Original
11-067

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED
AUG 3 0 2011
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Dimensions Medical Center, Ltd.		
Street Address: 1455 Golf Road, Suite 108		
City and Zip Code: Des Plaines, Illinois 60016-2237		
County: Cook	Health Service Area 007	Health Planning Area:

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

Exact Legal Name: Dimensions Medical Center, Ltd.
Address: 1455 Golf Road, Suite 108, Des Plaines, Illinois 60016-2237
Name of Registered Agent: Joseph H. Horwitz
Name of Chief Executive Officer: Nancy Nelson
CEO Address: P.O. Box 3985, Arlington Heights, Illinois 60004-3985
Telephone Number:

Type of Ownership of Applicant/Co-Applicant

☐	Non-profit Corporation	☐	Partnership		
☒	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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

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

Name: Nancy Nelson
Title: Secretary
Company Name: Dimensions Medical Center, Ltd.
Address: P.O. Box 3985, Arlington Heights, Illinois 60004-3985
Telephone Number: 847-390-9300
E-mail Address:
Fax Number: 847-390-0001

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-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name: Nancy Nelson
Title: Secretary
Company Name: Dimensions Medical Center, Ltd.
Address: P.O. Box 3985, Arlington Heights, Illinois 60004-3985
Telephone Number: 847-390-9300
E-mail Address:
Fax Number: 847-390-0001

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Golf River Office Building Partnership
Address of Site Owner: 1455 Golf Road, Suite 200, Des Plaines, Illinois 60016
Street Address or Legal Description of Site: 1455 Golf Road, Suite 108, Des Plaines, Illinois 60016 **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.**
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: Dimensions Medical Center, Ltd.
Address: 1455 Golf Road, Suite 108, Des Plaines, Illinois 60016

☐ Non-profit Corporation
☒ For-profit Corporation
☐ Limited Liability Company
☐ Partnership
☐ Governmental
☐ Sole Proprietorship
☐ Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity 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-4, 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.hfsrb.illinois.gov)**.

APPEND DOCUMENTATION AS ATTACHMENT -5, 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-6, 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)]

Part 1110 Classification:	Part 1120 Applicability or Classification: [Check one only.]
☐ Substantive	☐ Part 1120 Not Applicable
☒ Non-substantive	☒ Category A Project
	☐ Category B Project
	☐ DHS or DVA Project

2. 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.

Dimensions Medical Center, Ltd. (the "Applicant") proposes to discontinue, in its entirety, Dimensions Medical Center, a multi-specialty ambulatory surgical treatment center located at 1455 Golf Road, Suite 108, Des Plaines, Illinois 60016 (the "Surgery Center"). Based upon the most recent utilization data, the Facility had 1,765 surgical cases and 3,587 surgical hours.

This Project is for the total discontinuation of a health care facility. Pursuant to Section 1110.40 of the Illinois Administrative Code, this Project is classified as non-substantive.

This Project is for the total discontinuation of a health care facility and has no cost. Pursuant to Section 1120.20(a) of the Illinois Administrative Code, the Part 1120 criteria are not applicable.

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-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**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			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	$0	$0	$0
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	$0	$0	$0
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $__________
Fair Market Value: $__________

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ No

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

Estimated start-up costs and operating deficit cost is $ __________.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☒ None or not applicable ☐ Preliminary

☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): 12/31/2011

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

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

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

State Agency Submittals

Are the following submittals up to date as applicable:
☐ Cancer Registry **NOT APPLICABLE**
☐ APORS **NOT APPLICABLE**
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. 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.**

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

APPEND DOCUMENTATION AS ATTACHMENT-9, 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. Include observation days in the patient day totals for each bed service.** 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:					

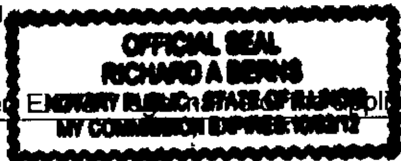
CERTIFICATION

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

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

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

Nancy Nelson (signature) SIGNATURE	SIGNATURE
Nancy Nelson PRINTED NAME	PRINTED NAME
Secretary PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 24th day of August 2011	Notarization: Subscribed and sworn to before me this _____ day of _______________
Signature of Notary	Signature of Notary
Seal	Seal



*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

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

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

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.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost In dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

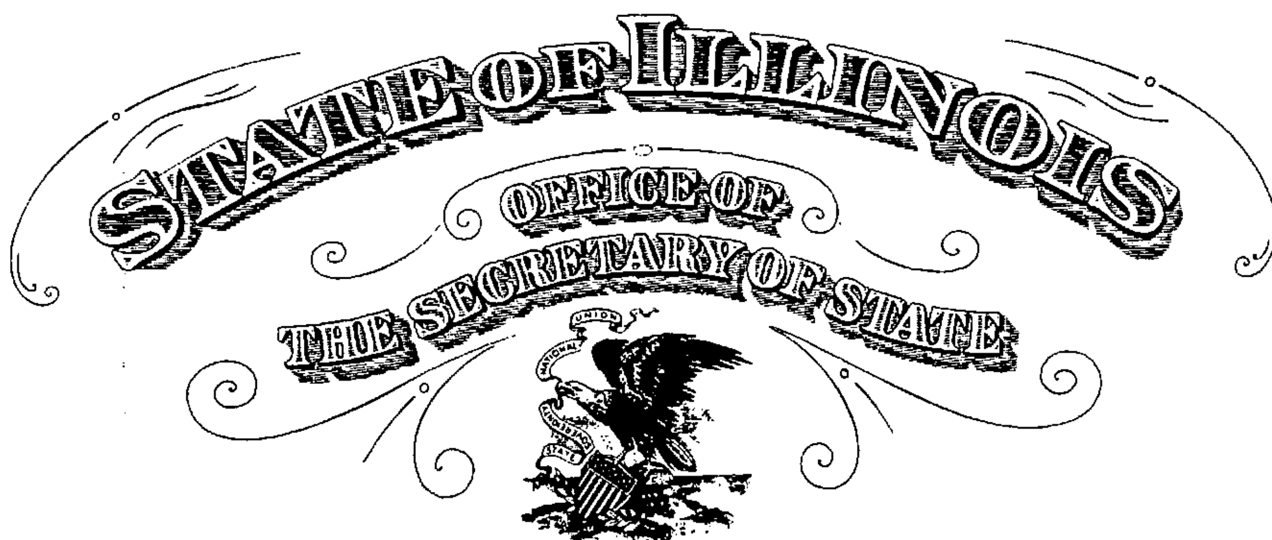
CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT-44, 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 Dimensions Medical Center, Ltd. is attached at Attachment – 1.

File Number 5441-765-9



To all to whom these Presents Shall Come, Greeting:

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

DIMENSIONS MEDICAL CENTER, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 22, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 24TH *day of* AUGUST *A.D.* 2011 .

Jesse White

SECRETARY OF STATE

Authentication #: 1123602134

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

Attachment – 1

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

The Applicant leases the medical office that comprises the Surgery Center from Golf River Office Building Partnership. As a result, the Applicant will have no control over the physical plant after discontinuation of the Surgery Center.

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

The Illinois Certificate of Good Standing for Dimensions Medical Center, Ltd. is attached at Attachment – 3.

File Number 5441-765-9

To all to whom these Presents Shall Come, Greeting:

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

DIMENSIONS MEDICAL CENTER, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 22, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 24TH *day of* AUGUST *A.D.* 2011 .

Authentication #: 1123602134

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

Jesse White

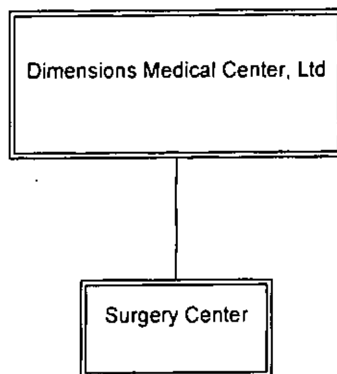
SECRETARY OF STATE

Attachment – 3

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

The organizational chart for Dimensions Medical Center, Ltd. is attached at Attachment – 4.

Dimensions Medical Center, Ltd.
Organizational Chart



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

This Project is a total discontinuation of a health care facility. There will be no construction associated with this Project. Therefore, this criterion does not apply.

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

This Project is for the total discontinuation of a health care facility. There will be no demolition, construction or modernization of any buildings associated with this Project. Therefore, this criterion does not apply.

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

The total cost of this Project will be $0.

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

This Project is for the total discontinuation of a health care facility. There are no costs associated with the Project. Therefore, this criterion does not apply.

Section II, Discontinuation
Criterion 1110.130(a), General

1. The Applicant seeks authority from the Health Facilities and Services Review Board (the "Board") to discontinue, in its entirety, the multi-specialty ambulatory surgical treatment center known as Dimensions Medical Center, Ltd., located at 1455 Golf Road, Suite 108, Des Plaines, Illinois 60016 (the "Surgery Center"). The Surgery Center is licensed for 2 operating rooms and 8 recovery stations. All categories of service and all authorized operating rooms will be discontinued upon Project completion.

2. All clinical services will be discontinued.

3. Anticipated Discontinuation Date
   December 31, 2011

4. Anticipated Use of Physical Plant and Equipment
   The Applicant leases the medical office where the Surgery Center is located from Golf River Office Building Partnership. As a result, the Applicant will have no control over the use of the physical plant after discontinuation of the Surgery Center.

   It is the Applicant's intention to sell and/or rent the Surgery Center's equipment, furnishings and other physical assets upon discontinuation.

5. Anticipated Disposition and Location of Medical Records
   The Surgery Center will store the medical records at 1650 North Maple Ave, Lisle, IL 60532 in compliance with all federal and state laws pertaining to medical record storage. Notices will be placed in the facility as well as the local newspaper notifying patients on how they can access their medical records after discontinuation. In addition, the Surgery Center will maintain a toll-free telephone number and post office box for correspondence with patients after discontinuation.

6. Required Questionnaire and Data Certification
   A certification stating that all questionnaires and data required by the Board or the Illinois Department of Public Health will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation is attached at Attachment 9A.

DIMENSIONS
MEDICAL CENTER, LTD

1455 E. Golf Road, Suite 108, Des Plaines, IL 60016
Tel: 847-390-9300 • Fax: 847-390-0001 • Toll Free: 800-553-3939
www.dimensionsmedicalcenter.com

August 24, 2011

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

Dear Chairman Galassie:

Pursuant to Section 1110.130(a)(6) of the Illinois Administrative Code, I hereby certify that Dimensions Medical Center, Ltd. will provide all questionnaires and data required by the Health Facilities and Services Review Board and the Illinois Department of Public Health through the date of discontinuation of the ambulatory surgical treatment center known as Dimensions Medical Center, located at 1455 Golf Road, Suite 108, Des Plaines, Illinois and that the required information will be submitted no later than 60 days following the date of discontinuation.

Sincerely,

Nancy Nelson
Administrator
Dimensions Medical Center, Ltd.

132423.1

Criterion 1110.130(b), Reasons for Discontinuation

The Surgery Center is being discontinued because the operating rooms are small; they cannot accommodate all of the equipment necessary to perform some surgical procedures. Moreover, the surgery center has been prone to flooding and the landlord has failed to rectify this problem. Flooding has resulted in major sanitation issues, resulting in additional costs as well as down time for the Surgery Center. Finally, the emergency generator for the Surgery Center is leaking diesel fuel, is not repairable and needs to be replaced. The Applicant is not replacing the emergency generator.

Criterion 1110.130(c), Impact on Access

1. Impact on Residents of Market Area

   The discontinuation of the Surgery Center will not have an adverse effect upon access to care for residents of the Surgery Center's market area. The Surgery Center is located in HSA 7. Based upon the 2009 Ambulatory Surgical Treatment Center Questionnaire, average utilization of existing surgery centers in HSA 7 was 45%, significantly below the Board's 80% utilization standard. Additionally, over half of the surgery centers in HSA 7 are licensed as multi-specialty and could provide the same surgical services offered at Dimensions.

   The Applicant sent written requests for impact statements to all existing or approved health care facilities located within Health Service Areas 6, 7, and 8 (158 health care facilities in total). See Attachment 9B. As of the filing of this application, the Applicant has received 6 impact statements from area facilities indicating a willingness to accommodate the Surgery Center's patients without conditions, limitations or discrimination. As of the filing of this application, the Applicant has received no letters in opposition to the discontinuation of the Surgery Center. Accordingly, the discontinuation of the Surgery Center will not have an adverse impact upon access to care for the residents of the Surgery Center's market area.

2. Request for Impact Statement

The following table lists the names and addresses of all existing and approved health care facilities located within HSAs 6, 7, and 8 to which written requests for an impact statement were sent. A copy of the written request for impact statement and the return receipt certificates documenting that a request for an impact statement was received are attached at Attachments – 9B and 9C.

Facility	Address	City	State	Zip
Aiden Center For Day Surgery, LLC	1580 West Lake Street	Addison	Illinois	60101
Northwest Community Day Surgery Center	675 West Kirchoff Road	Arlington Heights	Illinois	60005
Northwest Community Hospital	800 West Central Road	Arlington Heights	Illinois	60005
Northwest Surgicare	1100 W. Central Road, Suite L-4	Arlington Heights	Illinois	60005
Illinois Hand & Upper Extremity Center	515 West Algonquin Road	Arlington Heights	Illinois	60005
Apollo Health Center	1640 North Arlington Heights Road, Suite 110	Arlington Heights	Illinois	60004
Castle Surgicenter, LLC	2111 Ogden Avenue	Aurora	Illinois	60504
Dreyer Ambulatory Surgery Center	1221 North Highland Avenue	Aurora	Illinois	60506
Provena Mercy Medical Center	1325 North Highland Avenue	Aurora	Illinois	60506
Rush-Copley Memorial Hospital	2000 Ogden Avenue	Aurora	Illinois	60504
Advocate Good Shepherd Hospital	450 West Highway 22	Barrington	Illinois	60010
MacNeal Hospital	3249 South Oak Park Avenue	Berwyn	Illinois	60402
MetroSouth Medical Center	12935 South Gregory	Blue Island	Illinois	60406
Midwest Eye Center, S.C.	1700 East West Road	Calumet City	Illinois	60409
25 East Same Day Surgery	25 East Washington, Suite 300	Chicago	Illinois	60602
Advanced Ambulatory Surgical Center	2333 North Harlem Avenue	Chicago	Illinois	60607
Advocate Bethany Hospital	3435 West Van Buren	Chicago	Illinois	60624
Advocate Illinois Masonic Medical Center	836 West Wellington Avenue	Chicago	Illinois	60657
Advocate Trinity Hospital	2320 East 93rd Street	Chicago	Illinois	60617
Albany Medical Surgical Center	5086 North Elston Avenue	Chicago	Illinois	60630
American Women's Medical Group	2744 North Western Avenue	Chicago	Illinois	60647
Belmont/Harlem Surgery Center, LLC	3101 North Harlem Avenue	Chicago	Illinois	60634
Chicago Endoscopy Center, LLC	3536 West Fullerton Avenue	Chicago	Illinois	60647
Children's Memorial Hospital	707 West Fullerton Avenue	Chicago	Illinois	60614

Facility	Address	City	State	Zip
Fullerton Kimball Medical & Surgical Center	3412 West Fullerton Avenue	Chicago	Illinois	60647
Fullerton Surgery Center	4849 West Fullerton Avenue	Chicago	Illinois	60639
Grand Avenue Surgical Center	17 West Grand Avenue	Chicago	Illinois	60654
Holy Cross Hospital	2701 West 68th Street	Chicago	Illinois	60629
Hyde Park Surgery Center, LLC	1644 East 53rd Street	Chicago	Illinois	60615
Jackson Park Hospital Foundation	7531 South Stony Island Ave.	Chicago	Illinois	60649
John Stroger Hospital of Cook County	1900 West Polk Street	Chicago	Illinois	60612
Kindred Chicago Central Hospital	4058 West Melrose Street	Chicago	Illinois	60641
Kindred Hospital Chicago - North	2544 West Montrose Avenue	Chicago	Illinois	60618
Lakeshore Surgery Center	7200 North Western Avenue	Chicago	Illinois	60645
Loretto Hospital	645 South Central	Chicago	Illinois	60644
Louis A. Weiss Memorial Hospital	4646 North Marine Drive	Chicago	Illinois	60640
Mercy Hospital and Medical Center	2525 South Michigan Avenue	Chicago	Illinois	60616
Methodist Hospital of Chicago	5025 North Paulina	Chicago	Illinois	60640
Mount Sinai Hospital Medical Center	California Avenue at 15th Street	Chicago	Illinois	60608
Northwestern Memorial Hospital	251 East Huron	Chicago	Illinois	60611
Norwegian American Hospital	1044 North Francisco	Chicago	Illinois	60622
Novamed Surgery Center of Chicago Northshore	3034 West Peterson Avenue	Chicago	Illinois	60659
Our Lady of Resurrection Medical Center	5645 West Addison Street	Chicago	Illinois	60634
Peterson Medical Surgi-Center	2300 West Peterson Avenue	Chicago	Illinois	60659
Provident Hospital of Cook County	500 East 51st Street	Chicago	Illinois	60615
Resurrection Medical Center	7435 West Talcott	Chicago	Illinois	60631
River North Same Day Surgery Center	One East Erie St., #300	Chicago	Illinois	60611
Rogers Park One Day Surgery Center	7616 North Paulina	Chicago	Illinois	60626
Roseland Community Hospital	45 West 111th Street	Chicago	Illinois	60628
Rush Surgicenter - Professional Building	1725 West Harrison, Ste. 556	Chicago	Illinois	60612
Rush University Medical Center	1650 W. Harrison Street	Chicago	Illinois	60612
Sacred Heart Hospital	2340 West Franklin Blvd.	Chicago	Illinois	60624
Saint Anthony Hospital	2875 West 19th Street	Chicago	Illinois	60623

ATTACHMENT – 9B

Facility	Address	City	State	Zip
Saint Mary of Nazareth Hospital	2233 West Division Street	Chicago	Illinois	60622
Six Corners Same Day Surgery, LLC	4211 N. Cicero Ave., Ste. 400	Chicago	Illinois	60641
South Shore Hospital	8012 South Crandon Avenue	Chicago	Illinois	60617
Southwestern Medical Center, LLC	9831 S. Western, Lower Level	Chicago	Illinois	60643
St. Bernard Hospital	326 West 64th Street	Chicago	Illinois	60621
St. Elizabeth's Hospital	1431 North Claremont	Chicago	Illinois	60622
Surgicore	10547 South Ewing Avenue	Chicago	Illinois	60617
The Surgery Center at 900 N. Michigan Avenue, LLC	60 East Delaware Pl., 15th Fl.	Chicago	Illinois	60611
University of Chicago Medical Center	5841 South Maryland Avenue	Chicago	Illinois	60637
University of Illinois Medical Center	1740 West Taylor Street	Chicago	Illinois	60612
Watertower Surgicenter	845 N. Michigan Ave., #985W	Chicago	Illinois	60611
St. James Hospital and Health Center	1423 Chicago Road	Chicago Heights	Illinois	60411
St. James Surgery Center	333 Dixie Highway	Chicago Heights	Illinois	60411
Advanced Eye Surgery and Laser Center, LLC	646 West Pershing Road	Decatur	Illinois	62526
Foot & Ankle Surgical Center	1455 Golf Road	Des Plaines	Illinois	60016
Golf Surgical Center, LLC	8901 Golf Road	Des Plaines	Illinois	60016
Holy Family Medical Center	100 North River Road	Des Plaines	Illinois	60016
United Therapy-LaGrange	1111 East Touhy Avenue, Suite 240	Des Plaines	Illinois	60018
Advocate Good Samaritan Hospital	3815 Highland Avenue	Downers Grove	Illinois	60515
Ambulatory Surgicenter of Downers Grove	4333 Main Street	Downers Grove	Illinois	60515
Midwest Center For Day Surgery	3811 Highland Avenue	Downers Grove	Illinois	60515
Elgin Gastroenterology Endoscopy Center, LLC	745 Fletcher Drive, 2nd Floor	Elgin	Illinois	60123
Provena Saint Joseph Hospital	77 North Airlite Street	Elgin	Illinois	60123
Sherman Hospital	1425 North Randall Road	Elgin	Illinois	60123
Alexian Brothers Medical Center	800 Biesterfield Road	Elk Grove Village	Illinois	60007
Elmhurst Memorial Hospital	155 East Brush Hill Road	Elmhurst	Illinois	60126
Elmhurst Outpatient Surgery Center, LLC	1200 S. York Road, Ste. 1400	Elmhurst	Illinois	60126
Elmhurst Medical & Surgical Center	340 West Butterfield Road	Elmhurst	Illinois	60126
Elmwood Park Same Day Surgery Center, LLC	1614 North Harlem Avenue	Elmwood Park	Illinois	60707
Evanston Hospital	2650 Ridge Avenue	Evanston	Illinois	60201

Facility	Address	City	State	Zip
Saint Francis Hospital	355 Ridge Avenue	Evanston	Illinois	60202
Little Company of Mary Hospital	2800 West 95th Street	Evergreen Park	Illinois	60525
Delnor Community Hospital	300 Randall Road	Geneva	Illinois	60134
Fox Valley Orthopaedic Institute	2525 Kaneville Road	Geneva	Illinois	60134
Tri-Cities Surgery Center, LLC	345 Delnor Drive	Geneva	Illinois	60134
Adventist Glen Oaks Hospital	701 Winthrop Avenue	Glendale Heights	Illinois	60139
Glenbrook Hospital	2100 Pfingsten Road	Glenview	Illinois	60026
Ravine Way Surgery Center, LLC	2350 Ravine Way, Suite 500	Glenview	Illinois	60025
The Glen Endoscopy Center	2551 Compass Road, Suite 115	Glenview	Illinois	60026
Grayslake Outpatient Center	1475 East Belvidere Road	Grayslake	Illinois	
Harvard Memorial Hospital	901 Grant Street	Harvard	Illinois	60033
Ingalls Memorial Hospital	One Ingalls Drive	Harvey	Illinois	60426
Advocate South Suburban Hospital	17800 South Kedzie Avenue	Hazel Crest	Illinois	60429
Highland Park Hospital	777 Park Avenue West	Highland Park	Illinois	60035
Adventist Hinsdale Hospital	120 North Oak Street	Hinsdale	Illinois	60521
Eye Surgery Center of Hinsdale, LLC	950 North York Road, Ste 203	Hinsdale	Illinois	60521
Hinsdale Surgical Center	908 North Elm St., Ste. 401	Hinsdale	Illinois	60521
RML Specialty Hospital Hinsdale	5601 South County Line Road	Hinsdale	Illinois	60521
Ashton Center For Day Surgery	1800 McDonough Rd., Ste. 100	Hoffman Estates	Illinois	60192
Hoffman Estates Surgery Center, LLC	1555 Barrington Rd. Ste. 400	Hoffman Estates	Illinois	60169
St. Alexius Medical Center	1555 Barrington Road	Hoffman Estates	Illinois	60169
Forest Med-Surg Center	9050 West 81st Street	Justice	Illinois	60458
Adventist LaGrange Memorial Hospital	5101 South Willow Springs Rd.	La Grange	Illinois	60525
The Lake Bluff Illinois Endoscopy ASC, LLC	101 S. Waukegan Rd., Ste. 980	Lake Bluff	Illinois	60044
Lake Forest Hospital	660 North Westmorland Road	Lake Forest	Illinois	60045
Algonquin Road Surgery Center, LLC	2550 Algonquin Road	Lake In The Hills	Illinois	60156
Advocate Condell Medical Center	801 South Milwaukee Avenue	Libertyville	Illinois	60048
Hawthorn Surgery Center	1900 Hollister Drive, Ste. 100	Libertyville	Illinois	60048
North Shore Surgical Center	3725 West Touhy	Lincolnwood	Illinois	60712
Vista Surgery Center	1050 Red Oak Lane	Lindenhurst	Illinois	60046
DMG Surgical Center, LLC	2725 S. Technology Drive	Lombard	Illinois	60148
Loyola University Ambulatory Surgery Center	2160 South First Avenue	Maywood	Illinois	60153

Facility	Address	City	State	Zip
Loyola University Medical Center	2160 South First Avenue	Maywood	Illinois	60153
Northern Illinois Medical Center	4201 Medical Center Drive	McHenry	Illinois	60050
Gottlieb Memorial Hospital	701 West North Avenue	Melrose Park	Illinois	60160
Westlake Hospital	1225 West Lake Street	Melrose Park	Illinois	60160
Illinois Sports Medicine & Orthopedic Surgery Center	9000 Waukegan Road, Ste. 120	Morton Grove	Illinois	60053
Edward Hospital and Health Services	801 South Washington Street	Naperville	Illinois	60540
Midwest Endoscopy Center	1243 Rickert Drive	Naperville	Illinois	60540
Naperville Surgical Centre	1263 Rickert Drive	Naperville	Illinois	60540
The Center For Surgery	475 East Diehl Road	Naperville	Illinois	60563
Kindred Hospital Chicago - Northlake	365 East North Avenue	Northlake	Illinois	60164
The Oak Brook Surgical Centre	2425 W. 22dn Street, Ste. 101	Oak Brook	Illinois	60523
South Loop Endoscopy & Wellness Center	1 S. 280 Summit	Oak Brook Terrace	Illinois	60181
Oak Forest Hospital of Cook County	15900 South Cicero Avenue	Oak Forest	Illinois	60452
Advocate Christ Medical Center	4440 West 95th Street	Oak Lawn	Illinois	60453
IL Center for Foot & Ankle Surgery, Inc.	4650 Southwest Highway	Oak Lawn	Illinois	60453
Novamed Center for Reconstructive Surgery	6309 West 95th Street	Oak Lawn	Illinois	60453
Oak Lawn Endoscopy	9921 Southwest Highway	Oak Lawn	Illinois	60453
Rush Oak Park Hospital	520 South Maple Avenue	Oak Park	Illinois	60304
West Suburban Medical Center	3 Erie Center	Oak Park	Illinois	60302
Loyola Ambulatory Surgery Center at Oakbrook	1 South 224 Summit, Ste. 201	Oakbrook Terrace	Illinois	60181
St. James Hospital and Health Center	20201 Crawford Avenue	Olympia Fields	Illinois	60461
Orland Park Surgical Center, LLC	9550 West 167th Street	Orland Park	Illinois	60467
Palos Community Hospital	12251 South 80th Avenue	Palos Heights	Illinois	60463
Palos Surgicenter, LLC	7340 West College Drive	Palos Heights	Illinois	60463
Advocate Lutheran General Hospital	1775 Dempster Street	Park Ridge	Illinois	60068
Novamed Surgery Center of River Forest	7427 West Lake Street	River Forest	Illinois	60305
Skokie Hospital	9600 Gross Point Road	Skokie	Illinois	60076
Valley Ambulatory Surgery Center	2210 Dean Street	St. Charles	Illinois	60175
Ingalls Same Day Surgery Center	6701 West 159th Street	Tinley Park	Illinois	60477
Tinley Woods Surgery Center	18200 South LaGrange Road	Tinley Park	Illinois	60477

Facility	Address	City	State	Zip
Vernon Square Cataract and Plastic Surgery Center	230 Center Drive	Vernon Hills	Illinois	60061
DuPage Orthopaedic Surgery Center	27650 Ferry Road, Suite 140	Warrenville	Illinois	60555
Provena Saint Therese Medical Center	2615 Washington Street	Waukegan	Illinois	60085
Vista Medical Center East	1324 North Sheridan Road	Waukegan	Illinois	60085
Children's Memorial Outpatient Services at Westchester	2301 Enterprise Drive	Westchester	Illinois	60154
Chicago Prostate Cancer Surgery Center	815 Pasqueinelli Drive	Westmont	Illinois	60559
Westmont Surgery Center	530 North Cass Avenue	Westmont	Illinois	60559
DuPage Eye Surgery Center, LLC	2015 North Main Street	Wheaton	Illinois	60187
Central DuPage Hospital	25 North Winfield Road	Winfield	Illinois	60190
Advantage Health Care, Ltd.	203 East Irving Park Road	Wood Dale	Illinois	60191
Centegra Memorial Medical Center	527 West South Street	Woodstock	Illinois	60098
Centegera Hospital-Woodstock	3701 Doty Road	Woodstock	Illinois	60098
Midwestern Regional Medical Center	2520 Elisha Avenue	Zion	Illinois	60099

Dimensions Medical Center, Ltd.
1455 Golf Road, Suite 108
Des Plaines, Illinois 60016-2237

TO: Administrator

FROM: Dimensions Medical Center, Ltd.

SUBJECT: Dimensions Medical Center - Notice of Discontinuation and Request for Impact

DATE: August 11, 2011

In accordance with 77 Ill. Admin. Code 1110.130, we are notifying all health care facilities located within 45 minutes travel time of Dimensions Medical Center ("Dimensions"), an ambulatory surgical treatment center located at 1455 Golf Road, Suite 108, Des Plaines, Illinois 60016 of its proposed discontinuation and request that they address the impact of the proposed discontinuation on their facilities. You are receiving this notification because your facility is located within 45 minutes of Dimensions.

Discontinuation will occur as soon as practicable but no later than December 31, 2011.

While we do not anticipate that the discontinuation of the Dimensions will significantly impact area health care facilities, we invite you to inform us of any impact this action may have on your facility. Our utilization for the previous twenty four months is as follows:

Year	Cases	Hours
2009	2,056	3,587
2010	1,765	3,079

Dimensions is a multi-specialty ambulatory surgical treatment center. Please advise us whether you anticipate that your facility will have additional capacity to accommodate a portion or all of the Dimension's historical caseload without conditions, limitations or discrimination. If you are able to assume additional patients under these conditions, please provide us with an estimate of the average daily census of patients that your facility could accept.

Please send your response within fifteen days of receipt of this letter to Nancy Nelson. If we do not receive a response from you within fifteen days, it will be assumed that you agree that the discontinuation of Dimensions will not have an adverse impact on your facility.

If you have any questions about our plans to discontinue Dimensions, please feel free to contact Nancy Nelson at 847-390-9300.

7160 3901 9848 8756 8888

TO: Ms. Guita Griffiths
Administrator
The Surgery Center at 900 N. Michigan Avenue, LLC
60 East Delaware Pl., 15th Fl.
Chicago, Illinois 60611-1425

SENDER:

REFERENCE:

PS Form 3800, January 2005

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7160 3901 9848 8756 8871

TO: Ms. Sharon O'Keefe
President
University of Chicago Medical Center
5841 South Maryland Avenue
Chicago, Illinois 60637

SENDER:

REFERENCE:

PS Form 3800, January 2005

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7160 3901 9848 8756 8901

TO: Ms. Margaret McDermott
Chief Executive Officer
St. Elizabeth's Hospital
1431 North Claremont
Chicago, Illinois 60622

SENDER:

REFERENCE:

PS Form 3800, January 2005

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7160 3901 9848 8756 8895

TO: Dr. Michael A.Wood
Administrator
Surgicore
10547 South Ewing Avenue
Chicago, Illinois 60617

SENDER:

REFERENCE:

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7160 3901 9848 8756 8925

TO: Dr. Kenny Bozorgi
Administrator
Southwestern Medical Center, LLC
9831 S. Western, Lower Level
Chicago, Illinois 60643-1740

SENDER:

REFERENCE:

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7160 3901 9848 8756 8918

TO: Sister Elizabeth Van Straten
President
St. Bernard Hospital
326 West 64th Street
Chicago, Illinois 60621

SENDER:

REFERENCE:

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7160 3901 9848 8756 8956

TO: Ms. Margaret McDermott
Chief Executive Officer
Saint Mary of Nazareth Hospital
2233 West Division Street
Chicago, Illinois 60622

SENDER:

REFERENCE:

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7160 3901 9848 8756 8932

TO: Mr. Jesus Org
President
South Shore Hospital
8012 South Crandon Avenue
Chicago, Illinois 60617

SENDER:

REFERENCE:

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7160 3901 9848 8756 8970

TO: Mr. Edward J.Novak
President
Sacred Heart Hospital
2340 West Franklin Blvd.
Chicago, Illinois 60624

SENDER:

REFERENCE:

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7160 3901 9848 8756 8963

TO: Mr. Guy A.Medaglia
President
Saint Anthony Hospital
2875 West 19th Street
Chicago, Illinois 60623

SENDER:

REFERENCE:

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7160 3901 9848 8756 8994

TO: Ms. Barbara L.Ramsey
Administrator
Rush Surgicenter - Professional Building
1725 West Harrison, Ste. 556
Chicago, Illinois 60612

SENDER:

REFERENCE:

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7160 3901 9848 8756 8987

TO: Mr. Peter W.Butler
President
Rush University Medical Center
1650 W. Harrison Street
Chicago, Illinois 60612

SENDER:

REFERENCE:

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Attachment – 9C

7160 3901 9848 8756 8949

TO: Dr. Sarmed G.Elias
Administrator
Six Corners Same Day Surgery, LLC
4211 N. Cicero Ave., Ste. 400
Chicago, Illinois 60641

SENDER:

REFERENCE:

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7160 3901 9848 8756 9007

TO: Mr. Earmon Irons
Chief Executive Officer
Roseland Community Hospital
45 West 111th Street
Chicago, Illinois 60628-4200

SENDER:

REFERENCE:

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7160 3901 9848 8756 9021

TO: Ms. Jonette Marino
Administrator
River North Same Day Surgery Center
One East Erie St., #300
Chicago, Illinois 60611-2737

SENDER:

REFERENCE:

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7160 3901 9848 8756 9014

TO: Mr. Philippe Espinosa
Administrator
Rogers Park One Day Surgery Center
7616 North Paulina
Chicago, Illinois 60626

SENDER:

REFERENCE:

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7160 3901 9848 8756 9045

TO: Mr. Sidney Thomas
Chief Operating Officer
Provident Hospital of Cook County
500 East 51st Street
Chicago, Illinois 60615

SENDER:

REFERENCE:

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7160 3901 9848 8756 9038

TO: Sister Donna Marie Wolowicki
Chief Executive Officer
Resurrection Medical Center
7435 West Talcott
Chicago, Illinois 60631

SENDER:

REFERENCE:

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7160 3901 9848 8756 9069

TO: Ms. Sandra Bruce
President
Our Lady of Resurrection Medical Center
5645 West Addison Street
Chicago, Illinois 60634

SENDER:

REFERENCE:

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7160 3901 9848 8756 9052

TO: Ms. Tess Sagaidoro
Administrator
Peterson Medical Surgi-Center
2300 West Peterson Avenue
Chicago, Illinois 60659

SENDER:

REFERENCE:

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7160 3901 9848 8756 9083

TO: Mr. Jose R.Sanchez
President
Norwegian American Hospital
1044 North Francisco
Chicago, Illinois 60622

SENDER:

REFERENCE:

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7160 3901 9848 8756 9076

TO: Mr. John Calta
Administrator
Novamed Surgery Center of Chicago
Northshore
3034 West Peterson Avenue
Chicago, Illinois 60659-3729

SENDER:

REFERENCE:

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7160 3901 9848 8756 9106

TO: Mr. Alan H.Channing
President
Mount Sinai Hospital Medical Center
California Avenue at 15th Street
Chicago, Illinois 60608

SENDER:

REFERENCE:

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7160 3901 9848 8756 9090

TO: Mr. Dean M.Harrison
President
Northwestern Memorial Hospital
251 East Huron
Chicago, Illinois 60611

SENDER:

REFERENCE:

PS Form 3800, January 2005

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7160 3901 9848 8756 9120

TO: Mr. Rich Cerceo
Chief Operating Officer
Mercy Hospital and Medical Center
2525 South Michigan Avenue
Chicago, Illinois 60616-2477

SENDER:

REFERENCE:

PS Form 3800, January 2005

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7160 3901 9848 8756 [illegible]

TO: Mr. Joseph Chandy
Methodist Hospital of Chicago
5025 North Paulina
Chicago, Illinois 60640

SENDER:

REFERENCE:

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7160 3901 9848 8756 9144

TO: Mr. Steven C.Drucker
President
Loretto Hospital
645 South Central
Chicago, Illinois 60644

SENDER:

REFERENCE:

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7160 3901 9848 8756 9137

TO: Mr. Jeff Meigs
Chief Financial Officer
Louis A. Weiss Memorial Hospital
4646 North Marine Drive
Chicago, Illinois 60640

SENDER:

REFERENCE:

PS Form 3800, January 2005

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7160 3901 9848 8756 9168

TO: Mr. Larry Foster
Chief Executive Officer
Kindred Hospital Chicago - North
2544 West Montrose Avenue
Chicago, Illinois 60618

SENDER:

REFERENCE:

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	Restricted Delivery	
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7160 3901 9848 8756 [illegible]

TO: Ms. Yvette Barnabas
Administrator
Lakeshore Surgery Center
7200 North Western Avenue
Chicago, Illinois 60645-1812

SENDER:

REFERENCE:

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7160 3901 9848 8756 9182

TO: Ms. Sylvia Edwards
Chief Operating Officer
John Stroger Hospital of Cook County
1900 West Polk Street
Chicago, Illinois 60612

SENDER:

REFERENCE:

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7160 3901 9848 8756 9175

TO: Mr. Jack Shapiro
Chief Executive Officer
Kindred Chicago Central Hospital
4058 West Melrose Street
Chicago, Illinois 60641

SENDER:

REFERENCE:

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7160 3901 9848 8756 9205

TO: Ms. Fortunee Massuda
Administrator
Hyde Park Surgery Center, LLC
1644 East 53rd Street
Chicago, Illinois 60615

SENDER:

REFERENCE:

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7160 3901 9848 8756 [illegible]

TO: Mr. Merritt J.Hasbrouck
President
Jackson Park Hospital Foundation
7531 South Stony Island Ave.
Chicago, Illinois 60649

SENDER:

REFERENCE:

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7160 3901 9848 8756 9229

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 9212

TO: Mr. Wayne Lerner
President
Holy Cross Hospital
2701 West 68th Street
Chicago, Illinois 60629

SENDER:

REFERENCE:

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7160 3901 9848 8756 9243

TO: Dr. Renlin Xia
Administrator
Fullerton Kimball Medical & Surgical Center
3412 West Fullerton Avenue
Chicago, Illinois 60647-2416

SENDER:

REFERENCE:

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7160 3901 9848 8756 9236

TO: Mr. Salam Okasha
Administrator
Fullerton Surgery Center
4849 West Fullerton Avenue
Chicago, Illinois 60639

SENDER:

REFERENCE:

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7160 3901 9848 8756 9267

TO: Dr. Ramon A.Garcia
Administrator
Chicago Endoscopy Center, LLC
3536 West Fullerton Avenue
Chicago, Illinois 60647

SENDER:

REFERENCE:

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7160 3901 9848 8756 9250

TO: Mr. Patrick Magoon
President
Children's Memorial Hospital
707 West Fullerton Avenue
Chicago, Illinois 60614-3363

SENDER:

REFERENCE:

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7160 3901 9848 8756 9281

TO: Dr. Renlin Xia
Administrator
American Women's Medical Group
2744 North Western Avenue
Chicago, Illinois 60647

SENDER:

REFERENCE:

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7160 3901 9848 8756 [illegible]

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 9304

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 9298

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 9328

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 9311

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 9342

TO: Mr. Mark Mayo
Administrator
25 East Same Day Surgery
25 East Washington, Suite 300
Chicago, Illinois 60602-1708

SENDER:

REFERENCE:

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7160 3901 9848 8756 9335

TO: Dr. Severko Hrywnak
Administrator
Advanced Ambulatory Surgical Center
2333 North Harlem Avenue
Chicago, Illinois 60607

SENDER:

REFERENCE:

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7160 3901 9848 8756 9366

TO: Dr. Enrique Beckmann
President
MetroSouth Medical Center
12935 South Gregory
Blue Island, Illinois 60406

SENDER:

REFERENCE:

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7160 3901 9848 8756 9359

TO: Ms. Marlene Rinella
Administrator
Midwest Eye Center, S.C.
1700 East West Road
Calumet City, Illinois 60409

SENDER:

REFERENCE:

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7160 3901 9848 8756 9380

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 9373

TO: Mr. Brian Lemon
Chief Executive Officer
MacNeal Hospital
3249 South Oak Park Avenue
Berwyn, Illinois 60402

SENDER:

REFERENCE:

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7160 3901 9848 8756 9403

TO: Mr. James D. Witt
President
Provena Mercy Medical Center
1325 North Highland Avenue
Aurora, Illinois 60506

SENDER:

REFERENCE:

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7160 3901 9848 8756 [illegible]

TO: Mr. Barry C. Finn
President
Rush-Copley Memorial Hospital
2000 Ogden Avenue
Aurora, Illinois 60504

SENDER:

REFERENCE:

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7160 3901 9848 8756 9427

TO: Ms. Donna L. Wilson
Administrator
Castle Surgicenter, LLC
2111 Ogden Avenue
Aurora, Illinois 60504-7597

SENDER:

REFERENCE:

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7160 3901 9848 8756 9410

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 9465

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 9458

TO: Ms. Karolynn Welu-Kuecker
Administrator
Northwest Surgicare
1100 W. Central Road, Suite L-4
Arlington Heights, Illinois 60005-2493

SENDER:

REFERENCE:

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7160 3901 9848 8756 9441

TO: Ms. Donna Kersting
Administrator
Illinois Hand & Upper Extremity Center
515 West Algonquin Road
Arlington Heights, Illinois 60005

SENDER:

REFERENCE:

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7160 3901 9848 8756 9434

TO: Ms. Vera Schmidt
Administrator
Apollo Health Center
1640 North Arlington Heights Road,
Suite 110
Arlington Heights, Illinois 60004

SENDER:

REFERENCE:

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7160 3901 9848 8756 9489

TO: Mr. Ali Nili
Administrator
Aiden Center For Day Surgery, LLC
1580 West Lake Street
Addison, Illinois 60101

SENDER:

REFERENCE:

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7160 3901 9848 8756 [illegible]

TO: Ms. Roxanne Matias
Administrator
Northwest Community Day Surgery Center
675 West Kirchoff Road
Arlington Heights, Illinois 60005-2392

SENDER:

REFERENCE:

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7160 3901 9848 8756 7911

TO: Mr. Michael Eesley
Chief Executive Officer
Centegera Hospital-Woodstock
3701 Doty Road
Woodstock, Illinois 60098

SENDER:

REFERENCE:

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7160 3901 9848 8756 9779

TO: Ms. Anne Meisner
President
Midwestern Regional Medical Center
2520 Elisha Avenue
Zion, Illinois 60099-2587

SENDER:

REFERENCE:

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7160 3901 9848 8756 7935

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 7928

TO: Mr. Michael Eesley
Chief Executive Officer
Centegra Memorial Medical Center
527 West South Street
Woodstock, Illinois 60098

SENDER:

REFERENCE:

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7160 3901 9848 8756 7959

TO: Mr. Eric Myers
Administrator
DuPage Eye Surgery Center, LLC
2015 North Main Street
Wheaton, Illinois 60187

SENDER:

REFERENCE:

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7160 3901 9848 8756 7942

TO: Mr. Luke McGuinness
Chief Executive Officer
Central DuPage Hospital
25 North Winfield Road
Winfield, Illinois 60190

SENDER:

REFERENCE:

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TO: Ms. Jennifer Broucek
Administrator
Chicago Prostate Cancer Surgery Center
815 Pasqueinelli Drive
Westmont, Illinois 60559

SENDER:

REFERENCE:

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TO: Mr. Ronald Ladniak
Administrator
Westmont Surgery Center
530 North Cass Avenue
Westmont, Illinois 60559-9952

SENDER:

REFERENCE:

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7160 3901 9848 8756 7997

TO: Ms. Barbara Martin
Chief Executive Officer
Vista Medical Center East
1324 North Sheridan Road
Waukegan, Illinois 60085

SENDER:

REFERENCE:

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7160 3901 9848 8756 7980

TO: Ms. Kristen DiCicco
Administrator
Children's Memorial Outpatient Services
at Westchester
2301 Enterprise Drive
Westchester, Illinois 60154

SENDER:

REFERENCE:

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7160 3901 9848 8756 8017

TO: Ms. Barbara J.Kiel
Administrator
DuPage Orthopaedic Surgery Center
27650 Ferry Road, Suite 140
Warrenville, Illinois 60555

SENDER:

REFERENCE:

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7160 3901 9848 8756 8000

TO: Ms. Barb Rode
President
Provena Saint Therese Medical Center
2615 Washington Street
Waukegan, Illinois 60085

SENDER:

REFERENCE:

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7160 3901 9848 8756 8031

TO: Mr. Ronald Ladniak
Administrator
Tinley Woods Surgery Center
18200 South LaGrange Road
Tinley Park, Illinois 60477

SENDER:

REFERENCE:

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7160 3901 9848 8756 8024

TO: Mr. Dan Ritacca
Administrator
Vernon Square Cataract and Plastic
Surgery Center
230 Center Drive
Vernon Hills, Illinois 60061-1584

SENDER:

REFERENCE:

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7160 3901 9848 8756 8055

TO: Ms. Deborah LeeCrook
Administrator
Valley Ambulatory Surgery Center
2210 Dean Street
St. Charles, Illinois 60175-1059

SENDER:

REFERENCE:

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POSTMARK OR DATE

TO: Ms. Anne Cole
Administrator
Ingalls Same Day Surgery Center
6701 West 159th Street
Tinley Park, Illinois 60477

SENDER:

REFERENCE:

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7160 3901 9848 8756 8079

TO: Ms. Kelly Spillane
Administrator
Novamed Surgery Center of River Forest
7427 West Lake Street
River Forest, Illinois 60305-1817

SENDER:

REFERENCE:

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7160 3901 9848 8756 8062

TO: Mr. Jeffrey Hillebrand
Chief Operating Officer
Skokie Hospital
9600 Gross Point Road
Skokie, Illinois 60076

SENDER:

REFERENCE:

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7160 3901 9848 8756 [illegible]

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 [illegible]

TO: Mr. Anthony Armada
President
Advocate Lutheran General Hospital
1775 Dempster Street
Park Ridge, Illinois 60068

SENDER:

REFERENCE:

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POSTMARK OR DATE

7160 3901 9848 8756 8116

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 8109

TO: Sister Margaret Wright
President
Palos Community Hospital
12251 South 80th Avenue
Palos Heights, Illinois 60463

SENDER:

REFERENCE:

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Attachment – 9C

7160 3901 9848 8756 8130

TO: Mr. Geoffrey J.Abbott
Administrator
Loyola Ambulatory Surgery Center at
Oakbrook
1 South 224 Summit, Ste. 201
Oakbrook Terrace, Illinois 60181

SENDER:

REFERENCE:

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7160 3901 9848 8756 8123

TO: Mr. Seth C.R.Warren
President
St. James Hospital and Health Center
20201 Crawford Avenue
Olympia Fields, Illinois 60461

SENDER:

REFERENCE:

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7160 3901 9848 8756 8154

TO: Mr. Bruce Elegant
Chief Executive Officer
Rush Oak Park Hospital
520 South Maple Avenue
Oak Park, Illinois 60304-1097

SENDER:

REFERENCE:

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7160 3901 9848 8756 8147

TO: Ms. Patricia Shehorn
Chief Executive Officer
West Suburban Medical Center
3 Erie Center
Oak Park, Illinois 60302

SENDER:

REFERENCE:

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Attachment – 9C

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

SENDER:

REFERENCE:

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TO: Dr. Wayne Lue
Administrator
Oak Lawn Endoscopy
9921 Southwest Highway
Oak Lawn, Illinois 60453-3767

SENDER:

REFERENCE:

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7160 3901 9848 8756 8192

TO: Mr. James H.Skogsbergh
President
Advocate Christ Medical Center
4440 West 95th Street
Oak Lawn, Illinois 60453

SENDER:

REFERENCE:

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7160 3901 9848 8756 8185

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

SENDER:

REFERENCE:

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Attachment – 9C

7160 3901 9848 8756 8215

TO: Dr. David Chua
Manager
South Loop Endoscopy & Wellness Center
1 S. 280 Summit
Oak Brook Terrace, Illinois 60181

SENDER:

REFERENCE:

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7160 3901 9848 8756 8208

TO: Ms. Sylvia Edwards
Chief Operating Officer
Oak Forest Hospital of Cook County
15900 South Cicero Avenue
Oak Forest, Illinois 60452

SENDER:

REFERENCE:

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7160 3901 9848 8756 8239

TO: Mr. Timothy Page
Chief Executive Officer
Kindred Hospital Chicago - Northlake
365 East North Avenue
Northlake, Illinois 60164

SENDER:

REFERENCE:

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7160 3901 9848 8756 8222

TO: Mr. Ali Nili
Administrator
The Oak Brook Surgical Centre
2425 W. 22dn Street, Ste. 101
Oak Brook, Illinois 60523-4642

SENDER:

REFERENCE:

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[illegible]

TO: Mr. Ronald Ladniak
Administrator
Naperville Surgical Centre
1263 Rickert Drive
Naperville, Illinois 60540-0954

SENDER:

REFERENCE:

PS Form 3800, January 2005

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[illegible]

TO: Mr. Anthony J.Fato
Administrator
The Center For Surgery
475 East Diehl Road
Naperville, Illinois 60563-1253

SENDER:

REFERENCE:

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7160 3901 9848 8756 8277

TO: Ms. Pamela Meyer Davis
President
Edward Hospital and Health Services
801 South Washington Street
Naperville, Illinois 60540

SENDER:

REFERENCE:

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7160 3901 9848 8756 8260

TO: Ms. Pam Scott
Administrator
Midwest Endoscopy Center
1243 Rickert Drive
Naperville, Illinois 60540

SENDER:

REFERENCE:

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Attachment – 9C

TO: Ms. Patricia Shehorn
Chief Executive Officer
Westlake Hospital
1225 West Lake Street
Melrose Park, Illinois 60160

SENDER:

REFERENCE:

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 8314

TO: Mr. Michael Eesley
Chief Executive Officer
Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, Illinois 60050

SENDER:

REFERENCE:

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7160 3901 9848 8756 8307

TO: Mr. Kenneth Fishbain
Chief Operating Officer
Gottlieb Memorial Hospital
701 West North Avenue
Melrose Park, Illinois 60160

SENDER:

REFERENCE:

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7160 3901 9848 8756 8338

TO: Mr. Daniel J.Post
Administrator
Loyola University Ambulatory Surgery Center
2160 South First Avenue
Maywood, Illinois 60153-3304

SENDER:

REFERENCE:

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7160 3901 9848 8756 8321

TO: Mr. Dan Hale
Chief Executive Officer
Loyola University Medical Center
2160 South First Avenue
Maywood, Illinois 60153

SENDER:

REFERENCE:

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7160 3901 9848 8756 8352

TO: Ms. Barbara Martin
Chief Executive Officer
Vista Surgery Center
1050 Red Oak Lane
Lindenhurst, Illinois 60046

SENDER:

REFERENCE:

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7160 3901 9848 8756 8345

TO: Mr. Erik Baier
Administrator
DMG Surgical Center, LLC
2725 S. Technology Drive
Lombard, Illinois 60148

SENDER:

REFERENCE:

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7160 3901 9848 8756 8376

TO: Dr. Gary Rippberger
Administrator
Hawthorn Surgery Center
1900 Hollister Drive, Ste. 100
Libertyville, Illinois 60048

SENDER:

REFERENCE:

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7160 3901 9848 8756 8367

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 8406

TO: Ms. Lori Callahan
Administrator
Algonquin Road Surgery Center, LLC
2550 Algonquin Road
Lake In The Hills, Illinois 60156

SENDER:

REFERENCE:

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7160 3901 9848 8757 0508

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

SENDER:

REFERENCE:

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Attachment – 9C

7160 3901 9848 8756 8420

TO: Dr. Evert Kirch
Administrator
The Lake Bluff Illinois Endoscopy ASC, LLC
101 S. Waukegan Rd., Ste. 980
Lake Bluff, Illinois 60044-1687

SENDER:

REFERENCE:

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7160 3901 9848 8756 8413

TO: Mr. Thomas McAfee
President
Lake Forest Hospital
660 North Westmorland Road
Lake Forest, Illinois 60045-9989

SENDER:

REFERENCE:

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7160 3901 9848 8756 8444

TO: Mr. James M.Gianfrancisco
Administrator
Forest Med-Surg Center
9050 West 81st Street
Justice, Illinois 60458

SENDER:

REFERENCE:

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7160 3901 9848 8756 8437

TO: Mr. Rick Wright
Chief Executive Officer
Adventist LaGrange Memorial Hospital
5101 South Willow Springs Rd.
La Grange, Illinois 60525

SENDER:

REFERENCE:

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7160 3901 9848 8756 8468

TO: Ms. Patricia J.Wade
Administrator
Hoffman Estates Surgery Center, LLC
1555 Barrington Rd. Ste. 400
Hoffman Estates, Illinois 60169

SENDER:

REFERENCE:

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7160 3901 9848 8756 8451

TO: Mr. Edward M.Goldberg
President
St. Alexius Medical Center
1555 Barrington Road
Hoffman Estates, Illinois 60169

SENDER:

REFERENCE:

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7160 3901 9848 8756 8482

TO: Mr. Ken Pawola
Chief Operating Officer
RML Specialty Hospital Hinsdale
5601 South County Line Road
Hinsdale, Illinois 60521

SENDER:

REFERENCE:

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7160 3901 9848 8756 8475

TO: Mr. Ali Nili
Administrator
Ashton Center For Day Surgery
1800 McDonough Rd., Ste. 100
Hoffman Estates, Illinois 60192

SENDER:

REFERENCE:

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7160 3901 9848 8756 8505

TO: Dr. Brian D.Smith
Administrator
Eye Surgery Center of Hinsdale, LLC
950 North York Road, Ste 203
Hinsdale, Illinois 60521

SENDER:

REFERENCE:

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7160 3901 9848 8756 8499

TO: Mr. Fernando Gruta
Administrator
Hinsdale Surgical Center
908 North Elm St., Ste. 401
Hinsdale, Illinois 60521

SENDER:

REFERENCE:

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7160 3901 9848 8756 8529

TO: Mr. Jeffrey Hillebrand
Chief Operating Officer
Highland Park Hospital
777 Park Avenue West
Highland Park, Illinois 60035

SENDER:

REFERENCE:

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7160 3901 9848 8756 8512

TO: Mr. David L.Crane
President
Adventist Hinsdale Hospital
120 North Oak Street
Hinsdale, Illinois 60521

SENDER:

REFERENCE:

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7160 3901 9848 8756 8543

TO: Mr. Kurt Johnson
President
Ingalls Memorial Hospital
One Ingalls Drive
Harvey, Illinois 60426

SENDER:

REFERENCE:

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7160 3901 9848 8756 8536

TO: Mr. James H.Skogsbergh
President
Advocate South Suburban Hospital
17800 South Kedzie Avenue
Hazel Crest, Illinois 60429

SENDER:

REFERENCE:

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7160 3901 9848 8756 8567

TO: Administrator
Grayslake Outpatient Center
1475 East Belvidere Road
Grayslake, Illinois

SENDER:

REFERENCE:

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7160 3901 9848 8756 8550

TO: Ms. Sue Ripsch
Vice President of Clinical Operations
Harvard Memorial Hospital
901 Grant Street
Harvard, Illinois 60033

SENDER:

REFERENCE:

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Attachment – 9C

7160 3901 9848 8756 8635

TO: Mr. Tom Wright
President
Delnor Community Hospital
300 Randall Road
Geneva, Illinois 60134-4200

SENDER:

REFERENCE:

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7160 3901 9848 8756 8628

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 8581

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 8574

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 8604

TO: Mr. Brinsley Lewis
Chief Executive Officer
Adventist Glen Oaks Hospital
701 Winthrop Avenue
Glendale Heights, Illinois 60139

SENDER:

REFERENCE:

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7160 3901 9848 8756 [illegible]

TO: Mr. Jeffrey Hillebrand
Chief Operating Officer
Glenbrook Hospital
2100 Pfingsten Road
Glenview, Illinois 60026

SENDER:

REFERENCE:

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7160 3901 9848 8756 8642

TO: Mr. Dennis Reilly
Chief Executive Officer
Little Company of Mary Hospital
2800 West 95th Street
Evergreen Park, Illinois 60525

SENDER:

REFERENCE:

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7160 3901 9848 8756 8611

TO: Mr. Joseph S.Ollayos
Administrator
Tri-Cities Surgery Center, LLC
345 Delnor Drive
Geneva, Illinois 60134-4220

SENDER:

REFERENCE:

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Attachment – 9C

7160 3901 9848 8756 8666

TO: Mr. Jeffrey Hillebrand
Chief Operating Officer
Evanston Hospital
2650 Ridge Avenue
Evanston, Illinois 60201

SENDER:

REFERENCE:

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7160 3901 9848 8756 8659

TO: Mr. Jeff Murphy
Chief Executive Officer
Saint Francis Hospital
355 Ridge Avenue
Evanston, Illinois 60202

SENDER:

REFERENCE:

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7160 3901 9848 8756 8680

TO: Administrator
Elmhurst Medical & Surgical Center
340 West Butterfield Road
Elmhurst, Illinois

SENDER:

REFERENCE:

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7160 3901 9848 8756 8673

TO: Mr. Mark Mayo
Administrator
Elmwood Park Same Day Surgery
Center, LLC
1614 North Harlem Avenue
Elmwood Park, Illinois 60707-4302

SENDER:

REFERENCE:

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7160 3901 9848 8756 8703

TO: Mr. Leo F.Fronza
President
Elmhurst Memorial Hospital
155 East Brush Hill Road
Elmhurst, Illinois 60126

SENDER:

REFERENCE:

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7160 3901 9848 8756 8[illegible]

TO: Ms. Tina Mentz
Administrator
Elmhurst Outpatient Surgery Center, LLC
1200 S. York Road, Ste. 1400
Elmhurst, Illinois 60126-6533

SENDER:

REFERENCE:

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7160 3901 9848 8756 8727

TO: Mr. Richard B.Floyd
President
Sherman Hospital
1425 North Randall Road
Elgin, Illinois 60123

SENDER:

REFERENCE:

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7160 3901 9848 8756 8710

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 8741

TO: Ms. Joann Demuth
Administrator
Elgin Gastroenterology Endoscopy Center, LLC
745 Fletcher Drive, 2nd Floor
Elgin, Illinois 60123

SENDER:

REFERENCE:

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7160 3901 9848 8756 8734

TO: Mr. Stephen O.Scogna
President
Provena Saint Joseph Hospital
77 North Airlite Street
Elgin, Illinois 60123

SENDER:

REFERENCE:

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7160 3901 9848 8756 8765

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 8758

TO: Mr. Ronald Ladniak
Administrator
Midwest Center For Day Surgery
3811 Highland Avenue
Downers Grove, Illinois 60515-9901

SENDER:

REFERENCE:

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7160 3901 9848 8756 8716

TO: Mr. John Baird
Chief Executive Officer
Holy Family Medical Center
100 North River Road
Des Plaines, Illinois 60016

SENDER:

REFERENCE:

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7160 3901 9848 8756 8772

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

SENDER:

REFERENCE:

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7160 3901 9848 8756 8802

TO: Dr. Nicholas Lygizos
Administrator
Golf Surgical Center, LLC
8901 Golf Road
Des Plaines, Illinois 60016-1425

SENDER:

REFERENCE:

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7160 3901 9848 8756 8789

TO: Mr. F. BruceCohen
Chief Operating Officer
United Therapy-LaGrange
1111 East Touhy Avenue, Suite 240
Des Plaines, Illinois 60018

SENDER:

REFERENCE:

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7160 3901 9848 8756 8826

TO: Ms. Hilare Klinger
Administrator
Advanced Eye Surgery and Laser Center, LLC
646 West Pershing Road
Decatur, Illinois 62526

SENDER:

REFERENCE:

PS Form 3800, January 2005

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[illegible]

TO: Mr. Lowell ScottWeil, Sr.
Administrator
Foot & Ankle Surgical Center
1455 Golf Road
Des Plaines, Illinois 60016-1253

SENDER:

REFERENCE:

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7160 3901 9848 8756 8840

TO: Mr. Seth C.R.Warren
President
St. James Hospital and Health Center
1423 Chicago Road
Chicago Heights, Illinois 60411

SENDER:

REFERENCE:

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7160 3901 9848 8756 8833

TO: Mr. Seth Warren
Administrator
St. James Surgery Center
333 Dixie Highway
Chicago Heights, Illinois 60411

SENDER:

REFERENCE:

PS Form 3800, January 2005

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7160 3901 9848 8756 8864

TO: Mr. John J.DeNardo
Chief Executive Officer
University of Illinois Medical Center
1740 West Taylor Street
Chicago, Illinois 60612

SENDER:

REFERENCE:

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7160 3901 [illegible]

TO: Dr. Paul C.Madison
Administrator
Watertower Surgicenter
845 N. Michigan Ave., #985W
Chicago, Illinois 60611-2201

SENDER:

REFERENCE:

PS Form 3800, January 2005

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Attachment – 9C

3. Copies of impact statements received from Northwest Surgicare; Oak Brook Medical Management, Inc.; Tri-Cities Surgery Center; Surgicore, Inc., Advantage Health Care, Ltd., and West Lake Hospital indicating the extent to which the Applicant's workload will be absorbed without conditions, limitations or discrimination are attached at Attachment – 9D.

NORTHWEST SURGICARE
an affiliate of SCA

Dimensions Medical Center, Ltd

1455 Golf Road, Suite 108

Des Plaines, Il. 60016-2237

August 15,2011

Dear Ms. Nancy Nelson,

I am in receipt of your letter dated August 11, 2011 regarding the closing of the Dimensions Medical Center. We are definitely in a position to accommodate additional capacity of case volume from your facility.

We are a Free Standing Multi Specialty Surgery Center. Enclosed please find a brochure with data covering our manage care contracts, types of cases we perform and contact information.

Established in 1974, Northwest Surgicare has been on the leading edge for ambulatory surgery, physician satisfaction, on time starts and efficiency. In addition to our highly experienced clinical team of nurses, we have an anesthesia group totally dedicated to our center specializing in outpatient surgery. Included in this group are board certified pediatric anesthesiologists.

Hours of operation are Monday through Friday, 6am-4:30pm. We offer convenient and accessible parking.

I would love to speak further with you regarding the opportunities we can offer your physicians and patients. Please do not hesitate to contact me at 847-259-3080, ext 201.

Karolynn Kuecker, RN, MS

Administrator

Attachment – 9D

Oak Brook Medical Management, Inc.

Management organization of Aiden Center for Day Surgery, Ashton Surgical Center and Oak Brook Surgical Centre

August 15, 2011

Nancy Nelson
Dimensions Medical Center, Ltd.
1455 Golf Road, Suite 108
Des Plaines, IL 60016-2237

Dear Ms. Nelson;

While I regret to hear that your organization will be discontinuing services, I would like to reassure you that our organization could readily accommodate Dimension's historical caseload without conditions, limitations or discrimination. Our centers are:

Oak Brook Surgical Centre
2425 W. 22nd St.
Oak Brook, IL 60523
Phone 630-990-2212

Ashton Center for Day Surgery
1800 McDonough Road
Hoffman Estates, IL 60192
Phone 847-742-7272

Aiden Center for Day Surgery
1580 W. Lake St.
Addison, IL 60101
Phone 630-285-7000

It is anticipated that these three centers could accept 100% of the 2010 Dimensions' historical case load.

Sincerely,

Ali Nili
Chief Operating Officer

Attachment – 9D

2607 W. 22nd Street—Suite 48 • Oak Brook, IL 60523 • Phone: 630.990.7770 • Fax: 630.990.7709

TRI-CITIES
surgery center

Dimensions Medical Center, Ltd.
Attn: Nancy Nelson
1455 Golf Road, Suite 108
DesPlaines, IL 60016-2237

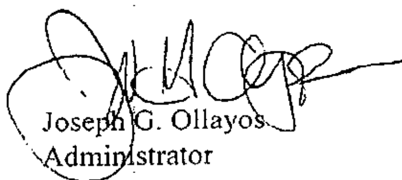
August 15, 2011

Dear Ms. Nelson:

Please accept this letter in response to your correspondence of August 11, 2011 regarding the proposed discontinuation of services at Dimensions Medical Center, Ltd.

Tri-Cities Surgery Center, LLC states that we do not believe that this proposed discontinuation will have any adverse impact on our operations.

Sincerely,



Joseph G. Ollayos
Administrator

345 Delnor Drive
Geneva, IL 60134
Phone: 630.262.8100
Fax: 630.262.8111
http://www.tcsurgery.com

Sugicore, Inc.
10547 S. Ewing Avenue
Chicago, IL 60617
773-221-1690

TO: Administrator

From: Michael A. Wood, DPM
CEO, Surgicore, Inc.

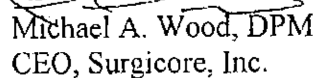
Subject: Notice of Discontinuation and Request for Impact

August 18, 2011

To Whom It May Concern:

This is written notice that as an out-patient ambulatory surgical center that we are able to move forward with acceptance of foot and ankle surgery immediately. If you or your current on-staff physicians are interested in an application for privileges, please do not hesitate to contact me directly.

Sincerely,



Michael A. Wood, DPM
CEO, Surgicore, Inc.

Attachment – 9D

August 24, 2011

Sent Via First Class Mail

Nancy Nelson
Dimensions Medical Center, Ltd.
1455 Golf Road
Suite 108
Des Plaines, IL 60016-2237

Dear Ms. Nelson,

We are saddened to learn of the closing of your medical center, but would like to take the time to offer the recourses of our facility for any patients in need of services. We are able to able accommodate the caseload that the absence of your center may leave.

If you would like to speak further regarding this matter, please feel free to contact me at (630) 595-1515

Sincerely,

Aimee Dillard
Administrator
Advantage Health Care, Ltd.

203 E. Irving Park Rd.
Wood Dale, IL 60191

Tel: 630-595-1515
Toll Free: 888-795-1515
Fax: 630-595-9097

Westlake
Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
(708) 938 7201

WILLIAM A. BROWN, FACHE
Interim Chief Executive Officer

August 16, 2011

Nancy Nelson
Dimensions Medical Center, Ltd.
1455 Golf Road, Suite 108
Des Plaines, IL 60016

Dear Ms. Nelson:

I am writing in response to your August 11, 2011 letter regarding the discontinuation of Dimensions Medical Center, Ltd. at 1455 Golf Road, Suite 108, Des Plaines, IL 60016.

Westlake Hospital does not expect any adverse impact as a result of this discontinuation. In addition, Westlake Hospital would be able to assume additional patients without conditions, limitations, or discrimination.

Please contact me if you have any questions.

Sincerely,

William A. Brown

William A. Brown, FACHE
Interim Chief Executive Officer

WB/ll

WLHOSPITAL.COM

Section XI, Safety Net Impact Statement

1. The discontinuation of the Surgery Center will not have a material impact on the provision of essential safety net services in the community. The Surgery Center is not Medicaid certified and provides minimal amounts of charity care. Over the past three years, only 1.6% or 41 patients annually received charity care from the Surgery Center. Additionally, the number of patients served by the Surgery Center could be easily absorbed by the existing facilities within the HSA. Based upon the most recent data available from the Board, 46 surgery centers and 39 hospitals currently exist in HSA 7, the health service area where the Surgery Center is located.[1] These surgery centers and hospitals have a combined total of 526 operating rooms and 195 procedure rooms. Average utilization of all existing operating rooms and procedure rooms in HSA 7 was 66.7% in 2009.[2] Moreover, utilization of existing surgery centers was 45%, significantly below the Board's 80% utilization standard. Given the low amount of charity care, lack of Medicaid care, and the low utilization of existing facilities, the discontinuation of the Surgery Center will not have a material impact on the provision of essential safety net services in the community.

2. The discontinuation of the Surgery Center will not impact the ability of other health care providers in the community to cross-subsidize safety net services.

3. As set forth above, the discontinuation of the Surgery Center will have little or no impact on the remaining safety net providers in the community. In terms of the ability of the remaining health care providers in the community to absorb the Surgery Center's caseload, the Surgery Center provides nominal volumes compared to the larger providers. Additionally, average utilization of all existing operating rooms and procedure rooms in HSA 7 is 66.7% and the average utilization of existing surgery centers is 45%, significantly below the Board's 80% utilization standard. Therefore, the Surgery Center's patients should be easily absorbed by existing providers and should not impact the ability of safety net providers to care for the disadvantaged in the community.

---

[1] Health Facilities and Services Review Board, 2009 Illinois Hospital Data Summary by Health Service Area 13 (Nov. 4, 2010) *available at* http://www.hfsrb.illinois.gov/pdf/AHQ%202009%20HSA%20Summary.pdf (last visited Aug. 18, 2011); Health Facilities and Services Review Board, 2009 ASTC Profiles Health Service Area Summaries (Oct. 28, 2010) *available at* http://www.hfsrb.illinois.gov/pdf/ASTC%20HSA%20Summary%20Report%202009.pdf (last visited Aug. 18, 2011).

[2] Utilization includes both surgery center and hospital operating rooms and procedure rooms.

4. The table below provides the amount of charity and Medicaid care provided by the Surgery Center for the most recent three years.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2008**	**2009**	**2010**
Inpatient			
Outpatient	39	42	15
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient	$34,513	$30,675	$44,584
Total			
MEDICAID			
Medicaid (# of patients)	**2008**	**2009**	**2010**
Inpatient			
Outpatient	0	0	0
Total			
Medicaid (revenue)			
Inpatient			
Outpatient	$0	$0	$0
Total	**$0**	**$0**	**$0**

Section XII, Charity Care Information

The table below provides charity care information for the Surgery Center for the most recent three years.

CHARITY CARE			
	2008	2009	2010
Net Patient Revenue	$2,417,097	$1,804,566	$1,470,123
Amount of Charity Care (charges)			
Cost of Charity Care	$34,513	$30,675	$44,584

ATTACHMENT - 44

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:

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	13-14
2	Site Ownership	15
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	16-17
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	18-19
5	Flood Plain Requirements	20
6	Historic Preservation Act Requirements	21
7	Project and Sources of Funds Itemization	22
8	Obligation Document if required	
9	Cost Space Requirements	23
10	Discontinuation	24-80
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
39	Availability of Funds	
40	Financial Waiver	
41	Financial Viability	
42	Economic Feasibility	
43	Safety Net Impact Statement	81-82
44	Charity Care Information	83