ASSETS	<u>3,569,476.55</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Amex	1,257.70
Total Credit Cards	1,257.70
Other Current Liabilities	
211 · Note Payable - Chestnut Mana...	3,574,142.88
Total Other Current Liabilities	3,574,142.88
Total Current Liabilities	3,575,400.58
Total Liabilities	3,575,400.58
Equity	
Retained Earnings	-6,924.03
240 · Common Stock	1,000.00
Total Equity	-5,924.03
TOTAL LIABILITIES & EQUITY	<u>3,569,476.55</u>

Ambulatory Surgicenter of Downers Grove, LTD

Profit & Loss

January through December 2007

07/18/08
Cash Basis

Jan - Dec 07

Ordinary Income/Expense

Income

300 · Professional Fees	4,153,320.20
301 · Professional Fee Reimbursem...	-49,078.14
302 · Patient Refunds	-14,729.33
660 · Miscellaneous Income	522.01
700 · Interest Income	7,788.48

Total Income 4,097,823.22

Expense

ADMIN

500 · Advertising	2,555.48
503 · Automobile Expense	339.01
505 · Depreciation	15,435.00
515 · Dues & Subscriptions	1,268.47
520 · Insurance	7,604.00
522 · Insurance - Malpractice	34,292.00
522.1 · Health & Dental Insurance	94,402.31
524 · Consulting	262,011.26
529 · Licenses and Permits	2,210.00
531 · Bldg. Repair & Maintenance	8,743.03
534 · Cleaning & Laundry	20,033.38
535 · Office Expense	17,180.70
535.1 · Office Expense - AM	1,932.79
536 · Bank Fees	1,217.04
536.1 · Credit Card Fees	6,058.59
537 · Meals	2,934.64
539.1 · Clerical Salaries	256,500.96
539.2 · Clinical Salaries	438,559.18
540 · Outside Services	19,770.29
541 · Payroll Tax Expense	63,966.47
545 · Postage	6,568.96
550 · Legal Fees	1,500.00
551 · Accounting	6,535.00
555 · Rent	363,780.00
556 · Pension Expense	11,725.34
557 · Employee Relations	6,098.39
561 · Payroll Service	3,190.77
570 · Telephone	10,250.86
572 · Telephone Answering Service	1,121.88
575 · Meeting, Seminar, Cont. Edu...	2,347.75
579 · Miscellaneous Exp	40.00
580 · Utilities	48,000.00

Total ADMIN 1,718,173.55

CLINICAL

501 · Anesthesia Supplies	11,335.11
502 · Anesthesia Drugs	23,897.58
526 · Lab Expense	34,503.25
532 · Equipment Rental	100,080.00
560 · Clinical Repairs & Maint.	29,351.18
569 · Surgical Supplies	203,731.91
573 · Scavenger	2,495.47
574 · Recovery Room Supplies	19,299.68
577 · Operating Room Supplies	49,440.14
581 · OR & Surgical Equipment	8,580.00

Total CLINICAL 482,714.32

Ambulatory Surgicenter of Downers Grove, LTD

Profit & Loss

January through December 2007

07/18/08
Cash Basis

	Jan - Dec 07
Total Expense	2,200,887.87
Net Ordinary Income	1,896,935.35
Other Income/Expense	
Other Expense	
528 - Chestnut Management	1,896,935.35
Total Other Expense	1,896,935.35
Net Other Income	-1,896,935.35
Net Income	<u>0.00</u>

Ambulatory Surgicenter of Downers Grove, LTD
Financial Statements
For The Year 2008

Ambulatory Surgicenter of Downers Grove, LTD
Statement of Cash Flows
 January through December 2008

	Jan - Dec ...
OPERATING ACTIVITIES	
Net Income	29,430.31
Adjustments to reconcile Net Income to net cash provided by operations:	
Due from Affiliate - Surg Asst.	-599.56
Due from Laparoscopy Intl	-190,000.00
118 · Loan Receivable - MFC	-762,656.55
2000 · Accounts Payable	-20,827.93
Amex	-608.88
211 · Note Payable - Chestnut Mana...	940,890.34
Net cash provided by Operating Activities	-4,372.27
INVESTING ACTIVITIES	
130 · Furniture & Fixtures	-2,750.12
142 · Accum Depr..- Furn. & Fix.	3,375.37
143 · Accum. Depr. - Leasehold Impr.	11,755.19
Net cash provided by Investing Activities	12,380.44
Net cash increase for period	8,008.17
Cash at beginning of period	11,182.22
Cash at end of period	19,190.39

Ambulatory Surgicenter of Downers Grove, LTD
Balance Sheet
As of December 31, 2008

	Dec 31, 08
ASSETS	
Current Assets	
Checking/Savings	
Checking	
100 · Chase	19,065.39
Total Checking	19,065.39
102 · Petty Cash	125.00
Total Checking/Savings	19,190.39
Other Current Assets	
Due from Affiliate - Surg Asst.	10,000.00
Due from Laparoscopy Intl	1,330,000.00
118 · Loan Receivable - MFC	2,850,000.00
Total Other Current Assets	4,190,000.00
Total Current Assets	4,209,190.39
Fixed Assets	
120 · Equipment	618,827.27
125 · Vehicles	19,947.87
130 · Furniture & Fixtures	45,186.29
140 · Leasehold Improvements	456,626.00
141 · Accum. Depr. - Equipment	-618,828.00
142 · Accum Depr. - Furn. & Fix.	-45,186.29
143 · Accum. Depr. - Leasehold Impr.	-147,455.27
144 · Accum. Depr.- Vehicles	-19,947.87
Total Fixed Assets	309,170.00
TOTAL ASSETS	4,518,360.39
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Amex	648.82
Total Credit Cards	648.82
Other Current Liabilities	
211 · Note Payable - Chestnut Mana...	4,515,033.22
Total Other Current Liabilities	4,515,033.22
Total Current Liabilities	4,515,682.04
Total Liabilities	4,515,682.04
Equity	
Retained Earnings	-6,924.03
240 · Common Stock	1,000.00
Net Income	8,602.38
Total Equity	2,678.35
TOTAL LIABILITIES & EQUITY	4,518,360.39

Ambulatory Surgicenter of Downers Grove, LTD

Profit & Loss

January through December 2008

6/09
h Basis

	Jan - Dec 08
Ordinary Income/Expense	
Income	
300 · Professional Fees	4,935,495.59
301 · Professional Fee Reimbursem...	-52,703.17
302 · Patient Refunds	-10,779.12
660 · Miscellaneous Income	361.74
700 · Interest Income	6,022.24
Total Income	4,878,397.28
Expense	
ADMIN	
500 · Advertising	3,270.98
503 · Automobile Expense	787.18
505 · Depreciation	15,130.56
515 · Dues & Subscriptions	720.23
520 · Insurance	11,083.00
522 · Insurance - Malpractice	30,893.00
522.1 · Health & Dental Insurance	90,930.41
524 · Consulting	206,349.00
529 · Licenses and Permits	2,685.00
531 · Bldg. Repair & Maintenance	4,882.09
534 · Cleaning & Laundry	19,851.76
535 · Office Expense	22,858.93
536 · Bank Fees	1,611.44
536.1 · Credit Card Fees	7,057.15
537 · Meals	1,635.35
539.1 · Clerical Salaries	245,119.55
539.2 · Clinical Salaries	416,749.78
540 · Outside Services	19,952.38
541 · Payroll Tax Expense	53,040.34
545 · Postage	6,104.36
550 · Legal Fees	9,931.17
551 · Accounting	7,000.00
555 · Rent	363,780.00
556 · 401k Expense	10,456.44
557 · Employee Relations	2,890.95
561 · Payroll Service	3,079.98
570 · Telephone	10,291.75
572 · Telephone Answering Service	1,119.72
575 · Meeting, Seminar, Cont. Edu...	920.00
576 · Travel Expense	80.00
579 · Miscellaneous Exp	0.00
580 · Utilities	48,000.00
Total ADMIN	1,618,262.50
CLINICAL	
502 · Anesthesia General Supplies	42,017.88
577 · OR/Surgical Supplies & Equip	202,441.70
574 · Recovery Room Supplies	18,990.71
526 · Lab Expense	37,065.09
532 · Equipment Rental	100,080.00
560 · Clinical Repairs & Maint.	32,633.27
573 · Scavenger	2,413.41
Total CLINICAL	435,642.06
Total Expense	2,053,904.56

Ambulatory Surgicenter of Downers Grove, LTD

Profit & Loss

January through December 2008

6/09
1 Basis

	<u>Jan - Dec 08</u>
Net Ordinary Income	2,824,492.72
Other Income/Expense	
Other Expense	
528 - Chestnut Management	<u>2,815,890.34</u>
Total Other Expense	<u>2,815,890.34</u>
Net Other Income	<u>-2,815,890.34</u>
Net Income	<u>8,602.38</u>

ATTACHMENT-76: ECONOMIC FEASIBILITY

There is no debt financing involved in this project and no debt being incurred as the Ambulatory SurgiCenter of Downers Grove attempts to move from licensure as a single-specialty ASTC to a multi-specialty ASTC. No construction is being undertaken, and no major equipment purchases will be necessary. The costs associated with the project are minimal and will be covered by cash and securities.

ATTACHMENT-77: SAFETY NET IMPACT STATEMENT

This project involves a change in licensure. The Ambulatory SurgiCenter of Downers Grove is seeking to add two specialties – urology and general surgery – to its existing single-specialty ASTC license, thereby becoming a multi-specialty ASTC. This project will have no material impact on essential safety net services in the community. The Ambulatory SurgiCenter of Downers Grove treated no Medicaid patients in 2005, 2006 or 2007. The facility will continue to treat private insurance patients.