

ORIGINAL

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

RECEIVED**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

APR 15 2010

This Section must be completed for all projects.**HEALTH FACILITIES &
SERVICES REVIEW BOARD****Facility/Project Identification**

Facility Name: Illinois Hand & Upper Extremity Center		
Street Address: 515 West Algonquin Road		
City and Zip Code: Arlington Heights, Illinois 60005		
County: Cook	Health Service Area HSA-7	Health Planning Area:

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

Exact Legal Name: Illinois Hand & Upper Extremity Center, L.L.C.
Address: 515 West Algonquin Road, Arlington Heights, Illinois 60005
Name of Registered Agent: Richard B. Weil
Name of Chief Executive Officer: Michael I. Vender, M.D.
CEO Address: 515 West Algonquin Road, Arlington Heights, Illinois 60005
Telephone Number: 847-956-0099

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 type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input checked="" 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: Kara M. Friedman
Title: Attorney
Company Name: Polsinelli Shughart PC
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number: 312-873-2939

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

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

Name: Kara M. Friedman
Title: Attorney
Company Name: Polsinelli Shughart PC
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number: 312-873-2939

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: ALGO, L.L.C.
Address of Site Owner: 515 West Algonquin Road, Arlington Heights, Illinois 60005
Street Address or Legal Description of Site: 515 West Algonquin Road, Arlington Heights, Illinois 60005

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: Illinois Hand & Upper Extremity Center			
Address: 515 West Algonquin Road, Arlington Heights, Illinois 60005			
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input checked="" 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				1
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.

Illinois Hand & Upper Extremity Center, L.L.C. (the "Applicant") proposes to establish a limited-specialty ambulatory surgical treatment center with one operating room and four recovery stations (the "ASTC"). The proposed ASTC will consist of 3,446 gross square feet of clinical space and 2,724 gross square feet of non-clinical space, for total of 6,170 gross square feet of rentable space. The proposed ASTC will be located in an existing medical office building at 515 West Algonquin Road, Arlington Heights, Illinois 60005. Accordingly, this project will not involve new construction but rather modernization/modification of existing space.

Procedures performed at the proposed ASTC will be limited to orthopaedic procedures. The physicians who will refer to the proposed ASTC are affiliated with Hand Surgery Associates, S.C., which has its primary office in the suite immediately adjacent to the proposed ASTC. The ownership of the Applicant has similarities to Hand Surgery Associates, but Hand Surgery Associates is not a "Related Party" as defined in Section 1130.140 of the HFSRB rules. No individual or company "controls" the applicant as the term "control" is defined in Section 1130.140 of the HFSRB rules.

The project constitutes a substantive, category B project because it involves the establishment of a health care facility.

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	\$111,702	\$88,298	\$200,000
Movable or Other Equipment (not in construction contracts)	\$430,300	\$0	430,300
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$911,284	\$589,649	\$1,500,933
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$1,453,286	\$677,947	\$2,131,233
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages (Secured Line of Credit)	\$542,002	\$88,298	630,300
Leases (fair market value)	\$911,284	\$589,649	\$1,500,933
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$1,453,286	\$677,947	\$2,131,233
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

or has been acquired during the last two calendar years:

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>Estimated start-up costs and operating deficit cost is \$ <u>105,000</u>.</p>

Project Status and Completion Schedules

<p>Indicate the stage of the project's architectural drawings:</p> <p><input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary</p> <p><input checked="" type="checkbox"/> Schematics <input type="checkbox"/> Final Working</p>
<p>Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2012</u></p>
<p>Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):</p> <p><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.</p> <p><input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.</p> <p><input checked="" type="checkbox"/> Project obligation will occur after permit issuance.</p>

State Agency Submittals – NOT APPLICABLE

<p>Are the following submittals up to date as applicable:</p> <p><input type="checkbox"/> Cancer Registry</p> <p><input type="checkbox"/> APORS</p> <p><input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted</p> <p><input type="checkbox"/> All reports regarding outstanding permits</p> <p>The applicant is a newly formed entity. No reports</p>
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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							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON CLINICAL							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization – NOT APPLICABLE

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

Michael J. Vender
SIGNATURE

Michael J. Vender, M.D.
PRINTED NAME

Manager
PRINTED TITLE

Scott D. Sagerman
SIGNATURE

Scott D. Sagerman, M.D.
PRINTED NAME

Member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 24th day of March

Notarization:
Subscribed and sworn to before me
this 24th day of March

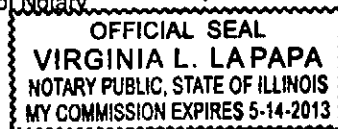
Virginia L. LaPapa
Signature of Notary

Seal



Virginia L. LaPapa
Signature of Notary

Seal



*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-13**, 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: NOT APPLICABLE

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 tot 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 type="checkbox"/> General/Other	<input checked="" type="checkbox"/> Orthopaedic	<input 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 ½" 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

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.

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:				2014
Current Ratio				6.11
Net Margin Percentage				35.37%
Percent Debt to Total Capitalization				10.91%
Projected Debt Service Coverage				9.02
Days Cash on Hand				138
Cushion Ratio				5.52

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.

Illinois Hand and Upper Extremity Center, L.L.C.
Financial Ratios

	Year 2014	State Agency Standard
CURRENT RATIO		
Current assets/Current liabilities		
Current assets	\$ 487,901	
Current liabilities	\$ 79,854	
Current Ratio	6.11	>1.5
NET MARGIN PERCENTAGE		
Net income/Net patient service revenue		
Net income	\$ 739,768	
Net patient service revenue	\$ 2,091,350	
Net Margin Percentage	35.37%	>3.5%
PERCENT DEBT TO TOTAL CAPITALIZATION		
Long term debt/Long term debt+Members' equity		
Long term debt	\$ 68,434	
Members' equity	\$ 558,613	
Percent Debt to Total capitalization	10.91%	<80%
PROJECTED DEBT SERVICE COVERAGE		
Net income+Depreciation+Amortization+Interest		
Net income	\$ 739,768	
Depreciation & amortization	\$ 47,000	
Interest	\$ 10,550	
Principal & interest	\$ 88,392	
Projected Debt Service coverage	9.02	>1.75
DAYS CASH ON HAND		
Cash/Operating expenses-Depreciation-Amortization/365		
Cash	\$ 487,901	
Operating expenses	\$ 1,341,032	
Depreciation and amortization	\$ 47,000	
Days Cash on Hand	138	>45 Days
CUSHION RATIO		
Cash/Maximum annual debt service		
Cash	\$ 487,901	
Maximum annual debt service	\$ 88,392	
Cushion Ratio	5.52	>5

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:

_____ **Cash & Securities**

Provide statements as to the amount of cash/securities available for the project. Identify any security, its value and availability of such funds. Interest to be earned or depreciation account funds to be earned on any asset from the date of application submission through project completion are also considered cash.

_____ **Pledges**

For anticipated pledges, provide a letter or report as to the dollar amount feasible showing the discounted value and any conditions or action the applicant would have to take to accomplish goal. The time period, historical fund raising experience and major contributors also must be specified.

_____ **Gifts and Bequests**

Provide verification of the dollar amount and identify any conditions of the source and timing of its use.

\$2,131,233 **Debt Financing (indicate type(s) Secured line of credit and lease)**

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.

\$2,131,233 **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 X 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 ATTACHMENT 75, 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		E		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 -78, 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.

Section I, Identification, General Information, and Certification
Applicants

The Illinois Certificate of Good Standing for Illinois Hand & Upper Extremity Center, L.L.C. is attached at Attachment – I.



To all to whom these Presents Shall Come, Greeting:

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

ILLINOIS HAND & UPPER EXTREMITY CENTER, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 05, 2010, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of MARCH A.D. 2010 .



Authentication #: 1007701392
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

Section I, Identification, General Information, and Certification
Site Ownership

The letter of intent for the ambulatory surgical treatment center lease between Algo, L.L.C. and Illinois Hand & Upper Extremity Center, L.L.C. is attached at Attachment – 2.

NON-BINDING REAL ESTATE LEASE LETTER OF INTENT

April 5, 2010

Dr. Michael I. Vender, M.D.
Manager
Illinois Hand & Upper Extremity Center, L.L.C.
515 West Algonquin Road
Arlington Heights, Illinois 60005

Re: Letter of Intent - Illinois Hand & Upper Extremity Center Lease

Dear Dr. Vender:

This Non-Binding Letter of Intent sets forth the material terms and conditions pursuant to which Algo, LLC ("Lessor") is prepared to lease space in the medical office building located at 515 West Algonquin Road, Arlington Heights, Illinois 60005 ("Subject Property") to Illinois Hand & Upper Extremity Center, L.L.C. ("Lessee"). This letter shall serve as a Non-Binding Letter of Intent to lease the Subject Property.

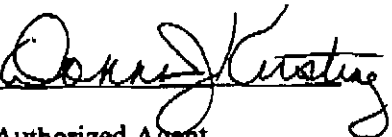
Proposed Terms and Conditions

- Space:** 3,446 gross square feet of clinical space and 2,724 gross square feet of non-clinical support space to be located adjacent to the Hand Surgery Center Associates, S.C. office.
- Lease Term:** Initial term will be ten (10) years effective upon the later of the completion of construction or lessee occupancy. Lessor will grant Lessee two (2) renewal options each for a period of five (5) years.
- Lease Rate:** The lease rate will be based upon the full amortization of the capitalized tenant improvements to build out the space with a reasonable rate of return. The anticipated tenant improvements are projected to be \$1,500,933.
- Lease Contingency:** The lease shall be contingent upon Lessee's receipt of a certificate of need permit for the establishment of a limited-specialty ambulatory surgical treatment center from the Illinois Health Facilities and Services Review Board.

If the above terms and conditions are acceptable, please indicate your acceptance by executing a copy of this letter and returning it to me.

Sincerely,

ALGO, LLC

By: 
Its: Authorized Agent

AGREED TO AND ACCEPTED THIS 5 DAY OF April, 2010:

**ILLINOIS HAND & UPPER
EXTREMITY CENTER, L.L.C.**

By: 

Print Name: Michael I. Vender, M.D.

Title: Manager

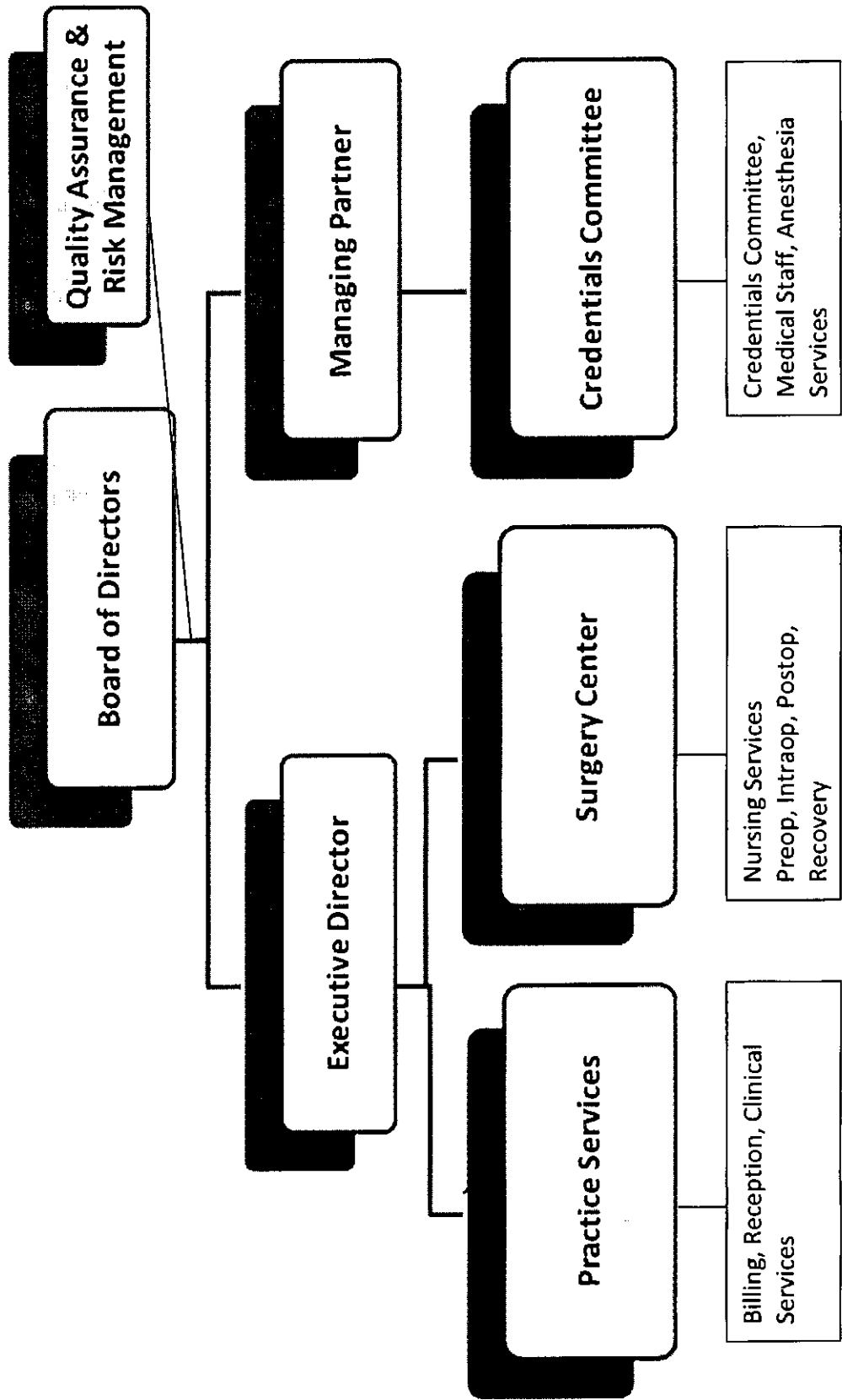
Section I, Identification, General Information, and Certification
Operating Identity/Licensee

The Illinois Certificate of Good Standing for Illinois Hand & Upper Extremity Center, L.L.C. is attached at Attachment – 1.

Section I, Identification, General Information, and Certification
Organizational Relationships

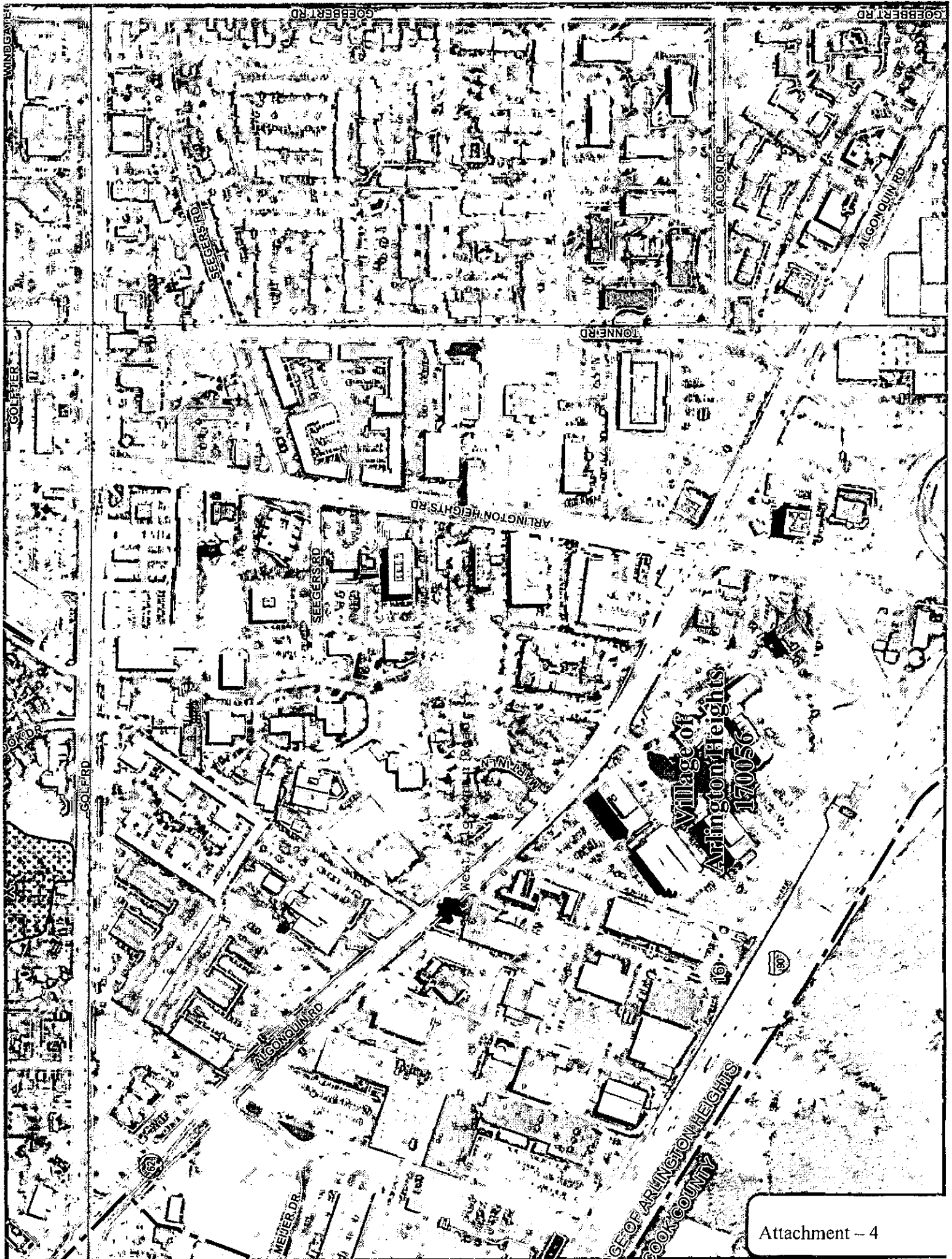
The organizational chart for Illinois Hand and Upper Extremity Center, L.L.C. is attached at Attachment-3. The ownership of Illinois Hand and Upper Extremity Center, L.L.C. has similarities to Hand Surgery Associates, S.C.; however, Hand Surgery Associates, S.C. is not a "Related Party" as that term is defined in Section 1130.140 of the Health Facilities and Services Review Board ("HFSRB") rules. No individual or company "controls" the applicant as the term "control" is defined in Section 1130.140 of the HFSRB rules.

**ILLINOIS HAND & UPPER EXTREMITY
SURGERY CENTER**



Section I, Identification, General Information, and Certification
Flood Plain Requirements

The proposed ASTC site complies with the requirements of Illinois Executive Order #2005-5. The proposed ASTC will be located at 515 West Algonquin Road, Arlington Heights, Illinois 60005. As shown in the FEMA flood plain map attached at Attachment – 4, the proposed ASTC site is located outside of a flood plain.



Attachment - 4

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Section I, Identification, General Information, and Certification
Historic Resources Preservation Act Requirements

The Historic Resources Preservation Act determination from the Illinois Historic Preservation Agency is attached at Attachment – 5.



**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

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

Cook County

Arlington Heights

Rehabilitation to Establish a Limited Specialty Ambulatory Surgical Treatment
Center

515 W. Algonquin Road, Suite 120

IHPA Log #006021710

March 1, 2010

Anne Cooper

Polsinelli Shughart

161 N. Clark St., Suite 4200

Chicago, IL 60601

Dear Ms. Cooper:

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

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

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

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker

Deputy State Historic

Preservation Officer

Attachment - 5

Section I, Identification, General Information, and Certification
Project Costs and Sources of Funds

Table 1120.110			
Project Cost	Clinical	Non-Clinical	Total
Consulting and Other Fees			
Attorneys' Fees	\$111,702	\$88,298	\$200,000
Total Consulting and Other Fees	\$111,702	\$88,298	\$200,000
Moveable Equipment			
AED	\$1,400		\$1,400
Anesthesia Machine	\$30,000		\$30,000
Arthroscopy Equipment	\$35,000		\$35,000
Autoclave	\$4,000		\$4,000
Autoreader	\$1,000		\$1,000
Blanket Warmer	\$3,000		\$3,000
Carts – Patient Transport	\$21,000		\$21,000
Craftsman Carts (3)	\$900		\$900
Curtains - Cubical	\$1,200		\$1,200
Drill - Cordless	\$20,000		\$20,000
Electrocautery	\$6,000		\$6,000
Fluroscan	\$80,000		\$80,000
Furnishings	\$3,000		\$3,000
Hand Table	\$2,500		\$2,500
Instruments	\$42,000		\$42,000
Light – OR Overhead	\$35,000		\$35,000
Lockers (3)	\$500		\$500
Lockers	\$6,100		\$6,100
Microscope	\$60,000		\$60,000
Monitors (2)	\$4,000		\$4,000
Overbed tables (3)	\$1,000		\$1,000
Power – Back-up	\$10,000		\$10,000
Refrigerator	\$500		\$500
Stools (2)	\$3,000		\$3,000
Suction Machine (2)	\$1,200		\$1,200
Table Beach Attachment	\$8,000		\$8,000
Table – Operating Room	\$40,000		\$40,000
Tourniquet	\$7,500		\$7,500
Ultrasonic Cleaner	\$1,500		\$1,500
Viewbox – X-ray	\$1,000		\$1,000
Total Moveable Equipment	\$430,300	\$0	\$430,300

Table 1120.110			
Project Cost	Clinical	Non-Clinical	Total
Fair Market Value of Leased Space - Landlord's Costs			
Site Preparation – Demolition	\$17,087	\$19,891	\$36,978
Modernization Contracts	\$634,511	\$345,831	\$980,342
Contingencies	\$54,642	\$47,700	\$102,342
Architectural/Engineering Fees	\$45,383	\$39,617	\$85,000
Consulting & Other Fees	\$16,393	\$14,310	\$30,703
Building Permit	\$8,196	\$7,155	\$15,351
Insurance	\$6,257	\$5,461	\$11,718
Performance Bond	\$4,538	\$3,961	\$8,499
Moveable and Other Equipment	\$90,766	\$79,234	\$170,000
Net Interest Expense During Construction	\$33,511	\$26,489	\$60,000
Total Fair Market Value of Leased Space - Landlord's Costs	\$911,284	\$589,649	\$1,500,933
Total Project Costs	\$1,453,286	\$677,947	\$2,131,233

**Section I, Identification, General Information, and Certification
Cost Space Requirements**

Cost Space Table							
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							
Procedure Room	\$198,635		471		471		
Recovery	\$124,833		296		296		
Prep Bay	\$46,390		110		110		
Work Area	\$41,751		99		99		
Lockers	\$6,748		16		16		
Nurses' Station	\$46,812		111		111		
Nourishment Station	\$17,291		41		41		
Clean Linen	\$32,473		77		77		
Med Prep	\$18,134		43		43		
Med Gas Room	\$16,448		39		39		
Soiled Utility & Holding	\$63,260		150		150		
Storage	\$119,350		283		283		
Decontamination	\$38,378		91		91		
Sterile Area	\$37,112		88		88		
Corridors	\$571,868		1,356		1,356		
Toilets	\$57,355		136		136		
Janitor's Closet	\$16,448		39		39		
Total Clinical	\$1,453,286		3,446		3,446		
NON CLINICAL							
Shared Reception	\$93,081		374		374		
Patient Consult	\$41,314		166		166		
Shared Waiting	\$316,823		1,273		1,273		
Staff Lockers	\$90,094		362		362		
Staff Toilets	\$32,852		132		132		
Stretcher Storage	\$26,879		108		108		
Corridor	\$68,442		275		275		
CL	\$8,462		34		34		
Total Non-clinical	\$677,947		2,724		2,724		
TOTAL	\$2,131,233		6,170		6,170		

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230, Project Purpose, Background and Alternatives

Background of the Applicant

1. Applicant does not currently own or operate any health care facilities. Accordingly, this criterion is not applicable.
2. Applicant has not previously owned or operated any health care facilities. Accordingly, this criterion is not applicable.
3. An authorization permitting HFSRB and the Illinois Department of Public Health (“IDPH”) access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 10.
4. Applicant has not previously submitted an application for permit during this calendar year. Accordingly, this criterion is not applicable.

Illinois Hand & Upper Extremity Center, L.L.C.

515 W Algonquin Road
Arlington Heights, IL 60005

March 23, 2010

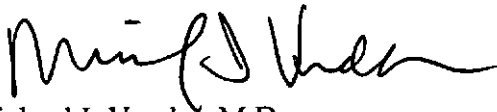
Dale Galassie
Acting Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that Illinois Hand & Upper Extremity Center, L.L.C. is a newly created entity and has not previously owned or operated any health care facilities. Accordingly, the adverse action certification required by 77 Ill. Admin. Code § 1110.230(a)(3)(B) does not apply.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,



Michael I. Vender, M.D.
Manager
Illinois Hand & Upper Extremity Center, L.L.C.

Subscribed and sworn to me
This 24th day of March, 2010



Notary Public



Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(b), Project Purpose, Background and Alternatives

Purpose of the Project

1. The Applicant proposes to establish a limited specialty ambulatory surgical treatment center (“ASTC”) with one operating room. The surgery center will be located adjacent to the Hand Surgery Associates’ (“HSA”) medical office. Procedures performed at the proposed ASTC will be limited to orthopaedic surgical procedures. The types of injuries and conditions most typically treated by this specialty include tendonopathies and Dupuytren’s contracture, neuropathies including CRPS, thumb basal joint arthritis and inflammatory arthritis, repair of bone fractures and tendon lacerations, infections, congenital hand differences, tumors of the hand and wrist and other soft tissue conditions.

The purpose of the proposed ASTC is to create a center of excellence in metropolitan Chicago specializing in injuries and problems of the shoulder, elbow, wrist and hand. Procedures will be primarily referred and performed by HSA physicians. HSA was established over thirty years ago and is one of only two multi-physician groups in the Chicago metropolitan area specializing exclusively in the diagnosis and treatment of conditions and injuries of the hand and upper extremities.

Based upon studies conducted over the past three decades, it is generally regarded that higher volume, particularly in complex medical and surgical cases, is associated with better health outcomes. In fact, an Institute of Medicine workshop report found that of the eighty-eight most credible volume-outcome studies published since 1980 seventy-seven percent found a statistically significant positive relationship between program or physician volume and better outcomes.¹ Importantly, no study showed a significant negative relationship. Moreover, a study published in the *Annals of Thoracic Surgery* found that for specialized medical care a threshold level of volume is required to develop the technical proficiency and processes necessary for optimal patient care.²

The physicians and nurses of HSA focus solely on injuries and conditions of the shoulder, elbow, wrist and hand. They provide treatment ranging from simple problems to the most complicated conditions. Due to their limited focus and high volume of hand and upper extremity surgical cases, HSA physicians and their staff possess the technical proficiency and processes required for optimal patient care. Not only do the physicians and nurses specialize in injuries and conditions of the hand and upper extremities, but the practice’s therapists are certified hand and occupational therapists. This translates into better quality of care and better patient outcomes.

¹ ETHAN A. HALM, M.D., PH.D ET AL. *How is Volume Related to Quality in Health Care? A Systematic Review of the Research Literature*, INTERPRETING THE VOLUME-OUTCOME RELATIONSHIP IN THE CONTEXT OF HEALTH CARE QUALITY: WORKSHOP SUMMARY, APPENDIX C (National Academy Press 2000).

² David M. Shahihan, M.D. and Sharon-Lise T. Normand, PhD, *The Volume-Outcome Relationship: From Luft to Leapfrog*. ANNALS OF THORACIC SURGERY 1048, 1052 (2003).

Important to the establishment of a center of excellence is the creation of a seamless physician driven care system where patients will receive the full continuum of care in one central location. The proposed ASTC's location adjacent to the HSA medical office is an integral component of this plan. Physicians are readily accessible to provide initial evaluations and to perform surgical procedures in emergent and urgent cases. Additionally, HSA's therapists will be available on site after surgery to provide post-operative splints, preliminary therapy and splint care instructions. The center will utilize a multi-disciplinary team approach to create individualized therapy plans designed to reduce the risk of re-injury and also restore function to its maximum level in the shortest period of time possible in a cost effective manner. As a result, patients will receive better quality and more efficient care.

Importantly, this care management system is currently in place at HSA. As discussed in greater detail in Criterion 1110.230(c), HSA primarily treats workers injured on the job and due to a change in reimbursement, HSA can no longer provide these critical services in its office. Accordingly, the Applicant merely seeks to continue to provide the same high quality care to injured workers and other patients that is currently provided in the HSA medical office. As documented in letters of support from several workers' compensation case managers attached at Attachment 11-A, this seamless physician driven care management system produces not only better outcomes but substantial cost savings compared to hospital outpatient departments. Additionally, due to the limited focus, injuries and conditions to the hands and upper extremities are properly diagnosed and treated, resulting in the maximum return to function, allowing injured workers to return to work more quickly.

As discussed above, the primary purpose of the proposed ASTC is to create a center of excellence that will serve the entire metropolitan Chicago area. To this end, the Proposed ASTC is centrally located to serve not only patients in the immediate area, but throughout metropolitan Chicago. HSA specializes in workers compensation injuries, and it is proximately located to both heavy and light industrial parks in and around O'Hare Airport. Additionally, it is adjacent to major highway arteries, which makes it easily accessible to patients throughout the metropolitan area. Accessibility to the center will improve in the future with the construction of the Elgin O'Hare West Byway, which is specifically designed to improve local and regional travel and will improve travel efficiency and access to the west side of O'Hare.

2. As set forth above, the Proposed ASTC will serve the Chicago metropolitan area within 60 minutes of the proposed location, which includes, parts of Cook, DuPage, Lake, Kane, McHenry, and Will counties.
3. As previously discussed, HSA is one of two groups in the Chicago metropolitan area specializing exclusively in the diagnosis and treatment of conditions and injuries of the hand and upper extremities. Chicago Center for Surgery of the Hand is the only other such group practice. While it is of comparable size, its physicians perform most of their surgeries in the hospital outpatient department of Northwestern Memorial Hospital. This is at a higher cost to patients, payors and employers than the proposed ASTC. Additionally, its location in downtown Chicago is not easily accessible to the entire

metropolitan area, particularly workers injured on the job in the light and heavy industrial areas. HSA specializes in workers compensation injuries. The Proposed ASTC's location near heavy and light industry in and around O'Hare Airport is convenient for treating workers injured on the job. Moreover, it is adjacent to major highways, which makes it more accessible to a larger number of people.

Due to their limited focus and high volume of hand and upper extremity surgical cases, HSA physicians and nurses possess the technical proficiency and processes required for optimal patient care of hand and upper extremity injuries and conditions that is not available in an acute care hospital setting. Not only do the physicians and nurses specialize in injuries and conditions of the hand and upper extremities, but the practice's therapists are certified hand and occupational therapists. Therapists utilize a multi-disciplinary team approach to create individualized therapy plans designed to reduce the risk of re-injury and restore function to the maximum level in the shortest period of time possible. As a result, patients receive better quality of care and achieve better outcomes than they would in a hospital setting.

4. Source Documents

ETHAN A. HALM, M.D., PH.D ET AL. *How is Volume Related to Quality in Health Care? A Systematic Review of the Research Literature*, INTERPRETING THE VOLUME-OUTCOME RELATIONSHIP IN THE CONTEXT OF HEALTH CARE QUALITY: WORKSHOP SUMMARY, APPENDIX C (National Academy Press 2000).

David M. Shahihan, M.D. and Sharon-Lise T. Normand, PhD, *The Volume-Outcome Relationship: From Luft to Leapfrog*. ANNALS OF THORACIC SURGERY 1048, 1052 (2003).

5. As set forth above, HSA is only one of two groups in the Chicago metropolitan area specializing exclusively in the diagnosis and treatment of conditions and injuries of the hand and upper extremities. As a result, only a limited number of surgeons in the Chicago area possess the technical proficiencies and processes to provide optimal care to patients with injuries and conditions of the hand and upper extremities. Importantly, the other group is located in downtown Chicago. HSA specializes in workers compensation injuries. The proposed ASTC's location near heavy and light industry in and around O'Hare Airport is convenient for treating workers injured on the job. Moreover, it is adjacent to major highways, which makes it more accessible to a larger number of people.

Due to their limited focus and high volume of hand and upper extremity surgical cases, HSA physicians and nurses possess the technical proficiency and processes required for optimal patient care that is not available in an acute care hospital setting. Not only do the physicians and nurses specialize in injuries and conditions of the hand and upper extremities, but the practice's therapists are certified hand and occupational therapists. Therapists utilize a multi-disciplinary team approach to create individualized therapy plans designed to reduce the risk of re-injury and restore function in the shortest period of time possible. As a result, patients receive better quality of care and achieve better outcomes than they would in a hospital setting.

6. The Applicant will establish the following goals and objectives for the proposed ASTC:

Patient Satisfaction: The Applicant will create a Continuous Quality Improvement and Risk Management Plan. Measuring, monitoring and improving patient satisfaction will be a regular part of this plan. Every patient having a surgical procedure in the surgery center will receive a pre-stamped anonymous patient satisfaction survey, a copy of which is attached hereto at Attachment 11-B. Patients will be encouraged, as part of their discharge instructions, to give the Applicant feedback.

Results will be collected and summarized at the quarterly Quality Improvement/Risk Management ("QI/RM") meetings. QI/RM Committee will include the Medical Director, Clinical Supervisor, the Executive Director and any surgeons on staff at the surgery center that are able to attend.

The QI/RM Committee will track patient responses that fall below a score of 3 to discuss possible trends or outliers that may help prompt the need for change or revision of a process to better serve patients. All patients' written comments will be read at the meetings.

Infection Control:

The Applicant will maintain a log to track all patients who have cultures taken. A copy of the infection control log is attached hereto at Attachment 11-C. The log will be kept in the operating room and the Clinical Supervisor will follow up on each patient. The Applicant will track patients' progress via their medical records to assure consistent care is provided to patients.



EMPLOYER'S CLAIM SERVICE, INC.

119 E. Cook Avenue • Libertyville, IL 60048-2083
(847) 680-3196 • Fax (847) 680-3204

April 5, 2010

Dale Galassie
Chairperson
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Support Letter for Illinois Hand and Upper Extremity Center CON Permit Application

Dear Mr. Galassie:

I urge the Illinois Health Facilities and Services Review Board to approve the CON permit application of the Illinois Hand and Upper Extremity Center. I have been collaborating with the physicians affiliated with this proposed surgery center for over 30 years. Together we facilitate the best and most cost efficient care for individuals who have been injured at work. These physicians have always been exceptionally professional and have provided the best possible care that has resulted in the highest level of success and maximum return to function for injured employees. In all these years, I can honestly say that not one injured employee has ever complained about the treatment or end result. Unfortunately, this can not be said about the entire network of treating physicians and other providers.

While Hand Surgery and Associates has in the past provided surgical services within their office suite to injured workers, because of recent changes in reimbursement policies by the Workers Compensation insurance carriers that eliminates the payment of a facility fee to medical practices, the physicians will no longer be able to continue providing surgical services at their Arlington Heights site unless they establish a licensed ambulatory surgical treatment center at their Algonquin Road facility. If they are permitted to build a licensed surgery center, this operation will benefit employers, payors and patients throughout the area.

Beyond the obvious substantial cost savings compared to a hospital setting, I would anticipate better outcomes than in the hospital outpatient department setting because of their dedicated staff and because of the control they would have to implement and maintain higher levels of care. Because they would not be bound by varying procedures

April 5, 2010
Dale Galassie
Page 2

and standards among different hospitals in the various areas where they do outreach, I believe they would establish and maintain higher standards exceeding the minimum regulatory standards imposed on hospitals.

From a patient's standpoint, they would be treated quicker and be more familiar and comfortable receiving all of their care at the same location versus surgery at a hospital, follow up care at a physician's office and therapy at a different location. Having all of the care centralized will result in an even greater level of success and it would be more cost effective.

From an employer's and insurer's standpoint, the cost savings would be substantial. Employers only need to direct the injured employee to one location for all of their care. The lower costs would result in lower insurance rates and higher profit margins, which would make Illinois a more business friendly state.

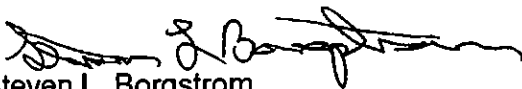
Finally, the trickle down effect of this approval would benefit the State because more employees would return to work and become productive members of society continuing to contribute taxes versus being a recipient of them through social programs for those unable to work.

Please know that I would not be comfortable recommending approval of a CON permit to just any medical provider. Over the years, the physicians associated with Hand Surgery Associates have consistently demonstrated the highest level of care and professionalism and they have earned my complete and total respect. They are deserving of approval of this permit and it will provide quality and cost benefits at a number of levels.

If you have any questions or need additional information, please give me a call.

Sincerely,

EMPLOYER'S CLAIM SERVICE, INC.


Steven L. Borgstrom
President

KEEFE, CAMPBELL & ASSOCIATES, LLC

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DJB Direct: 756-3721
VRS Direct: 756-3722
ADH Direct: 756-3707
JCW Direct: 756-3708

March 22, 2010

Dale Galassie
Chairperson
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Support Letter for Illinois Hand and Upper Extremity Center CON Permit
Application

Dear Mr. Galassie:

We have become aware of an application by Hand Surgery Associates for a State license for their ambulatory surgical facility. Based upon our longtime experience with this group, we would like to provide you with information in support of granting such license to Hand Surgery Associates.

Our firm represents a number of Illinois employers in workers' compensation claims throughout the state and we see hundreds of cases a year. Our firm was formed in 2003 and the founding attorneys all have experience with Hand Surgery Associates well prior to founding the current firm. Hand Surgery Associates' reputation and service has been of the highest quality. The results of their care and treatment of patients has been second to none in regard to the medical care provided. They provide a well rounded, professional and cooperative practice.

Their office locations are extremely accessible and ideal to serve multiple Illinois employers throughout the state and they provide workers of Illinois with stellar care to limit and at times even reverse damage caused by on-the-job injuries. Their main office of Arlington Heights is an ideal location to serve not only the immediate area but the patients throughout metropolitan Chicago with its convenient location adjacent to major highways and accessibility to multiple major interstate highways.

Our office refers clients to Hand Surgery Associates because we know patients will be given the best possible examination and treatment and we are confident that any recommended or provided treatment will be appropriate and necessary. We are extremely confident in recommending Hand Surgery Associates as the treatment providers because of their expertise and professionalism.


Keefe, Campbell & Associates has been referring worker's compensation cases to Hand Surgery Associates for the entire 7 years of the firm's existence and the attorneys in the firm have been referring claims to Hand Surgery Associates for over a decade prior to the formation of Keefe, Campbell & Associates.

Not only are the physicians specialists in the fields of hand and upper extremity surgery, but their staff—which supports both surgery and the full continuum of care—practices exclusively with hand cases. This specialization ensures better management of the patients from beginning to end of care to ensure the best possible outcome.

The best possible outcomes could be achieved if an operating facility is included as part of the Hand Surgery Associates office complex because efficiency of care is increased, as the patient is already familiar with the office. Confusion is lessened and the patients have more peace of mind with a sole point of service. Patients can avoid increased stress caused by uncertainty in treatment locations and treatment providers while also being able to avoid congested emergency rooms and delays in treatment. It also allows the employer to have confidence that their employees are receiving the best possible care to minimize the affects of work injuries while also being able to minimize costs by centralizing treatment.

In summary, the grant of a license for an ambulatory surgery center to Hand Surgery Associates would be a benefit to both injured workers in Illinois as well as to employers and as a result the entire state of Illinois will benefit. If you would like to discuss this further, please feel free to contact my mobile phone at 312-907-8234 or email me at sbiery@keefe-law.com.

Sincerely,



Shawn R. Biery



Union Pacific Railroad

GENERAL CLAIMS DEPARTMENT
101 N. Wacker Suite 1900 Chicago, IL 60606 FAX: (312) 777-2035

J. R. 'Dick' Gabel
Director of Claims
(312) 777-2045

March 30, 2010

Dale Galassie
Chairperson
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Support for Illinois Hand and Upper Extremity Center CON Permit Application

Dear Mr. Galassie,

Our company has utilized Dr. Michael Vender and his Associates for over 16 years. Dr. Vender and his Associates have assisted us with numerous hand, elbow and shoulder injuries for our employee population. We have utilized their services for both on and off duty injury management.

The response time to evaluate and begin treatment on our employee's has always been efficient. Surgical intervention is a very important part of injury management. An Illinois licensure at Dr. Vender's office would further aid our employee's in receiving efficient treatment. Some of these injuries require immediate surgical intervention. These injuries include amputations, tendon disruption, muscle tears, and other assorted types of injuries. We have had instances where time is critical in surgical repair to maximize the employee's level of function. This has been tremendously important for our employee's level of physical achievement as well as a cost savings to the company. We have had instances where Dr. Vender has treated our employee's the same day as an injury. With Illinois licensure, this would ensure continued prompt surgical intervention on our significant injuries. Our company fully supports this request.

Please feel free to contact me with any questions at 312-777-2045.

Thank you.

A handwritten signature in black ink, appearing to be 'JRG', written in a cursive style.

John R. Gabel
Director
Union Pacific Railroad

Nestlé USA

1000 Nestlé Court
Deerfield, IL 60015
TEL: (708) 774-2500

www.nestle.com



March 22, 2010

Dale Galassie
Chairperson
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Support Letter for Illinois Hand and Upper Extremity Center CON Permit Application

Dear Mr. Galassie:

As a risk manager for a major Illinois company, I wanted to provide you with a letter in support of Hand Surgery Associates application for a State license for their ambulatory surgical facility.

Prior to my current position at Nestlé USA, I spent almost two decades working with workers' compensation claims for Travelers Insurance. In addition to previously managing claims for a number of Illinois employers in workers' compensation claims throughout the state of Illinois, I see hundreds of cases throughout the Midwest region of the United States.

Hand Surgery Associates' reputation and service has always been of the highest quality and I have always been impressed with their medical care and their well rounded, professional and cooperative practice.

Their office locations are extremely accessible and ideal to serve several of our Illinois locations as well as being a provider of services for catastrophic cases throughout the Midwest. They provide our employees with exceptional care to manage and minimize damage caused by on-the-job injuries. Their offices throughout metropolitan Chicago have convenient locations adjacent to multiple major interstate highways.

We send employees to Hand Surgery Associates to obtain the best possible examination and treatment recommendations. We implicitly trust the medical staff at Hand Surgery Associates and confidently recommend our employees consider obtaining any recommended treatment with Hand Surgery Associates due to the unparalleled expertise and professionalism. Not only are the physicians specialists in the fields of hand and upper extremity surgery, but their staff practices exclusively with hand cases in a full range of preoperative, surgical and postoperative care. This specialization ensures better management of the patients from beginning to end of care to ensure the best possible

Nestlé USA

500 Nestlé Drive
DeKalb, IL 60115
(815) 424-7500

NestléUSA.com



outcome and to allow the company to achieve cost savings which can then be returned to other areas of the operation and further benefit the entire population of Illinois.

I strongly believe our best possible outcomes could be achieved if an operating facility is included as part of the Hand Surgery Associates office complex because efficiency of care is increased. Our employees would suffer from less confusion due to the familiarity with the office and continuity of care. Delays in treatment are minimized and time wasted in emergency rooms is eliminated.

An on-site ambulatory surgery center would also allow our company the confidence that our employees are receiving the best possible care to minimize the affects of work injuries while also allowing us to centralize and minimize costs by centralizing treatment, billing and authorizations for recommended treatment.

Please consider this my wholehearted support of the grant of a license for an ambulatory surgery center to Hand Surgery Associates. The grant of this license would be a benefit to both employers and injured workers in Illinois, providing a benefit to the entire state of Illinois. Please feel free to contact me with any questions.

Sincerely,

Colleen Hassert
Risk Management-Midwest



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March 26, 2010

Dale Galassie

Chairperson

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

Re: Support Letter for Illinois Hand and Upper Extremity Center CON Permit Application

Dear Mr. Galassie:

It is my privilege to share with you the contributions Hand Surgery Associates has made to the health and wellness of our employees at S&C Electric Company in Chicago. During my fifteen-year tenure as Manager—Health Services, S&C has experienced a solid relationship and the best of care for our injured employees within the manufacturing work environment.

The founder of S&C Electric Company (one-hundred year anniversary in 2011) firmly believed in prompt treatment of personal medical and work-related injuries and illnesses. His son, Mr. John Conrad, continued his father's legacy. While expanding the fuse business on this 45 acre site, he diligently served on hospital boards to bring the best of health care to his valued employees. Consequently there has always been an on-site clinic for immediate assessment and care of our employees, most importantly, our trauma cases.

For example, our clinic data has consistently reflected the most common injuries are to the finger, hand, and upper extremity. What appears to be a small cut may involve a tendon, and to an assembler, inadequate treatment could lead to a life-long disability. Hand Surgery Associates has helped mitigate this risk due to prompt and skilled surgical intervention.

Several of our Chicago-based S&Cers (approximately 1900) and their families utilize medical facilities in the northwest suburbs. They have become quite educated, particularly during these economically challenging times, and seek the appropriate level of medical intervention within our health care plan. The emergency room is not their first choice, however immediate access to pre-operative and post-operative services ensures us the patient will not get lost in the system, and health care dollars are controlled.

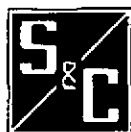
As a certified case manager, I have found Hand Surgery Associates' integrated care and service model has improved, and supports, the efficiency of our medical case management and return-to-work efforts. (Remembering the core philosophy of occupational medicine, "The longer a person is away from work, the more difficult it is to return a person to work".)

S&C is an employee-owned, self-insured company. We strive to provide the best of service and value to our customers and expect no less in return for our employees and their families. Hand Surgery Associates has served us well. Hopefully this service will expand to meet the growing needs of our employee population.

Sincerely yours,



Eileen Chandler
Manager—Health Services
S&C Electric Company
6601 North Ridge Boulevard
Chicago, Illinois 60626



Eileen Chandler, R.N., B.S., C.O.H.N.S., CCM
Manager—Health Services

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E-mail: echandler@sandc.com
www.sandc.com

Minnich & Associates, Inc.

Rehabilitation Consulting Services

March 21, 2010

Dale Galassie
Chairperson
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Support Letter for Illinois Hand and Upper Extremity Center CON Permit Application

Dear Mr. Galassie:

I am a Medical Case Manager serving injured workers and the employers and insurance companies who employ and pay for necessary treatment and medical services related to injuries suffered in the course of their employment. I have worked in this field for over 22 years (since 1987). In that time I have become very familiar with the medical communities in the Northern Illinois area from the Peoria to Rockford and Chicago to Champaign.

One of the premier groups of Orthopedic Surgeons in Northern Illinois is Hand Surgery Associates whose main office is located in Arlington Heights, Illinois. Their offices in Vernon Hills, Chicago, Oak Lawn, Elmhurst, Bolingbrook and Glenview give them good coverage and accessibility in the Northern Illinois area. They specialize in the treatment of conditions and injuries of the hand and upper extremities. Along with back injuries, upper extremity injuries are in my experience some of the most challenging of work injuries. Facilities that specialize in disorders of the upper extremities are rare and at the same time desperately needed to meet the growing needs of injured workers and their employers.

I have sent numerous patients to be treated and/or evaluated by the excellent surgeons at Hand Surgery Associates over the past 20 years. In my experience and by reputation Hand Surgery Associates provides the highest quality of care and service. The office atmosphere is professional and conducive to the provision of high quality services to patients and gives confidence to the employers and service providers such as Case Managers who refer them. I utilize their excellent services in my efforts to provide the best possible rehabilitation outcomes I am responsible for seeking for the injured workers with whom I work.

The main facility at Arlington Heights is conveniently located for most people and ideally situated to see patients from all over Northern Illinois. It is not located in the highly congested Chicago City Center. It is therefore more convenient for patients from around Northern Illinois to access. It is located only a mile from I-90 and Illinois Route 53 making it easily accessible by people from as far away as Mendota and Ottawa Illinois (2 surgical patients of mine who have treated at this location).


19224 Schoolhouse Road, Suite 4 Mokena, Illinois 60448 * Phone (708) 479-8882 * Fax (708) 479-8883

Attachment 11 - A

I have been impressed over the years with the quality of care and outcomes at Hand Surgery Associates. They have grown in scope of services provided over the past 20 years. They now do outpatient surgeries that have improved the delivery of care to the patients whom I have sent to them and who required a surgical procedure. This has streamlined care and reduced the cost of the procedures that were previously done at the hospital with all of the associated expenses, delays and red tape of that process. With an operating facility that could allow the specialists at Hand Surgery Associates Arlington Heights Office Complex to do the full gamut of upper extremity surgeries the efficient utilization of services could reduce costs through centrally locating the treatment of patients from initial evaluation through surgical treatment and on to successful rehabilitation outcomes. This, in my opinion, could all be done without having to involve multiple providers with the subsequent duplication of services, evaluations, emergency services, separate billing for various services from multiple providers and costs associated with the coordination of all involved. All of this can be accomplished at one facility with the services coordinated through the team of on-site surgeons, nurses, therapists and office staff.

In my opinion a full service surgical/operating center at the Hand Surgery Associates Facility in Arlington Heights will be an asset to the health care community in general but will be a significant cost benefit and convenience to the employers of Northern Illinois and their efforts to control the ever increasing medical costs associated with Worker's Compensation and provide the best possible rehabilitation outcomes for their employees.

Sincerely,



Edward Minnich, M.Ed., RN, CRC, CCM
Rehabilitation Consultant
President, Minnich & Associates, Inc.



Midwest Consulting, Inc.
Medical Management Services

March 23, 2010

Dale Galassie
Chairperson
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Support for Illinois Hand and Upper Extremity Center CON Permit Application

Dear Mr. Galassie,

I have been referring patients, employers as well as family and friends to Dr. Michael Vender and his Associates for over 15 years. The quality of patient treatment as well as optimum outcomes have continued to both impress me as well as my clients. When dealing with hand and upper extremity, time can be of utmost importance. In this era of medical care, there have been multiple cases that an Emergency Room or Occupational Health Clinic have examined the patients I work with and pronounced them "fine" with no need for surgical intervention or specialist referral. Fortunately, Dr. Vender and his Associates have been able to evaluate those individuals, very often the same day, and have saved these injured workers, employees and family members. There have been a fair amount of these cases that injury to tendons and bone have been addressed immediately by Dr. Vender which was missed and /or not properly diagnosed by the ER and Clinic physicians, who are not trained in the specialty of hand and upper extremity. This has saved the companies and insurance companies untold amounts of money and most importantly, this has saved the individuals the functional ability of their hands. This is something we cannot place a price on.

The level of professional and knowledge base of Dr. Vender and the Hand Surgery and Associates practice continues to be why I have and will continue to refer my clients to this practice. An operating facility that can perform the necessary surgical procedures would be extremely important to providing the excellent care these injured workers and individuals deserve. This type of facility can only elevate the promptness of care and successful outcomes. I fully support Hand Surgery and Associates in obtaining a state license for the surgery center.

If I can be of further assistance I can be contacted at 630-610-9916.

Thank you.

Laura Freeland RN,CCM,CRRN
President / Midwest Consulting Inc
Medical Management Services

MICA & ASSOCIATES, P.C.
WORKERS' COMPENSATION * COST MANAGEMENT
& Case Management Consultants

10059 S. Roberts Rd., Suite 1D
Palos Hills, IL 60465-1560
Ph (708) 233-6824
Fax (708) 233-6852

March 19, 2010

Mr. Dale Galassie
Chairperson
Illinois Facility & Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Support Letter for Illinois Hand & Upper Extremity Center CON Permit
Application

Dear Mr. Galassie:

I understand that Hand Surgery Associates in Arlington Heights, Illinois is applying for State licensure for there ambulatory surgical facility. As a Nurse that handles the most severe hand injuries imaginable I support the need for this license.

I am a Nurse Consultant and provide Case Management services for injured workers. I and my associates have been referring patients to this facility for the past 15 years. More times than I can count I have called Dr. Vender's group to assist in providing immediate care for serious injured hand patients.

Day or night they have been available for a patient however it's not only the outstanding surgeries they perform and the way patients are treated by the staff; but that this facility also provides a full continuum of care specifically for hand and upper extremity cases.

Just as an example:

I received a call from a distressed employer regarding an employee who had caught his hand in a packaging conveyer which had to be extricated from the conveyer. I called Hand Surgery Associates and they told me to bring him in immediately. The patient had extensive hand and tendon lacerations; he was examined, x-rayed and given a local block. His wounds were washed, cleaned and surgery was performed. Following the surgery the patient was issued pain medication, given instructions when to return for follow-up and was taken home by a grateful family member.

MICA & ASSOCIATES, P.C.

WORKERS' COMPENSATION * COST MANAGEMENT

& Case Management Consultants

In a hospital this would have taken at least 16 or more hours of emergency room waiting time, calling the on-call hand physician, booking the operating room and more waiting until the on-call physician finishes his office hours.

This patient was discharged in a fraction of the time. The patient was spared the emergency room was treated immediately with less confusion excellent outcomes and is definitely more cost effective.

As a nurse I am notified immediately on the patient's status so the employer and the insurance company can be notified so other ancillary services can be approved and provided for the patient for the days and weeks to come until discharge.

Hand Surgery Associates is an outstanding group the patients and the community would benefit greatly from this state licensed operating facility. Please feel free to contact me if you have any questions. I can be reached by cell at 708-267-0974 or my office at 708-233-6824.

Respectfully,



Phyllis Majka, R.N., B.S.N., M.S.C.
Workers' Compensation
Rehabilitation Specialist
10059 South Roberts Road
Palos Hills, IL 60465



3685 Woodhead Drive
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Libertyville
Mount Prospect
Naperville
Northbrook
Palatine
Park Ridge
Schaumburg
Tinley Park
Western Springs
Wilmette

March 23, 2010

Dale Galassie
Chairperson
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Support Letter for Illinois Hand and Upper Extremity Center CON Permit Application


Dear Mr. Galassie:

My organization has been referring workers to Dr. Vender for worker's compensation claims since 2005. My organization was originally referred to Dr. Vender because of his high standard of care, expertise and excellent reputation for service. We have been extremely pleased with the quality of service received from Dr. Vender and his staff.

Two specific cases stand out for me. We had two incidents where an employee severely cut their hand. Both employees were seen and cared for immediately by Dr. Vender. These employees returned to work quickly with no scarring or permanent damage to their hands. I believe the efficiency of care, professionalism shown and expertise of Dr. Vender were the reasons why the outcome of these two cases was so favorable. I highly recommend Dr. Vender to others.

I believe having an operating facility as part of the Hand Surgery Associates office complex will only increase efficiency of care and outcomes for patients since all services (preoperative surgery, postoperative and therapy after surgery) will be under one roof. In addition, there will be cost benefits to employers. I support Hand Surgery Associates in obtaining a state license for a surgery center.

Thank you.


Gabriella B. Streicher
Director of Human Resources

Patient Satisfaction Survey

It is important to us at Illinois Hand & Upper Extremity Center, L.L.C. to provide quality care to our patients. To best assure our ability to continuously provide for your needs throughout the surgical experience, we request your feedback so we may improve our processes. Please complete the following survey and return to Illinois Hand & Upper Extremity Center, L.L.C. Postage has been included for your convenience. Thank You.

1. Please rank your surgical experience at Illinois Hand & Upper Extremity Center as compared to a previous hospital or surgical experience.

	Worse than Hospital			Better than Hospital	
Availability of parking	1	2	3	4	5
Directions for locating building	1	2	3	4	5
Friendliness-Professionalism of staff	1	2	3	4	5
Cleanliness of facility	1	2	3	4	5
Privacy maintained	1	2	3	4	5

2. Rate the convenience of the following services:

	Inconvenient			Very Convenient	
Scheduling Process	1	2	3	4	5
Surgery at IHUEC vs. any Other surgical center / hospital	1	2	3	4	5

3. Rate the quality of services provided to you at Illinois Hand & Upper Extremity Center

	Poor Quality			Highest Quality	
Care given by: Surgeon	1	2	3	4	5
Anesthesiologist	1	2	3	4	5
Nursing Staff	1	2	3	4	5
Were you made to feel comfortable	1	2	3	4	5
Information complete and understandable					
...about your surgery	1	2	3	4	5
...about how to prepare for surgery	1	2	3	4	5
...about your discharge instructions	1	2	3	4	5

4. Would you recommend a friend or family member to have surgery at Illinois Hand & Upper Extremity Center?

Yes No

Please feel free to make any additional comments:

We thank you for your valued feedback,
Illinois Hand & Upper Extremity Center Staff

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(c), Project Purpose, Background and Alternatives

1. Alternatives

- a. Do Nothing. The Applicant considered maintaining the status quo whereby HSA physicians would continue to perform surgical procedures in the HSA medical office. This is not an option. HSA specializes in workers compensation injuries. In fact, workers compensation accounts for 52 percent of the practice revenue. Based on new Illinois Workers' Compensation Commission guidance, workers' compensation carriers recently determined they will no longer reimburse the facility component of surgeries performed in premises which are not licensed as a hospital or ASTC. See Attachment 12-A. This guidance followed issuance of new ASTC fee schedules which were effective February 1, 2009 and apply only to licensed ASTCs. As confirmed in the denial notices attached at Attachment 12-B, workers' compensation carriers no longer reimburse HSA for the facility component because it is not a licensed ASTC. Therefore, HSA must obtain an ASTC license in order to continue to provide this necessary service to injured workers throughout the Chicago metropolitan area.

While the "do nothing" option would result in no project costs. This is not an option for the Applicant. HSA cannot continue to subsidize the facility component of the surgeries performed in the office. To be adequately reimbursed for these workers compensation procedures, they must be performed in a licensed ASTC, which is still less costly than a hospital outpatient department.

- b. Utilize Hospitals and ASTC Providers with Excess Capacity. The Applicant considered performing surgical procedures at area hospitals and ASTCs with excess capacity. As shown in Table 1110.230(c) below, the Applicant identified ten facilities with surgical capabilities within fifteen minutes of the proposed ASTC. While several facilities had excess capacity to accommodate HSA referrals, none of these facilities are feasible alternatives.

Facility	Normal Travel Time	Operating Rooms	Surgical Hours	Utilization	
Northwest Community Hospital	4 minutes	11	23,153	140.3%	No capacity
Northwest Surgicare HealthSouth	4 minutes	4	4,054.50	67.6%	
Northwest Community Day Surgery	5 minutes	10	11,738.64	78.3%	
Alexian Brothers Medical Center	8 minutes	16	34,882	145.3%	No capacity
Advantage Health Care, Ltd.	13 minutes	2	763	25.4%	Approved for OB/Gynecology
Dimensions Medical Center	13 minutes	2	4,312	143.7%	No capacity; approved for gastroenterology, OB/Gynecology, and urology
Foot & Ankle Surgical Center	13 minutes	3	1,022.25	22.7%	
Holy Family Hospital	13 minutes	2	1,890	63%	
St. Alexius Medical Center	15 minutes	11	22,841	138.4%	No capacity

Table 1110.230(c)					
Facility	Normal Travel Time	Operating Rooms	Surgical Hours	Utilization	
The Hoffman Estates Surgery Center	15 minutes	3	1,844.25	41.0%	

As set forth throughout this application, the Applicant seeks to create a center of excellence that will provide unparalleled hand and upper extremity treatment to patients throughout the Chicago metropolitan area. A key component of this initiative is a seamless care system where patients are treated from initial evaluation to surgery and on to rehabilitation in one central location. If patients are treated at hospitals and other ASTCs, they will not receive the benefit of the center of excellence and the associated superior outcomes.

Important to the center of excellence is a physician driven care management system. Under this system, a patient will be evaluated by a physician in the HSA medical office. If the injury or condition requires immediate medical attention, the patient will be treated at the proposed ASTC as soon as the operating room is available. In fact, a scheduled procedure may be postponed to accommodate a patient with an urgent or emergent condition. Contrary to the proposed ASTC, care management at hospitals and other ASTCs is more complex and driven by the facility rather than physicians. In fact, physicians on staff at a hospital or ASTC are generally assigned specific blocks of time during the week to schedule surgical procedures and it is difficult to accommodate urgent and emergent cases. To reschedule or post-pone a procedure to accommodate a more urgent case at a hospital or ASTC requires the approval of several decision makers. In fact, unless an injury is life threatening, it is unlikely that a scheduled procedure would be postponed for a non-life threatening condition. Accordingly, a physician driven care management system that provides greater flexibility in scheduling and performing surgeries is superior to a facility driven care management system and will result in better quality of care and patient outcomes.

The care management system for the proposed ASTC is currently in place at HSA. The majority of cases seen by HSA physicians are workers compensation injury cases. While not life threatening, these injuries are often complex and require immediate medical attention to allow for the restoration of maximum function. Recently, workers compensation carriers determined they would no longer reimburse the facility component of these procedures unless they were performed in a licensed hospital or ASTC. Without this reimbursement, it is no longer financially viable for HSA to provide these services. Therefore, the Applicant requests a certificate of need permit to establish a licensed ASTC so HSA physicians can continue to provide these necessary services to injured workers.

While this alternative will result in no project costs to the Applicant, there are other costs that must be considered. The actual cost of care to both the payor and the patient would be higher in an acute care hospital setting. Additionally, one of the most important components of the center of excellence, a seamless care

system with professionals specializing in the injury and conditions of the hand and upper extremities could not be achieved. Finally, a facility driven care management system will cause unnecessary delays in treatment, which may result in less than optimal patient outcomes. Accordingly, this is not a feasible alternative.

- c. Establish an ASTC. The final option the Applicant considered was to establish a limited-specialty ASTC adjacent to the HSA medical office. As discussed above, the Applicant seeks to establish a center of excellence in metropolitan Chicago specializing in injuries and problems of the shoulder, elbow, wrist and hand. HSA specializes exclusively in the diagnosis and treatment of conditions and injuries of the hand and upper extremities. Due to their limited focus and high volume of surgical cases, HSA physicians possess the technical proficiency and processes required for optimal care for patients with injuries or conditions of the hand and upper extremities. Importantly, most of these procedures can be performed in an ASTC setting, which results in shorter wait times and more cost effective care.

Important to the establishment of a center of excellence is the provision of a seamless care system for injuries of the hand and upper extremities. The proposed ASTC's location adjacent to the HSA medical office is an integral component of this plan. Patients will receive the full continuum of care in one central location. HSA physicians will be accessible for initial evaluation and, in urgent cases, can treat patients immediately in the adjacent surgery center. After surgery, HSA's certified hand and occupational therapists will be available to provide post-operative splints, preliminary therapy and splint care instructions. This will result in shorter wait times, more cost effective care, and better outcomes.

Importantly, HSA specializes in workers compensation injury cases, and an ASTC is a more appropriate, more efficient and less costly setting than an acute care hospital. As documented in the case manager letters attached at Attachment 11-A, the advantage of providing the full continuum of care in one central location is not only exceptional outcomes but shorter wait times and more cost efficient care.

While this is the most costly alternative in terms of project costs, the Proposed ASTC will result in result in the highest quality care and best outcomes in the most cost effective manner for payors, patients and employers. Accordingly, this was the most feasible alternative.

2. Cost-Benefit Analysis

	Project Cost	Quality/Benefits	Non-Capital Costs
Maintain Status Quo	\$0	<ul style="list-style-type: none"> No benefit of center of excellence 	<ul style="list-style-type: none"> Practice can no longer subsidize surgical procedures
Utilize Other Providers	\$0	<ul style="list-style-type: none"> No continuity of care No benefit of center of excellence Nurses and therapists do not specialize in injury and conditions of the hand and upper extremities. 	<ul style="list-style-type: none"> Higher cost to payors and patients Longer wait times
Establish ASTC	\$2,131,233	<ul style="list-style-type: none"> Provision of full continuum of care at one central location More efficient care Better outcomes 	<ul style="list-style-type: none"> Lower cost than hospital outpatient department Shorter wait times Proximately located to light and heavy industrial areas Centrally located to all of metropolitan Chicago

**ILLINOIS WORKERS' COMPENSATION COMMISSION
MEDICAL FEE SCHEDULE
INSTRUCTIONS AND GUIDELINES
FOR TREATMENT ON OR AFTER 2/1/09**

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**“Payment Guide to Global Days, Multiple Procedures, Bilateral Surgeries,
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Introduction and Purpose

Pursuant to Section 8.2 of the Illinois Workers' Compensation Act (820 ILCS 305/8.2; Public Act 94-277), the Illinois Workers' Compensation Commission (Commission) has promulgated a comprehensive fee schedule to establish maximum medical payments for both professional and facility fees generated on workers' compensation claims.

The maximum medical payments (also referred to as “fee schedule amounts”) were formulated by determining the 90% of the 80th percentile from health care provider fees from August 1, 2002 through August 1, 2004. Fee schedule amounts were established for 29 geo-zips (the three-digit zip code where the treatment was provided) in Illinois. An initial 4.96% increase was applied to the fee schedule amounts (the Consumer Price Index-U (CPI-U) for the period August 1, 2004 through

September 30, 2005). The Commission will automatically increase or decrease the maximum allowable payment based upon the CPI-U on an annual basis.

In addition to maximum medical payments based upon historical fee data, the Commission has set maximum medical payment amounts in a manner consistent with Section 8.2 of the Act:

- 1) For entire service categories (e.g., 76% of the charged amount for dental services) or
- 2) For fees within a service category where data was insufficient to establish a fee schedule amount (e.g., POC76 for a new code).

For the purposes of this fee schedule, "POC76" means reimbursement should occur at 76% of the charged amount.

The fee schedule amounts apply *only* to procedures, treatments, and services provided on or after February 1, 2006.

The fee schedule does not preclude any privately and independently negotiated rates or agreements between a provider and a carrier, or a provider and an employer, that are negotiated for the purposes of providing services covered under the Illinois Workers' Compensation Act.

This document is intended to assist with fee schedule application, and to insure correct billing and reimbursement on workers' compensation medical claims. This document is NOT intended, and should not be construed, as a utilization review guide or practice manual.

Reference Materials

This schedule is in accordance with the following documents, including codes, guidelines, and modifiers:

1. *Current Procedural Terminology*, copyright, American Medical Association, 515 N. State St., Chicago, IL, 60610, Chicago, 2006.
2. *HCPCS Level II*, U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland, 21244, Baltimore, 2006.
3. *National Correct Coding Policy Manual in Comprehensive Code Sequence for Part B Medicare Carriers, Version 12.0*, U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland, 21244, Baltimore, 2006.
4. *Relative Value Guide*, copyright, American Society of Anesthesiologists, 520 North Northwest Highway, Park Ridge, Illinois, 60068-2573, Park Ridge, 2006.
5. Diagnosis-Related Group (DRG) classification system, Centers for Medicare and Medicaid Services (CMS), *Federal Register*, vol. 70, no. 155, August 2005.
6. Medicare Severity Diagnosis Related Group (MS-DRG) classification system, Centers for Medicare and Medicaid Services (CMS), 42 CFR 411, 2007.

Section 1. Ambulatory Surgical Treatment Center Services

The Ambulatory Surgical Treatment Center (ASTC) fee schedule provides the maximum medical fee schedule amount for surgical services administered in an ASTC setting for codes 10021 - 69990. The ASTC is a partial global reimbursement schedule¹ in that all charges rendered during the operative session are subject to a single fee schedule amount; however, the following exceptions do exist – these are the carve-out categories/revenue codes which should be paid at 65% of charged amount:

- Prosthetics/orthotics
- Pacemaker
- Lens implants
- Implants
- Investigational devices
- Drugs requiring detailed coding

Charges billed under the above listed items will be at a provider's normal rates under its standard chargemaster.

For revenue code detail regarding these items, please refer to the "carve-out" information in Sections 6 and 7.

The ASTC fee schedule shall be subject to Sections 8(B) and 8(F) of this fee schedule; however, only the provisions that apply to multiple procedures and bilateral surgeries in 8(B) and applicable modifiers in 8(F) shall be used.

Special note on ASTC radiology, pathology and laboratory charges:

The fee schedule amounts listed do not include charges for radiology, pathology and laboratory; therefore, these charges must be submitted under separate claim forms. These charges will be subject to the professional services fee schedule.

This schedule applies to licensed ambulatory surgical treatment centers as defined by the Illinois Department of Public Health:

"Any institution or building devoted primarily to the maintenance and operation of facilities for the performance of surgical procedures, as evidenced by use of the facilities by physicians or podiatrists in the performance of surgical procedures that constitutes more than 50 percent of the activities at that location.

Any place, located within an institution or building, such as a surgical suite or an operating room with related facilities in a physician's office or group practice clinic, devoted primarily to the performance of surgical procedures. This provision shall apply regardless of whether or not the institution or building in which the place is located is devoted primarily to the maintenance and operation of facilities for the performance of surgical procedures. This provision shall include any place that meets the definition of an ambulatory surgical center under the rules of the federal Centers for Medicare & Medicaid Services (CMS) (42 CFR 416). However, when such a place is located within and operated in conjunction with

¹ Aside from the carve-outs discussed below, the ASTC does not cover radiology, pathology and laboratory charges that would be covered under the HOSF fee schedule. Due to the fact that ASTCs do not normally charge for these categories, charges associated with revenue codes 300 to 359 were removed from the raw database prior to calculating the fee schedule amounts.

the offices of a single physician or podiatrist, or a group of physicians or podiatrists, it shall not be considered an ambulatory surgical treatment center, unless: it meets the definition of and has expressed an intent to apply for certification as an ambulatory surgical center under the rules of the federal CMS (42 CFR 416); or it is used by physicians or podiatrists who are not part of the practice; or it is utilized by the physicians or podiatrists for surgical procedures which constitute more than 50 percent of the activities at that location.”

For the purposes of this schedule, the term "ambulatory surgical treatment center," does not include:

Hospitals: Any institution, place, building or agency required to be licensed pursuant to the Hospital Licensing Act [210 ILCS 85].

Long-term care facilities: Any person or institution required to be licensed pursuant to the Nursing Home Care Act [210 ILCS 45].

State facilities: Hospitals or ambulatory surgical treatment centers maintained by the State or any Department or agency thereof, where such department or agency has authority under law to establish and enforce standards for the hospitals or ambulatory surgical treatment centers under its management and control.

Federal facilities: Hospitals or ambulatory surgical treatment centers maintained by the federal government or agencies thereof.

Dental surgery facilities: Any place, agency, clinic, or practice, public or private, whether organized for profit or not, devoted exclusively to the performance of dental or oral surgical procedures. (Section 3(A) of the Act). (Title 77: Public Health Chapter 1: Department of Public Health Subchapter b: Hospital and Ambulatory Care Facilities Part 205 Ambulatory Surgical Treatment Center Licensing Requirements Section 205.110 Definitions).

Section 2. Anesthesia Services

An anesthesia fee schedule has been established using historical charge data from August 1, 2002 through August 1, 2004. The historical charge data was analyzed and formulated to establish a “conversion factor.” The American Medical Association (AMA) and the American Society of Anesthesiologists (ASA) are both responsible for developing anesthesia codes and guidelines. The conversion factor is to be used in manner consistent with guidelines from these two organizations. Specifically, a conversion factor is a dollar amount that is to be used within the context of the 2006 Relative Value Guide.

A. General Guidelines

Anesthesia time begins when an anesthesiologist OR certified registered nurse anesthetist (CRNA) *physically starts* to prepare the patient for the induction of anesthesia in the operating room (or its equivalent) and ends when the anesthesiologist is no longer in *constant* attendance (when the patient is safely put under postoperative supervision).



CHUBB GROUP OF INSURANCE COMPANIES

February 23, 2010

Certified

Dr. Michael J. Vender, M.D.
Hand Surgery Associates, S.C.
515 West Algonquin Road, Suite 120
Arlington Heights, IL 60005
Fax: 847-956-0433

Re:

Claim Number:
DOL: 10/21/2009

Dear Dr. Vender, M.D.:

We are writing in response to your letter of January 13, 2010 requesting immediate payment of outstanding balance of \$4,347.00 from his outpatient surgery on December 2, 2009. Please note, we have responded to the verbal and written billing inquires on multiple occasions by asking your office for the Illinois Department of Public Health license number for operating an ambulatory surgery center.

Please call me directly with your license number and I will personally and immediately process the payment. I can be reached at (312) 454-4336 or by email at dmcmanus@chubb.com.

If you should not have a license to perform surgeries in your office, the Illinois Workers' Compensation Commission has advised us that this treatment is not payable under the Illinois Workers' Compensation Act (see the attached email from the IWCC to the manager of Corvel Corporation confirming the same.)

We appreciate the medical care and opinions you provide our insured's injured workers and, therefore, hope to amicably resolve this issue. We look forward to hearing from you.

Sincerely,
Diane McManus
Diane K. McManus
Workers' Compensation Claims Supervisor

DM/dd
Enc.

COPY

cc: Ms. Elena Aliaga
Insight Beverages, Inc.
750 Oakwood Road
Lake Zurich, Illinois 60047

COPY

CORVEL

Explanation of Review

Employer: PLATINUM-POOLCARE AQUATECH LTD
Patient:

Business Unit: ACUITY
2800 S Taylor Dr
Sheboygan, WI 53081

Patient DOB:
Gender:

Hand Surgery Associates
37400 Eagle Way
Chicago, IL 60678

DUPLICATE

Workers' Compensation
Site # :
Reprice: IL, 60640
Billed Date: 07/22/2009
Business Rcvd: 01/25/2010
MBR Rcvd: 01/27/2010
MBR Date: 01/29/2010
Approved Date: 01/29/2010
DOS From - To: 07/14/2009 - 07/14/2009

Network: CorCare Treating Provider: WILLIAM VIETELLO Claim #:
Network Branch: CorCare II WC Referring Physician: MISC OTHER Processor Initials: TS
Sub Network: Patient Control #: DOI: 07/06/2009
Contract: 106000019 Provider Tax Id: 36-2768260 RX Number:
Claim Rep.: MAN
Vendor #:

PHN:

Bill Comments

IDPH LICENSE FOR PAYMENT OF ASC NOT RECEIVED AS PREVIOUSLY REQUESTED

Table with columns: Date, Code, Units, POS, Bill Charges TOS, DXR, Reduction, Allowed Fees. Includes line item for 07/14/2009 and sub-totals.

Line Item Reason Codes and Descriptions

R01 Duplicate Billing

Payment has been calculated according to the provisions of Section 8.2 of the Workers' Compensation Act, 820 ILCS 305/8.2. Except as provided under subsections (e), (e-5), (e-10), (e-15), or (e-20) of Section 8.2, a provider is prohibited from billing or otherwise attempting to recover from the employee the difference between the provider's charge and the amount paid by the employer or the insurer on a compensable injury. Questions regarding the calculation of this payment may be directed to the CorVel office listed below

ICD9 Diagnosis

883.2 Open Wound Finger W/Tendon Invlv
955.6 Injury To Digital Nerve, Upper Limb

Questions regarding this bill may be sent to:

CorVel Corporation
N16 W23217 Stone Ridge Dr Ste 110
Waukesha, WI 53186

Toll free: () -
Phone: (262) 312-2100
Fax: (262) 513-2989

APP

COPY

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CORVEL

Bill Review Payment Summary

Employer: PLATINUM-POOLCARE AQUATECH LTD
Patient:

Business Unit: ACUITY
2800 S Taylor Dr
Sheboygan, WI 53081

Patient DOB:
Gender:

LOB: Workers' Compensation
Site/Bill #: IL 60640
Reprice: 07/22/2009
Billed Date: 01/25/2010
Business Rcvd: 01/27/2010
MBR Rcvd: 01/27/2010
MBR Date: 01/29/2010
Approved Date: 01/29/2010
DOS From - To: 07/14/2009 - 07/14/2009

Hand Surgery Associates
37400 Eagle Way
Chicago, IL 60678

Network: CorCare
Network Branch: CorCare II WC
Sub Network:
Contract: 106000019
Claim Rep.: MAN

Treating Provider: WILLIAM VIETELLO
Referring Physician: MISC OTHER
Patient Control #:
Provider Tax Id: 36-2768260

Claim #:
Processor Initials: TS
DOI: 07/06/2009
RX Number:

CorVel Corporation Tax Id: 95-3382819

Fee: \$0.00
Total Fee: \$0.00

Bill Summary

Network Bill: Number of Lines: 0 Network Pricing Method: Incremental
Provider Charges: \$0.00 FS/UC Red.: \$0.00 NS Red. \$0.00 Allowed Fees. \$0.00

Standard Summary

Previous Standard Cost: \$0.00 Adjusted Standard Cost: \$0.00 Combined Standard Cost: \$0.00

Network Summary

Previous Network Cost: \$0.00 Adjusted Network Cost: \$0.00 Combined Network Cost: \$0.00

Bill Comments

IDPH LICENSE FOR PAYMENT OF ASC NOT RECEIVED AS PREVIOUSLY REQUESTED

APP

100270390000 0758048 5442768 - 1

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Attachment - 12-B

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(a), Size of the Project

The Proposed ASTC will be a limited specialty ambulatory surgical treatment center with one operating room and four recovery stations. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 2,750 gross square feet per operating room and 180 gross square feet per recovery station for a total of 3,470 gross square feet for one operating room and four recovery stations. The gross square footage of clinical space will be 3,446 gross square feet. Accordingly, the Proposed ASTC is consistent with the State standard.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(b), Project Services Utilization

By the second year of operation, the proposed ASTC's annual utilization shall meet or exceed HFSRB's utilization standards. Pursuant to Section 1110, Appendix B of the HFSRB's rules, utilization for ambulatory surgical treatment centers is based upon 1,500 hours per operating room. As documented in the physician referral letters attached at Attachment-32-B, referring physicians project 580 surgical cases will be performed at the Proposed ASTC within the first year after project completion. Based upon the current experience of the referring physicians, the estimated procedure time, including prep and cleanup, is approximately two hours. As a result, 1,160 surgical hours are projected for the first year after project completion, which is sufficient to support the need for one operating room.

Based upon projected growth, 638 surgical procedures or approximately 1,276 hours of surgery will be performed at the Proposed ASTC by the second year of operation. Accordingly, the projected utilization is sufficient to justify the need for one operating room by the second year of operation.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(c), Unfinished or Shell Space


This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(d), Assurances

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section VIII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(b), Target Population

- a. Attached at Attachment 32-A is a map outlining the intended geographic service area ("GSA") for the proposed ASTC. As set forth in Criterion 1110.230, the Proposed ASTC will serve the Chicago metropolitan area within 60 minutes normal travel time of the proposed site. Accordingly, the intended GSA consists of those areas within 60 minutes normal travel time from Proposed ASTC, or approximately 37 miles.
- b. As set forth in Criterion 1110.230, the Proposed ASTC will serve the Chicago metropolitan area within 60 minutes normal travel time of the proposed site. The estimated population within the GSA is 8,037,844. Pursuant to Section 1110.1540(b) of the HFSRB's rules, the intended GSA can be no less than 30 minutes and no greater than 60 minutes normal travel time from the proposed ASTC. Therefore, population was based upon the Illinois Department of Commerce and Economic Opportunity's 2010 population estimates for those counties within 60 minutes normal travel time of the proposed ASTC (i.e., Cook, DuPage, Lake, Kane, and McHenry counties).
- c. Pursuant to Section 1110.1540(b) of the HFSRB's rules, the intended GSA can be no less than 30 minutes and no greater than 60 minutes normal travel time from the proposed ASTC. As set forth throughout this application, the proposed ASTC will serve the Chicago metropolitan area within 60 minutes normal travel time of the proposed site. To most accurately identify the intended GSA while complying with HFSRB requirements, the travel time from the Proposed ASTC to the intended GSA borders is 60 minutes normal travel time.



Hand Surgery Associates, S.C.
Hand • Shoulder • Elbow • Wrist

MICHAEL I. VENDER, M.D.
SCOTT D. SAGERMAN, M.D.
PRASANTATLURI, M.D.
WILLIAM A. VITELLO, M.D.
SAM J. BIAFORA, M.D.

DONNA J. KERSTING, MBA
EXECUTIVE DIRECTOR

March 01, 2010

Courtney R. Avery
Acting Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I am a hand and upper extremity orthopaedic surgeon. Over the past twelve months, I performed a total of 479 outpatient surgery cases. Outpatient orthopaedic surgery cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With the opening of the proposed Illinois Hand and Upper Extremity Center, I expect to refer my cases as noted below. Of the total cases, 38% percent will reside within the proposed geographic service area of the Illinois Hand and Upper Extremity Center.

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Alexian Brothers Hospital	11	0
Northwest Community Hospital	270	0
Condell Hospital	7	0
St. Alexis Hospital	0	0
Lake Forest Hospital	2	0
Neurologic & Orthopedic Hospital	23	23
Novamed Surgi Center	9	0
Hand Surgery Assoc Surgery Suite	154	154
Elmhurst Hospital	3	3
Total	479	180

515 W. ALGONQUIN RD, STE 120
ARLINGTON HEIGHTS, IL 60006
TEL: 847-956-0099
FAX: 847-956-0433

565 LAKEVIEW PKWY, STE 140
VERNON HILLS, IL 60061
TEL: 847-956-0099
FAX: 847-956-0433

600 W. ADAMS
CHICAGO, IL 60661
TEL: 847-956-0099
FAX: 847-956-0433

4501 N. WINCHESTER AVENUE
CHICAGO, IL 60640
TEL: 847-956-0099
FAX: 847-956-0433

360 W. BUTTERFIELD RD., STE. 150
ELMHURST, IL 60126
TEL: 847-956-0099
FAX: 847-956-0433

6311 W. 95TH STREET
OAK LAWN, IL 80453
TEL: 847-956-0099
FAX: 847-956-0433

www.hsasc.com

Ms. Courtney R. Avery
March 1, 2010
Page 2

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

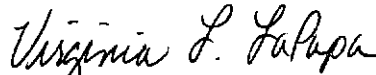
I support the proposed opening of the Illinois Hand and Upper Extremity Center.

Sincerely,



Michael I. Vender, M.D.
515 West Algonquin Road, Suite 120
Arlington Heights, Illinois 60005

Subscribed and sworn to me
This 2nd day of March, 2010



Notary Public





Hand Surgery Associates, S.C.
Hand • Shoulder • Elbow • Wrist

MICHAEL I. VENDER, M.D.
SCOTT D. SAGERMAN, M.D.
PRASANTATLURI, M.D.
WILLIAM A. VITELLO, M.D.
SAM J. BIAFORA, M.D.

DONNA J. KERSTING, MBA
EXECUTIVE DIRECTOR

March 1, 2010

Courtney R. Avery
Acting Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I am a hand and upper extremity orthopaedic surgeon. Over the past twelve months, I performed a total of 263 outpatient surgery cases. Outpatient orthopaedic surgery cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With the opening of the proposed Illinois Hand and Upper Extremity Center, I expect to refer my cases as noted below. Of the total cases, 32% percent will reside within the proposed geographic service area of the Illinois Hand and Upper Extremity Center.

515 W. ALGONQUIN RD, STE 120
ARLINGTON HEIGHTS, IL 60006
TEL: 847-956-0099
FAX: 847-956-0433

565 LAKEVIEW PKWY, STE 140
VERNON HILLS, IL 60061
TEL: 847-956-0099
FAX: 847-956-0433

600 W. ADAMS
CHICAGO, IL 60661
TEL: 847-956-0099
FAX: 847-956-0433

4501 N. WINCHESTER AVENUE
CHICAGO, IL 60640
TEL: 847-956-0099
FAX: 847-956-0433

360 W. BUTTERFIELD RD., STE. 150
ELMHURST, IL 60126
TEL: 847-956-0099
FAX: 847-956-0433

6311 W. 95TH STREET
OAK LAWN, IL 60453
TEL: 847-956-0099
FAX: 847-956-0433

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Alexian Brothers Hospital	78	9
Northwest Community Hospital	101	15
Condell Hospital	8	0
St. Alexis Hospital	0	0
Lake Forest Hospital	13	0
Neurologic & Orthopedic Hospital	0	0
Novamed Surgi Center	0	0
Hand Surgery Assoc Surgery Suite	61	61
Elmhurst Hospital	2	0
Total	263	85

www.hsasc.com

MICHAEL I. VENDER, M.D.
SCOTT D. SAGERMAN, M.D.
PRASANTALURI, M.D.
WILLIAM A. VITELLO, M.D.
SAM J. BIAFORA, M.D.

DONNA J. KERSTING, MBA
EXECUTIVE DIRECTOR

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the proposed opening of the Illinois Hand and Upper Extremity Center.

Sincerely,



Scott D. Sagerman, M.D.
515 West Algonquin Road, Suite 120
Arlington Heights, Illinois 60005

Subscribed and sworn to me
This 2 day of March, 2010



Notary Public

515 W. ALGONQUIN RD, STE 120
ARLINGTON HEIGHTS, IL 60006
TEL: 847-956-0099
FAX: 847-956-0433

565 LAKEVIEW PKWY, STE 140
VERNON HILLS, IL 60061
TEL: 847-956-0099
FAX: 847-956-0433

600 W. ADAMS
CHICAGO, IL 60661
TEL: 847-956-0099
FAX: 847-956-0433

4501 N. WINCHESTER AVENUE
CHICAGO, IL 60640
TEL: 847-956-0099
FAX: 847-956-0433

360 W. BUTTERFIELD RD., STE. 150
ELMHURST, IL 60126
TEL: 847-956-0099
FAX: 847-956-0433

6311 W. 95TH STREET
OAK LAWN, IL 60453
TEL: 847-956-0099
FAX: 847-956-0433

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Hand Surgery Associates, S.C.

Hand • Shoulder • Elbow • Wrist

MICHAEL I. VENDER, M.D.
 SCOTT D. SAGERMAN, M.D.
 PRASANT ATLURI, M.D.
 WILLIAM A. VITELLO, M.D.
 SAM J. BIAFORA, M.D.

DONNA J. KERSTING, MBA
 EXECUTIVE DIRECTOR

March 1, 2010

Courtney R. Avery
 Acting Chair
 Illinois Health Facilities and Services Review Board
 525 West Jefferson Street, 2nd Floor
 Springfield, Illinois 62761

Dear Ms. Avery:

I am a hand & upper extremity orthopaedic surgeon. Over the past twelve months, I performed a total of 275 outpatient surgery cases. Outpatient orthopaedic surgery cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With the opening of the proposed Illinois Hand and Upper Extremity Center, I expect to refer my cases as noted below. Of the total cases, 40% percent will reside within the proposed geographic service area of the Illinois Hand and Upper Extremity Center.

515 W. ALGONOUIN RD, STE 120
 ARLINGTON HEIGHTS, IL 60006
 TEL: 847-956-0099
 FAX: 847-956-0433

565 LAKEVIEW PKWY, STE 140
 VERNON HILLS, IL 60061
 TEL: 847-956-0099
 FAX: 847-956-0433

600 W. ADAMS
 CHICAGO, IL 60661
 TEL: 847-956-0099
 FAX: 847-956-0433

4501 N. WINCHESTER AVENUE
 CHICAGO, IL 60640
 TEL: 847-956-0099
 FAX: 847-956-0433

360 W. BUTTERFIELD RD., STE. 150
 ELMHURST, IL 60126
 TEL: 847-956-0099
 FAX: 847-956-0433

6311 W. 95TH STREET
 OAK LAWN, IL 60453
 TEL: 847-956-0099
 FAX: 847-956-0433

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Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Alexian Brothers Hospital	103	4
Northwest Community Hospital	52	0
Condell Hospital	0	0
St. Alexis Hospital	0	0
Lake Forest Hospital	1	0
Neurologic & Orthopedic Hospital	26	26
Novamed Surgi Center	0	0
Hand Surgery Assoc Surgery Suite	90	90
Elmhurst Hospital	3	0
Total	275	120

Ms. Courtney R. Avery
March 1, 2010
Page 2

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the proposed opening of the Illinois Hand and Upper Extremity Center.

Sincerely,

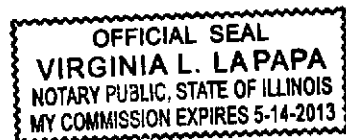



William A. Vitello, M.D.
515 West Algonquin Road, Suite 120
Arlington Heights, Illinois 60005

Subscribed and sworn to me
This 2nd day of March, 2010



Notary Public





Hand Surgery Associates, SC.
Hand • Shoulder • Elbow • Wrist

MICHAEL I. VENDER, M.D.
SCOTT D. SAGERMAN, M.D.
PRASANTALURI, M.D.
WILLIAM A. VITELLO, M.D.
SAM J. BIAFORA, M.D.

DONNA J. KERSTING, MBA
EXECUTIVE DIRECTOR

March 1, 2010

Courtney R. Avery
Acting Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I am a hand and upper extremity orthopaedic surgeon. Over the past seven months, I performed a total of 163 outpatient surgery cases. Outpatient orthopaedic surgery cases will constitute the majority of my work in the future.

During the past seven months, I referred cases to the following hospitals and surgery centers. With the opening of the proposed Illinois Hand and Upper Extremity Center, I expect to refer my cases as noted below. Of the total cases, 35% percent will reside within the proposed geographic service area of the Illinois Hand and Upper Extremity Center.

515 W. ALGONQUIN RD, STE 120
ARLINGTON HEIGHTS, IL 60006
TEL: 847-956-0099
FAX: 847-956-0433

565 LAKEVIEW PKWY, STE 140
VERNON HILLS, IL 60061
TEL: 847-956-0099
FAX: 847-956-0433

600 W. ADAMS
CHICAGO, IL 60661
TEL: 847-956-0099
FAX: 847-956-0433

4501 N. WINCHESTER AVENUE
CHICAGO, IL 60640
TEL: 847-956-0099
FAX: 847-956-0433

360 W. BUTTERFIELD RD., STE. 150
ELMHURST, IL 60126
TEL: 847-956-0099
FAX: 847-956-0433

6311 W. 95TH STREET
OAK LAWN, IL 60453
TEL: 847-956-0099
FAX: 847-956-0433

www.hsasc.com

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Alexian Brothers Hospital	44	7
7Northwest Community Hospital	50	10
Condell Hospital	5	0
St. Alexis Hospital	0	0
Lake Forest Hospital	1	0
Neurologic & Orthopedic Hospital	2	2
Novamed Surgi Center	0	0
Hand Surgery Assoc Surgery Suite	59	59
Elmhurst Hospital	2	0
Total	163	78

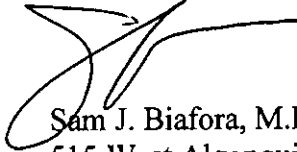
Ms. Courtney R. Avery
March 1, 2010
Page 2

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the proposed opening of the Illinois Hand and Upper Extremity Center.

Sincerely,

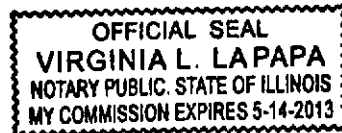



Sam J. Biafora, M.D.
515 West Algonquin Road, Suite 120
Arlington Heights, Illinois 60005

Subscribed and sworn to me
This 2nd day of March, 2010



Notary Public




Hand Surgery Associates, S.C.
 Hand • Shoulder • Elbow • Wrist

MICHAEL I. VENDER, M.D.
 SCOTT D. SAGERMAN, M.D.
 PRASANT ATLURI, M.D.
 WILLIAM A. VITELLO, M.D.
 SAM J. BIAFORA, M.D.

DONNA J. KERSTING, MBA
 EXECUTIVE DIRECTOR

March 1, 2010

Courtney R. Avery
 Acting Chair
 Illinois Health Facilities and Services Review Board
 525 West Jefferson Street, 2nd Floor
 Springfield, Illinois 62761

Dear Ms. Avery:

I am a hand and upper extremity orthopaedic surgeon. Over the past twelve months, I performed a total of 383 outpatient surgery cases. Outpatient orthopaedic surgery cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With the opening of the proposed Illinois Hand and Upper Extremity Center, I expect to refer my cases as noted below. Of the total cases, 30% percent will reside within the proposed geographic service area of the Illinois Hand and Upper Extremity Center.

515 W. ALGONQUIN RD, STE 120
 ARLINGTON HEIGHTS, IL 60006
 TEL: 847-956-0088
 FAX: 847-956-0433

565 LAKEVIEW PKWY, STE 140
 VERNON HILLS, IL 60061
 TEL: 847-956-0089
 FAX: 847-956-0433

900 W. ADAMS
 CHICAGO, IL 60681
 TEL: 847-956-0088
 FAX: 847-956-0433

4501 N. WINCHESTER AVENUE
 CHICAGO, IL 60640
 TEL: 847-956-0088
 FAX: 847-956-0433

960 W. BUTTERFIELD RD, STE. 150
 ELMHURST, IL 60126
 TEL: 847-956-0088
 FAX: 847-956-0433

8311 W. 85TH STREET
 OAK LAWN, IL 60453
 TEL: 847-956-0088
 FAX: 847-956-0433

www.hsausc.com

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Alexian Brothers Hospital	125	11
Northwest Community Hospital	83	7
Condell Hospital	4	0
St. Alexis Hospital	1	0
Lake Forest Hospital	2	0
Neurologic & Orthopedic Hospital	2	2
Novamed Surgi Center	17	0
Hand Surgery Assoc Surgery Suite	97	97
Elmhurst Hospital	52	0
Total	383	117

Ms. Courtney R. Avery
March 1, 2010
Page 2

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

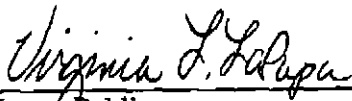
I support the proposed opening of the Illinois Hand and Upper Extremity Center.

Sincerely,



Prasant Atluri, M.D.
515 West Algonquin Road, Suite 120
Arlington Heights, Illinois 60005

Subscribed and sworn to me
This 16th day of March, 2010.



Notary Public

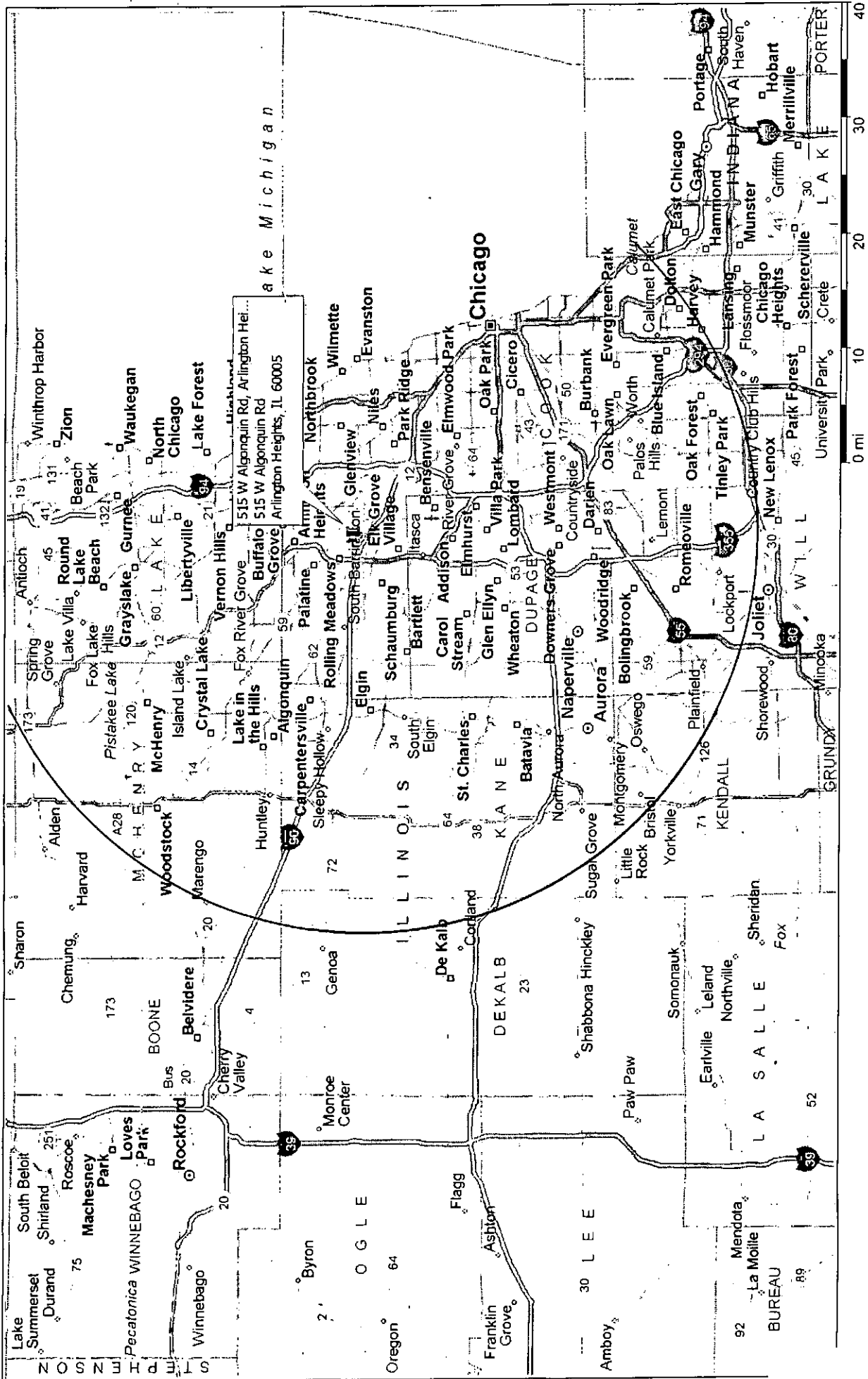
Section VIII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(d), Treatment Room Need Assessment

- a. As stated throughout this application, the Applicants propose to establish a limited specialty ambulatory surgical treatment center with one operating room.
- b. The Applicants estimate average length of time per procedure will be two hours. This estimate includes 15 minutes for prep and 15 minutes for cleanup.

Section VIII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(e), Impact on Other Facilities

- a. A copy of the letter sent to area surgical facilities regarding the proposed ASTC's impact on their workload is attached at Attachment 32-D.
- b. The list of the facilities contacted is attached at Attachment 32-E.
- c. Copies of the registered mail receipts are attached at Attachment 32-F.
- d. Copies of the impact letters from Alexian Brothers Medical Center and Northwest Community Hospital are attached at Attachment 32-G

Illinois, United States, North America



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Section VIII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(c), Projected Patient Volume

Physician referral letters providing the name and number of patients referred to health care facilities within the past 12 months and the projected number of referrals to the Proposed ASTC are attached at Attachment 32-B. A summary of the physician referral letters is provided in Table 1110.150(c) below.

Hospital/ASTC	Cases Performed in the Last 12 Months	Anticipated Referral to Proposed ASTC
Alexian Brothers Medical Center	361	31
Northwest Community Hospital	556	32
Condell Hospital	24	0
St. Alexius Hospital	1	0
Lake Forest Hospital	19	0
Neurologic & Orthopedic Hospital of Chicago (Discontinued 12/21/2009)	53	53
Novamed Surgi Center	26	0
Hand Surgery Associates Surgery Suite	461	461
Elmhurst Memorial Hospital	62	3
Total	1,563	580

Illinois Hand and Upper Extremity Center, L.L.C.

515 W Algonquin Road
Arlington Heights, IL 60005

April 12, 2010

CERTIFIED MAIL/RETURN RECEIPT

Mr. John Bruss
President
Advocate Trinity Hospital
2320 East 93rd Street
Chicago, IL 60617

Dear Mr. Bruss:

I am writing on behalf of Illinois Hand & Upper Extremity Center, L.L.C. ("IHUEC") to inform you of our intent to file a certificate of need application for the proposed establishment of a limited specialty ambulatory surgical treatment center with one operating room with the Illinois Health Facilities and Services Review Board ("HFSRB"). The proposed project will be located at 515 West Algonquin Road, Arlington Heights, Illinois 60005 and will be approved for orthopaedic procedures only.

The space of the planned surgery center will be relatively small and will consist of approximately 3,446 gross square feet of clinical space and 2,724 gross square feet of administrative and other non-clinical space, for a total of 6,170 gross square feet. It will be adjacent to the Hand Surgery Associates, S.C. medical office. The cost of the Proposed Project will be approximately \$2,131,233. IHUEC projects the caseload for the first year after project completion will be approximately 580 cases. As you may know, our orthopedic practice is unique and serves the entire metropolitan Chicago area.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Advocate Trinity Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Donna Kersting at kersting@hsasc.com. Otherwise, you can mail it to her attention at Hand Surgery Associates at 515 West Algonquin Road, Arlington Heights, Illinois 60005.

If you have any questions about this letter, please feel free to contact Donna Kersting at 847-956-0099.

Sincerely,

A handwritten signature in cursive script that reads "Kara Friedman".

On behalf of

Illinois Hand & Upper Extremity Center, L.L.C.

7160 3901 9848 6328 0711

RECEIVED

APR 12 2010
2:42P

TO: Sr. Sheila Lyne RSM
President
Mercy Medical Center
2525 South Michigan Avenue
Chicago, IL 60616

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1503

TO: Ms. Lena Dobbs-Johnson
President
Advocate Bethany Hospital
3435 West Van Buren Street
Chicago, IL 60624

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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TO: Dr. David Chua
Manager
South Loop Endoscopy & Wellness
Center
2336-40 South Wabash Avenue
Chicago, IL 60616

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1497

TO: Ms. Barbara Kiel
Administrator
DuPage Orthopaedic Surgery Center
27650 Ferry Road, Suite 1430
Warrenville, IL 60555

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0674

TO: Mr. Thomas McAfee
President & Chief Executive Officer
Lake Forest Hospital
660 North Westmoreland
Lake Forest, IL 60045

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0698

TO: Mr. Guy Medaglia
President & Chief Executive Officer
St. Anthony Hospital
2875 West 19th Street
Chicago, IL 60623

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0667

TO: Mr. Sidney Thomas
COO
Provident Hospital
500 East 51st Street
Chicago, IL 60615

SENDER: AMCOO
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7160 3901 9848 6328 0681

TO: Ms. Joy Moore
Administrator
Justice Med-Surg Center
9050 West 81st Street
Justice, IL 60458

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0629

TO: Ms. Deborah Lee Crook
Administrator
Valley Ambulatory Surgery
2210 Dean Street
St. Charles, IL 60175

D
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SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0650

TO: Ms. Pamela Davis
President & Chief Executive Officer
Edward Hospital
801 South Washington Street
Naperville, IL 60540

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0612

TO: Fortunee Massuda
Administrator
Foot & Ankle Clinics of America
1644 East 53rd Street
Chicago, IL 60615

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SENDER: AMCOO

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7160 3901 9848 6328 0636

TO: Sr. Elizabeth VanStraten
President & CEO
St. Bernard Hospital & Health
326 West 64th Street
Chicago, IL 60621

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7160 3901 9848 6328 0605

TO: Dr. Evert Kirch
Administrator
North Shore Endoscopy
101 Waukegan Road
Lake Bluff, IL 60044

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0643

TO: Ms. Jo Ann Depergola
Administrator
Novamed Center for Reconstructive Surgery
6309 West 95th Street
Oak Lawn, IL 60453

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0575

TO: Mr. Ronald Ladniak
Administrator
Naperville Surgical Center
1263 Rickert Drive
Naperville, IL 60540

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0599

TO: Dr. Wayne Lue
Administrator
Oak Lawn Endoscopy
9921 Southwest Highway
Oak Lawn, IL 60453

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0568

TO: Ms. Barbara Martin
President & Chief Executive Officer
Vista Surgery Center
Red Oak Lane
Lindenhurst, IL 60046

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0582

IED

TO: Mr. Jim Kolb
Administrator
Midwest Endoscopy Center
1243 Rickert Drive
Naperville, IL 60540

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0551

TO: Mr. James Madara
CEO
University of Chicago Medical Center
1170 East 58th Street
Chicago, IL 60637

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0544

TO: Mr. Rick Mace
Chief Executive Officer
Adventist Bolingbrook Hospital
500 Remington Boulevard
Bolingbrook, IL 60440

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0506

TO: Sr. Margaret Wright
President
Palos Community Hospital
12251 South 80th Avenue
Palos Heights, IL 60463

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0537

TO: Ms. Tina Heffeman
Administrator
IL Center for Foot & Ankle Surgery
4650 Southwest Highway
Oak Lawn, IL 60453

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0520

TO: Mr. Kenneth Lukhard
President
Advocate Christ Medical Center
4440 West 95th Street
Oak Lawn, IL 60453

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0513

TO: Mr. Thomas Wright
President
Delnor Community Hospital
300 Randall Road
Geneva, IL 60134

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1817

TO: Mr. James Prister
Administrator
RML Health Providers
5601 South County Line Road
Hinsdale, IL 60521

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1824

TO: Mr. Patrick Magoon
President & CEO
Children's Memorial Hospital
2300 North Children's Plaza
Chicago, IL 60614

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1794

TO: Mr. Rick Wright
Chief Executive Officer
Adventist La Grange Memorial Hospital
5101 Willow Springs Road
La Grange, IL 60525

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1800

TO: Mr. Luke McGuinness
President & Chief Executive Officer
Central DuPage Hospital
25 Winfield Road
Winfield, IL 60190

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1770

TO: Mr. Ronald Struxness
CEO
Saint Joseph Health Centers & Hospital
2900 North Lake Shore Drive
Chicago, IL 60657

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1787

TO: Mr. Michael O'Grady Jr.
President & CEO
Norwegian American Hospital
1044 North Francisco Avenue
Chicago, IL 60622

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1763

TO: Ms. JoAnn Demuth
Administrator
Elgin Gastroenterology Endoscopy
Center
745 Fletcher Drive, 2nd Floor
Elgin, IL 60123

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1756

TO: Mr. Edward Novak
President & CEO
Sacred Heart Hospital
3240 West Franklin Boulevard
Chicago, IL 60624

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1732

TO: Ms. Margaret McDermott
CEO
St. Mary of Nazareth Hospital
2233 West Division Street
Chicago, IL 60622

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1749

TO: Mr. Jeffrey Murphy
CEO
St. Francis Hospital
355 Ridge Avenue
Evanston, IL 60202

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1718

TO: Mr. Steve Drucker
President & CEO
Loretto Hospital
645 South Central Avenue
Chicago, IL 60644

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1725

TO: Dr. Ann Errichetti
President
Advocate Condell Medical Center
801 South Milwaukee Avenue
Libertyville, IL 60048

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1695

TO: Mr. William Brown FACHE
President & Chief Executive Officer
Provena St. Joseph Hospital
77 North Airlite Street
Elgin, IL 60123

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1701

TO: Mr. Michael Castro
Administrator
Rogers Park One Day Surgery Center
7616 North Paulina Street
Chicago, IL 60626

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1671

TO: Ms. Patty Wamsley
Administrator
River North Same Day Surgery Center
One East Erie, Suite 300
Chicago, IL 60611

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1688

TO: Mr. Joe Jafari
Administrator
Grand Avenue Surgical Center
17 West Grand Avenue
Chicago, IL 60654

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1664

TO: Mr. Jay Kreuzer
CEO
West Suburban Hospital
Erie at Austin
Oak Park, IL 60302

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1657

TO: Ms. Patricia Wamsley
Administrator
25 East Same Day Surgery
25 East Washington Street, Suite
Chicago, IL 60602

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1640

TO: Jesse Peterson Hall
President
Highland Park Hospital
777 Park Avenue West
Highland Park, IL 60035

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1633

TO: Ms. Guita Griffiths
Administrator
The Surgery Center at 900 North
Michigan
60 East Delaware Avenue, 15th Floor
Chicago, IL 60611

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1619

TO: Mr. Dean Harrison
President & CEO
Northwestern Memorial Hospital
240 East Ontario
Chicago, IL 60611

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1626

TO: Dr. Paul Madison
Administrator
Watertown Surgicenter
845 North Michigan Ave, Suite 900 E
Chicago, IL 60611

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1596

TO: Ms. Barbara Ramsey
Administrator
Rush Surgicenter - Professional Building
1725 West Harrison, Suite 556
Chicago, IL 60612

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1602

TO: Dr. Larry Goodman
President & CEO
Rush University Medical Center
1653 West Congress Parkway
Chicago, IL 60612

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1572

TO: Mr. Damon Havill
Grayslake Outpatient Center
660 North Westmoreland Road
Lake Forest, IL 60045

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1589

TO: Mr. John DeNardo
Executive Director
University of Illinois Medical Center
1740 West Taylor Street
Chicago, IL 60612

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1565

TO: Mr. Alexander Tosiou
Administrator
Lake Forest Endoscopy Center
1475 East Belvidere Road
Grayslake, IL 60030

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1558

TO: Ms. Wendy Luxenburg
Administrator
John Stroger Hospital of Cook County
1901 West Harrison Street
Chicago, IL 60612

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1534

TO: Ms. Dana McGrath
Administrator
Algonquin Road Surgery Center
2550 West Algonquin Road
Lake in the Hills, IL 60156

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SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1541

TO: Mr. Anthony Fato
Administrator
The Center for Surgery
475 East Diehl Road
Naperville, IL 60563

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1510

TO: Mr. Alan Channing
President & CEO
Mount Sinai Hospital Medical Center
1500 South California Avenue
Chicago, IL 60608

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7160 3901 9848 6328 1527

TO: Mr. Michael Eesley
President & Chief Executive Officer
Northern Illinois Medical Center
330 West Terra Cotta Avenue
Crystal Lake, IL 60014

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7160 3901 9848 6328 0483

TO: Mr. Joseph Ollayos
Administrator
Tri-Cities Surgery Center
345 Delnor Drive
Geneva, IL 60134

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SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0360

TO: Ms. Barbara Martin
President & Chief Executive Officer
Vista Medical Center West
2615 Washington Street
Waukegan, IL 60085

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0469

TO: Mr. Wayne Lerner
President & Chief Executive Officer
Holy Cross Hospital
2701 West 68th Street
Chicago, IL 60629

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0476

TO: Ms. Mary O'Brien
Administrator
Fox Valley Orthopaedic Associates
2525 Kaneville Road
Geneva, IL 60134

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0445

TO: Mr. Jesus Ong
President & CEO
South Shore Hospital
8012 South Crandon Avenue
Chicago, IL 60617

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0452

TO: Mr. Merritt Hasbrouck
President
Jackson Park Hospital
7531 South Stony Island Avenue
Chicago, IL 60649

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0421

TO: Mr. Barry Finn
President & Chief Executive Officer
Rush Copley Memorial Hospital
2000 Ogden Avenue
Aurora, IL 60504

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0438

TO: Ms. Donna Wilson
Administrator
Castle Surgicenter
2111 Ogden Avenue
Aurora, IL 60504

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0407

TO: Mr. James Witt RN, FACHE
President & Chief Executive Officer
Provena Mercy Center
1325 North Highland Avenue
Aurora, IL 60506

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0414

TO: Mr. John Bruss
President
Advocate Trinity Hospital
2320 East 93rd Street
Chicago, IL 60617

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0384

TO: Ms. Catherine Nichols
President
Roseland Community Hospital
45 West 111th Street
Chicago, IL 60628

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0391

TO: Ms. Erika Horstmann
Administrator
Orland Park Surgical Center
9550 West 167th Street
Orland Park, IL 60467

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0353

TO: Mr. Michael Wood
Administrator
Surgicore
10547 South Ewing Avenue
Chicago, IL 60617

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0377

TO: Ms. Donna Cooper
Administrator
Dreyer Ambulatory Surgery Center
1221 North Highland Avenue
Aurora, IL 60506

SENDER: AMCOO

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7160 3901 9848 6328 0339

TO: Mr. Michael Eesley
President & Chief Executive Officer
Memorial Medical Center
527 West South Street
Woodstock, IL 60098

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 0346

TO: Ms. Angie Burns
Administrator
Kendall Pointe Surgery Center
100 5th Street
Oswego, IL 60543

SENDER: AMCOO

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7160 3901 9848 6328 2326

TO: Ms. Faith McHale
Administrator
Belmont/Harlem Surgery Center, LLC
3101 North Harlem Avenue
Chicago, IL 60634

SENDER: AMCOO
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7160 3901 9848 6328 0490

TO: Mr. Thomas Holecek
Administrator
Palos Surgicenter
7340 West College Drive
Palos Heights, IL 60463

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2340

TO: Mr. Jeffrey Hillebrand
Chief Operating Officer
Rush North Shore Medical Center
9600 Gross Point Road
Skokie, IL 60076

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2333

TO: Mr. Brinsley Lewis
Chief Executive Officer
Adventist Glen Oaks Medical Center
701 Winthrop Avenue
Glendale Heights, IL 60139

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2203

TO: Ms. Ivette Estrada
CEO
Our Lady of Resurrection Hospital
5645 West Addison Street
Chicago, IL 60634

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2210

TO: Dr. Ronald Bloom
Administrator
The Glen Endoscopy Center
2551 Compass Road, Suite 115
Glenview, IL 60026

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2180

TO: Ms. Tina Mentz
Administrator
Elmhurst Outpatient Surgery Center
120 South York Road
Elmhurst, IL 60126

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2197

TO: Ms. Patricia Shehom
CEO
Westlake Community Hospital
1225 West Lake Street
Melrose Park, IL 60160

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2166

TO: Mr. Rik Baier
Administrator
DMG Surgical Center
2725 South Technology Drive
Lombard, IL 60148

SENDER: AMCOO
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7160 3901 9848 6328 2173

TO: Ms. Melody Winter-Jabeck
Administrator
Ravine Way Surgery Center
2350 Ravine Way, Suite 500
Glenview, IL 60025

SENDER: AMCOO
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7160 3901 9848 6328 2142

TO: Mr. Eric Meyers
Administrator
DuPage Eye Surgery Center
2015 North Main Street
Wheaton, IL 60187

SENDER: AMCOO
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7160 3901 9848 6328 2159

TO: Ms. Jennifer Cichon
Administrator
Chicago Prostate Cancer Surgery Center
815 Pasquinelli Drive
Westmont, IL 60559

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1961

TO: Mr. Daniel Post
Administrator
Loyola University Ambulatory Surgical
Center
2160 South First Avenue
Maywood, IL 60153

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1978

TO: Ms. Tess Sagaidoro
Administrator
Peterson Surgery Center
2300 West Peterson Avenue
Chicago, IL 60659

SENDER: AMCOO

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7160 3901 9848 6328 1947

TO: Ms. Janet Flojo
Administrator
CMP Surgicenter
3412 West Fullerton Avenue
Chicago, IL 60647

SENDER: AMCOO

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7160 3901 9848 6328 1954

TO: Ms. Sharon O'Keefe
President
Loyola University Medical Center
2160 South First Avenue
Maywood, IL 60153

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1923

TO: Mr. David Crane
Chief Executive Officer
Adventist Hinsdale Hospital
120 North Oak Street
Hinsdale, IL 60521

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1909

TO: Mr. Richard Floyd FACHE
President & Chief Executive Officer
Sherman Hospital
1425 North Randall Road
Elgin, IL 60123

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1930

TO: Dr. Ramon Garcia
Administrator
Hispanic-American Endoscopy Center,
LLC
3536 West Fullerton Avenue
Chicago, IL 60647

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1916

TO: Mr. Frank Solare
President & CEO
Thorek Hospital & Medical Center
850 West Irving Park Road
Chicago, IL 60613

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1879

TO: Dr. Gary Rippberger
Administrator
Healthsouth Surgery Center of
Hawthorne
1900 Hollister Drive
Libertyville, IL 60048

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1893

TO: Ms. Margaret McDermott
CEO
St. Elizabeth's Hospital
1431 North Claremont Avenue
Chicago, IL 60622

SENDER: AMCOO
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7160 3901 9848 6328 1882

TO: Ms. Yvette Barnabas
Administrator
Lakeshore Physicians & Surgery Center
7200 North Western Avenue
Chicago, IL 60645

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1886

TO: Ms. Linda Butler
Administrator
Grand Oaks Surgery Center
1800 Hollister Drive
Libertyville, IL 60048

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2371

TO: Sr. Donna Marie Wolowicki
Executive Vice President
Resurrection Medical Center
7435 West Talcott Avenue
Chicago, IL 60631

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2388

TO: Mr. Douglas Silverstein
President
Glenbrook Hospital
2100 Pfingsten Road
Glenview, IL 60026

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1855

TO: Mr. Frank Molinaro
CEO
Louis A. Weiss Memorial Hospital
4646 North Marine Drive
Chicago, IL 60640

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1848

TO: Ms. Susan Nordstrom Lopez
President
Advocate Illinois Masonic Medical
Center
811 West Wellington Avenue
Chicago, IL 60657

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2357

TO: Ms. Ali Nili
Administrator
Ashton Center for Day Surgery
1800 McDonough Road, Suite 100
Hoffman Estates, IL 60192

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1831

TO: Mr. Bruce Elegant
President & CEO
Rush Oak Park Hospital
520 South Maple Avenue
Oak Park, IL 60304

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2364

TO: Mr. Bruce Campbell
President
Advocate Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2395

TO: Ms. Ali Nili
Administrator
Northeast DuPage Surgery Center, LLC
1580 West Lake Street
Addison, IL 60101

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2425

TO: Dr. Nicholas Lygizos
Administrator
Golf Surgical Center
8901 Golf Road
Des Plaines, IL 60016

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2401

TO: Ms. Patricia Wade
Administrator
The Hoffman Estates Surgery Center
1555 Barrington Rd, DOB 3, Suite 0400
Hoffman Estates, IL 60169

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2432

TO: Ms. Aimee Dillard
Administrator
Advantage Health Care, Ltd.
203 East Irving Park Road
Wood Dale, IL 60191

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2418

TO: Mr. Edward Goldberg
President & Chief Executive Officer
St. Alexius Medical Center
1555 Barrington Road
Hoffman Estates, IL 60169

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2456

TO: Dr. Lowell Scott Weil
Administrator
Foot & Ankle Surgical Center
1455 Golf Road, Suite 134
Des Plaines, IL 60016

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2449

TO: Mr. John Baird
CEO
Holy Family Hospital
100 North River Road
Des Plaines, IL 60016

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2470

TO: Mr. John Werrbach
President & CEO
Alexian Brothers Medical Center
800 Biesterfield Road
Elk Grove Village, IL 60007

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2463

TO: Ms. Vera Schmidt
Administrator
Dimensions Medical Center, Ltd.
1455 Golf Road, Suite 108
Des Plaines, IL 60016

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2500

TO: Ms. Karolynn Welu-Kuecker
Administrator
Northwest Surgicare HealthSouth
1100 West Central Road
Arlington Heights, IL 60005

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2494

TO: Mr. Bruce Crowther
President & CEO
Northwest Community Hospital
800 West Central Road
Arlington Heights, IL 60005

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2050

TO: Mr. David Fox Jr.
President
Advocate Good Samaritan Hospital
3815 Highland Avenue
Downers Grove, IL 60515

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2487

TO: Ms. Meaghan Reshoft
Administrator
Northwest Community Day Surgery
675 West Kirchoff Road
Arlington Heights, IL 60005

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2302

TO: Ms. Diana Maracich
Administrator
Albany Medical Surgical Center
5086 North Elston Avenue
Chicago, IL 60630

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2289

TO: Dr. Ester Lyons
Administrator
Elmhurst Medical & Surgical Center
340 West Butterfield Road
Elmhurst, IL 60126

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2319

TO: Mr. Geoffrey Abbott
Administrator
Loyola Ambulatory Surgical Center at
Oakbrook
1 So. 224 Summit Avenue, Suite 201
Oakbrook Terrace, IL 60181

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2296

TO: Dr. Severko Hrywnak
Administrator
Advanced Ambulatory Surgical Center
2333 Harlem Avenue
Chicago, IL 60707

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2258

TO: Mr. Lawrence Parrish
Administrator
Illinois Sports Medicine & Orthopedic
Surgery Center
9000 Waukegan Road, Suite 120
Morton Grove, IL 60053

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2272

TO: Ms. Patricia Cassidy
President
Gottlieb Memorial Hospital
701 West North Avenue
Melrose Park, IL 60160

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2241

TO: Ms. Ali Nili
Administrator
The Oak Brook Surgical Centre
2425 West 22nd Street, Suite 101
Oakbrook, IL 60523

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2265

TO: Dr. Sarmed Elias
Administrator
Six Corners Same Day Surgery
4211 North Cicero Avenue, Suite 400
Chicago, IL 60641

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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121

7160 3901 9848 6328 2074

TO: Mr. Ronald Ladniak
Administrator
Westmont Surgery Center
530 North Cass Avenue
Westmont, IL 60559

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2234

TO: Ms. Patricia Wamsley
Administrator
Elmwood Park Same Day Surgery, LLC
1614 North Harlem Avenue
Elmwood Park, IL 60707

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2227

TO: Mr. Leo Fronza
President & Chief Executive Officer
Elmhurst Memorial Hospital
200 North Berteau Avenue
Elmhurst, IL 60126

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2067

TO: Mr. Ronald Ladniak
Administrator
Midwest Center for Day Surgery
3811 Highland Avenue
Downers Grove, IL 60515

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2111

TO: Mr. John Calta
Administrator
Novamed Surgery Center of River
Forest
7427 West Lake Street
River Forest, IL 60453

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2104

TO: Mr. Mark Newton
President & CEO
Swedish Covenant Hospital
5145 North California Avenue
Chicago, IL 60625

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2081

TO: Mr. Troy Litch
Administrator
Novamed Surgery Center of Chicago
Northshore, LLC
3034 West Peterson Avenue
Chicago, IL 60659

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2098

TO: Salam Okasha
Administrator
Fullerton Surgery Center, Inc.
4849 West Fullerton Avenue
Chicago, IL 60639

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1992

TO: Ms. Kimberly Zidonis
Administrator
North Shore Surgical Center
3725 West Touhy Avenue
Lincolnwood, IL 60712

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 1985

TO: Mr. Laurence Andrews
Administrator
Ritacca Laser Center
230 Center Drive
Vernon Hills, IL 60061

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2135

TO: Mr. J.P. Gallagher
President
Evanston Hospital
2650 Ridge Avenue
Evanston, IL 60201

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2128

TO: Mr. Tom Schubnell
Administrator
Children's Memorial Outpatient Services
2301 Enterprise Drive
Westchester, IL 60154

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2012

TO: Dr. Brian Smith
Administrator
Eye Surgery Center of Hinsdale
950 North York Road
Hinsdale, IL 60521

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2005

TO: Ms. Inga Ferdkoff
Administrator
Ambulatory Surgicenter of Downers Grove
4333 Main Street
Downers Grove, IL 60515

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2029

TO: Mr. Fernando Gruta
Administrator
Hinsdale Surgical Center
908 North Elm Street, Suite 401
Hinsdale, IL 60521

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6328 2036

TO: Ms. Karen Lambert
President
Advocate Good Shepherd Hospital
450 West Highway 22
Barrington, IL 60010

SENDER: AMCOO
REFERENCE: c/m #061982-407444

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7160 3901 9848 6326 2043

TO: Dr. Renlin Xia
Administrator
American Women's Medical Group
2746 North Western Avenue
Chicago, IL 60647

SENDER: AMCOO

REFERENCE: c/m #061982-407444

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Surgical Facilities within 60 Minutes Normal Drive Time from the Proposed ASTC

First Name	Last Name	Position	Facility	Address	City	Zip Code	Distance	Time	Adjusted Time
Bruce	Crowther	President & CEO	Northwest Community Hospital	800 West Central Road	Arlington Heights	60005	2.4	4.0	4.6
Karolynn	Weiu-Kuecker	Administrator	Northwest Surgicare HealthSouth	1100 West Central Road	Arlington Heights	60005	2.2	4.0	4.8
Meaghan	Reshoff	Administrator	Northwest Community Day Surgery	675 West Kirchoff Road	Arlington Heights	60005	2.6	5.0	5.8
John	Werbach	President & CEO	Alexian Brothers Medical Center	800 Bleisfield Road	Elk Grove Village	60007	4.3	8.0	9.2
Aimee	Dillard	Administrator	Advantage Health Care, Ltd.	203 East Irving Park Road	Wood Dale	60191	7.6	13.0	15.0
Vera	Schmidt	Administrator	Dimensions Medical Center, Ltd.	1455 Golf Road, Suite 108	Des Plaines	60016	5.9	13.0	15.0
Lowell Scott	Weil	Administrator	Foot & Ankle Surgical Center	1455 Golf Road, Suite 134	Des Plaines	60016	5.9	13.0	15.0
John	Baird	CEO	Holy Family Hospital	100 North River Road	Des Plaines	60016	6.0	13.0	15.0
Edward	Goldberg	President & Chief Executive Officer	St. Alexius Medical Center	1555 Barrington Road	Hoffman Estates	60169	8.5	15.0	17.3
Patricia	Wade	Administrator	The Hoffman Estates Surgery Center	1555 Barrington Road, DOB 3, Suite 0400	Hoffman Estates	60169	8.5	15.0	17.3
All	Nili	Administrator	Northeast DuPage Surgery Center, LLC	1560 West Lake Street	Addison	60101	10.0	16.0	18.4
Bruce	Campbell	President	Advocate Lutheran General Hospital	1775 Dempster Street	Park Ridge	60068	12.7	17.0	19.6
Nicholas	Lygizos	Administrator	Golf Surgical Center	8901 Golf Road	Des Plaines	60016	8.0	17.0	19.6
Donna Marie	Wolowicki	Executive Vice President	Resurrection Medical Center	7435 West Talcott Avenue	Chicago	60631	12.0	17.0	19.6
All	Nili	Administrator	Ashton Center for Day Surgery	1800 McDonough Road, Suite 100	Hoffman Estates	60192	13.2	19.0	21.9
Brinsley	Lewis	Chief Executive Officer	Adventist Glen Oaks Medical Center	701 Winthrop Avenue	Glendale Heights	60139	13.6	20.0	23.0
Diana	Maracich	Administrator	Albany Medical Surgical Center	5086 North Elston Avenue	Chicago	60630	15.0	21.0	24.2
Leo	Franza	President & Chief Executive Officer	Elmhurst Memorial Hospital	200 North Berdeau Avenue	Elmhurst	60126	16.2	21.0	24.2
Douglas	Silverstein	President	Glenbrook Hospital	2100 Pfingsten Road	Glenview	60026	10.7	21.0	24.2
Ester	Lyons	Administrator	Elmhurst Medical & Surgical Center	340 West Butterfield Road	Elmhurst	60126	15.2	22.0	25.3
Geoffrey	Abbott	Administrator	Loyola Ambulatory Surgical Center at Oakbrook	1 So. 224 Summit Avenue, Suite 201	Oakbrook Terrace	60181	14.8	22.0	25.3
Sarned	Elias	Administrator	Six Corners Same Day Surgery	4211 North Cicero Avenue, Suite 400	Chicago	60641	15.4	22.0	25.3
Aji	Nili	Administrator	The Oak Brook Surgical Centre	2425 West 22nd Street, Suite 101	Oakbrook	60623	15.6	23.0	26.5
Reelin	Xia	Administrator	American Women's Medical Group	2744 North Western Avenue	Chicago	60647	18.7	24.0	27.6
Faith	McHale	Administrator	Belmont/Harlem Surgery Center, LLC	3101 North Harlem Avenue	Chicago	60634	14.5	24.0	27.6
Tina	Mentz	Administrator	Elmhurst Outpatient Surgery Center	120 South York Road	Elmhurst	60126	16.5	24.0	27.6
Lawrence	Parish	Administrator	Illinois Sports Medicine & Orthopedic Surgery Center	9000 Waukegan Road, Suite 120	Morton Grove	60053	15.5	24.0	27.6
Jennifer	Cichon	Administrator	Chicago Prostate Cancer Surgery Center	815 Pasquinelli Drive	Westmont	60559	17.2	25.0	28.8
Rik	Baier	Administrator	DMG Surgical Center	2725 South Technology Drive	Lombard	60148	16.8	25.0	28.8
Ivette	Estrada	CEO	Our Lady of Resurrection Hospital	5645 West Addison Street	Chicago	60634	16.3	25.0	28.8
Ronald	Bloom	Administrator	The Glen Endoscopy Center	2551 Compass Road, Suite 115	Glenview	60026	16.2	25.0	28.8
Tom	Schubnell	Administrator	Children's Memorial Outpatient Services	2301 Enterprise Drive	Westchester	60154	17.4	26.0	29.9
Eric	Meyers	Administrator	DuPage Eye Surgery Center	2015 North Main Street	Wheaton	60187	17.2	26.0	29.9
Patricia	Cassidy	President	Gottlieb Memorial Hospital	701 West North Avenue	Meinrose Park	60160	15.3	26.0	29.9
Melody	Writer-Jabek	Administrator	Ravine Way Surgery Center	2350 Ravine Way, Suite 500	Glenview	60025	16.7	26.0	29.9
Richard	Floyd	President & Chief Executive Officer	Sherman Hospital	1425 North Randall Road	Elgin	60123	20.2	26.0	29.9
Severko	Hrynak	Administrator	Advanced Ambulatory Surgical Center	2333 Harlem Avenue	Chicago	60707	15.2	27.0	31.1
Karen	Lambert	President	Advocate Good Shepherd Hospital	450 West Highway 22	Barrington	60010	18.8	27.0	31.1
Janet	Flojo	Administrator	Hinsdale Surgical Center	3412 West Fullerton Avenue	Chicago	60647	19.5	27.0	31.1
Fernando	Gruza	Administrator	Loyola University Ambulatory Surgical Center	2160 South First Avenue	Hinsdale	60521	18.9	27.0	31.1
Daniel	Post	President	Loyola University Medical Center	2160 South First Avenue	Maywood	60153	19.3	27.0	31.1
Shanon	O'Keefe	President	Advocate Good Samaritan Hospital	3815 Highland Avenue	Maywood	60153	19.3	27.0	31.1
David	Fox	President	Eye Surgery Center of Hinsdale	950 North York Road	Downers Grove	60515	18.4	28.0	32.2
Brian	Smith	Administrator	Hispanic-American Endoscopy Center, LLC	3536 West Fullerton Avenue	Hinsdale	60647	19.1	28.0	32.2
Ramon	Garcia	Administrator	Midwest Center for Day Surgery	3811 Highland Avenue	Chicago	60647	19.6	28.0	32.2
Ronald	Ladniak	Administrator	Rush North Shore Medical Center	9600 Gross Point Road	Downers Grove	60515	18.4	28.0	32.2
Jeffrey	Hillebrand	Chief Operating Officer	Westmont Surgery Center	530 North Cass Avenue	Skokie	60076	13.5	28.0	32.2
Ronald	Ladniak	Administrator	Elgin Gastroenterology Endoscopy Center	745 Fletcher Drive, 2nd Floor	Westmont	60559	18.4	28.0	32.2
JoAnn	Demuth	Administrator	Fullerton Park Same Day Surgery, LLC	1614 North Harlem Avenue	Elgin	60123	21.7	29.0	33.4
Salim	Wamsley	Administrator	Fullerton Surgery Center, Inc.	4849 West Fullerton Avenue	Chicago	60639	17.1	29.0	33.4
Patricia	Okasha	Administrator	North Shore Surgical Center	3725 West Touhy Avenue	Chicago	60639	17.7	29.0	33.4
Kimberly	Zidonis	Administrator	Navamed Surgery Center of Chicago Northshore, LLC	3034 West Peterson Avenue	Lincroftwood	60712	19.2	29.0	33.4
Troy	Litch	Administrator	Riacea Laser Center	230 Center Drive	Chicago	60659	18.4	29.0	33.4
Laurence	Andrews	Administrator	St. Elizabeth's Hospital	1431 North Clearmont Avenue	Vernon Hills	60061	19.3	29.0	33.4
Margaret	McDermott	CEO			Chicago	60622	20.5	29.0	33.4

Surgical Facilities within 60 Minutes Normal Drive Time from the Proposed ASTC

First Name	Last Name	Position	Facility	Address	City	Zip Code	Distance	Time	Adjusted Time
Mark	Newton	President & CEO	Swedish Covenant Hospital	5145 North California Avenue	Chicago	60625	17.6	29.0	33.4
Patricia	Shehorn	CEO	Westlake Community Hospital	1225 West Lake Street	Meinrose Park	60160	18.4	29.0	33.4
David	Crane	Chief Executive Officer	Adventist Hinsdale Hospital	120 North Oak Street	Hinsdale	60521	19.7	30.0	34.5
Inga	Ferdhoff	Administrator	Ambulatory Surgicenter of Downers Grove	4333 Main Street	Downers Grove	60515	19.2	30.0	34.5
Bruce	Elegant	President & CEO	Rush Oak Park Hospital	520 South Maple Avenue	Oak Park	60304	21.0	30.0	34.5
Margaret	McDermott	CEO	St. Mary of Nazareth Hospital	2233 West Division Street	Chicago	60622	22.1	30.0	34.5
Susan	Nordstrom Lopez	President	Advocate Illinois Masonic Medical Center	811 West Wellington Avenue	Chicago	60657	21.0	31.0	35.7
Patrick	Magoon	President & CEO	Children's Memorial Hospital	2300 North Children's Plaza	Chicago	60614	21.0	31.0	35.7
Joe	Jafari	Administrator	Grand Avenue Surgical Center	17 West Grand Avenue	Chicago	60654	23.3	31.0	35.7
Linda	Butler	Administrator	Grand Oaks Surgery Center	1800 Hollister Drive	Libertyville	60048	20.5	31.0	35.7
Sieve	Druker	President & CEO	Loretto Hospital	845 South Central Avenue	Chicago	60644	22.7	31.0	35.7
John	Calla	Administrator	Novamed Surgery Center of River Forest	7427 West Lake Street	River Forest	60453	17.4	31.0	35.7
William	Brown	President & Chief Executive Officer	Provena St. Joseph Hospital	77 North Arlitt Street	Elgin	60123	23.2	31.0	35.7
Patty	Wamsley	Administrator	River North Same Day Surgery Center	One East Erie, Suite 300	Chicago	60611	23.4	31.0	35.7
James	Prister	Administrator	RML Health Providers	5601 South County Line Road	Hinsdale	60521	21.1	31.0	35.7
Patricia	Wamsley	Administrator	25 East Same Day Surgery	25 East Washington Street, Suite 300	Chicago	60602	23.7	32.0	36.8
Luke	McGuinness	President & Chief Executive Officer	Central DuPage Hospital	25 Winfield Road	Winfield	60190	21.2	32.0	36.8
Gary	Rippberger	Administrator	Healthsouth Surgery Center of Hawthorne	1900 Hollister Drive	Libertyville	60048	20.7	32.0	36.8
Michael	O'Grady	President & CEO	Nonwegian American Hospital	1044 North Francisco Avenue	Chicago	60622	21.6	32.0	36.8
Barbara	Ramsey	Administrator	Rush Surgicenter - Professional Building	1725 West Harrison, Suite 566	Chicago	60612	24.5	32.0	36.8
Larry	Goodman	President & CEO	Rush University Medical Center	1653 West Congress Parkway	Chicago	60612	24.5	32.0	36.8
Frank	Solare	President & CEO	Thorak Hospital & Medical Center	850 West Irving Park Road	Chicago	60613	20.0	32.0	36.8
Dana	McGrath	Administrator	Algonquin Road Surgery Center	2550 West Algonquin Road	Lake in the Hills	60156	25.7	33.0	38.0
Wendy	Luxenburg	Administrator	John Stroger Hospital of Cook County	1901 West Harrison Street	Chicago	60612	25.0	33.0	38.0
Dean	Harrison	President & CEO	Northwestern Memorial Hospital	240 East Ontario	Chicago	60611	23.9	33.0	38.0
Tess	Sagaidoro	Administrator	Peterson Surgery Center	2300 West Peterson Avenue	Chicago	60659	19.3	33.0	38.0
Ronald	Slunness	CEO	Saint Joseph Health Centers & Hospital	2900 North Lake Shore Drive	Chicago	60657	21.7	33.0	38.0
Guila	Griffiths	Administrator	The Surgery Center at 900 North Michigan	60 East Delaware Avenue, 15th Floor	Chicago	60611	23.8	33.0	38.0
Paul	Madison	Administrator	WaterTower Surgicenter	845 North Michigan Avenue, Suite 830 E	Chicago	60611	23.9	33.0	38.0
Rick	Wright	Chief Executive Officer	Advantist La Grange Memorial Hospital	5101 Willow Springs Road	La Grange	60525	21.6	34.0	39.1
Lena	Dobbs-Johnson	President	Advocate Bethany Hospital	3435 West Van Buren Street	Chicago	60624	26.6	34.0	39.1
Ann	Ericchetti	President	Advocate Condell Medical Center	801 South Milwaukee Avenue	Libertyville	60048	22.1	34.0	39.1
Yvette	Barnabas	Administrator	Lakeshore Physicians & Surgery Center	7200 North Western Avenue	Chicago	60645	20.9	34.0	39.1
Edward	Novak	President & CEO	Sacred Heart Hospital	3240 West Franklin Boulevard	Chicago	60624	21.7	34.0	39.1
John	DeNardo	Executive Director	University of Illinois Medical Center	1740 West Taylor Street	Chicago	60612	24.9	34.0	39.1
Frank	Maimaro	CEO	Louis A. Weiss Memorial Hospital	4646 North Marine Drive	Chicago	60640	20.9	35.0	40.3
Anthony	Fato	Administrator	The Center for Surgery	475 East Diehl Road	Naperville	60563	25.7	35.0	40.3
Jay	Krauzer	CEO	West Suburban Hospital	Erie at Austin	Oak Park	60302	23.5	35.0	40.3
Barbara	Kiel	Administrator	DuPage Orthopaedic Surgery Center	27650 Ferry Road, Suite 1430	Warrenville	60555	26.6	36.0	41.4
Sheila	Lyna	President	Marcy Medical Center	2525 South Michigan Avenue	Chicago	60616	27.1	36.0	41.4
David	Chua	Manager	South Loop Endoscopy & Wellness Center	2336-40 South Wabash Avenue	Chicago	60161	27.1	36.0	41.4
Jeffrey	Murphy	CEO	St. Francis Hospital	355 Ridge Avenue	Evanston	60202	22.0	36.0	41.4
Jesse	Peterson Hall	President	Highland Park Hospital	777 Park Avenue West	Highland Park	60035	23.8	37.0	42.6
Thomas	McAfee	President & Chief Executive Officer	Lake Forest Hospital	660 North Westmoreland	Lake Forest	60045	29.4	37.0	42.6
Alan	Channing	President	Mount Sinai Hospital Medical Center	1500 South California Avenue	Chicago	60608	26.3	37.0	42.6
Michael	Castro	Administrator	Rogers Park One Day Surgery Center	7616 North Paulina Street	Chicago	60626	22.8	37.0	42.6
Evert	Kirch	Administrator	North Shore Endoscopy	101 Waukegan Road	Lake Bluff	60044	30.8	38.0	43.7
J.P.	Gallagher	President	Evanston Hospital	2650 Ridge Avenue	Evanston	60201	17.3	39.0	44.9
Damon	Havill	Administrator	Grayslake Outpatient Center	660 North Westmoreland Road	Lake Forest	60045	25.0	39.0	44.9
Alexander	Tosiou	President & Chief Executive Officer	Lake Forest Endoscopy Center	1475 East Belvidere Road	Chicago	60030	25.0	39.0	44.9
Guy	Medaglia	Administrator	St. Anthony Hospital	2875 West 19th Street	Chicago	60623	27.3	39.0	44.9
Deborah Lee	Crook	Administrator	Valley Ambulatory Surgery	2210 Dean Street	St. Charles	60175	30.7	39.0	44.9
Joy	Moore	Administrator	Justice Med-Surg Center	9050 West 81st Street	Justice	60458	27.5	40.0	46.0
Elizabeth	Van Straten	President & CEO	St. Bernard Hospital & Health	326 West 64th Street	Chicago	60621	30.5	40.0	46.0
Rick	Mace	Chief Executive Officer	Adventist Bolingbrook Hospital	500 Remington Boulevard	Bolingbrook	60440	31.8	41.0	47.2

Surgical Facilities within 60 Minutes Normal Drive Time from the Proposed ASTC									
First Name	Last Name	Position	Facility	Address	City	Zip Code	Distance	Time	Adjusted Time
Fortunee	Massuda	Administrator	Foot & Ankle Clinics of America	1644 East 53rd Street	Chicago	60615	30.8	41.0	47.2
Thomas	Wright	President	Deinor Community Hospital	300 Randall Road	Geneva	60134	32.8	42.0	48.3
Pamela	Davis	President & Chief Executive Officer	Edward Hospital	801 South Washington Street	Naperville	60540	30.1	42.0	48.3
Jo Ann	Depergola	Administrator	Navamed Center for Reconstructive Surgery	6309 West 95th Street	Oak Lawn	60453	30.3	42.0	48.3
Sidney	Thomas	COO	Provident Hospital	500 East 51st Street	Chicago	60615	29.7	42.0	48.3
Jim	Kolb	Administrator	Midwest Endoscopy Center	1243 Rickert Drive	Naperville	60540	31.1	43.0	49.5
Ronald	Ladniak	Administrator	Naperville Surgical Center	1263 Rickert Drive	Naperville	60540	31.3	43.0	49.5
Michael	Eesley	President & Chief Executive Officer	Northern Illinois Medical Center	9921 Southwest Highway	Crystal Lake	60014	26.2	43.0	49.5
Mary	O'Brien	Administrator	Fox Valley Orthopaedic Associates	2325 Kaneville Road	Geneva	60134	33.9	44.0	50.6
Wayne	Lue	Administrator	Oak Lawn Endoscopy	9921 Southwest Highway	Oak Lawn	60453	31.1	44.0	50.6
Joseph	Ollayos	Administrator	Tri-Cities Surgery Center	345 Delnor Drive	Geneva	60134	33.4	44.0	50.6
James	Madara	CEO	University of Chicago Medical Center	1170 East 58th Street	Chicago	60637	31.5	44.0	50.6
Margaret	Wright	President	Palos Community Hospital	12251 South 80th Avenue	Palos Heights	60463	32.9	46.0	52.9
Thomas	Holeczek	Administrator	Palos Surgicenter	7340 West College Drive	Palos Heights	60463	33.2	46.0	52.9
James	Witt	President & Chief Executive Officer	Provena Mercy Center	1325 North Highland Avenue	Aurora	60506	36.5	47.0	54.1
Donna	Wilson	Administrator	Castle Surgicenter	2111 Ogden Avenue	Aurora	60504	35.7	48.0	55.2
Donna	Cooper	Administrator	Dreyer Ambulatory Surgery Center	1221 North Highland Avenue	Aurora	60506	37.2	48.0	55.2
Merritt	Hasbrouck	President	Jackson Park Hospital	7531 South Stony Island Avenue	Chicago	60649	34.2	48.0	55.2
Barry	Finn	President & Chief Executive Officer	Rush Copley Memorial Hospital	2000 Ogden Avenue	Aurora	60504	35.9	48.0	55.2
Barbara	Martin	President & Chief Executive Officer	Vista Medical Center West	2615 Washington Street	Waukegan	60085	37.9	48.0	55.2
John	Bruss	President	Advocate Trinity Hospital	2320 East 93rd Street	Chicago	60617	36.4	49.0	56.4
Tina	Heifaman	Administrator	IL Center for Foot & Ankle Surgery	4650 Southwest Highway	Oak Lawn	60453	32.5	49.0	56.4
Kenneth	Lukhard	President	Advocate Christ Medical Center	4440 West 95th Street	Oak Lawn	60453	32.6	50.0	57.5
Wayne	Lerner	President & Chief Executive Officer	Holy Cross Hospital	2701 West 68th Street	Chicago	60629	34.0	51.0	58.7
Michael	Eesley	President & Chief Executive Officer	Memorial Medical Center	527 West South Street	Woodstock	60098	39.1	51.0	58.7
Catherine	Nichols	President	Roseland Community Hospital	45 West 11th Street	Chicago	60617	36.9	51.0	58.7
Jesus	Ong	Administrator & CEO	South Shore Hospital	8012 South Crandon Avenue	Chicago	60617	34.7	51.0	58.7
Angie	Burns	Administrator	Kendall Pointe Surgery Center	100 5th Street	Oswego	60543	38.8	52.0	59.8
Erika	Hornstmann	Administrator	Orland Park Surgical Center	9550 West 167th Street	Orland Park	60467	36.8	52.0	59.8
Michael	Wood	Administrator	Surgicore	10547 South Ewing Avenue	Chicago	60617	38.7	52.0	59.8
Barbara	Martin	President & Chief Executive Officer	Vista Surgery Center	Red Oak Lane	Lindenhurst	60046	31.3	52.0	59.8



ALEXIAN
BROTHERS
Medical Center

March 18, 2010

Dale Galassi
Chairperson
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Support Letter for Illinois Hand & Upper Extremity Center CON Permit Application

Dear Dr. Galassie:

We have been advised that Hand Surgery Associates, S.C. located at 515 W. Algonquin Road in Arlington Heights plans to file an application for a Certificate of Need permit with the Illinois Health Facilities and Service Review Board to operate an Ambulatory Surgery Center. We understand that the Ambulatory Surgery Center will be limited to orthopedic cases and that the surgeons who will perform procedures at the Surgery Center are the physicians of Hand Surgery Associates. We are familiar with this practice and know that these physicians have an excellent reputation throughout metropolitan Chicago for their expertise in hand and upper extremity care. We support their endeavor to provide these services in a licensed Ambulatory Surgery Center and support their CON application. Alexian Brothers Medical Center does not believe the project will have a material impact on the utilization of surgical services at our institution.

Respectfully,

John Werrbach
President & CEO

800 West Central Road
Arlington Heights, Illinois 60005
www.nch.org



March 26, 2010

Dale Galassie, Chairperson
Illinois Health Facilities and Services Review Board
525 West Jefferson Street – Second Floor
Springfield, IL 62761

Dear Mr. Galassie:

As CEO of Northwest Community Hospital in Arlington Heights, IL, I have been advised of the intent of Hand Surgery Associates, S.C. located at 515 West Algonquin Road, Arlington Heights, IL to apply to your Board for a Certificate of Need permit for the operation of an Ambulatory Surgery Center. We at Northwest Community Hospital are very familiar with Hand Surgery Associates and have worked closely with them over the years. They are a reputable group of hand surgery physicians.

We have considered the impact of this and it is our belief that this project will not have a material impact on the utilization of surgical services here at Northwest Community Hospital. As such, we are supportive of their endeavor to provide these services as a licensed Ambulatory Surgery Center.

Sincerely,

A handwritten signature in black ink that reads "Bruce K. Crowther".

Bruce K. Crowther
President & CEO

BKC/sll

Bruce K. Crowther
President and Chief Executive Officer

847.618.5015 tel
847.618.5009 fax
bcrowther@nch.org

Section VIII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(f), Establishment of New Facilities

As previously discussed in Criterion 1110.230, the Applicant proposes to establish a center of excellence in metropolitan Chicago specializing in injuries and problems of the shoulder, elbow, wrist and hand with an emphasis on serving individuals who are injured on the job. Procedures will be primarily referred and performed by HSA physicians. HSA is one of only two groups in the Chicago metropolitan area specializing exclusively in the diagnosis and treatment of conditions and injuries of the hand and upper extremities. The other group is located in downtown Chicago and primarily uses a hospital outpatient department for its surgeries which is more costly than an ASTC. The proposed ASTC is proximately located to both heavy and light industrial parks in and around O'Hare Airport, which will allow for more immediate care of workers injured on the job. Additionally, the proposed ASTC is adjacent to major highway arteries, which makes it easily accessible to other patients throughout the metropolitan area.

Due to their limited focus and high volume of hand and upper extremity surgical cases, HSA physicians possess the technical proficiency and processes required for optimal patient care that is not available in an acute care hospital setting. Not only do the physicians specialize in injuries and conditions of the hand and upper extremities, but the practice's therapists are certified hand and occupational therapists. Therapists utilize a multi-disciplinary team approach to create individualized therapy plans designed to reduce the risk of re-injury and restore function to the maximum level in the shortest period of time possible. As a result, patients receive better quality of care and achieve better outcomes.

Finally, the design of the surgery center will result in a seamless care system for injuries and conditions of the hand and upper extremities. The proposed ASTC's location adjacent to the HSA medical office is an integral component of this care plan. Not only will the physicians be proximately located to the surgery center, but HSA's therapists will be available on site after surgery to provide post-operative splints, preliminary therapy and splint care instructions. This translates into more efficient delivery of care and overall shorter wait times.

In acknowledging the lower cost option that an ASTC setting provides when compared to a hospital outpatient department setting, during a 2009 MedPac report to Congress, Glenn Hackbarth, the Chairman of the Medicare Payment Advisory Commission noted, "For patients, ASCs offer more convenient locations, shorter waiting times, and easier scheduling; for physicians, they offer more control over their work environment by developing customized surgical environments and hiring specialized staff." ASTCs have succeeded in moving surgical services into less costly but clinically appropriate settings. Notably, ASTC services are less costly surgical services provided in the hospital outpatient department (HOPD) setting and were paid 85% of Medicare rates for HOPD, on average, in 2004. In addition to lower Medicare program spending, services provided in ASTCs result in substantial savings to Medicare beneficiaries through lower copays. As shown in Attachment 32-I, 2010 ASTC copays for Medicare beneficiaries are generally 50 percent lower than HOPD copays. The Center for Medicare and Medicaid Services ("CMS") supports moving as many procedures as possible to the ASTC setting from the hospital setting under the restriction that covered procedures

performed in an ASTC cannot be expected to pose a significant risk to beneficiary safety and the procedures would not be expected to require an overnight stay for active medical monitoring and care following the procedure.

Substantial beneficiary savings in the ASC

HCPCS	Description	2010 ASC Copay	2010 HOPD Copay	Difference in beneficiary liability
66984	Cataract surg w/iol, 1 stage	\$192.49	\$495.96	61%
43239	Upper gi endoscopy, biopsy	\$73.89	\$143.38	48%
45378	Diagnostic colonoscopy	\$76.05	\$186.06	59%
45380	Colonoscopy and biopsy	\$76.05	\$186.06	59%
45385	Lesion removal colonoscopy	\$76.05	\$186.06	59%
66821	After cataract laser surgery	\$46.81	\$104.31	55%
64483	Inj foramen epidural l/s	\$59.20	\$97.09	39%
66982	Cataract surgery, complex	\$192.49	\$495.96	61%
45384	Lesion remove colonoscopy	\$76.05	\$186.06	59%
29881	Knee arthroscopy	\$209.92	\$403.36	48%
63650	Implant neuroelectrodes	\$699.19	\$885.85	21%
29827	Arthroscop rotator cuff repr	\$327.64	\$804.74	59%

**Section VIII, Service Specific Review Criteria
 Non-Hospital Based Ambulatory Surgery
 Criterion 1110.1540(g), Charge Commitment**

- a. A list of the procedures to be performed at the proposed facility with the proposed charge is provided in Table 1110.1540(g) below.

Table 1110.1540(g)	
Procedure Code	Charge
29826 Shoulder scope	\$12,397
23410 Rotator cuff repair	\$11,194
24140 Medial epi w/ cubital tnnel	\$6,846
64708 Neuroplasty; radial tunnel	\$4,863
64718 Neuroplasty; ulnar nerve at elbow	\$4,863
29846 Wrist Scope	\$18,139
25606 Closed fixation dist radius	\$6,954
25608 Open fixation distal radius	\$15,588
25609 Distal radius	\$15,588
25440 Scaphoid nonunion	\$18,139
25000 Dequervains	\$5,686
25111 Ganglion exc	\$4,401
64721 Ctr	\$4,863
26952 Amp	\$4,401
25447 Cmc arthroplasty w/ lig rpr	\$9,113
25310 Cmc arthroplasty	\$11,194
26123 Dupuytren's	\$7,049
25116 Mass exc	\$5,686
26727 Crpp	\$6,954
26746 Opn pin	\$10,227
26116 Opn mc pin	\$5,467
26410 Extens tend rpr	\$4,401
26356 Elex tend rpr	\$7,049
26055 Trig rel	\$4,401
64831 Suture dig nerv	\$9,020
64702 Neuroplasty did nerv	\$4,863
11760 Nailbed repair	\$404
11043 I & D s	\$729
11044 I&D	\$1,875
11012 I & D for fx	\$1,115
69990 Microscope	\$3,132
64450 Dig block	\$616

- b. A letter from Michael I. Vender, M.D., committing to maintain the charges listed in Table 1110.1540(g) on the previous page is attached at Attachment 32-K.

Illinois Hand & Upper Extremity Center, L.L.C.

March 24, 2010

Dale Galassie
Acting Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

Pursuant to 77 Ill. Admin. Code § 1110.1540(g), I hereby commit that the charges listed in the table attached hereto will not be increased, at a minimum, for the first two years of operation following the opening of the Illinois Hand & Upper Extremity Center unless a permit is first obtained pursuant to 77 Ill. Admin. Code § 1110.310(a).

Sincerely,



Michael I. Vender, M.D.
Manager
Illinois Hand & Upper Extremity Center, L.L.C.

ATTACHMENT A

Illinois Hand & Upper Extremity Center	
Fee Schedule	
Procedure Code	Charge
29826 Shoulder scope	\$12,397
23410 Rotator cuff repair	\$11,194
24140 Medial epi w/ cubital tnnel	\$6,846
64708 Neuroplasty; radial tunnel	\$4,863
64718 Neuroplasty; ulnar nerve at elbow	\$4,863
29846 Wrist Scope	\$18,139
25606 Closed fixation dist radius	\$6,954
25608 Open fixation distal radius	\$15,588
25609 Distal radius	\$15,588
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25000 Dequervains	\$5,686
25111 Ganglion exc	\$4,401
64721 Ctr	\$4,863
26952 Amp	\$4,401
25447 Cmc arthroplasty w/ lig rpr	\$9,113
25310 Cmc arthroplasty	\$11,194
26123 Dupuytrens	\$7,049
25116 Mass exc	\$5,686
26727 Crpp	\$6,954
26746 Opn pin	\$10,227
26116 Opn mc pin	\$5,467
26410 Extens tend rpr	\$4,401
26356 Elex tend rpr	\$7,049
26055 Trig rel	\$4,401
64831 Suture dig nerv	\$9,020
64702 Neuroplasty did nerv	\$4,863
11760 Nailbed repair	\$404
11043 I & D s	\$729
11044 I& D	\$1,875
11012 I & D for fx	\$1,115
69990 Microscope	\$3,132
64450 Dig block	\$616

Section VIII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion I110.1540(h), Change in Scope of Service

The Applicants are proposing to establish a limited specialty ambulatory surgical treatment center with one operating room. Accordingly, this criterion is not applicable.

Section IX, Financial Feasibility
Criterion 1120.210(a), Financial Feasibility

Proforma financial statements for the first full fiscal year after project achieves target utilization (2014) are attached at Attachment - Financials.

Section IX, Financial Feasibility
Criterion 1120.210(a), Financial Feasibility

1. Attached at Attachment 75-A are letters from Banco Popular North America and Chase Bank, N.A. indicating an interest in providing financing for the proposed ASTC.
2. Attached at Attachment – 75-B is the letter of intent for the lease between Algo, L.L.C. and Illinois Hand & Upper Extremity Center, LLC.



April 12th, 2010

Dr Michael Vender
Illinois Hand and Upper Extremity Center, L.L.C.
515 W Algonquin Road
Arlington Heights, IL 60005

Dear Dr. Vender:

It is my understanding that Illinois Hand and Upper Extremity Center, LLC (IHUEC) is planning to establish a licensed ambulatory surgical treatment center (ASTC). I also understand that IHUEC will be owned exclusively by yourself, Dr. Scott Sagerman, and Dr. Prasant Atluri and that the proposed ASTC will require a line of credit for certain capital expenditures and equipment purchases along with a working capital line of credit. I have previously worked with you and the other owners of IHUEC in your capacities as owners of Hand Surgery Associates, S.C. Based on the pleasurable business experience in working with Hand Surgery Associates, S.C., Banco Popular North America (BPNA) is extremely interested in discussing the possibility of providing financing to IHUEC for its proposed ASTC.

As a premier community and commercial banking institution, BPNA provides sound lending and financial opportunities to a diverse group of consumer and business customers across the United States. We help enable our business clients to achieve their goals by offering a complete platform of financial services, including strategic advice, commercial lending, and cash management services. Additionally, BPNA's safe lending practices and comprehensive financing policies ensure mutually beneficial and lasting business value to each interaction. Our relationship with our clients takes precedence over any particular transaction. BPNA is also committed to working actively in promoting the social and economic well-being of the communities that it serves.

While this letter does not represent a commitment by BPNA to lend money, it is intended to serve as a statement of interest to facilitate further discussions between IHUEC and BPNA for the proposed financing opportunity and may form the basis for a discussion of various credit accommodations. Any commitments to make credit available to IHUEC will be evidenced in writing and executed by BPNA.

Please do not hesitate to contact me should you have any questions. I can be reached at 847-994-5970 or at ssstaniszewski@bpop.com. Thank you in advance for your consideration.

Sincerely,

Sara Ann Staniszewski
Assistant Vice President
Banco Popular North America



One South Northwest Hwy
Park Ridge, IL 60068

April 13, 2010

Illinois Hand and Upper Extremity Center, LLC.
515 W Algonquin Rd.
Arlington Hts, IL 60005-4440

This is to confirm that JPMorgan Chase Bank, NA ("Chase") is interested in considering Illinois Hand and Upper Extremity Center, LLC's (the "Center") request for a line of credit for the purpose of financing equipment and general operating expenses that the Center expects to incur in connection with a new licensed ambulatory surgical treatment center.

It is Chase's understanding that the Center is owned by Hand Surgery Associates and the individuals that together own 100% of Hand Surgery Associates, Michael Vender, Scott Sagerman and Prasant Atluri. Hand Surgery Associates has been a good and valuable customer of Chase since 1992 and has performed acceptably under the terms of the various loan facilities Chase has extended to them from time to time, including making loan payments in a timely manner.

The statements above are made only as of the date hereof and they do not represent an agreement or commitment to lend.

Sincerely,

James Knodle
Vice President
847-518-7281
847-787-5401 Fax

james.knodle@chase.com

NON-BINDING REAL ESTATE LEASE LETTER OF INTENT

April 5, 2010

Dr. Michael I. Vender, M.D.
Manager
Illinois Hand & Upper Extremity Center, L.L.C.
515 West Algonquin Road
Arlington Heights, Illinois 60005

Re: Letter of Intent - Illinois Hand & Upper Extremity Center Lease

Dear Dr. Vender:

This Non-Binding Letter of Intent sets forth the material terms and conditions pursuant to which Algo, LLC ("Lessor") is prepared to lease space in the medical office building located at 515 West Algonquin Road, Arlington Heights, Illinois 60005 ("Subject Property") to Illinois Hand & Upper Extremity Center, L.L.C. ("Lessee"). This letter shall serve as a Non-Binding Letter of Intent to lease the Subject Property.

Proposed Terms and Conditions

- Space:** 3,446 gross square feet of clinical space and 2,724 gross square feet of non-clinical support space to be located adjacent to the Hand Surgery Center Associates, S.C. office.
- Lease Term:** Initial term will be ten (10) years effective upon the later of the completion of construction or lessee occupancy. Lessor will grant Lessee two (2) renewal options each for a period of five (5) years.
- Lease Rate:** The lease rate will be based upon the full amortization of the capitalized tenant improvements to build out the space with a reasonable rate of return. The anticipated tenant improvements are projected to be \$1,500,933.
- Lease Contingency:** The lease shall be contingent upon Lessee's receipt of a certificate of need permit for the establishment of a limited-specialty ambulatory surgical treatment center from the Illinois Health Facilities and Services Review Board.

If the above terms and conditions are acceptable, please indicate your acceptance by executing a copy of this letter and returning it to me.

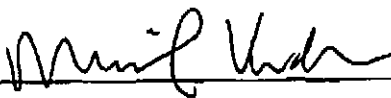
Sincerely,

ALGO, LLC

By: 
Its: Authorized Agent

AGREED TO AND ACCEPTED THIS 5 DAY OF April, 2010:

**ILLINOIS HAND & UPPER
EXTREMITY CENTER, L.L.C.**

By: 

Print Name: Michael I. Vender, M.D.

Title: Manager

Section XXVI, Economic Feasibility Review Criteria
Criterion 1120.310(b), Conditions of Debt Financing

A letter from Michael I. Vender, M.D. and Scott Sagerman, M.D., authorized representatives of Illinois Hand & Upper Extremity Center, L.L.C., certifying that the selected form of debt financing will be the lowest cost available is attached at Attachment 76-A.

Illinois Hand & Upper Extremity Center, L.L.C.

515 W Algonquin Road
Arlington Heights, Il 60005


March 24, 2010

Dale Galassie
Acting Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

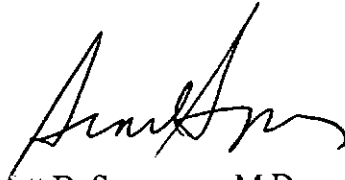
Dear Mr. Galassie:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.310(b) that the selected form of debt financing the project will be the lowest cost available.

Sincerely,

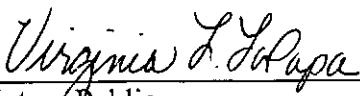


Michael I. Vender, M.D.
Manager
Illinois Hand & Upper Extremity Center,
L.L.C.

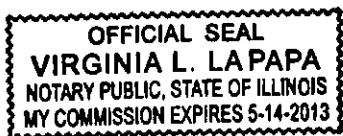


Scott D. Sagerman, M.D.
Member
Illinois Hand & Upper Extremity Center,
L.L.C.

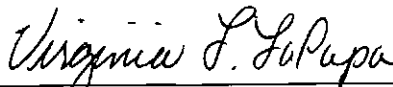
Subscribed and sworn to me
This 25th day of March, 2010



Notary Public



Subscribed and sworn to me
This 25th day of March, 2010



Notary Public



Section XXVI, Economic Feasibility Review Criteria
Criterion 1120.310(c), Reasonableness of Project and Related Costs

1. The Cost and Gross Square Feet by Department or Service table below sets forth the modernization cost and square footage allocated to each department of the proposed ASTC.

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)	
Clinical									
Procedure Room		\$184.13			471			\$86,725	
Recovery		\$184.13			296			\$54,502	
Prep Bay		\$184.13			110			\$20,254	
Work Area		\$184.13			99			\$18,229	
Lockers		\$184.13			16			\$2,946	
Nurses' Station		\$184.13			111			\$20,438	
Nourishment Station		\$184.13			41			\$7,549	
Clean Linen		\$184.13			77			\$14,178	
Med Prep		\$184.13			43			\$7,918	
Med Gas Room		\$184.13			39			\$7,181	
Soiled Utility & Holding		\$184.13			150			\$27,620	
Storage		\$184.13			283			\$52,109	
Decontamination		\$184.13			91			\$16,756	
Sterile Area		\$184.13			88			\$16,203	
Corridors		\$184.13			1,356			\$249,680	
Toilets		\$184.13			136			\$25,042	
Janitor's Closet		\$184.13			39			\$7,181	
Contingency - Clinical		\$15.86			3,446			\$54,642	
Total Clinical		\$199.99			3,446			\$689,153	
Non-Clinical									
Shared Reception		\$126.96			374			\$47,482	
Patient Consult		\$126.96			166			\$21,075	

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)	
Shared Waiting		\$126.96			1,273			\$161,616	
Staff Lockers		\$126.96			362			\$45,959	
Staff Toilets		\$126.96			132			\$16,758	
Stretcher Storage		\$126.96			108			\$13,711	
Corridor		\$126.96			275			\$34,913	
CL		\$126.96			34			\$4,317	
Contingency – Non-Clinical		\$17.51			2,724			\$47,700	
Total Non- Clinical		\$14.47			2,724			\$393,531	
TOTALS		\$175.48			6,170			\$1,082,684	

* Include the percentage (%) of space for circulation

- The Proposed ASTC does not include the purchase of major medical equipment. Therefore this criterion is not applicable.
- Table 1120.310(c) below lists tenant improvements to be amortized under the proposed lease between Illinois Hand & Upper Extremity Center, L.L.C. and Algo, L.L.C.

Table 1120.310(c)			
	Proposed ASTC	State Standard	Above/Below State Standard
Preplanning	\$17,087	1.8% x (Construction + Contingencies + Equipment) = 1.8% x (\$634,511 + \$54,642 + \$90,766 + \$518,100) = 1.8% x \$1,298,019 = \$23,364	Below State Standard
Site Survey and Preparation	\$0	5% x (Construction + Contingencies) = 5% x (\$634,511 + \$54,642) = 5% x \$689,153 = \$34,458	Below State Standard
Modernization Costs	(\$634,511 + \$54,642) / 3,446 GSF =	\$269.57 per square foot (inflated at 3% per year)	Below State Standard

Table 1120.310(c)			
	Proposed ASTC	State Standard	Above/Below State Standard
	\$689,153/ 3,446 GSF \$184.13 per square foot	until the project achieves target utilization in 2013) = $\$269.57 \times (1.03)^3 =$ $\$269.57 \times 1.0927 =$ \$294.57 per gross square foot	
Contingencies	\$54,642	10% x Construction Costs = $10\% \times \$634,511 =$ \$63,451	Below State Standard
Architectural/ Engineering Fees	\$85,000	5.2 % to 12.55% x (Construction + Contingencies) = 5.2% to 12.55% x (\$634,511 + \$54,642) = 5.2% to 12.55% x \$689,153 = \$35,836 - \$86,489	Meets State Standard
Consulting & Other Fees	\$200,000	No State Standard	
Equipment	$(\$242,200 + \$90,766) =$ \$514,966	\$361,743 per operating room (inflated at 3% per year until project achieves target utilization in 2012) $\$361,743 \times 1.03^{12} =$ $\$361,743 \times 1.4257 =$ \$515,759	Below State Standard
Fair Market Value of Leased Space	\$877,773	No State Standard	

Section XXVI, Economic Feasibility Review Criteria
Criterion 1120.310(d), Projected Operating Costs

Operating Expenses (2014):	\$1,314,032
Procedures (2014):	638 procedures
Operating Expense per Procedure:	\$2,059.61 per procedure

Section XXVI, Economic Feasibility Review Criteria
Criterion 1120.310(e), Total Effect of Project on Capital Costs

Capital Costs (2014): \$226,445 (includes rent, depreciation and amortization expenses)
Procedures (2014): 638 procedures
Capital Costs per Procedure: \$354.93 per procedure

Section X, Safety Net Impact Statement

1. The proposed ASTC will improve access to essential safety net services in the community. Although the Applicant is a newly formed entity with no operational history, the HSA physicians who will be performing surgical procedures at the Proposed ASTC have a history of providing care to uninsured and Medicaid patients. As set forth in the Charity and Medicaid Certification attached at Attachment __, in 2009, HSA had a total of 421 Medicaid visits and \$270,218 in Medicaid charges attributable to surgical cases and a total of 744 self-pay (uninsured) visits and \$453,263 in self-pay charges. Given the current economic climate, the Applicant anticipates that the number of Medicaid and uninsured visits will increase in the coming years. Importantly, while HSA physicians treat a significant number of Medicaid eligible or enrolled patients, HSA physicians do not bill the Illinois Department of Healthcare and Family Services for these services. In addition to providing care to Medicaid and uninsured individuals, the Applicant will apply to become a Medicare participating provider even though Medicare reimbursement is not always adequate to cover costs. Unlike a non-profit, tax-exempt hospital, a for-profit ASTC is not obligated to service Medicare patients, but it will do so for the foreseeable future. As detailed above, the proposed ASTC will improve access to safety net services at no cost to the State.
2. The Proposed ASTC will not impact the ability of another provider or health care system to cross-subsidize safety net services. As documented in the physician referral letters attached at Attachment 32-B, HSA physicians anticipate referring 580 cases to the Proposed ASTC within the first year after project completion. Importantly, 88.6 percent of the referrals (or 514 surgical cases) will be cases that were previously performed at the now discontinued Neurologic & Orthopedic Hospital of Chicago (53 surgical cases) and HSA (461 surgical cases). While the remaining referrals will come from existing providers, they will not materially impact their ability to cross-subsidize safety net services. Based upon the 2008 Annual Hospital Questionnaire data, Alexian Brothers Medical Center ("Alexian") had a total of 8,323 outpatient surgical cases, of which approximately 31 (or 0.37 percent) will be referred to the Proposed ASTC; Elmhurst Memorial Hospital ("Elmhurst") had a total of 5,422 outpatient surgical cases of which approximately 3 (or 0.05 percent) will be referred to the Proposed ASTC; and Northwest Community Hospital had a total of 3,684 outpatient surgical cases of which 32 (or 0.87 percent) will be referred to the Proposed ASTC.³ Given the low volume of cases that will come from existing providers, the Proposed ASTC should not impact the ability of area hospitals to cross-subsidize safety net services.
3. As stated throughout this application, the Proposed ASTC is for the establishment of a limited specialty ambulatory surgical treatment center. The Proposed ASTC will not result in the discontinuation of any facility or services. Accordingly, this criterion is not applicable.

³ ILL. DEP'T. OF PUB. HEALTH, HEALTH FACILITIES AND SVCS. REVIEW BD., INDIVIDUAL HOSPITAL PROFILES BY HOSPITAL NAME, 2008 (Oct. 20, 2009) available at <http://www.hfsrb.illinois.gov/pdf/2008%20Hospital%20Profile.Pdf> (last visited Mar. 15, 2010).

4. Attached at Attachment 77-B is a letter from Michael I. Vender, M.D. certifying the amounts of charity and Medicaid care provided by HSA physicians during most recent year.

Illinois Hand & Upper Extremity Center
515 W Algonquin Road
Arlington Heights, IL 60005

March 23, 2010

Dale Galassie
Acting Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62671

Dear Mr. Galassie:

Illinois Hand & Upper Extremity Center, L.L.C. (the "Applicant") is a newly formed entity created solely to operate the proposed ambulatory surgical treatment center to be located at 515 West Algonquin Road, Arlington Heights, Illinois 60005. Based on the fact that this is a newly formed provider with no operational history, technically the Applicant has no history of providing charity care or Medicaid services. However, the referring physicians do. Based on their case mix, I project the levels of charity care and Medicaid services provided by Illinois Hand & Upper Extremity Center will increase in the future. Pursuant to Section 5.4(d) of the Illinois Health Facilities Planning Act, I hereby certify that those physicians provided the following amounts of charity care and Medicaid services in 2009:

Charity & Medicaid Care		
	Charity Care	Medicaid
Visits	744	421
Surgery Charges	\$270,218	\$453,263
Total Charges	\$325,950	\$581,387

Please note that the services identified as Medicaid services were provided to Medicaid eligible individuals, however, the physicians did not bill the Department of Healthcare and Family Services for that care.

Note that I am in private practice with the four other physicians who have committed referrals to this planned ASTC and, therefore, I have first-hand knowledge of their patient case mix.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Vender". The signature is fluid and cursive, with a long horizontal stroke at the end.

Michael I. Vender, M.D.

President, Hand Surgery Associates, S.C.

Manager, Illinois Hand & Upper Extremity Center, L.L.C.

Illinois Hand and Upper Extremity Center, L.L.C.
Financial Projections for Revenue and Expenses

	Year 2014
Estimated case volume	<u>638</u>
Estimated net revenue per case	<u>\$ 3,303</u>
PATIENT SERVICE REVENUE	\$ 2,091,350
OPERATING EXPENSES	
Personnel costs	516,421
Clinical expenses	196,518
Facilities costs	220,005
Administrative expenses	361,088
Depreciation & amortization	<u>47,000</u>
	1,341,032
INCOME BEFORE INTEREST EXPENSE	750,318
INTEREST EXPENSE	<u>10,550</u>
NET INCOME	<u>739,768</u>

Illinois Hand and Upper Extremity Center, L.L.C.
 Financial Projections Assets, Liabilities, and Members' Equity

	<u>Year 2014</u>
ASSETS	
CURRENT ASSETS	
Cash	<u>\$ 487,901</u>
 PROPERTY AND EQUIPMENT	
Medical equipment	190,000
Less: Accumulated depreciation	<u>68,000</u>
	<u>122,000</u>
 OTHER ASSETS	
Organizational costs	10,000
Start-up costs	105,000
Less: Accumulated amortization	<u>18,000</u>
	<u>97,000</u>
	 <u><u>\$ 706,901</u></u>
 LIABILITIES AND MEMBERS' EQUITY	
CURRENT LIABILITIES	
Bank line of credit	\$ 50,000
Equipment loan payable-current portion	<u>29,854</u>
	79,854
 LONG TERM DEBT	
Equipment loan payable-long term	<u>68,434</u>
	<u>148,288</u>
 MEMBERS' EQUITY	
Members' equity-beginning of year	218,845
Capital contributions	-
Distributions to members	(400,000)
Net income	<u>739,768</u>
	<u>558,613</u>
	 <u><u>\$ 706,901</u></u>

Illinois Hand and Upper Extremity Center, L.L.C.
Financial Projections Operating Expenses

	Year <u>2014</u>
PERSONNEL COSTS	
Salaries, taxes, and benefits	<u>\$ 516,421</u>
CLINICAL EXPENSES	
Medical supplies	177,902
Laundry and uniforms	15,600
Biomedical waste disposal	<u>3,016</u>
	196,518
FACILITIES COSTS	
Rent	179,445
Repairs and maintenance	24,960
Utilities	<u>15,600</u>
	220,005
ADMINISTRATIVE EXPENSES	
Management fees	252,000
Telephone and utilities	24,960
Office expense	24,960
Software licensing fees	21,840
Professional liability insurance	13,200
Legal and professional	12,480
General liability insurance	10,400
Dues and subscriptions	<u>1,248</u>
	361,088
DEPRECIATION AND AMORTIZATION	
Depreciation	38,000
Amortization	<u>9,000</u>
	47,000
TOTAL OPERATING EXPENSES	<u><u>\$ 1,341,032</u></u>

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

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