

ORIGINAL

11-095

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

OCT 06 2011

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Palos Hills Surgery Center
Street Address: 10330 S. Roberts Road
City and Zip Code: Palos Hills, IL 60465
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: Palos Hills Surgery Center, L.L.C.
Address: 10330 S. Roberts Road, Palos Hills, IL 60465
Name of Registered Agent: Therese O'Brien
Name of Chief Executive Officer: Gary Kronen
CEO Address: 10330 S. Roberts Road, Palos Hills, IL 60465
Telephone Number: (708) 237-7200

Type of Ownership of Applicant/Co-Applicant

<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.

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

Additional Contact

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

Name: Gary Kronen
Title: Manager
Company Name: Palos Hills Surgery Center, L.L.C.
Address: 10330 S. Roberts Road, Palos Hills, IL 60465
Telephone Number: (708) 237-7200
E-mail Address: gary@handortho.com
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: Gary Kronen, M.D.
Title: Manager
Company Name: Palos Hills Surgery Center, L.L.C.
Address: 10330 S. Roberts Road, Palos Hills, IL 60465
Telephone Number: (708) 237-7200
E-mail Address: gary@handortho.com
Fax Number:

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Palos Hills Realty, LLC
Address of Site Owner: 10719 W. 160th Street, Orland Park, IL 60467
Street Address or Legal Description of Site: 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: Palos Hills Surgery Center, L.L.C.
Address: 10330 S. Roberts Road, Palos Hills, IL 60465
<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"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li>o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</li> </ul>
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.
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**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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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:

- Substantive
- Non-substantive

Part 1120 Applicability or Classification:  
[Check one only.]

- Part 1120 Not Applicable
- 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.

Palos Hills Surgery Center, LLC ("PHSC") proposes to establish a limited specialty ambulatory surgical treatment center with two operating rooms and six recovery stations. The proposed specialties are orthopaedics and plastic surgery. PHSC will be located in an existing medical office building located at 10330 South Roberts Road, Palos Hills, IL and will consist of 4,208 square feet of clinical space and 1,257 gross square feet of non-clinical space, for a total of 5,465 square feet of rentable space. The project will involve the modernization of existing space. The intended geographic service area ("GSA") will serve the Chicago metropolitan area within 30 minutes normal drive time from the proposed ASTC and is expected to serve 1,395 individuals in the first year.

The Applicant proposes to establish an ASTC that improves access to a greater number of patients and that streamlines the continuum of care by establishing an ASTC that shares an office building with a physician medical office that also has an outpatient rehabilitation program, one of MidAmerica's Hand to Shoulder Clinic's ("MidAmerica"). MidAmerica is a renowned organization that provides physical therapy and rehabilitation services for injuries and conditions of the upper extremity. By establishing this ASTC, MidAmerica and PHSC envision a coordination and continuity of care for patients from initial evaluation, treatment, surgery and rehabilitation. This coordination and continuity of care will provide increased access and quality of care for patients through enhanced integration of services.

Further, although PHSC surgeons can perform certain procedures in an office setting, recent changes in workers compensation rules effective September 1, 2011, prevent reimbursement for essential procedures, unless provided at a licensed ASTC or accredited ambulatory surgical treatment facility. Other applicable laws require a facility devoted to provision of over 50% of surgical procedures to be licensed as an ASTC. Due to the volume of the injuries requiring surgical intervention seen by these surgeons, and the complexity of the same, PHSC is seeking licensure as an ASTC since the facility will be devoted primarily to the performance of surgical procedures. In granting the certificate of need to establish an ASTC, the surgeons will be able to provide these procedures to a vast number of patients, thereby increasing access to those patients in need of specialized treatment in an expeditious manner.

The overriding objectives to this project are cost containment, patient convenience, and access; services provided at PHSC will be provided at a lesser cost than care provided in a hospital outpatient department with the added benefit of fewer delays. As discussed in more detail throughout this application, the issues of cost effectiveness and efficiency have been addressed by the Medicare Payment Advisory Council (MedPac), which recognizes the benefit of Ambulatory Surgical Centers. According to MedPac, "ASCs can offer greater convenience to patients and providers. In addition, program spending and beneficiary cost sharing are lower in ASCs than in HOPDs on a per service basis. Therefore, a migration of surgical services from HOPDs to ASCs could reduce aggregate program spending and beneficiary cost sharing." (MEDPAC: Report to Congress: Medicare Payment Policy, Section 2C: Ambulatory surgical centers March 2010).

**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.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$693,000	\$207,000	900,000
Contingencies	\$48,510	\$14,490	63,000
Architectural/Engineering Fees	\$69,300	\$20,700	90,000
Consulting and Other Fees	\$51,590	\$15,410	67,000
Movable or Other Equipment (not in construction contracts)	<b>\$481,408.40</b>		<b>481,408.40</b>
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$631,207.50	\$188,542.50	819750
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$1,975,015.90</b>	<b>\$446,142.50</b>	<b>\$2,421,158.40</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$1,343,808.40	\$257,600	\$1,601,408.40
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$631,207.50	\$188,542.50	\$819,750
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$1,975,015.90</b>	<b>\$446,142.50</b>	<b>\$2,421,158.40</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**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:

<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 <b>non-capitalized</b> 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>500,000</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>September 1, 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>
<p>APPEND DOCUMENTATION AS <u>ATTACHMENT-8</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</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><b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b></p>
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**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.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical	\$1,975,015.90		4,208		4,208		
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical	\$446,142.50		1,257		1,257		
<b>TOTAL</b>	<b>\$2,421,158.40</b>		<b>5,465</b>		<b>5,465</b>		
<p><b>APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>							

**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.

<b>FACILITY NAME:</b>		<b>CITY:</b>			
<b>REPORTING PERIOD DATES:</b>					
		<b>From:</b>		<b>to:</b>	
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
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)					
<b>TOTALS:</b>					



**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 Palos Hills Surgery 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.

[Signature]  
 SIGNATURE  
Anton Fakhour  
 PRINTED NAME  
manager  
 PRINTED TITLE

[Signature]  
 SIGNATURE  
GARY KRONEN  
 PRINTED NAME  
manager  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 3rd day of October

Notarization:  
 Subscribed and sworn to before me  
 this 3rd day of October

[Signature]  
 Signature of Notary

[Signature]  
 Signature of Notary



**SECTION II. DISCONTINUATION****NOT APPLICABLE**

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.

### SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, 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 – Background, Purpose of the Project, 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, and certification 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-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.**

##### 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 as appropriate.

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

**NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.**

**APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.**

**ALTERNATIVES**

- 1) Identify ALL of the alternatives to the proposed project:

Alternative options must 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
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, 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. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

**APPEND DOCUMENTATION AS ATTACHMENT-13, 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. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF 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 space that results in excess square footage.

**Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.**

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC	4,208	6,360 DGSF	Within Range	Yes

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

**PROJECT SERVICES UTILIZATION:** See Attachment 15

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. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15, 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 to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data are available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, 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-17, 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 being proposed:

<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Obstetrics/Gynecology	<input type="checkbox"/> Pain Management
<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"/> Orthopedic	<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Neurology	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Urology

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

**2. Criterion 1110.1540(b), Target Population**

Read the criterion and provide the following:

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

**3. Criterion 1110.1540(c), Projected Patient Volume**

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

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

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

Read the criterion and provide:

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

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

Read the criterion and provide:

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

- b. A list of the facilities contacted. **NOTE:** Facilities must be contacted by a service that provides documentation of receipt such as the US. Postal Service, FedEx or UPS. The documentation must be included in the application for permit.

**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-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

**VIII. - 1120.120 - Availability of Funds**

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

<b>\$1,601,408.40</b>	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol>
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<b>\$819,750</b>	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
_____	e)	Governmental Appropriations – 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, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<b>\$2,421,158.40</b>	<b>TOTAL FUNDS AVAILABLE</b>	

**APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**IX. 1120.130 - Financial Viability**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

<p><b>Financial Viability Waiver</b>      <b>NOT APPLICABLE</b></p> <p>The applicant is not required to submit financial viability ratios if:</p> <ol style="list-style-type: none"> <li>1. All of the projects capital expenditures are completely funded through internal sources</li> <li>2. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent</li> <li>3. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.</li> </ol> <p>See Section 1120.130 Financial Waiver for information to be provided</p> <p><b>APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>
--

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
	YEAR 1	YEAR 2	YEAR 3	MEETS STANDARDS?
Enter Historical and/or Projected Years:				
Current Ratio	27.18	37.69	37.74	YES
Net Margin Percentage	18.25	28.87	32.09	YES
Percent Debt to Total Capitalization	NA	NA	NA	NA
Projected Debt Service Coverage	NA	NA	NA	NA
Days Cash on Hand	59	87	91	YES
Cushion Ratio	NA	NA	NA	NA

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.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

**APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**X. 1120.140 - Economic Feasibility**

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

**A. Reasonableness of Financing Arrangements**

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) 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. Conditions of Debt Financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
<b>TOTALS</b>									

\* Include the percentage (%) of space for circulation

**SEE ATTACHMENT 42**

**D. Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

**E. Total Effect of the Project on Capital Costs**

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

**APPEND DOCUMENTATION AS ATTACHMENT -42, 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. N/A SEE ATTACHMENT 43**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

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	\$2,690,123	\$3,226,338	\$3,540,800
Amount of Charity Care (charges)			
Cost of Charity Care	\$53,800	\$64,528	\$70,816

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant/Coapplicant Identification including Certificate of Good Standing	1-2
2	Site Ownership	3-36
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	37-38
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	39-41
5	Flood Plain Requirements	42-44
6	Historic Preservation Act Requirements	45-46
7	Project and Sources of Funds Itemization	47-48
8	Obligation Document if required	49-51
9	Cost Space Requirements	52
10	Discontinuation	
11	Background of the Applicant	53-54
12	Purpose of the Project	55-72
13	Alternatives to the Project	73-75
14	Size of the Project	76
15	Project Service Utilization	77-81
16	Unfinished or Shell Space	82
17	Assurances for Unfinished/Shell Space	83
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	<b>Service Specific:</b>	
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	84-138
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	
	<b>Financial and Economic Feasibility:</b>	
39	Availability of Funds	139-177
40	Financial Waiver	
41	Financial Viability	178-179
42	Economic Feasibility	180-186
43	Safety Net Impact Statement	187-188
44	Charity Care Information	189

<b>Appendices</b>		
Appendix 1	Letters to Facilities	190 – 267
Appendix 2	List of Facilities Contacted	268 – 271
Appendix 3	MapQuest Time and Distance Print-Outs	272 - 348
Appendix 4	Letter to Facilities Certified Mail Receipts	349 - 361

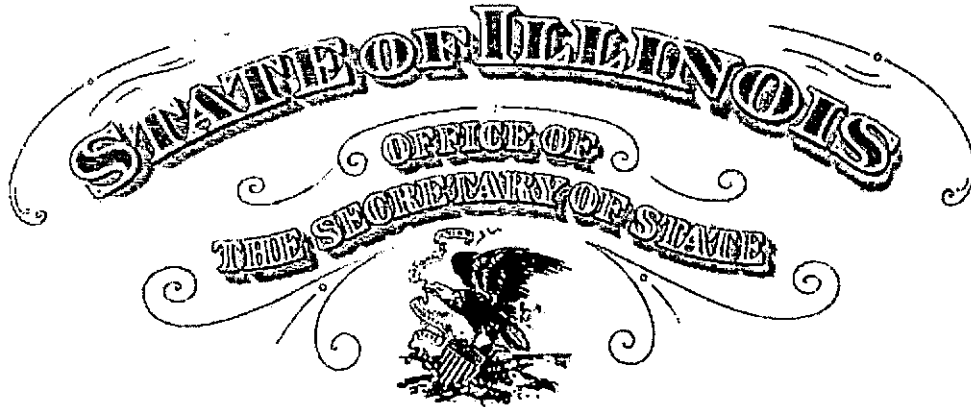
**Section I. Identification, General Information and Certification**

**Applicants**

The Illinois Certificate of Good Standing for Palos Hills Surgery Center, LLC ("PHSC") is attached as Attachment 1A.



File Number 0358112-8



*To all to whom these Presents Shall Come, Greeting:*

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

PALOS HILLS SURGERY CENTER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 13, 2011, 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.



Authentication #: 1117201868  
Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST day of JUNE A.D. 2011*

*Jesse White*

SECRETARY OF STATE

**Section I. Identification, General Information and Certification**

**Site Ownership**

A copy of the intent to lease between PHSC and Palos Hills Realty, LLC and the proposed lease is attached in Attachment 2A.

**NON-BINDING REAL ESTATE LEASE LETTER OF INTENT**

September 2, 2011

Dr. Gary Kronen  
Manager  
Palos Hills Surgery Center, LLC  
10330 S. Roberts Road  
Palos Hills, IL 60465

**RE: Letter of Intent – Palos Hills Surgery Center Ambulatory Surgery Center Lease**

Dear Dr. Kronen:

This Non-Binding Letter of Intent sets forth the material terms and conditions pursuant to which Palos Hills Realty, LLC (“Lessor”) is prepared to lease space in the medical office building located at 10330 S. Roberts Road, Palos Hills, IL 60465 (“Subject Property”) to Palos Hills Surgery Center, LLC (“Lessee”). This letter shall serve as a Non-Binding Letter of Intent to lease the subject property.

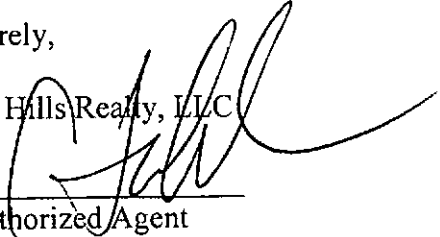
**Proposed Terms and Conditions**

- Space: A total of 5,465 gross square feet located within the aforementioned medical office building will be rented to Lessee.
- Lease Term: Initial term will be five (5) 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 \$13,662.50 per month.
- 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.

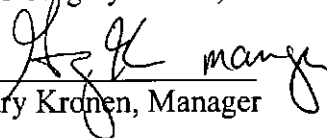
Sincerely,

Palos Hills Realty, LLC

By:   
Authorized Agent

AGREED TO AND ACCEPTED THIS 3<sup>rd</sup> DAY OF Oct 2011;

Palos Hills Surgery Center, LLC

By:   
Dr. Gary Kronen, Manager

**COMMERICAL LEASE AGREEMENT**

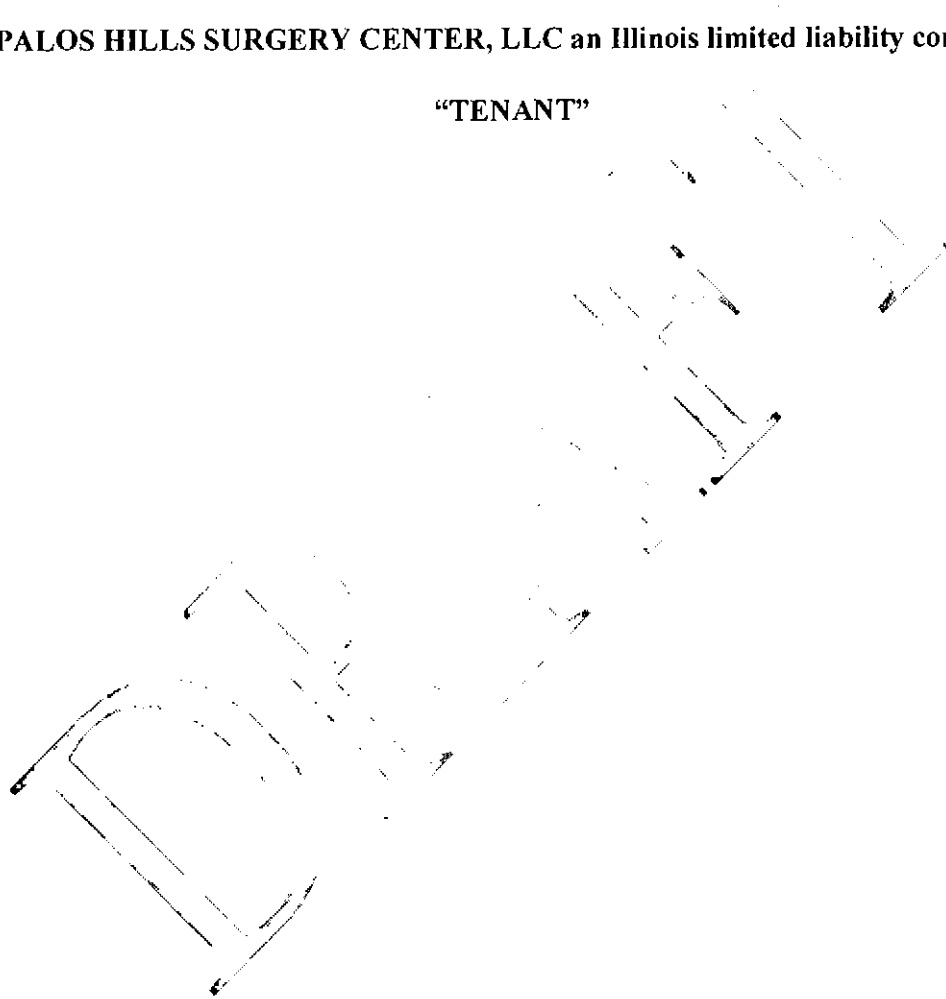
**PALOS HILLS REALTY, an Illinois Limited Liability Company**

**"LANDLORD"**

**And**

**PALOS HILLS SURGERY CENTER, LLC an Illinois limited liability company**

**"TENANT"**



## COMMERCIAL LEASE AGREEMENT REFERENCE PAGE

Tenant: **Palos Hills Surgery Center, an Illinois limited liability company**

- R-1: PREMISES. 10330 S. Roberts Road, Palos Hills IL 60465 (5465 sq footage)
- R-2: TERM & COMMENCEMENT DATE. December 1 2011 (5 years) – contingent upon obtaining Certificate of Need.
- R-3: TURNOVER DATE. September 15, 2011
- R-4: USE & CARE. Medical Office
- R-5: RENT & RENT ADJUSTMENT. \$22.00 PSF Base; \$CAM \$2.50 psf adjusted annually; TAXES \$5.50 psf adjusted annually – Estimated monthly rent \$30.00 PSF
- R-6: SECURITY DEPOSIT (\$13,662.50)
- R-7: MAINTENANCE & REPAIRS
- R-8: DAMAGE/DESTRUCTION
- R-9: ASSIGNMENT & SUBLETTING
- R-10: OPTION TO TERMINATE
- R-11: LANDLORD'S MORTGAGE; NON DISTURBANCE
- R-12: WAIVER
- R-13: LIENS
- R-14: SURRENDER OF POSSESSION
- R-15: DEFAULT & REMEDIES
- R-16: DEFAULT INTEREST: 10% PER ANNUM
- R-17: UTILITIES
- R-18: CONSENTS AND APPROVALS
- R-19: OCCUPANCY
- R-20: INDEMNIFICATION & INSURANCE
- R-21: ALTERATIONS & SIGNAGE
- R-22: QUIET ENJOYMENT
- R-23: RENEWAL OPTION ~~5~~ 5 year Renewal Option
- R-24: MISCELLANEOUS
- R-25: EXCULPATION
- R-26: RIGHTS RESERVED TO LANDLORD
- R-27: RULES AND REGULATIONS
- R-28: CONDEMNATION
- R-29: NOTICES
- Exhibit A – PERSONAL GUARANTEE
- Exhibit B – ESTOPPEL CERTIFICATE
- Exhibit C – RULES & REGULATIONS

## COMMERCIAL OFFICE LEASE AGREEMENT

This LEASE AGREEMENT ("Lease") entered into as of the \_\_\_ day of September, 2011, by and between PALOS HILLS REALTY, LLC, an Illinois Limited Liability Company ("Landlord") and PALOS HILLS SURGERY CENTER, an Illinois limited liability company ("Tenant") for commercial office space located at 10330 S. Roberts Road, Palos Hills, IL 60465 ("Premises").

### RECITALS

WHEREAS, Landlord is the owner of a Commercial Office Building including the land thereon located at 10330 S. Roberts Road, Palos Hills IL 60465 ("Property" or "Building");

WHEREAS, Landlord and Tenant desire to enter into an agreement whereby Tenant shall lease from Landlord a portion of the Property known as consisting of approximately 5,465 rentable square feet more or less ("Leased Premises");

NOW THEREFORE, In consideration of the mutual covenants herein contained and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

### ARTICLE I – LEASE OF PREMISES

1.1 For and in consideration of the rents hereinafter reserved and the covenants and agreements to be performed and observed by Tenant hereunder, Landlord hereby leases and demises to Tenant and Tenant hereby accepts and leases from Landlord the Premises, sometimes referred to herein as Leased Premises.

### ARTICLE 2 – LEASE TERM

2.1 Initial Term. The initial term of this Lease shall be for a period of five (5) consecutive years "Initial Term" commencing on December 1, 2011 ("Commencement Date").

2.2 Renewal Term. Pursuant to the Initial Term Lease, subject to the following notice requirements and provided that at the time of such notice Tenant is not in default under the terms of this Lease, Landlord hereby grants to Tenant the option to renew the Lease for one (1) additional period of five (5) years each upon the same terms and conditions as set forth in this Lease, unless otherwise expressly provided "Renewal Option". Said period shall be referred to as the "Renewal Term". The Tenant shall have the right to exercise the Renewal Option as set forth in this Section 2.2 by providing written notification thereof to Landlord of Tenant's intent to renew not less than one hundred eighty (180) calendar days prior to the expiration of the Initial Term. Tenant shall not be

entitled to exercise the Renewal Option if Tenant fails to satisfy any term or provision contained in this Lease which is not cured within any applicable cure period.

### ARTICLE 3 – TURNOVER DATE

3.1 Landlord shall turnover the Premises to Tenant on September 15, 2011 (“Turnover Date”).

### ARTICLE 4 - USE AND CARE OF PREMISES

4.1 The Leased Premises may be used and occupied for a surgery center only and for no other purpose without the written consent of Landlord, which consent shall be withheld in Landlord’s sole discretion. The Leased Premises shall be available seven (7) days per week, twenty-four (24) hours per day. The Tenant shall comply with all laws, ordinances and regulations, affecting the Leased Premises and promulgated by duly constituted governmental authorities.

4.2 The Leased Premises shall be used only for business and commercial purposes and no manufacturing activities shall be conducted therein. In addition the Tenant shall not:

(a) Use the Leased Premises for any purpose which increases the rate of premium cost or invalidates any policy of insurance covering or carried on the Property in which the Leased Premises are located or the operation thereof or any part or appurtenances thereof;

(b) Abuse walls, ceilings, partitions, floors and/or wood;

(c) Use plumbing for any purpose other than that for which constructed;

(d) Create, maintain or permit a nuisance thereupon;

(e) Do any act tending to injure the reputation of the Property;

(f) Place or permit any radio or television antenna, loud speaker or sound amplifier, or other device similar to any of the foregoing on the roof or outside of the Building without Landlord’ prior written consent which consent may be withheld in Landlord’s sole discretion.

(g) Tenant and Tenant’s employees or agents shall not solicit business in the parking lot or other common areas, nor shall Tenant distribute any handbills or other advertising matter in automobiles parking in the parking lot or in the other common areas.

4.3 Tenant shall take good care of the Premises and keep the same free from waste or nuisance at all times. Tenant at Tenant’s cost shall keep the Premises neat, clean and free from dirt at all times and store all trash and garbage at the site designated by the Landlord. Receiving and delivery of goods and merchandise and removal of garbage and trash shall be made by way of the service entrance if one is located upon the Premises and shall be subject to such reasonable regulations as Landlord may from time to time prescribe.



4.4 Tenant shall not permit any uses of the Premises for any purpose which might violate any applicable law or ordinance. Tenant shall comply with all laws, ordinances, rules and regulations applicable to the occupancy or use of said Premises, including all laws, rules and regulations respecting fire and fires hazards or disturb the neighboring businesses or neighborhood. Tenant shall be solely responsible for all injuries to persons and property resulting from any accident or other cause arising in or about or from the use of the Premises and its appurtenances. To the extent permitted by Illinois law, Tenant agrees to indemnify Landlord against loss, cost, damage or expense by reason of any accident, loss, casualty or damage resulting to any person or property through any use of the Premises. Tenant shall promptly repair at Tenant's cost and expense any damages to the Premises or any part thereof caused by Tenant or Tenants' agents, servants, employees, contractors, guests, invitees or customers.

#### ARTICLE 5 – RENT & RENT ADJUSTMENT

5.1 Rent shall accrue hereunder from and after the Commencement Date unless otherwise stated herein. The covenant to pay Rent shall be independent of every other covenant in this Lease.

5.2 Subject to periodic adjustment for later Lease Years as set forth below, Tenant shall pay to Landlord the sum of Thirty Dollars (\$30.00) per square foot, or One Hundred Sixty Three Thousand Nine Hundred Fifty Dollars annually payable in monthly installments of Thirteen Thousand Six Hundred Sixty Two Dollars and 50/100 (\$13,662.50) as follows:

a. Tenant shall pay to Landlord base rent without notice or demand, in advance, for the first Lease Year of the Initial Term in the amount of Twenty Two Dollars (\$22.00) psf ("Base Rent"), or One Hundred Twenty Thousand Two Hundred Thirty Dollars (\$120,230.00) payable in equal monthly installments of Ten Thousand Nineteen Dollars and 16/100 (\$10,019.16) in advance on the first calendar day of each calendar month during the Lease Term, including any Renewal Term, from and after the Rent Commencement Date. Tenant shall pay Base Rent at the office of Landlord or such other place as Landlord may designate without any right of setoff or deduction whatsoever.

b. The first full month's installment of Rent shall be paid by Tenant upon the execution of this Lease. Should the Rent Commencement Date fall on any day other than the first day of a month, then the fixed base rent for such month shall be prorated on a per diem basis and Tenant shall pay the amount thereof for such partial month on the Rent Commencement Date. Tenant shall pay the Rent and all Additional Rent payable hereunder in lawful money of the United States. All sums other than Base Rent payable by Tenant hereunder shall be deemed "Additional Rent" and shall be payable on demand unless other payment dates are hereinafter provided. Landlord shall have the same right and remedies (including, without limitation, the right to commence a summary proceeding) for a default in the payment of Additional Rent as for a default in the

payment of Base Rent notwithstanding the fact that Tenant may not then also be in default in the payment of Base Rent.

5.3 Tenant shall pay to Landlord as Additional Rent Tenant's proportionate share of Expenses and Real Estate Taxes ("Additional Rent") in the manner and time provided in Section 5.6 herein.

a. Tenant shall pay to Landlord the sum of Two Dollars and 50/100 (\$2.50) psf for CAM, or Thirteen Thousand Six Hundred Sixty Two Dollars and 50/100 (\$13,662.50) annually, payable in monthly installments of One Thousand One Hundred Thirty Eight Dollars and 54/100 (\$1,138.54)

b. Tenant shall pay to Landlord the sum of Five Dollars and 50/100 (\$5.50) psf for Real Estate Taxes, or Thirty Thousand Fifty Seven Dollars and 50/100 annually, in equal monthly installments of Two Thousand Five Hundred Four Dollars and 80/100 (\$2,504.80).

c. If actual Expenses incurred exceed the amount of Expenses paid by Tenant for a calendar year during the Initial Term or any Renewal Term then Tenant shall pay to Landlord an amount equal to the Tenant's Proportionate Share of said excess ("Excess Expenses"). If actual Taxes assessed or levied upon or with respect to the Property exceed the amount of Taxes assessed or levied upon or with respect to the Property for any calendar year during the Initial Term or any Renewal Term, then Tenant shall pay to Landlord, an amount equal to the Tenant's Proportionate Share of said excess ("Excess Taxes"). For purposes of this provision, Tenant's proportionate share is fifteen percent (.15%).

5.4 If Tenant shall fail to pay when due any installment of Rent or any payment of Additional Rent for a period of five (5) calendar days after such payment shall have become due, Tenant shall pay a late fee in the amount of five (5) percent of the Rent then due and payable, which late fee shall accrue on a monthly basis as of the first (1<sup>st</sup>) day of each calendar month for each calendar month that the Rent remains unpaid from the date when such installment or payment shall have become due to the date of the payment thereof, and such late fee shall be deemed Additional Rent. The provisions of this Section are in addition to all other remedies available to Landlord for nonpayment of Rent or Additional Rent.

5.5 Commencing on each and every successive anniversary of the Commencement Date Tenant shall pay Base Rent which amount shall be determined by increasing the prior Lease year's per square foot Base Rent by five percent (5.0%) of the prior Lease Year's Base Rent.

5.6 Landlord shall furnish the Tenant an annual Rent Adjustment Statement for each Lease Year setting forth Tenant's Tax and Expense payments and the actual Tax and Expenses incurred by Landlord. Tenant's Rent Adjustment Payment shall be due and

payable within ten (10) business days after receipt of written notice from Landlord of the Rent Adjustment Statement.

5.7 For purposes hereof the following definitions shall apply:

(a) The term *Tenant's Prorata Share* shall mean (.15 %) percent.

(c) The term *Expenses* shall mean the total of all the costs and expenses (and taxes thereon, if any) incurred by Landlord with respect to the operation, maintenance, repair, replacement and administration of the Property and the services provided to the tenants of the Building without duplication or limitation, the costs and expenses with respect to: gas and any other fuel or utilities; water rates and sewer rents; the cost of operating the Building's cooling system, as is necessary to provide air conditioning to the Building 24 hours each day, 7 days per week; ventilation and heating; electricity for areas other than those leased to individual tenants (including electricity for air conditioning such areas) as indicated by meter; elevators; metal, elevator cab, lobby, sidewalk, curb and other public area maintenance and cleaning; interior and exterior landscaping and decoration; painting of non-tenant areas; window cleaning; building standard cleaning service supplied to tenants by Landlord; the purchase price or rental cost, as applicable, of all building and cleaning supplies, tools, materials, machinery and equipment; depreciation of hand tools and other movable equipment used in the operation or maintenance of the Property; fire, extended coverage, boiler and machinery, sprinkler apparatus, and property damage, loss of rental, fidelity and plate glass insurance and any other insurance required by the holder of any mortgage covering the Property or customarily carried with respect to buildings similar to the building; wages, salaries, bonuses, disability benefits, hospitalization, medical, surgical, dental, optical, psychiatric, legal, union and general welfare benefits (including group life insurance), any pension, retirement or life insurance plan and other benefit or similar expense respecting employees of the Landlord up to and including the building manager; expenses imposed on the Landlord pursuant to law; workmen's compensation insurance, payroll, social security, unemployment and other similar taxes with respect to such employees; salaries of bookkeepers and accountants; professional and consulting fees, including legal and accounting fees; charges for independent contractors performing work included within the definition of Expenses; telephone and stationery; directory; building telephone; repairs, replacements and improvements which are necessary or appropriate for the continued operation of the Building as a first-class office building (provided that such improvements shall not include improvements expanding the size of the Building or materially changing the character of the Building); and management fees for the management of the building, or if no managing agent is employed by Landlord, a sum in lieu thereof which is not in excess of the then prevailing rates for management fees in the Southwest suburbs of Chicago for first class office buildings similar to the Building.

(c) The following costs and expenses shall be excluded or deducted, as appropriate, from the foregoing costs and expenses: (i) the cost of electricity furnished to the demised premises and other space leased to tenants as measured by meters, or if there be no meters, as determined by Landlord's electrical consultant; (ii) leasing commissions; (iii) salaries for Landlord's executives above the grade of building manager; (iv) amounts

received by Landlord through proceeds of insurance to the extent the proceeds are compensation for expenses which were previously included in Expenses hereunder; (v) cost of repairs or replacements incurred by reason of fire or other casualty or condemnation to the extent to which Landlord is compensated therefor through proceeds of insurance or condemnation award; (vi) advertising and promotional expenditures; and (vii) costs for performing Landlord's Work for any individual tenant or for performing work or furnishing services to or for individual tenants at such tenant's expense.

(d) The annual Rent Adjustment Statement with respect to Expenses to be furnished by Landlord as provided above shall be in reasonable detail but need not be audited or certified by the Accountants. In no event shall the fixed base rent ever be reduced by operation of this Article 5. The rights and obligations of Landlord and Tenant under the provisions of this Article 5 shall survive the termination of this Lease, and payments shall be made pursuant to this Article 5 notwithstanding the fact that a Rent Adjustment Statement is furnished to Tenant after the expiration or other termination of the Term. Landlord's failure to render an Rent Adjustment Statement with respect to any Lease Year shall not prejudice Landlord's right to thereafter render a Rent Adjustment Statement with respect thereto or with respect to any subsequent Lease Year.

(e) Each Rent Adjustment Statement shall be conclusive and binding upon Tenant unless within 10 days after receipt of such Rent Adjustment Statement Tenant shall notify Landlord that it disputes the correctness of such Rent Adjustment Statement specifying the particular respects claimed to be incorrect. Any dispute relating to any Rent Adjustment not resolved within 30 days after the giving of such notice by Tenant, may be submitted to mediation or arbitration as agreed to by the Parties. Pending the determination of such dispute, Tenant shall pay Additional Rent in accordance with the Rent Adjustment Statement that Tenant is disputing, without prejudice to Tenant's position.

#### ARTICLE 6 - SECURITY DEPOSIT

6.1 Tenant shall deposit with Landlord a Security Deposit in the amount of \$13,662.50 equal to one month's gross Rent as additional security for the performance by Tenant of all the covenants and agreements of Tenant hereunder and not as advance rent.

6.2 Upon the termination of this Lease and the full performance by Tenant of all Tenant's covenants and agreements hereunder, the security deposit shall be paid by Landlord to Tenant. If, however, Tenant fails to perform any of the covenants and agreements required to be performed by Tenant hereunder, Landlord may at any time apply all or any part of such Security Deposit to the payment of rent not paid by Tenant or to any other payments as may be necessary by reason of Tenant's default and Tenant shall pay to Landlord the amount so applied within five (5) days after receipt of written notice of such application by Landlord, which Landlord shall provide Tenant with a written statement how said Security Deposit has been applied.

6.3 Tenant shall not be entitled to interest on such Security Deposit. Tenant shall not use

any such part or Security Deposit for monthly rent. Landlord shall not be required to maintain Tenant's Security Deposit in a separate account and Landlord may commingle with Landlord's other funds.

#### ARTICLE 7 – MAINTENANCE AND REPAIRS OF PREMISES

7.1 Landlord shall keep the foundation, the exterior walls and roof of the Building and the Premises in good repair, except that Landlord shall not be required to make any repairs occasioned by any act of negligence of Tenant, its agents, employees, guests or invitees. If the Premises should be in need of repairs required to be made by Landlord hereunder, Tenant shall give immediate written notice thereof to Landlord. Landlord shall not be responsible in any way for failure to make any such repairs until a reasonable time has elapsed after delivery of such written notice. Landlord shall have no maintenance or repair obligations other than those set forth in this section. Landlord shall provide janitorial services Monday through Friday consisting of vacuuming and emptying waste baskets only.

7.2 Tenant shall keep the Premises in good and clean condition, and except for those obligations of Landlord described in Section 7.1 hereof, Tenant shall be responsible for all maintenance, repairs and replacements including but not limited to heating, air conditioning, ventilating, plumbing and electrical systems and facilities upon the Premises (collectively the "Mechanical Systems"). Tenant shall comply at its sole cost and expense with all governmental laws, ordinances and regulations applicable to the Premises, except that Tenant shall not be obligated to make any structural changes or alterations to the Premises unless made necessary by an act or omission of Tenant, in which event Tenant shall comply at its expense in accordance with the plans and specifications approved by Landlord. If any repairs required to be made by Tenant hereunder are not made within ten (10) days after written notice thereof is delivered to Tenant by Landlord, Landlord may at its option make such repairs without liability to Tenant for any loss or damage which may result to its stock or business by reason of such repairs plus interest at the rate of twelve percent (12%) per annum from the date of payment by Landlord until repaid by Tenant.

#### ARTICLE 8 – DAMAGE OR DESTRUCTION

8.1 If the Premises are totally destroyed by fire or other casualty, Landlord shall not be obligated to restore same, but at the option of either party the lease shall terminate and the rent herein provided for shall be prorated to the date of such fire or other casualty. If by reason of fire or other casualty, less than all of the Premises is damaged or destroyed so that the Premises are temporarily untenable, Landlord shall restore the Premises to a tenable condition with reasonable diligence; this lease shall not terminate for the time that the Premises are untenable. However, if the Premises are not restored within six (6) months after the date of such fire or other casualty, Tenant shall have the right to terminate this Lease forthwith and provided further that Landlord shall have no duty to restore or repair any portion of the alterations, additions or improvements made by or on behalf of Tenant in the Premises. The foregoing provisions to the contrary

notwithstanding, in the event that all or a substantial portion of the insurance proceeds collected or collectible as a result of such fire or other casualty are applied to the payment of any mortgage indebtedness against the Building, this lease shall terminate and the rent herein provided for shall be prorated to the date of such fire or other casualty.

#### ARTICLE 9 – ASSIGNMENT & SUBLETTING

9.1 Tenant shall not assign, nor in any other way transfer this Lease or any interest therein, nor sublet the Leased Premises or any part or parts thereof, nor permit occupancy by anyone with, through or under it, without the previous written consent of the Landlord, which consent shall be in Landlord's sole discretion. Notwithstanding the foregoing, Tenant may assign, transfer or sublet the Leased Premises or permit occupancy at any time to a parent, subsidiary, affiliate, controlled company or any company into which Tenant may be combined or merged without obtaining Landlord's consent. For Landlord to consider an assignment or sublease, the Tenant shall provide the following:

1. The Tenant shall give the Landlord a ten (10) day prior written notice of its desire to assign or sublet, which notice shall include reliable information, including, but not limited to, the name of the proposed assignee or sublessee, its financial responsibility evidenced by financial statements and/or credit reports, its reputation, a description of its business activities and specific terms as to the assignment or sublease agreement, including rental, Term and the date said assignment or sublease is to take effect. The Tenant shall comply with all reasonable requests of the Landlord for additional information.

2. Provided the Landlord submits a preliminary approval of such assignment or sublet, such consent shall be conditioned upon the delivery to the Landlord within ten (10) days after such preliminary approval of the following documents:

(a) Two executed copies of the assignment which shall include an assumption by the assignee, from and after the effective date of the assignment, of the performance and observance of the covenants and conditions of this Lease Agreement contained on Tenant's part to be performed and observed. The substance and form of the assignment agreement shall be subject to the Landlord's reasonable approval.

(b) Should a sublease be involved, two executed copies of the sublease agreement, which shall include an agreement on the part of the subtenant to be obligated, from and after the effective date of the sublease, to the performance and observance of the covenants and conditions of this Lease Agreement contained on Tenant's part to be performed and observed. The substance and form of such sublease agreement shall be subject to the Landlord's reasonable approval.

3. Consent by the Landlord to one or more assignments or subletting of this Lease or the Leased Premises shall not operate as a waiver of Landlord's rights as to any

subsequent assignments or subletting. The Tenant specifically understands and agrees that any assignment or sublease shall in no way act as a novation or release (unless by written agreement executed by both Landlord and Tenant) the Tenant of any of its obligations and covenants under this Lease Agreement, nor should said assignment or sublease be construed or taken as a waiver of any of the Landlord's rights or remedies hereunder against or as relating to the Tenant.

4. To the extent allowed by law, the Tenant's interest in this Lease shall not pass to any trustee or receiver in bankruptcy, or any assignee for the benefit of creditors, or any other third party by operation of law.

#### ARTICLE 10 – OPTION TO TERMINATE

10.1 In the event Tenant is unable to secure a Certificate of Need, Tenant may terminate this Lease and shall receive a full refund of Tenant's Security Deposit.

#### ARTICLE 11 – LANDLORD'S MORTGAGE; NON-DISTURBANCE

11.1 From time to time before or after the execution of this Lease, and before the termination of the Term thereof, the Landlord may execute a mortgage or trust deed in the nature of a mortgage of Landlord's interest in the Property or may sell or assign its interest in the Property. In any such event, this Lease and all rights of Tenant hereunder are subject and subordinate to any mortgage or mortgages, blanket or otherwise, which do now or may hereafter affect the Property, and to any and all renewals, modifications, consolidations, replacements and extensions thereto. It is the intention of the parties that this provision be self-operative and that no further instrument shall be required to effect such subordination of this Lease. Tenant shall however upon demand at any time or times, execute, acknowledge, and deliver to Landlord within ten (10) days after written request by Landlord, without expense to Landlord, any and all instruments that may be necessary or proper to subordinate this Lease and all rights of Tenant hereunder to any such mortgage or to confirm or evidence such subordination.

11.2 Tenant covenants and agrees, in the event any proceedings are brought for the foreclosure of any such mortgage, or in the event of any sale or assignment of the Property, to attorn to the purchaser upon any such foreclosure sale, or sale or assignment if so requested to do so by such purchaser, and to recognize such purchaser as the lessor under this Lease and the purchaser will accept that attornment and recognize the interest of Tenant under this Lease, provided Tenant is in full compliance with the terms of the Lease. Tenant agrees to execute and deliver, at any time with reasonable notice, upon the request of Landlord or any holder of such mortgage or such purchaser or assignee, any instrument which, in the reasonable judgment of such requesting party, may be necessary or appropriate in any such foreclosure proceeding or sale or assignment or otherwise to evidence such attornment. However, in the event of such sale, assignment or foreclosure, the Tenant's right to possession and quiet enjoyment shall not be disturbed provided he or she is in full compliance with all the material terms and conditions of this Lease and Landlord, Purchaser and Tenant agree that the Lease shall continue as a Lease between Landlord's successor as Landlord, and Tenant as if such parties had entered into the

Lease, and under each of the terms and conditions contained in the Lease, including, without limitation, rights of renewal and Rent. Any reference herein to the words "foreclosure, foreclosure sale and/or foreclosure proceeding" shall be interpreted to include a conveyance by deed in lieu of foreclosure. A Sample Estoppel Letter is attached hereto as Exhibit B.

#### ARTICLE 12 – WAIVER

12.1 This Lease cannot be modified or extended except by an instrument in writing signed by Landlord and Tenant. One or more waivers by Landlord of any covenant, term, provision or option of this Lease shall not constitute a waiver of any rights accruing to Landlord, its assignees, or employees and shall not constitute a waiver of any rights accruing to Landlord under this Lease. The various rights, powers, options, election and remedies of Landlord herein contained or available at law or in equity shall be cumulative.

#### ARTICLE 13 – LIENS

13.1 Tenant shall not permit any liens to attach to the Premises, the Land or the Building (collectively the "Property") and if any lien is filed by reason of Tenant's activities, Tenant shall cause said lien to be released at Tenant's sole cost and expense within ten (10) days after the date of filing. Failure to cause the release of said lien shall be deemed a breach of the terms of this Lease and Landlord may, at Landlord's discretion, use Tenant's security deposit to pay said lien and Tenant shall immediately upon request by Landlord pay Landlord an amount sufficient to equal Tenant's initial security deposit as stated on the Reference Page.

#### ARTICLE 14 – SURRENDER OF POSSESSION

14.1 At the expiration of the Term, including any extended terms, whether by lapse of time or otherwise, Tenant shall surrender the Leased Premises in good condition and repair reasonable wear and tear and loss by fire or other unavoidable casualty excepted.

14.2 Upon the expiration of the Term, including any Renewal Term, whether by the lapse of time or otherwise, Tenant shall promptly remove any movable trade fixtures and personal property placed in the Leased Premises by Tenant and repair any damage occasioned by such removals at Tenant's expense, and in default thereof, Landlord may effect such removals and repairs, and Tenant shall pay Landlord the cost of such removals and repairs with interest at the rate of twelve per cent (12%) per annum, commencing on the date of payment thereof, and same shall be due and payable by the Tenant as Additional Rent hereunder.

14.3 In the event Tenant remains in possession of the Leased Premises after the expiration of the Term, including any Renewal Term without the execution of a new lease, Tenant shall pay Rent to Landlord during such holding over at double the rate in effect immediately preceding such holding over compute on a monthly basis for each month or partial month that Tenant remains in possession. Tenant shall also pay,



indemnify and defend Landlord from and against all claims and damages consequential as well as direct, sustained by reason of Tenant's holding over. In addition, at any time while Tenant remains in possession, Landlord may elect instead, by written notice to Tenant and not otherwise, to have such retention of possession constitute a renewal of this Lease for one year in an amount determined by Landlord using then fair market rental value but in no event less than the Rent payable immediately prior to such holding over. The provisions of this Section do not waive Landlord's right of re-entry or right to regain possession by actions at law or in equity or any other rights hereunder, and any receipt of payment by Landlord shall not be deemed a consent by Landlord to Tenant's remaining in possession or be construed as creating or renewing any lease or right of tenancy between Landlord and Tenant.

#### ARTICLE 15 - DEFAULT - REMEDIES

15.1 The occurrence of any one or more of the following may be deemed and is herein sometimes referred to as an "Event of Default".

1. A failure in the timely payment of any installment of Fixed Base Rent or Additional Rent or any part, thereof, and such failure shall continue for a period of five (5) days after notice from Landlord to Tenant specifying such failure. (The parties hereto agree and acknowledge that such continuance after notice to Tenant's Trustee shall negate the prompt character of any curing or compensation under Section 365 of the Federal Bankruptcy Code);

2. A failure by Tenant in the performance or compliance with any of the terms, conditions, agreements or covenants of this Lease (other than those referred to in the foregoing paragraph) for a period of ten (10) days after notice from Landlord to Tenant specifying such failure. (Unless such failure cannot, with due diligence on the part of the Tenant, be cured within said ten (10) day period, same shall not be an Event of Default if within said ten (10) day period Tenant uses its best efforts to proceed to cure same and thereafter continuously prosecutes the curing of same with due diligence; the parties, hereto, agree and acknowledge that such failure by the Tenant's Trustee shall negate the prompt character of any curing or compensation under Section 365 of the Federal Bankruptcy Code);

3. The filing of an application by Tenant for a consent to the appointment of a receiver, trustee or liquidator of itself or of all of its assets; or

4. The filing by Tenant of a voluntary petition in bankruptcy or the filing of a pleading in any court of record admitting in writing its inability to pay its debts as they become due; or

5. The making by Tenant of a general assignment for the benefit of creditors; or

6. The filing by Tenant of an answer admitting the material allegations of or consenting to or defaulting in answering a petition filed against it in any bankruptcy proceeding; or

7. The entry of an order, judgment or decree by any court of competent jurisdiction adjudging Tenant a bankrupt or appointing a receiver, trustee or liquidator of it, or all of its assets, and such order, judgment or decree continuing stayed and in effect for any period of sixty (60) consecutive days;

8. If Tenant shall abandon the Premises;

9. If this Lease or the estate of Tenant hereunder shall be transferred, assigned or subleased to or shall pass to or devolve upon any person or party, except in a manner herein expressly permitted; or

10. If a levy under execution or attachment shall be made against Tenant or its property and such execution or attachment shall not be vacated or removed by court order, bonding or otherwise within a period of thirty (30) days from the date of said levy.

11. Notwithstanding any provision hereof to the contrary, all references in Paragraph c of this Section to Federal Bankruptcy Code and to activities thereunder shall be inoperative unless the prohibition against termination of leases under the Federal Bankruptcy Code is ineffective pursuant to an exemption from said prohibition set forth in Section 365 of the Federal Bankruptcy Code or in any other provision of federal law.

15.2 If an Event of Default shall occur, Landlord, at anytime thereafter, may at its option give written notice to Tenant stating that this Lease and the term hereby demised shall expire and terminate on the date specified in such notice, and upon the date specified in such notice, this Lease and the term hereby demised, and all rights of the Tenant under this Lease shall expire and terminate as if that date were the date herein definitely fixed for the termination of the term of this Lease, and Tenant shall quit and surrender the Leased Premises but Tenant shall remain liable as hereinafter provided.

15.3 If this Lease shall be terminated pursuant to this Article 15, or by summary proceedings or otherwise, or if the Leased Premises or any part thereof shall be abandoned by Tenant, or shall become vacant during the term hereof, Landlord may in its own name, or as agent for Tenant if this Lease not be terminated, or if this Lease be terminated, on its own behalf, relet the additional premises or any part thereof, or said Leased Premises with additional premises for such term or terms (which may be greater or less than the period which would otherwise have constituted the balance of the term of this Lease) and on such conditions (which may include concessions or free rent and alterations of the Leased Premises) as Landlord, in its sole discretion, may determine and Landlord may collect and receive the rents therefor. Landlord shall in no way be responsible or liable for any failure to relet the Leased Premises or any part thereof, or of any failure to collect any rent due upon such reletting. No re-entry by Landlord, whether had or taken under summary proceedings or otherwise, shall absolve or discharge Tenant from any liability hereunder. No such expiration or termination of this Lease pursuant to Article 15, or summary proceedings, abandonment or vacancy, shall relieve Tenant of its liability and obligations under this Lease, whether or not the Leased Premises shall be relet. In any such event Tenant shall pay Landlord the Fixed Base Rent and Additional Rent required to be paid by Tenant up to the time of such event. Thereafter:

15.4 Tenant, until the end of the term of this Lease, or what would have been such term in the absence of any such event, shall be liable to Landlord as damages for Tenant's default, the equivalent of the amount of the Fixed Base Rent and Additional Rent which would be payable under this Lease by Tenant if this Lease were still in effect, less the proceeds if any (after deducting all Landlord's expenses in connection with such reletting, including, without limitation, all repossession costs, brokerage and management

commissions, operating expenses, legal expenses, reasonable attorneys' fees, alteration costs, and expenses of preparation for such reletting) of any reletting effected pursuant to the provisions herein (hereinafter sometimes referred to as "Deficiency"); and Tenant shall pay the Deficiency to Landlord monthly on the days on which the Rent would have been payable under this Lease if this Lease were still in effect, and Landlord shall be entitled to recover from Tenant, monthly, the Deficiency as the same shall arise.

15.5 In an Event of Default, Landlord shall immediately, without notice or other action by Landlord, become entitled to recover from Tenant, as damages, in addition to any damages becoming due under any other provision herein, an amount equal to the difference between the Fixed Base Rent and Additional Rent reserved in this Lease from the date of such Event of Default to the date of the expiration of the original term demised and the then fair and reasonable rental value of the Leased Premises for the same period. Said damages shall become due and payable to Landlord immediately upon such Event of Default and without regard to whether this Lease be terminated or not, and if this Lease be terminated, without regard to the manner in which it is terminated.

15.6 If and so long as the term of this Lease shall continue, the Fixed Base Rent and Additional Rent reserved herein for the unexpired term of the Leased shall, after an Event of Default be reduced by the amount of such damages as may be paid to Landlord and such and Additional Rent thereafter becoming due. During the continuance of the Lease after such an Event of Default, and until such damages are paid to Landlord, the whole amount of each installment of Fixed Base Rent and Additional Rent herein reserved shall be due and payable at the time herein specified, and if, by reason of the subsequent payment of damages, and the resulting reduction in Fixed Base Rent and Additional Rent, Landlord shall have received a sum in excess of all installments, as so reduced, becoming due after the Event of Default and before the collection of such damages, such excess shall be refunded upon the receipt of such damages.

15.7 If the Leased Premises or any part thereof be relet by Landlord for the unexpired term of this Lease, or any part thereof, before presentation of proof of such damages to any court, commission or tribunal, the amount of Fixed Base Rent and Additional Rent reserved upon such reletting shall be the fair and reasonable rental value for the part of the whole of the Leased Premises so relet during the term of the reletting. Nothing herein contained shall limit or prejudice the right of Landlord to prove for and obtain as damages, by reason of such termination, an amount equal to the maximum allowed by any statute or rule of law in effect at the time when, and governing the proceedings in which, such damages are to be proved, whether or not such amount be greater, equal to, or less than the amount of the difference referred to above.

15.8 If this Lease be terminated by summary proceedings or otherwise, or if the Leased Premises are abandoned or become vacant, and whether or not the Leased Premises be relet, Landlord shall be entitled to recover from Tenant, and Tenant shall pay to Landlord, in addition to any damages becoming due under this Article 15, the following: an amount equal to all expenses, if any, including reasonable attorney fees, incurred by Landlord in recovering possession of the Leased Premises, and all reasonable costs and

charges for the care of the Leased Premises while vacant, which damages shall be due and payable by Tenant to Landlord at such time or times as such expenses are incurred by Landlord.

15.9 If this Lease is terminated pursuant to Article 15, or if Tenant shall vacate or abandon the Leased Premises, then and in either of such events, Tenant covenants and agrees in addition to and not in lieu of any other covenant in this Lease:

1. That the Leased Premises shall be in the same condition as that in which Tenant has agreed to surrender them to Landlord at the original expiration of the Lease Term hereof;

2. That Tenant, on or before such termination, abandonment or vacation, shall perform all covenants contained in this Lease for the making of any improvements, alteration or betterment to the Leased Premises, or for restoring or rebuilding any part thereof; and

3. That, for the breach of any covenant above stated, Landlord shall be entitled to recover, and Tenant shall pay, without notice or other action by Landlord the then cost of performing such covenant.

15.10 Tenant hereby expressly waives, so far as permitted by law, the service of any notice of intention to re-enter the Leased Premises provided for in any statute, and except as herein otherwise provided, Tenant, for and on behalf of itself, and all persons claiming by, through, or under Tenant (including any leasehold mortgagee or other creditor), also waives any and all right of redemption, re-entry, or repossession, in the event Tenant shall be dispossessed by a judgment, or by warrant of any court or judge, or in the event of re-entry or repossession by Landlord, or in the event of any expiration or termination of this Lease. The terms "enter", "re-enter", "entry", or "re-entry", as used in this Lease are not restricted to their legal meanings.

15.11 No failure by Landlord to insist upon the strict performance of any agreement, term, covenant, or condition hereof, or to exercise any right or remedy consequent upon a breach thereof, and no acceptance of full or partial Fixed Base Rent or Additional Rent during the continuance of any such breach, shall constitute a waiver of any such breach or of such agreement, term, covenant, or condition. No agreement, term, covenant, or condition hereof, to be performed or complied with by Tenant, and no breach thereof, shall be waived, altered, or modified, except by a written instrument executed by Landlord. No waiver of any breach shall affect or alter this Lease, but each and every agreement, term, covenant, and condition hereof, shall continue in full force and effect with respect to any other then existing or subsequent breach thereof.

15.12 If any Event of Default or threatened Event of Default by Tenant of any of the agreements, terms, covenants, or conditions contained in this Lease shall occur, Landlord shall be entitled to enjoin such Event of Default or threatened Event of Default, and shall have the right to invoke any right and remedy allowed at law or in equity, or by statute or otherwise, as though re-entry, summary proceedings, and other remedies were not provided for in this Lease.

15.13 Each right and remedy provided for in this Lease shall be cumulative and shall be in addition to every other right or remedy provided for in this Lease or now, or hereafter existing, at law or in equity, or by statute or otherwise, and the exercise or beginning of the exercise by Landlord of any one or more of the rights or remedies provided for in this Lease, as now or hereafter existing at law or in equity, or by statute or otherwise, shall not preclude the simultaneous or later exercise by the Landlord of any or all other rights or remedies provided for in this Lease, as now or hereafter existing at law or in equity or by statute or otherwise.

15.14 Landlord may, but shall not be obligated to, cure, at any time, without notice, any Event of Default by Tenant under this Lease; and whenever Landlord so elects, all costs and expenses incurred by Landlord, including without limitation, reasonable attorneys' fees, together with interest on the amount of the costs and expenses so incurred at the Default Rate, shall be deemed Additional Rent and shall be paid by Tenant to Landlord on demand.

#### ARTICLE 16 – INTEREST ON DEFAULT

16.1 If Tenant defaults in the performance of any of the terms, covenants, agreements or conditions contained in this lease, any sums owing to Landlord shall bear interest at the rate of ten percent (10%) per annum from the date the same fall due until paid. Moreover, if Tenant shall omit to make any payment or expenditure, other than Rent, which it is obligated to make by the terms hereof and Landlord shall make such payment or expenditure, then the amount thereof may, at Landlord's election, be added to and deemed a part of any installments of Rent then due or thereafter falling due, and Landlord shall have the same remedies that it has for nonpayment of Rent. Payment by check, note or other exchange shall not be deemed as payment under this Lease unless same is honored forthwith by the bank upon which it is drawn, or by the maker or drawer when presented for payment. If Landlord places the enforcement of this Lease or any part of the same, or the collection of any Rent or other sums due or to become due hereunder, or the recovery of possession of the Premises, in the hand of an attorney, or files suit upon the same, Tenant agrees to pay Landlord such reasonable attorneys' fees and expenses and the payment of same shall be secured in like manner as is herein provided as to security for Rent.

#### ARTICLE 17 – UTILITIES

17.1 Effect at the Turnover Date, all gas, electricity, heat, water, telephone, internet, sewer charges, other similar charges, if any, and taxes thereon, with respect to the Premises which shall be the sole responsibility of the Tenant and shall promptly paid by Tenant as they become due and payable. Tenant shall transfer all utilities to Tenant's name upon execution of this Lease. In the event the utilities are not separately metered to the Leased Premises, then Tenant shall pay Tenant's pro rata share of utilities each month which amount shall be deemed "Additional Rent".

17.2 Tenant agrees to at all times properly maintain and use Landlord's staff to service, repair, and if necessary, replace any and all plumbing and electrical fixtures, equipment, lines, conduits and systems serving the Leased Premises and located therein at Tenant's sole expense provided Landlord charges competitive, fair, market rates.

#### ARTICLE 18 – CONSENTS AND APPROVALS

18.1 Whenever in this Lease Landlord's consent or approval is required, Landlord shall not unreasonably delay notifying Tenant whether its approval shall be granted or withheld.

18.2 When in this Lease Landlord's consent or approval is required and this Lease provides that Landlord's consent or approval shall not be unreasonably withheld and Landlord shall refuse such consent or approval, or in any instance in which Landlord shall delay its consent or approval, Tenant in no event shall be entitled to make, nor shall Tenant make any claim, and Tenant hereby waives any claim, for money damages (nor shall Tenant claim any money damages by way of set off, counterclaim or defense) based upon any claim or assertion by Tenant that Landlord unreasonably withheld or unreasonably delayed its consent or approval. Tenant's sole remedy shall be an action or proceeding to enforce any such provision for specific performance, injunction or declaratory judgment.

18.3 Whenever in this Lease Landlord's consent or approval is required and this Lease does not provide that such approval or consent shall not be unreasonably withheld, Landlord may in its sole discretion determine whether to grant such consent or approval, regardless of whether such refusal to consent or approve may be deemed arbitrary.

#### ARTICLE 19 – OCCUPANCY

19.1 By taking occupancy of the Premises, Tenant accepts the Premises in their AS IS condition (other than structural defects) and agrees that Landlord has complied with all the duties and obligations required of it under the provisions of this Lease prior to such date, unless otherwise noted in writing to Landlord.

19.2 Tenant shall continuously during the entire Lease Term conduct and carry on Tenant's business in the Premises and shall keep the Premises open for business and cause Tenant's business to be conducted therein during usual business hours of each and every business day as is customary for businesses of like character in the city in which the Premises are located to be open for business; provided however, that this provision shall not apply if the Premises should be closed and the business of Tenant temporarily discontinued therein on account of strikes, lockouts or similar causes beyond the reasonable control of Tenant. Tenant's failure to adhere to the terms and provisions herein shall constitute a breach of this Lease.

#### ARTICLE 20 – INDEMNITY AND INSURANCE

20.1 Tenant covenants and agrees that Tenant shall indemnify and hold Landlord harmless against and from (i) any penalty or damage or charges imposed for any violation of any law or ordinance, whether occasioned by the neglect of Tenant or those holding under Tenant, (ii) all claims, losses, costs, damages or expenses (including reasonable attorneys' fees) arising out of or from any accident or other occurrence on or about the Premises causing injury to any person or property whomsoever or whatsoever, (iii) and all claims, losses, costs, damages or expenses arising out of any failure of Tenant in any provision of this Lease.

20.2 Tenant agrees that, at its own cost and expense, Tenant shall procure and continue in force general liability insurance covering any and all claims for injuries to persons occurring in, upon or about the Premises or other appurtenances now or hereafter erected on the Premises during the term of this lease, such insurance at all times shall be in the amount of not less than One Million Dollars (\$1,000,000.00) for injury to any one person, Two Million (\$2,000,000.00) aggregate and not less than Five Hundred Thousand (\$500,000.00) for property damage in any one occurrence. Tenant shall also carry "all risk" insurance, including water damage, insuring its interest in the tenant improvements in the Premises and its interest in all personal property, equipment and trade fixtures in the Premises. Such insurance shall be written with a company or companies authorized to engage in the business of general liability insurance in the State of Illinois and all liability insurance shall name Landlord and any mortgagee as an additional insured. Tenant shall deliver to Landlord customary insurance certificates evidencing such insurance on or before the Commencement Date and shall deliver updated certificates of insurance to Landlord not less than fifteen (15) days prior to the expiration of any such certificate. If Tenant fails to furnish such certificates, Landlord may obtain such insurance and the premiums on such insurance shall be deemed Additional Rent to be paid by Tenant unto Landlord upon demand, together with interest at the rate of ten percent (10%) per annum until paid.

#### ARTICLE 21 – ALTERATIONS & SIGNAGE

21.1 Tenant, at Tenant's sole cost, may affix and maintain only such signs, advertising, placards, names, insignia, trademarks and descriptive material as approved by Landlord in writing prior to installation of the same. The design of such signage shall be prepared by Tenant in accordance with Landlord's sign criteria and shall be subject to Landlord's approval which may be withheld for any reason, and shall be subject to all local zoning ordinance requirements. At the expiration of the lease term, Tenant shall remove sign and make all repairs necessary to restore the Premises façade to its original condition.

#### ARTICLE 22 – QUIET ENJOYMENT

22.1 Landlord covenants and agrees that subject to the terms and provisions of this Lease, if, and as long as, Tenant keeps and performs each and every covenant, agreement, term, provision and condition herein contained on the part or on behalf of Tenant to be kept or performed, then Tenant's rights under this Lease shall not be cut off or ended before the expiration of the term of this Lease.

## ARTICLE 23 – OPTION TO RENEW

23.1 Tenant shall have the option to renew this Lease (“Renewal Option”) for two additional periods of five (5) years (the “Renewal Term”), upon the same terms and conditions as are contained in this Lease, except that the monthly Base Rent due pursuant to Article 5 hereof (“Rent”) shall be determined as stated in Paragraph five (5). Expenses (CAM & Taxes) in any Renewal Term shall be determined in the same manner as in the Initial Lease Term.

23.2 Tenant shall exercise this Renewal Option by delivering to Landlord a written notice of intent to exercise the Renewal Option not less than one hundred eighty calendar days (180) prior to the expiration of the Initial Term of this Lease. In the event Tenant fails to deliver said written notice within the time specified the Renewal Option shall be deemed waived by Tenant.

## ARTICLE 24 – MISCELLANEOUS

24.1 This Lease shall be governed by and construed in accordance with the laws of the State of Illinois.

24.2 All pronouns and any variations therein shall be deemed to refer to the masculine, feminine, neuter singular and plural as the identities of the persons referred to may require.

24.3 Any provision of this Lease which shall be deemed void, unenforceable or contrary to public policy, in whole or in part by any court of competent jurisdiction, shall be deemed severed from this Lease and the remaining provisions of this Lease shall not be affected thereby if such remaining provisions could then continue to comply with the purposes of this Lease and the requirements of the law.

24.4 Landlord and Tenant agree that this Lease contains the entire agreement between them and shall not be modified in any manner except by an instrument in writing signed by each of them.

24.5 This Lease shall be binding upon and shall inure to the benefit of the parties hereto and their respective heirs, executors, administrators, successors and assigns.

24.6 Upon execution and delivery of this Lease, Tenant shall deliver to Landlord a certified copy of the resolution of the board of directors of Tenant (if a corporation) which authorizes the execution and delivery of this Lease and the performance of the covenants and agreements required to be performed by Tenant hereunder.

24.7 The term “Landlord” as used in this Lease means only the owner or owners of the Premises at the time being so that in the event of any assignment, conveyance or sale, once or successively, of the Premises, or any assignment of this Lease by Landlord, said Landlord named herein shall be and hereby is entirely free and relieved of all covenants



and obligations of Landlord hereunder accruing after such sale or assignment, and Tenant agrees to look solely to such purchaser, grantee or assignee with respect thereto. This Lease shall not be affected by any such assignment, conveyance or sale and Tenant agrees to attorn to the purchaser, grantee or assignee.

24.8 Nothing contained herein shall be deemed or construed by the parties hereto or by any third party as creating the relationship of principal and agent or of partnership or of joint venture between the parties hereto.

24.9 Tenant shall not record this Lease without prior written consent of Landlord. Failure to obtain written consent of Landlord shall constitute a default under this Lease.

24.10 Tenant hereby agrees that for a period commencing ninety (90) days prior to the termination of this Lease, Landlord may display in and about the Premises and the windows thereof the usual and ordinary "For Rent" signs and may show the Premises to prospective tenants.

24.11 Commissions. Tenant warrants that it has had no dealings with any broker or agent in connection with this Lease other than ReMax Synergy whose commission shall be paid by Landlord pursuant to separate agreement. Tenant hereby indemnifies, protects, defends and holds Landlord, its beneficiaries and lenders harmless from and against any and all claims, causes of action, damages, costs, expenses (including, but not limited to, attorneys' fees of counsel selected by Landlord) or liabilities for any compensation, commissions, fees, and charges claimed by any other broker or other agent with respect to this Lease or the negotiation thereof.

#### ARTICLE 25 – EXCULPATION

25.1 It is expressly understood and agreed by Tenant that none of Landlord's covenants, undertakings or agreements are made or intended as personal covenants, undertakings or agreements by Landlord and any liability for damage for breach or non-performance by Landlord shall be collectible only from Landlord's interest in the Premises and no personal liability is assumed by, nor at any time may be asserted against, Landlord, its beneficiaries, agents, employees, legal representatives, successors or assigns, all such liability, if any, being expressly waived and released by Tenant.

#### ARTICLE 26 – RIGHTS RESERVED TO LANDLORD

26.1 Landlord shall have the following rights exercisable without notice and without liability to Tenant for damage or injury to property, person or business (all claims for damage being hereby released) and without effecting an eviction or disturbance of Tenant's use or possession or giving rise to any claim for setoffs or abatement of rent:

1. To change the name of the Property upon three (3) months prior written notice.
2. To have passkeys to the Leased Premises.

3. To decorate, remodel, repair, alter or otherwise prepare the Leased Premises for re-occupancy at any time after Tenant abandons the Leased Premises for a continuous period of fifteen (15) days provided that Tenant shall not be considered to have abandoned the Leased Premises as long as the Leased Premises are kept in clean and orderly fashion and rent is paid in accordance with the terms hereof.

4. To enter the Leased Premises at reasonable business hours, after reasonable notice during business hours, to make inspections, or to exhibit the Leased Premises to prospective Tenants, purchasers or others, or for other reasonable purposes.

5. At any reasonable time or times, to decorate and to make, at its own expense, repairs, alterations, additions and improvements, structural or otherwise, in or to the Leased Premises or the Property, and to perform any acts related to the safety, protection or preservation thereof, and during such operations to take into and through the Leased Premises or any part of the Property all materials and equipment required and to close or temporarily suspend operation of entrances, doors, corridors or other facilities, provided that Landlord shall cause as little inconvenience or annoyance to Tenant as is reasonably necessary in the circumstances, and shall not do any act which permanently reduces the size of the Leased Premises. Landlord may do any such work during ordinary business hours.

6. To grant to anyone the exclusive right to conduct any business or render any service to the Property provided such exclusive right shall not operate to exclude Tenant from the use expressly permitted by this Lease.

7. To enter upon the Leased Premises at reasonable times with reasonable notice for any reasonable purposes contemplated herein.

#### ARTICLE 27 – RULES AND REGULATIONS

27.1 The Rules and Regulations attached to this Lease are hereby made a part hereof, and Tenant agrees to comply with and observe said Rules and Regulations. Tenant's failure to keep and observe said Rules and Regulations shall constitute a breach of the terms of this Lease in the same manner as if said Rules and Regulations were contained herein as covenants. Landlord reserves the right, from time to time, to insert, amend or supplement said Rules and Regulations and to adopt and promulgate additional Rules and Regulations applicable to the Leased Premises. Landlord shall not be responsible for any violations of said Rules and Regulations by other tenants in the Building.

#### ARTICLE 28 – CONDEMNATION

28.1 If the Building or any portion of the Building that includes a substantial part of the Premises or that is necessary to the economical operation of the Building shall be taken or condemned by any competent authority for any public or quasi-public use or

purpose, the Term of this Lease and the term and estate hereby granted shall end on, and not before, the date when the possession of the part so taken shall be required for such use or purpose and current Rent shall be apportioned as of the date of termination, provided, however, that Landlord may elect to make comparable space available to Tenant under the same Rent and terms as provided in this Lease, and Tenant shall accept such space, and this Lease shall then apply to that space. Tenant shall have no right to any apportionment of or share in any condemnation award or judgment for damages made for the taking of any part of the Premises or the Building.

28.2 If any condemnation proceeding shall be instituted in which it is sought to take or damage any part of the Building or the Land under it that does not include a substantial part of the Premises or that does not prevent the economical operation of the Building, or if the grade of any street or alley adjacent to the Building is changed by any competent authority and such partial taking or change of grade makes it necessary or desirable to remodel the Building, Landlord shall have the right to cancel this Lease upon written notice given not less than 90 days prior to the date of cancellation designated in the notice. No money or other consideration shall be payable by Landlord to Tenant for the right of cancellation, and Tenant shall have no right to share in the condemnation award or in any judgment for damages caused by the partial condemnation or the change of grade.

#### ARTICLE 29 - NOTICES

29.1 Any notice, demand, request or other communication shall be effective only if: (i) delivered by hand to the party to whose attention it is directed at the addresses set forth in this Paragraph 27 or at such other address as the parties may from time to time designate by notice; (ii) sent by Federal Express or similar service for next business day delivery; or (iii) by mailing the same by certified United States mail postage prepaid, return receipt requested, to the addresses listed below, or at such other address as the parties may from time to time designate by notice. Every notice, demand, request or other communication hereunder shall be deemed to have been given when personally delivered or on the second business day following the date when the communication is delivered to said service if it is sent by Federal Express or similar service or on the fifth business day following the date it is deposited in the United States mail if the U.S. Mail is utilized.

If intended for Landlord: PALOS HILLS REALTY LLC  
19065 Hickory Creek Dr.  
Mokena IL 60448

With a copy to: O'Brien Law Group, P.C.  
15020 South Ravinia Ave., Suite 20  
Orland Park, IL 60462  
Fax: 708-364-0000  
E-mail: tob@toblaw.com

If intended for Tenant: Palos Hills Surgery Center, LLC  
10330 S. Roberts Road  
Palos Hills IL 60465

With a copy to: \_\_\_\_\_

Alternatively, a notice, demand, request or other communication may be given by facsimile transmission subject to the following conditions:

1. The facsimile numbers to be utilized shall be those numbers as listed above or such other such numbers as are provided by any such parties;
2. Any facsimile which is initiated after 3:00 p.m. Chicago time on any given day shall be deemed given on the following business day;
3. The sender or transmitter of the communication shall also make a duplicate notification in accordance with the terms of the first sentence of this paragraph;
4. Any facsimile transmission made on a day other than a business day shall be deemed given on the first business day following the date the facsimile transmission is made; and
5. Any facsimile transmission made on a business day and prior to 3:00 p.m. Chicago time shall be deemed given on the date of transmission

**IN WITNESS WHEREOF**, the parties have executed and delivered this Lease on the day and year as written above.

LANDLORD:

PALOS HILLS REALTY LLC  
An Illinois Limited Liability Company

\_\_\_\_\_  
By: MANAGING MEMBER

TENANT:

PALOS HILLS SURGERY CENTER LLC  
an Illinois limited liability company

\_\_\_\_\_  
By: MANAGING MEMBER

## EXHIBIT A - GUARANTY AND FURTHER SECURITY

In consideration of and as an inducement for the granting, execution and delivery of the foregoing Lease dated September \_\_\_ 2011 ("Lease"), by PALOS HILLS REALTY, LLC, an Illinois limited liability company ("Landlord") to Palos Hills Surgery Center, an Illinois limited liability company ("Tenant"), and in further consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, the receipt and sufficiency which is hereby acknowledged, the undersigned, Gary Kronen and Anton Fakhouri (hereinafter called the "Guarantor"), hereby guarantees to the Landlord, its successors and assigns, the full and prompt payment of Base Rent plus Additional Rent and any and all other sums and charges payable by the Tenant, its successors and assigns under said Lease, and full performance and observance of all the covenants, terms, conditions and agreements therein provided to be performed and observed by the Tenant, its successors and assigns, that if default shall at any time be made by the Tenant, its successors and assigns, in the payment of any Base Rent and/or Additional Rent or any other sums due and owing Landlord, payable by the Tenant under said Lease, or in the performance of any of the terms, covenants, provisions or conditions contained in said Lease, the Guarantor will forthwith pay such amounts due and owing to the Landlord, its successors and assigns, and any arrears thereof, and will forthwith faithfully perform and fulfill all of such terms, covenants, conditions and provisions, and will forthwith pay to the Landlord all damages that may arise in consequence of any defaults by the Tenant, its successors and assigns under said Lease including, without limitation, all reasonable attorneys' fees incurred by the Landlord or caused by any such default and/or by the enforcement of this Guaranty.

This Guaranty is an absolute and unconditional Guaranty of payment and performance. It shall be enforceable during the initial Lease Term and any Renewal Term against the Guarantor, its successors and assigns, without the necessity for any suit or proceedings on the Landlord's part of any kind or nature whatsoever against the Tenant, its successors and assigns, and without the necessity of any notice of non-payment, non-performance or non-observance or any notice of acceptance of this Guaranty or any other notice or demand to which the Guarantor might otherwise be entitled, all of which the Guarantor hereby expressly waives; and the Guarantor hereby expressly agrees that the validity of this Guaranty and the obligations of the Guarantor hereunder shall in no way be terminated, affected or impaired by reason of the assertion or the failure to assert by the Landlord against the Tenant, or the Tenant's successors and assigns, of any of the rights or remedies reserved to the Landlord pursuant to the provisions of said Lease.

This Guaranty shall be a continuing Guaranty, and the liability of the Guarantor hereunder shall in no way be affected, modified or diminished by reason of any assignment, renewal, modification or extension of said Lease or by reason of any modification or waiver of or change in any of the terms, covenants, conditions or provisions of said Lease, or by reason of any extension of time that may be granted by the Landlord to the Tenant, its successors or assigns, or by reason of any dealings or

transactions occurring between the Landlord and the Tenant, its successors or assigns, whether or not notice thereof is given to the Guarantor.

Notwithstanding anything contained herein to the contrary, it is expressly understood and acknowledged, that, in lieu of Joint and Several liabilities, each of the Guarantors liability shall be capped at fifty percent (50%) of the outstanding liability. Furthermore, in the event either of the Guarantors cease to operate his business at the Leased Premises, the Guarantor who has ceased to operate his business at the Leased Premises shall have a continuing obligation to the Landlord and Tenant under this Lease for fifty percent (50%) of the Rent including Base Rent and Initial Rent for the duration of the Lease Term. Failure to occupy the Leased Premises shall not excuse either Guarantor from payment of Rent under this Lease.

Guarantor has signed this Guaranty this \_\_\_ day of September 2011.

GUARANTOR SIGNATURE:

\_\_\_\_\_  
Gary Kronen, individually

\_\_\_\_\_  
Anton J. Fakhouri, individually

STATE OF ILLINOIS )  
                                  ) SS.  
COUNTY OF \_\_\_\_\_ )

On the \_\_\_ day of \_\_\_\_\_, 2011 personally appeared before me Anton J. Fakhouri who by me being duly sworn did say, that he signed the foregoing instrument s his and its free and voluntary act for the uses and purposes therein stated.

\_\_\_\_\_  
Notary Public  
STATE OF ILLINOIS )  
                                  ) SS.  
COUNTY OF \_\_\_\_\_ )

On the \_\_\_ day of \_\_\_\_\_, 2011 personally appeared before me Gary Kronen who by me being duly sworn did say, that he signed the foregoing instrument s his and its free and voluntary act for the uses and purposes therein stated.

\_\_\_\_\_  
Notary Public

**EXHIBIT B - TENANT'S ESTOPPEL CERTIFICATE (Sample)**

Building: 10330 S. Roberts Road, Palos Hills IL 60465

Lease Dated: September \_\_\_\_ 2011

Landlord: PALOS HILLS REALTY LLC

Tenant: PALOS HILLS SURGERY CENTER LLC

The undersigned, Tenant under the above referred Commercial Lease ("Lease"), hereby certifies to the present Landlord and any mortgagee or future mortgagee of the above Building, that:

1. Said Lease is presently in full force and effect, is valid and binding upon Tenant in every respect, and is unmodified (by either amendments or letter agreements).
2. Tenant has accepted possession of the Leased Premises (as defined in the Lease) and any Tenant Improvements required by the terms of said Lease to be made by Landlord have been substantially completed to the satisfaction of Tenant.
3. To the best of Tenant's knowledge and belief, Landlord has fulfilled all of its obligations under the Lease to date.
4. No rent under said Lease has been paid more than one month in advance of its due date nor have any other charges or monetary obligations of Tenant under the Lease been prepaid.
5. The address for notices to be sent to Tenant is: 10330 S. Roberts Rd., Palos Hills IL 60465.
6. Tenant, as of this date, has no charge, lien or claim of offset under said Lease or otherwise against rents or other charges due or to become due under the Lease.
7. No security deposit is being held by Landlord except as follows: \$.00.
8. There are no accrued liabilities or claims of any nature as of this date which Tenant might seek to assert against Landlord.
9. No breach, default or event of default has occurred under the Lease by Tenant or Landlord to the best of the knowledge and belief of Tenant.
10. Tenant has paid all Real Estate Taxes, Insurance Payments and Common Area Charges which are Tenant's responsibility under the Lease if such expenses are due and payable.

11. Tenant has not assigned, transferred or hypothecated the Lease or any of its rights under the lease to any person, firm or corporation.
12. The Possession Date of the Lease is 9-15-11; the Term Commencement Date of the Lease is 12-1-11. BASE Rent under the terms of the Lease in the amount of \$22.00 per month will commence on the Term Commencement Date, Tenant's Pro Rata Share for purposes of computing Real Estate Taxes, Insurance Payments and Common Area Charges is \$8.00 psf. In each case subject to adjustment as provided for in the Lease, Rent and all other charges payable by Tenant under the Lease to the extent due and payable have been paid through the date of this Estoppel Certificate.
13. Landlord is not in default under any commitments made to induce Tenant to enter into the Lease. Except for rent abatements (if any) set forth in the Lease, Landlord is not obligated to make any inducement payments to Tenant which have not been made or to provide other inducement consideration which has not been provided.
14. Tenant is not insolvent and is able to pay its debts as they mature.
15. Tenant is not aware of any material defects in the condition of the Leased Premises or in the Building of which the Leased Premises is a part.
16. Tenant has no option or preferential right to purchase all or any part of the Building of which the Leased Premises is a part.
17. Tenant has no agreements with Landlord in respect to the Leased Premises or possible expansion of the Leased Premises or termination of the Lease not reflected in said Lease, except those which have been fully paid and/or performed by Landlord prior to the date hereof.
18. Tenant has no right to remove any fixtures in the Leased Premises except movable trade fixtures owned by Tenant and except tenant improvements which Landlord required Tenant to remove pursuant to the terms of the Lease, all other than as described below (if applicable).

This Certificate has been delivered to the addressee for the use and benefit of the addressee and any present or future mortgagee of the above referenced Building with the understanding they will rely hereon in connection with the ownership or the acquisition of a direct or indirect interest in the Building of which the Leased Premises is a part. By execution of this Estoppel Certificate, the signatory party certifies that he/she is duly authorized to execute and deliver this Estoppel Certificate.

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Tenant



## EXHIBIT C – RULES AND REGULATIONS

1. The rights of tenants in the entrances, corridors, and elevators of the Building are limited to ingress to and egress from the tenants' premises for the tenants and their employees, licensees and invitees, and no tenant shall use, or permit the use of, the entrances, corridors, or elevators for any other purpose. No tenant shall invite to the tenant's premises, or permit the visit of, persons in such numbers or under such conditions as to interfere with the use and enjoyment of any of the entrances, corridors, elevators and other facilities of the Building by other tenants. Fire exits and stairways are for emergency use only, and they shall not be used for any other purposes by the tenants, their employees, licensees or invitees. No tenant shall encumber or obstruct, or permit the encumbrance or obstruction of any of the sidewalks, entrances, corridors, elevators, fire exits or stairways of the Building. The Landlord reserves the right to control and operate the public portions of the Building and the public facilities, as well as facilities furnished for the common use of the tenants, in such manner as it deems best for the benefit of the tenants generally.

2. The cost of repairing any damage to the public portions of the building or the public facilities or to any facilities used in common with other tenants, caused by a tenant or the employees, licensees or invitees of the tenant, shall be paid by such tenant.

3. The Premises are available 24/7. The Landlord may refuse admission to the Building outside of ordinary business hours to any person not known by the Landlord or not properly identified, and may require all persons admitted to or leaving the Building outside of ordinary business hours to register. Each tenant shall be responsible for all persons for whom he requests such permission and shall be liable to the Landlord for all acts of such persons. Any person whose presence in the Building at any time shall, in the judgment of the Landlord, be prejudicial to the safety, character, reputation and interests of the Building or its tenants may be denied access to the Building or may be ejected therefrom. In case of invasion, riot, public excitement or other commotion the Landlord may prevent all access to the Building during the continuance of the same, by closing the doors or otherwise, for the safety of the tenants and protection of property in the Building. The Landlord may require any person leaving the Building with any package or other object to exhibit a pass from the tenant from whose premises the package or object is being removed, but the establishment and enforcement of such requirements shall not impose any responsibility on the Landlord for the protection of any tenant against the removal of property from the premises of the tenant. The Landlord shall, in no way, be liable to any tenant for damages or loss arising from the admission, exclusion or ejection of any person to or from the tenant's premises or the Building under the provisions of this rule.

4. No awnings or other projections over or around the windows shall be installed by any tenant and only such window blinds as are supplied or permitted by the Landlord shall be used in a tenant's premises.

5. There shall not be used in any space, or in the public halls of the Building, either by the Tenant or by jobbers or others, in the delivery or receipt of merchandise or mail any hand trucks, except those equipped with rubber tires and side guards. All deliveries to tenants, except mail, shall be made to such place as Landlord shall designate and shall be distributed to tenants only during the hours from 8:00 A.M. to 4:00 P.M., Monday through Friday.

6. All entrance doors in each tenant's premises shall be left locked when the tenant's premises are not in use. Entrance doors shall not be left open at any time. All windows in each tenant's premises shall be kept closed at all times and all blinds or drapes therein above the ground floor shall be lowered or closed when and as reasonably required because of the position of the sun, during the operation of the Building air conditioning system to cool or ventilate the tenant's premises.

7. No noise, including the playing of any musical instruments, radio or television, which in the judgment of the Landlord, might disturb other tenants in the building shall be made or permitted by any tenant and no cooking shall be done in the Tenant's premises except as expressly approved by the Landlord. Nothing shall be done or permitted in any tenant's premises, and nothing shall be brought into or kept in any tenant's premises, which would impair or interfere with any of the Building services or the proper and economic heating, cleaning or other servicing of the Building or the premises, or the use or enjoyment by any other tenant of any other premises, nor shall there be installed by any tenant any ventilating air conditioning, electrical or other equipment of any kind which, in the judgment of the Landlord, might cause any such impairment or interference. No dangerous, inflammable, combustible or explosive object or material shall be brought into the Building by any tenant or with the permission of any tenant.

8. Tenant shall not permit any cooking or food odors emanating from the demised premises to seep into other portions of the Building.

9. No acids, vapors or other materials shall be discharged or permitted to be discharged into the waste lines, vents or flues of the Building which may damage them. The water and wash closets and other plumbing fixtures in or serving any tenant's premises shall not be used for any purpose other than the purpose for which they were designed or constructed and no sweepings, rubbish, acids or other foreign substances shall be deposited therein. All damages resulting from any misuse of the fixtures shall be borne by the tenant who, or whose servants, employees, agents, visitors or licensees, shall have caused the same.

10. No signs, advertisement, notice or other lettering shall be exhibited, scribed, painted or affixed by any tenant on any part of the outside or inside of the premises or the Building without the prior written consent of Landlord. In the event of the violation of the foregoing by any tenant, Landlord may remove the same without any liability, and may charge the expense incurred by such removal to the tenant or tenants violating this rule. Interior signs and lettering on doors and elevators shall be inscribed, painted, or affixed for each by Landlord at the expense of such tenant, and shall be of a size, color and style acceptable to Landlord. Landlord shall have the right to prohibit any advertising by any

tenant which impairs the reputation of the building or its desirability is a building for offices and upon written notice from Landlord, tenant shall refrain from or discontinue such advertising.

11. No additional locks or bolts of any kind shall be placed upon any of the doors or windows in any tenant's premises and no lock on any door therein shall be changed or altered in any respect. Duplicate keys for a tenant's premises and toilet rooms shall be procured only from the Landlord, which may make a reasonable charge therefor. Upon the termination of a tenant's lease, all keys to the tenant's premises and toilet rooms shall be delivered to the Landlord.

12. No tenant shall mark, paint, drill into, or in any way deface any part of the Building or the premises demised to such tenant. No boring, cutting or stringing of wires shall be permitted, except with the prior written consent of Landlord, and as Landlord may direct. No tenant shall install any resilient tile or similar floor covering in the premises demised to such tenant except in a manner approved by Landlord.

13. Tenant's employees shall not loiter around the hallways, stairways, elevators, front, roof or any other part of the building used in common by the occupants thereof.

14. Tenant, at its sole cost and expense, shall cause its premises to be exterminated, from time to time, to the satisfaction of Landlord, and shall employ such exterminators therefor as shall be approved by Landlord.

15. Any cuspidors or similar containers or receptacles used in any tenant's premises shall be cared for and cleaned by and at the expense of the tenant.

16. Tenant shall use only the service elevator for deliveries and only at hours prescribed by Landlord. Bulky materials, as determined by Landlord, may not be delivered during usual business hours but only thereafter. Tenant agrees to pay for use of the service elevator at rates prescribed by Landlord.

17. Parking is open and shared by all Tenants.

## **Section I. Identification, General Information and Certification**

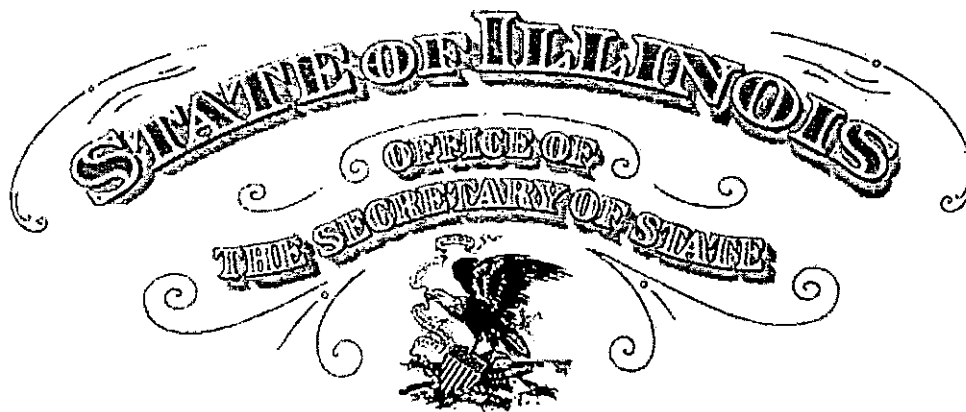
### **Operating Identity/License**

The Illinois Certificate of Good Standing for PHSC attached at Attachment 3A.

Persons with five percent or greater interest in the licensee include:

- Gary Kronen, M.D. – owner of 50 percent membership interest.
- Anton Fakhouri, M.D. – owner of 50 percent membership interest.

File Number 0358112-8



*To all to whom these Presents Shall Come, Greeting:*

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

PALOS HILLS SURGERY CENTER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 13, 2011. 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.



Authentication #: 1117201868

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

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 21<sup>ST</sup> day of JUNE A.D. 2011 .*

*Jesse White*

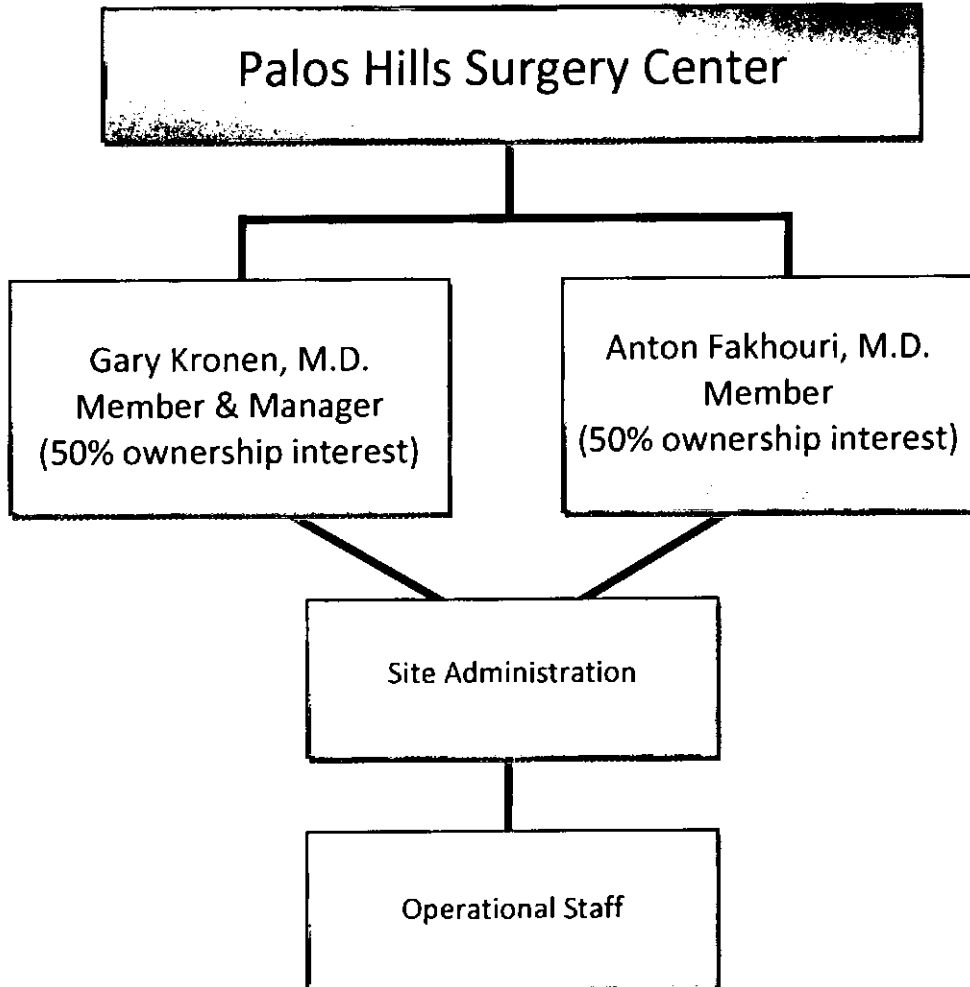
SECRETARY OF STATE

## **Section I. Identification, General Information and Certification**

### **Organizational Relationships**

The organizational chart containing the names and relationships of all related persons is attached at Attachment 4A. This chart contains the organizational chart for PHSC as well as MidAmerica Orthopaedics, the physician practice of Gary Kronen and Anton Fakhouri, both 50% owners of PHSC and the physician practice. Although there are similarities between MidAmerica Orthopaedics and PHSC, there are no entities responsible for the funding of the ASTC and there are no entities that will hold any licenses of the ASTC. Further, there are no entities that will "control" the ASTC as that term is defined at 1130.140. There are no entities that will have the power to control or remove the ASTCs funds, assets or equipment, be involved in the provision of services, or be financially responsible for guaranteeing or making any payments on any debt related to the project.

**Attachment 4A  
Organizational Chart of Related Persons**



# MidAmerica Orthopaedics

GARY KRONEN  
PARTNER  
(50% OWNERSHIP INTEREST)

ANTON FAKHOURI  
PARTNER  
(50% OWNERSHIP INTEREST)



## Section I. Identification, General Information, and Certification

### **Flood Plain Requirements**

The proposed site of PHSC complies with the requirements of Illinois Executive Order 2006-5 (listed as Executive Order # 2005-5 in application) regarding construction activities in special flood hazard areas. The proposed site will be at 10330 S. Roberts, Palos Hills, IL 60465. PHSC will require a modification to an existing structure, so it must comply with Section 2, B, 3 of the Executive Order.

Applicant attests that the floor area of the existing structure is not increased by more than 20%, the market value of the structure is not increased by 50%, and the proposed facility does not obstruct flood flows. The Applicant further attests that the project complies with the requirements of Illinois Executive Order 2006-5. The location of PHSC is shown on the FEMA floodplain map in Attachment 5A.

## LEGEND

### SPECIAL FLOOD HAZARD AREAS (SFHAs) SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD

The 1% annual chance flood (100-year flood), also known as the base flood, is the flood that has a 1% chance of being equaled or exceeded in any given year. The Special Flood Hazard Area is the area subject to flooding by the 1% annual chance flood. Areas of Special Flood Hazard include Zones A, AE, AH, AO, AR, A99, V, and VE. The Base Flood Elevation is the instantaneous elevation of the 1% annual chance flood.

<b>ZONE A</b>	(No Base Flood Elevations determined; Base Flood Elevation determined)
<b>ZONE AE</b>	Base Flood Elevation determined
<b>ZONE AH</b>	Flood depths of 1 to 3 feet (usually areas of ponding); Base Flood Elevation determined
<b>ZONE AO</b>	Flood depths of 1 to 3 feet (usually sheet flow to depth to only average depth determined for areas of shallow flooding; velocities also determined)
<b>ZONE AR</b>	Special Flood Hazard Areas formerly protected from the 1% annual chance flood by a flood control system that was removed or deactivated. Zone AR indicates that the former flood control system is being restored to provide protection from the 1% annual chance or greater flood.
<b>ZONE A99</b>	Area to be protected from 1% annual chance flood by a federal flood protection system under construction; no Base Flood Elevations determined.
<b>ZONE V</b>	Coastal flood zone with velocity hazard (wave action); no Base Flood Elevation determined.
<b>ZONE VE</b>	Coastal flood zone with velocity hazard (wave action); Base Flood Elevation determined.

#### FLOODWAY AREAS IN ZONE AE

The floodway is the channel of a stream plus any adjacent floodplain areas that must be kept free of encroachment so that the 1% annual chance flood can be carried without substantial increases in flood heights.

#### OTHER FLOOD AREAS

**ZONE X** Areas of 0.2% annual chance flood; areas of 1% annual chance flood with average depths of less than 1 foot or with drainage area less than 1 square mile; and areas protected by levees from 1% annual chance flood.

#### OTHER AREAS

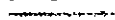

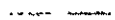




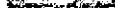
**ZONE X** Areas determined to be outside the 0.2% annual chance floodplain.

**ZONE D** Areas in which flood hazards are undetermined, but possible.

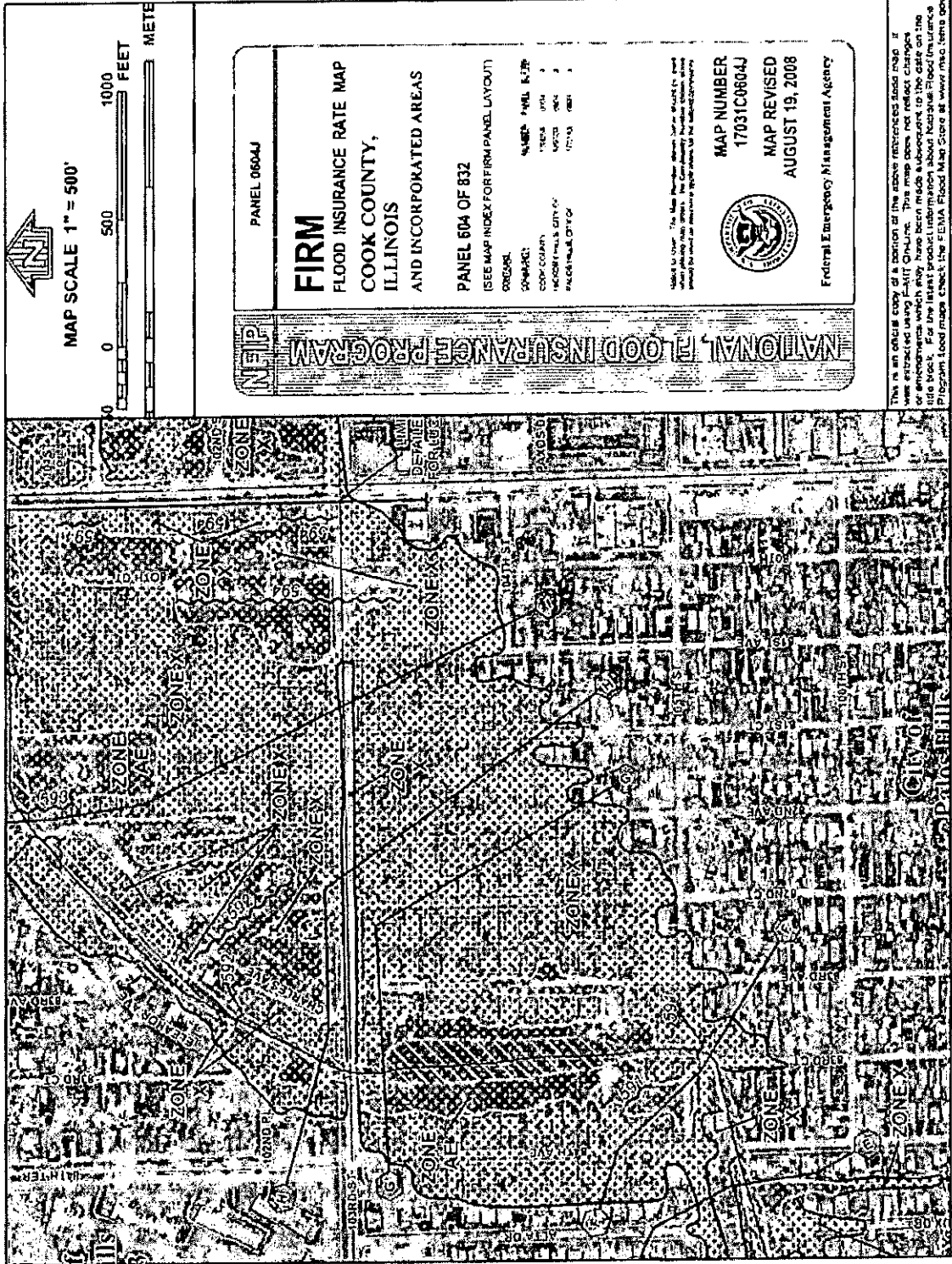
#### COASTAL BARRIER RESOURCES SYSTEM (CBRS) AREAS

#### OTHERWISE PROTECTED AREAS (OPAs)

CBRS areas and OPAs are normally located within or adjacent to Special Flood Hazard Areas.

	1% annual chance floodplain boundary
	0.2% annual chance floodplain boundary
	Floodway boundary
	Zone D boundary
	CBRS and OPA boundary
	Boundary defining Special Flood Hazard Areas of different Base Flood Elevations, flood depths or flood velocities.
	Base Flood Elevation line and value; elevation in feet*
	Base Flood Elevation value where uniform within zone; elevation in feet*

\*Referenced to the North American Vertical Datum of 1988



**Section 1. 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 6A.



Illinois Historic  
Preservation Agency

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • [www.illinois-history.gov](http://www.illinois-history.gov)

Cook County  
Palos Hills

Rehabilitation for Ambulatory Surgical Treatment Center  
10330 S. Roberts Road  
IHPA Log #013042511

May 23, 2011

Monica Hon  
Murar Consultants, Inc.  
58 N. Chicago St., 7th Floor  
Joliet, IL 60432

Dear Ms. Hon:

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*

Anne E. Haaker  
Deputy State Historic  
Preservation Officer

A teleypewriter for the speech/hearing impaired is available at 217-524-7128. It is not a voice or fax line.

**Section I. Identification, General Information, and Certification**

**Attachment 7 – Project Costs/Funds**

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
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) [itemize equipment]	481,408.40		\$481,408.40
Modernization Contracts	\$693,000	\$207,000	\$900,000
Architectural and Engineering Fees	\$69,300	\$20,700	\$90,000
Consultant and Other Fees	\$51,590	\$15,410	\$67,000
Contingencies	\$48,510	\$14,490	\$63,000
Bond Issuance Expense (if applicable)			
Fair Market Value of Leased Space or Equipment	\$631,207.50	\$188,542.50	\$819,750
Other Costs to be Capitalized			
Acquisition of Building or Other Property (excluding Land)			

<b>TOTAL USES OF FUNDS</b>	<b>\$1,975,015.90</b>	<b>\$446,142.50</b>	<b>\$2,421,158.40</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$1,343,808.40	\$257,600.00	\$1,601,408.40
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$631,207.50	\$188,542.50	\$819,750
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$1,975,015.90</b>	<b>\$446,142.50</b>	<b>\$2,421,158.40</b>

**Section I. Identification, General Information, and Certification**

**Attachment 8 – Project Status and Completion Schedules**

A copy of the floor plan for PHSC is attached at Attachment 8.



**MATOCHA**  
ARCHITECTS, DEVELOPERS, and  
PROGRAM MANAGERS



2025  
1000 S. GARDEN  
SUITE 100  
PALMDALE, CA 91368  
TEL: 818.341.1111  
WWW.MATOCHA.COM

ARCHITECT: MATOCHA  
DATE: 08/14/2024  
SCALE: AS SHOWN

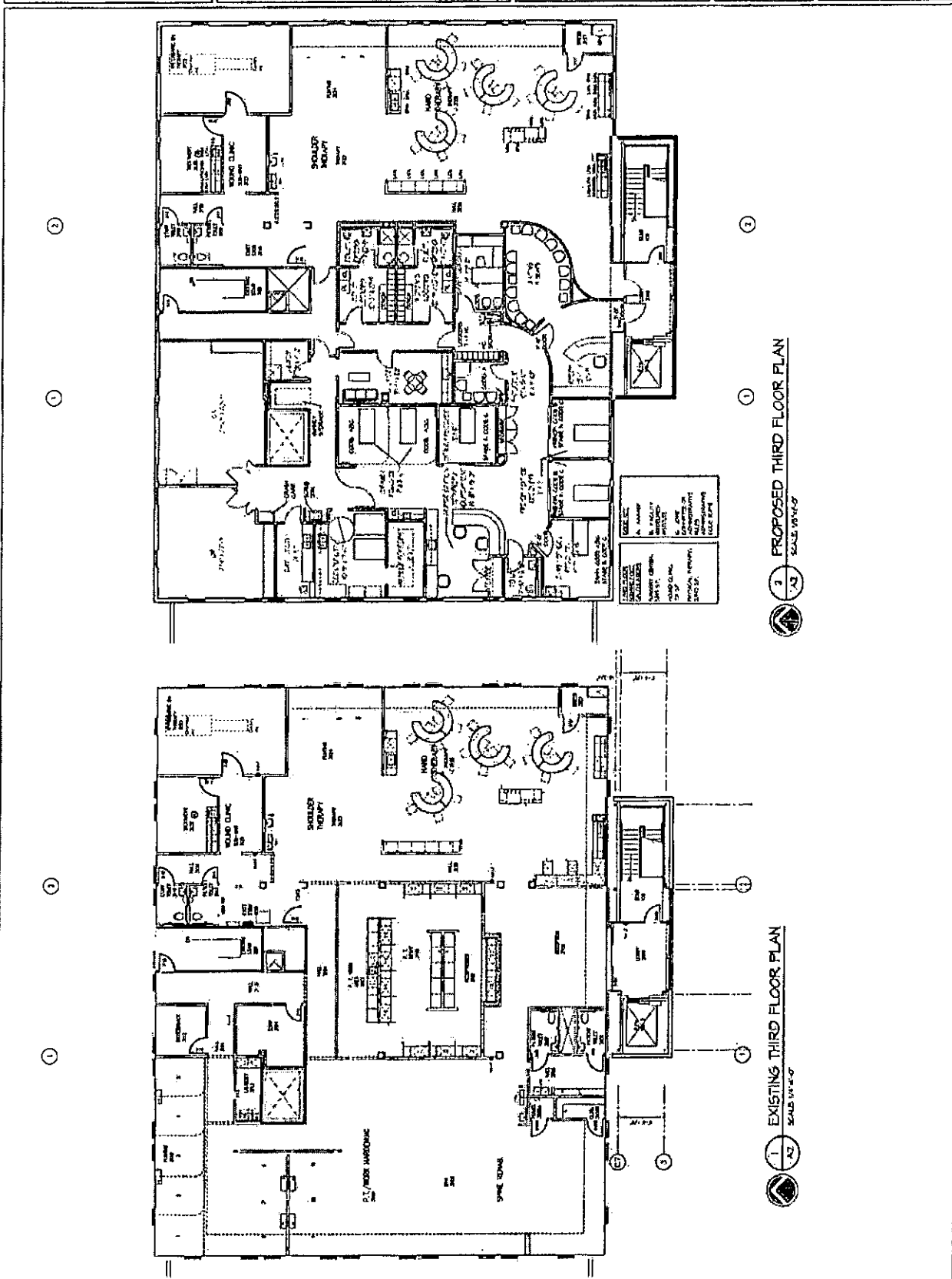
**HAND &  
ORTHOPAEDIC  
SURGERY CENTERS**  
SURGERY CENTER  
PALMS MILLS, L.L.C.

PALMS MILLS, L.L.C.

PROJECT: PALMS MILLS, L.L.C.  
SHEET: A2  
DATE: 08/14/2024

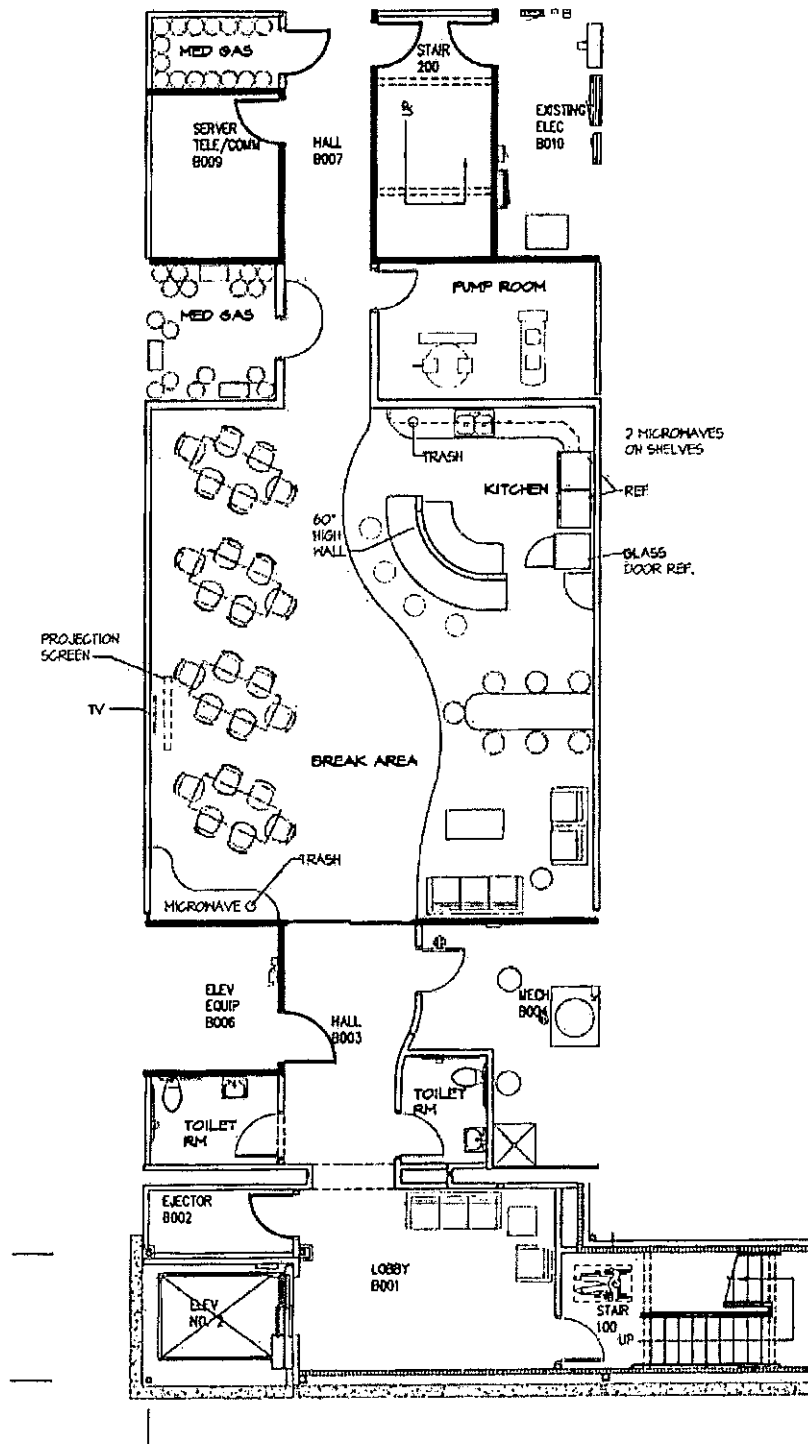
**THIRD FLOOR PLAN  
SCHEME 1**

**A2**



**PROPOSED THIRD FLOOR PLAN**  
SCALE: 1/8" = 1'-0"

**EXISTING THIRD FLOOR PLAN**  
SCALE: 1/8" = 1'-0"



**MATOCHA**  
 ASSOCIATES  
 ARCHITECTS, INTERIORS, AND  
 PROGRAM MANAGERS  
 17 W. 75th STREET 5TH FL, SUITE 200  
 BARRINGTON TOWNSHIP, ILLINOIS 60015-4441  
 VOICE 848 538-7500  
 FAX 848 538-7215  
 E-MAIL matocha@matocha.com  
 WEB SITE www.matocha.com

**HAND & ORTHOPAEDIC SURGEONS**  
 PALOS SURGICAL CENTER  
 PALOS HILLS, IL

Sheet Title: **LOWER LEVEL PROPOSED PLAN**  
 Drawing Title: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Scale: 1/8"=1'-0"

Drawn By: RAK/LOP  
 Checked By: RKG

Project Number: 10000251  
 Date: 02-14-11  
 No. Sheets: 12  
 Sheet No.: 12/12

Project/Sheet Number:  
**SK-L-6**  
 ORIGINAL FILE: 1000004120251

**Section I. Identification, General Information, and Certification**

**Attachment 9 – Cost Space Requirements**

Dept./Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Laboratory							
Gas and Pump Rooms							
Recovery							
Operating Rooms							
Consult and Exam Rooms							
Medical Supply and Utility							
Total Clinical	\$1,975,015.90		4,208		4,208		
<b>NON-CLINICAL</b>							
Waiting Room/Reception							
Janitor's Closet							
Lockers							
Toilets							
Lounge							
Total Non-clinical	\$446,142.50		1,257		1,257		
<b>TOTAL</b>	<b>\$2,421,158.40</b>		<b>5,465</b>		<b>5,465</b>		

### Section III – Background, Purpose of the Project, and Alternatives

#### **Attachment 11 – Background of Applicant**

1. PHSC does not currently own or operate any health care facilities. Accordingly, this criterion is not applicable. However, the owners of PHSC have an ownership interest in the following facilities:

Gary Kronen, M.D., a member of Palos Hills Surgery Center, LLC, has an ownership interest in two other facilities:

- i) Elmhurst Outpatient Surgery Center  
1200 S. York Rd.  
Elmhurst, IL 60126
- ii) Palos Surgicenter  
7340 College Drive  
Palos Heights, IL 60463

Anton Fakhouri, M.D., a member of Palos Hills Surgery Center, L.L.C., has an ownership interest in:

- i) Tinley Woods Surgery Center  
18200 S. LaGrange Road, Tinley Park, IL 60477

2. A letter from Anton Fakhouri, M.D. and Gary Kronen, M.D. certifying that no adverse action has been taken against any facility owned or operated by PHSC during the three years prior to filing this application is attached at Attachment 11A.

3. An authorization authorizing HFSRB and the Illinois Department of Public Health (“IDPH”) to access any documents necessary to verify the information submitted, including, but not limited to: official records of the IDPH or other state agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations is attached at Attachment 11A.

4. PHSC has not previously submitted an application for permit during the previous calendar year. Accordingly, this criterion is not applicable.



Anton J. Fakhouri, MD, FACS, FICS  
 Gary A. Kronen, MD  
 Paul E. Papierski, MD  
 Taruna Madhav Crawford, MD  
 Marcus G. Talerico, MD  
 Jeremy T. Bell, PA-C  
 Thomas M. Hunt, OPA-C, MBA

September 22, 2011

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

Dear Mr. Galassie:

I hereby certify under penalty of perjury, as provided in 735 ILCS 5/1-109, that Palos Hills Surgery Center, LLC is a newly created entity and has not owned or operated any health care facility. Thus, no adverse action has been taken during the three years prior to filing this application for permit.

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. Further, I authorize HFSRB and IDPH to obtain any additional documents or information from other government agencies that HFSRB or IDPH deem necessary to process this application for permit.

Sincerely,

Gary Kronen, M.D.  
 Member and Manager  
 Palos Hills Surgery Center, LLC

Sincerely,

Anton Fakhouri, M.D.  
 Member and Manager  
 Palos Hills Surgery Center, LLC

Subscribed and sworn to me  
 This 3<sup>rd</sup> day of October, 2011

Notary Public



Subscribed and sworn to me  
 This 3<sup>rd</sup> day of October, 2011

Notary Public



**PALOS HILLS** 10330 South Roberts Road, Palos Hills, IL 60465  
**LOCKPORT** 16610 West 159th Street, Suite 103, Lockport, IL 60441  
**OAKBROOK TERRACE** 1 TransAm Plaza Drive, Suite 460, Oakbrook Terrace, IL 60181  
**SCHAUMBURG** 1990 East Algonquin Road, Suite 200, Schaumburg, IL 60173  
**LIBERTYVILLE** 755 South Milwaukee Avenue, Suite 250, Libertyville, IL 60048

**HandToShoulderClinic.com**  
 phone 708-237-7200 fax 708-237-7201

### **Section III. Background, Purpose of the Project, and Alternatives**

#### **Purpose of the Project**

1. PHSC proposes to establish a limited specialty Ambulatory Surgical Treatment Center ("ASTC") with two operating rooms. The primary purpose of PHSC is to establish a facility that creates greater access to essential services for patients with hand and upper extremity injuries. The procedures performed at PHSC will be limited to orthopaedic and plastic surgical procedures. The types of injuries most typically treated by these specialties include traumatic hand and upper extremity injuries, carpal tunnel release, tendon repair, microsurgery, shoulder and wrist arthroscopies, as well as several other injuries.

The building at 10330 S. Roberts Rd. Palos Hills, IL 60465 will contain PHSC as well as a MidAmerica Hand to Shoulder Clinic ("MidAmerica"). MidAmerica physicians will perform a substantial amount of surgeries at the ASTC. MidAmerica combines the expertise of two renowned physicians in the greater Chicago area collectively specializing in hand and upper-extremity injuries. Specifically, Gary Kronen, M.D. and Anton Fakhouri, M.D. have 14 and 19 years of experience, respectively. Also, Dr. Fakhouri is Board Certified by the American Board of Orthopaedic Surgery in Surgery of the Hand. Dr. Kronen is Board Certified in surgery of the Hand and Plastic Surgery.

The PHSC surgeons recognize the divide in access for patients located in the South and Southwest areas of Chicago, and believe that combining their expertise will exponentially improve the level of care available. PHSC will be one of only a handful of ASTCs specializing in injuries to the hand, shoulder, elbow, and wrist. PHSC will utilize two (2) operating rooms and six (6) recovery rooms. The focus on injuries to the hand, shoulder, elbow, and wrist will enable immediate access, and, sometimes, same-day access to care for PHSC patients. PHSC's surgeons will provide surgical treatment for injuries ranging from the mundane to extremely complicated conditions requiring significant expertise. This limited focus and high volume will enable PHSC surgeons to provide enhanced quality and unparalleled expertise for their patients.

Additionally, PHSC's coordination with the nurses and physical therapists of MidAmerica will provide excellent and efficient pre-surgical and post-surgical treatment for patients treated at PHSC. One of PHSC's goals is to streamline the continuum of care for its patients to provide exceptional quality without delay. PHSC will accomplish this goal by placing a MidAmerica office at the same location of PHSC. This MidAmerica office will offer post-surgical consultation services as well as physical therapy. By locating PHSC in an office with MidAmerica, PHSC will be able to provide highly integrated care and ensure superior quality outcomes for all Illinoisians with injuries to the hand and upper extremities. This coordination of care will also eliminate many delays caused by the standard administrative procedures in a HOPD setting.

Further, although PHSC surgeons can perform certain procedures in an office setting, recent changes in workers' compensation rules effective September 1, 2011, prevent reimbursement for essential procedures, unless provided at a licensed ASTC or accredited ambulatory surgical

treatment facility.<sup>1</sup> Other applicable laws require a facility devoted to provision of over 50% of surgical procedures to be licensed as an ASTC.<sup>2</sup> Due to the volume of the injuries requiring surgical intervention seen by these surgeons, and the complexity of the same, PHSC is seeking licensure as an ASTC since the facility will be devoted primarily to the performance of surgical procedures. In granting the certificate of need to establish an ASTC, the surgeons will be able to provide these procedures to a vast number of patients, thereby increasing access for those patients in need of specialized treatment in an expeditious manner.

Additionally, as discussed below, services provided at PHSC cost consumers considerably less than care provided in a hospital outpatient department. The Medicare Payment Advisory Council (MedPac) recognizes this benefit and supports the implementation of Ambulatory Surgical Centers (the federal designation for ASTC).<sup>3</sup> As discussed in the narrative to this application, MedPac stated that "ASCs can offer greater convenience to patients and providers. In addition, program spending and beneficiary cost sharing are lower in ASCs than in HOPDs on a per service basis. Therefore, a migration of surgical services from HOPDs to ASCs could reduce aggregate program spending and beneficiary cost sharing." (MEDPAC: Report to Congress: Medicare Payment Policy, Section 2C: Ambulatory surgical centers March 2010).

The proposed ASTC will serve many working patients that must schedule their surgical procedures to minimize time off from work. It will also serve many patients suffering from traumatic injuries to the hand and upper extremities requiring immediate care. To accommodate the needs of patients to provide immediate access to care for those suffering from traumatic injuries, and to accommodate patients work schedules, the proposed ASTC will provide surgical services until 7:00 p.m. in the evening and on Saturdays. The ability to schedule consultation, pre-operative testing and surgical procedures on the same day will increase access to care and, for those suffering from traumatic injuries, greatly improve outcomes by reducing any potential complications caused by delayed service. This will also allow greater flexibility for the patients with limited availability due to their work schedules. This is anticipated to increase accessibility to many patients, including low-income individuals.

2. As demonstrated on Attachment 27A, PHSC intends to serve Chicago and the west and southwest metropolitan areas surrounding Chicago. A map of the intended Geographic Service Area (GSA) was created using Microsoft MapPoint 2010 and is attached at Attachment 12A. This map demonstrates a GSA of approximately 30 minutes normal drive time from PHSC, as determined by Microsoft MapPoint 2010. This is representative of PHSC's intended GSA. This is approximately 16 miles surrounding the facility.

Section 1110.1540(b) of the HFSRB's rules states that the borders of the intended GSA can be no less than 30 minutes and no more than 60 minutes driving time under normal conditions from the intended site of PHSC. Thus, the intended GSA complies with this standard. Below are the approximate travel times from PHSC around the GSA. These were developed using MapQuest.

---

<sup>1</sup> See 50 Ill. Admin. Code § 7110.90 and 820 ILCS 305/8.2 (2011) ("The commission shall establish and maintain fee schedules for...ambulatory surgical treatment centers (and) accredited ambulatory surgical treatment facilities).

<sup>2</sup> 210 ILCS 5/4 ("No person shall open, conduct or maintain an ambulatory surgical treatment center without first obtaining a license from the Department.")

<sup>3</sup> MEDPAC, REPORT TO CONGRESS: MEDICARE PAYMENT POLICY 102 (Mar. 2010), available at [http://www.medpac.gov/documents/Mar10\\_EntireReport.pdf](http://www.medpac.gov/documents/Mar10_EntireReport.pdf).

- Northwest to Glen Ellen: Approximately 35 minutes
- North to Berwyn: Approximately 30 minutes
- Northeast to downtown Chicago: Approximately 35 minutes
- East to South Chicago: Approximately 30 minutes
- Southeast to Lansing: Approximately 35 minutes
- South to Frankfort: Approximately 30 minutes
- Southwest to Fairmont: Approximately 35 minutes
- West to Naperville: Approximately 35 minutes

### 3. Existing Problems.

#### a. **Lack of Immediate Access to Care.**

Although other ASTCs and hospitals within PHSC's GSA appear to have excess capacity, its surgeons often face difficulty in treating their patients in a timely manner. This problem manifests itself in the form of long wait times, forced surgery rescheduling, and limited operating hours.

By far the most common problem with the current HOPD system involves reduced access due to coordination of services between physician groups and the hospital. In this regard, many hospitals' operating room schedules often limit the availability of operating rooms and/or anesthesiologists. With regard to the anesthesiologists, several hospitals' anesthesia staff is not full time at any single hospital location and scheduling the same for surgery is coordinated across the city of Chicago on a daily basis. This leads to situations where many hospitals will not allow for the scheduling of a general anesthesia case in the early afternoons and/or limit the amount of time a patient can be under anesthesia to accommodate the schedule of the hospital. Next, if an anesthesiologist is unavailable, then add-on surgery cannot be accommodated, even if an operating room is available and even if the add-on case involves a situation where the patient requires emergency care due to the failure to adhere to strict, and cumbersome, scheduling requirements of the hospitals. The scheduling system is also prone to errors whereby the HOPDs will mis-schedule a physician's patient at the physician's office instead of at the HOPDs, which will delay care when the physician and patient fail to meet at the correct locations and the cases cannot be easily re-scheduled. These problems force many of the physicians to refer patients in need of care to higher cost hospitals or hospital emergency rooms where the patient will be forced to undergo prolonged hospital stays for care that could be provided in an outpatient setting. In some cases, the unavailability of operating rooms caused by inflexible hospital schedules will force physicians to perform surgeries in their office without reimbursement for the same for patients fully covered under workers' compensation, commercial insurance, Medicare and/or another form of insurance.

Hand and upper extremity physicians practices also typically involve a lot of urgent/emergent and/or trauma care cases that are sent directly to the physician office. In an effort to obtain immediate care for these patients, these physicians will often attempt to schedule the surgeries at surgery centers throughout the city. However, the available surgery centers also cannot accommodate these urgent/emergent cases due to their hours of business and other constraints. This often results in sending the patients to a hospital's



emergency room or, when available, scheduling the patient for surgery at an HOPD, which increases the overall costs to care. Besides the scheduling issues for these trauma cases, the amount of time necessary in obtaining an acceptable operating room to provide these emergent services to the patients also makes these physicians less available for other trauma referrals, which often causes a delay in the physician's surgery schedules.

PHSC will enhance access to care for patients by creating a venue for immediate treatment for its patients. Additionally, PHSC will improve access to a broader spectrum of patients and accommodate the growing demand for its services. This is largely because greater control over the management of PHSC will allow its surgeons to treat self-pay and charity care patients. Also, obtaining the facility payment for workers' compensation claims will allow PHSC surgeons to treat more patients with workers' compensation benefits. Further, by providing surgical services during the afternoons and on weekends, PHSC will allow greater flexibility for patients with limited availability due to their work schedules and increase access for those with traumatic injuries requiring immediate care.

**b. Lack of Specialized Care.**

Unfortunately, there are limited options for patients in the Chicago area that require surgery of the hand and upper extremity. Although other physicians in the Chicago metropolitan area do specialize exclusively in the diagnosis and surgical treatment of the hand and upper extremities, there is only a handful of practice groups, such as the Chicago Center for the Hand and Hand Surgery Associates that applicant is aware of that provide these services in the Chicago area. Further, there is only one ASTC that is known to the applicants, Illinois Hand and Upper Extremity Center, specializing in injuries and problems of the hand, shoulder, elbow, wrist and upper extremities. Illinois Hand and Upper Extremity Center is located in Arlington Heights, Illinois, which is outside the primary GSA of PHSC.

**c. Expanding Population and Reduced Access to Outpatient Surgery.**

From 2000 to 2009, Will County increased in population by 36.4 percent. This understandably translates into increased need. In fact, the GSA for PHSC has a population of 3,824,595. There are 37 ASTCs located within the GSA and 112 operating rooms, which amounts to approximately one operating room to every 34,148 people. The addition of two operating rooms at PHSC will increase access to operating rooms by reducing this ratio to one operating room for every 33,549. As discussed above at 3(b), the only known ASTC in the Chicago area that specializes in injuries and problems of the hand, shoulder, elbow, wrist and upper extremities, Illinois Hand and Upper Extremity center, is located outside the primary GSA of PHSC and, as such, there are no ASTCs located within the GSA that will provide the specialized services of PHSC

**d. High Costs for Patients.**

Recent projections estimate that healthcare spending in the U.S. represent 17.3 percent of GDP or \$2.5 Trillion.<sup>4</sup> Payors looking to save cost, which is then passed on to patients, continue to increase coverage for operations performed at ASTCs. ASTCs provide quality care at a fraction of the cost of a hospital outpatient department by requiring lower overhead costs and focusing solely on the efficient treatment of patients with specialized staff. Also, the Center for Medicare and Medicaid Services (“CMS”) has tried to cut health care costs by expanding the list of surgical procedures that may be performed at ASCs and adjusting payment rates. The tables below demonstrate the cost savings to be had through use of ASCs.<sup>5</sup>

Table 12A demonstrates the cost savings by showing the difference between total payments in a hospital and an ASC. The procedures set forth in the table are those that PHSC surgeons will most likely perform at PHSC. On average, these procedures are nearly 200 percent more expensive in a hospital versus an ASC. In some instances, the procedures can be as much as 857% more expensive in a hospital setting. Additionally, as demonstrated in Table 12B, the copayments for the same procedures are also more expensive in a hospital versus an ASC. Combined, these tables demonstrate significant cost savings that could be achieved for patients through the proposed ASC.

<b>Table 12A Comparison of Total Payment at ASC &amp; Hospital</b>					
<b>CPT Code</b>	<b>Description</b>	<b>ASC Payment</b>	<b>Hospital Payment</b>	<b>Difference (\$)</b>	<b>Difference (%)</b>
13132	Repair of wound or lesion	\$179.86	\$319.74	\$139.88	177.77%
14040	Skin tissue rearrangement	\$666.84	\$1,185.47	\$518.63	177.77%
15120	Skn splnt a-grft fac/nck/hf/g	\$863.28	\$1,534.70	\$671.42	177.78%
20600	Drain/inject joint/bursa	\$21.44	\$183.78	\$162.34	857.18%
20680	Removal of support implant	\$925.91	\$1,646.04	\$720.13	177.78%
25210	Removal of wrist bone	\$1,249.23	\$2,220.83	\$971.60	177.78%
25447	Repair wrist joint(s)	\$1,522.05	\$2,705.83	\$1,183.78	177.78%
26011	Drainage of finger abscess	\$504.16	\$896.28	\$392.12	177.78%
26055	Incise finger tendon sheath	\$665.00	\$1,182.20	\$517.20	177.77%
26418	Repair finger tendon	\$665.00	\$1,182.20	\$517.20	177.77%
26442	Release palm & finger tendon	\$1,153.33	\$2,050.34	\$897.01	177.78%
26480	Transplant hand tendon	\$1,153.33	\$2,050.34	\$897.01	177.78%
26951	Amputation of finger/thumb	\$665.00	\$1,182.20	\$517.20	177.77%
64721	Carpal tunnel surgery	\$741.26	\$1,317.77	\$576.51	177.77%

<sup>4</sup> Brian C. Martin et al., *Financial Performance and Managed Care Trends of Health Centers*, 35 J. HEALTH CARE FIN. 1, 2(2009).

<sup>5</sup> Based on MEDICARE PHYSICIAN FEE SCHEDULE & MEDICARE AMBULATORY SURGICAL CENTER FEE SCHEDULE.

<b>Table 12B Comparison of Co-Pay at ASC &amp; Hospital</b>					
<b>CPT Code</b>	<b>Description</b>	<b>ASC Co-pay</b>	<b>Hospital Co-pay</b>	<b>Difference (\$)</b>	<b>Difference (%)</b>
13132	Repair of wound or lesion	\$35.97	\$63.95	\$27.98	177.77%
14040	Skin tissue rearrangement	\$133.37	\$237.09	\$103.73	177.77%
15120	Skn splt a-grft fac/nck/hf/g	\$172.66	\$306.94	\$134.28	177.78%
20600	Drain/inject joint/bursa	\$4.29	\$36.76	\$32.47	857.18%
20680	Removal of support implant	\$185.18	\$329.21	\$144.03	177.78%
25210	Removal of wrist bone	\$249.85	\$444.17	\$194.32	177.78%
25447	Repair wrist joint(s)	\$304.41	\$541.17	\$236.76	177.78%
26011	Drainage of finger abscess	\$100.83	\$179.26	\$78.42	177.78%
26055	Incise finger tendon sheath	\$133.00	\$236.44	\$103.44	177.77%
26418	Repair finger tendon	\$133.00	\$236.44	\$103.44	177.77%
26442	Release palm & finger tendon	\$230.67	\$410.07	\$179.40	177.78%
26480	Transplant hand tendon	\$230.67	\$410.07	\$179.40	177.78%
26951	Amputation of finger/thumb	\$133.00	\$236.44	\$103.44	177.77%
64721	Carpal tunnel surgery	\$148.25	\$263.55	\$115.30	177.77%

**e. Large Demand for Workers' compensation Claims.**

There is a large demand for specialized surgical services for the hand and upper extremity in workers' compensation cases. Approximately 55,000 workers' compensation claims are filed with the Illinois Industrial Commission each year. 2009 statistics provided by the Commission demonstrate that 21,705 of those claims were filed in Chicago.<sup>6</sup> The ability of the surgeons to provide services for these injured workers is currently limited by the workers' compensation regulations. If the proposed ASTC is opened, these physicians will be able to increase access to care for the thousands of injured workers in Illinois.

**4. Source Documents.**

CMS, MEDICARE PHYSICIAN FEE SCHEDULE & MEDICARE AMBULATORY SURGICAL CENTER FEE SCHEDULE.

MEDPAC, REPORT TO CONGRESS: MEDICARE PAYMENT POLICY 95 (Mar. 2010), *available at* [http://www.medpac.gov/documents/Mar10\\_EntireReport.pdf](http://www.medpac.gov/documents/Mar10_EntireReport.pdf).

ILLINOIS WORKERS' COMPENSATION COMMISSION FY2009 ANNUAL REPORT (2010), *available at* <http://www.state.il.us/agency/iic/annualreport09.pdf>.

<sup>6</sup> ILLINOIS WORKERS' COMPENSATION COMMISSION FY2009 ANNUAL REPORT (2010), *available at* <http://www.state.il.us/agency/iic/annualreport09.pdf>.

COMMONWEALTH FUND, STATE SCORECARD ON HEALTH SYSTEM PERFORMANCE: ILLINOIS (2009), *available at* [http://www.commonwealthfund.org/~media/Files/Chart%20Maps/2009%20State%20Scorecard/Illinois\\_combined\\_tables\\_v2.pdf](http://www.commonwealthfund.org/~media/Files/Chart%20Maps/2009%20State%20Scorecard/Illinois_combined_tables_v2.pdf).

**5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.**

As described above, PHSC will enhance the continuum of care for patients by enabling treatment prior to, during, and after surgery, thus improving quality of care, lowering costs, and lessening the burden on patients. It will create a venue for immediate treatment for patients. Additionally, PHSC will improve access to a broader spectrum of patients and accommodate the growing demand for its services. This is largely because greater control over the management of PHSC will allow its surgeons to treat self-pay and charity care patients. Also, obtaining the facility payment for workers' compensation claims will allow PHSC surgeons to treat more patients with workers' compensation benefits.

Furthermore, the population within the proposed GSA is growing quickly and the availability of convenient outpatient surgical services for patients with injuries to the hand, shoulder, elbow, and wrist is shrinking. The establishment of PHSC offers a solution to this problem, and will have a limited impact on current services in the GSA due to its specialized focus.

Likewise, patients are increasingly likely to seek treatment at ASCs instead of hospital outpatient departments because of reduced costs, as demonstrated above. PHSC would help meet this increase in demand and reduce costs for the patient, payors, and healthcare system as a whole. PHSC will not only provide a service where it is lacking at the highest standard, but it will reduce wait times, and provide more convenient and faster scheduling for patients.

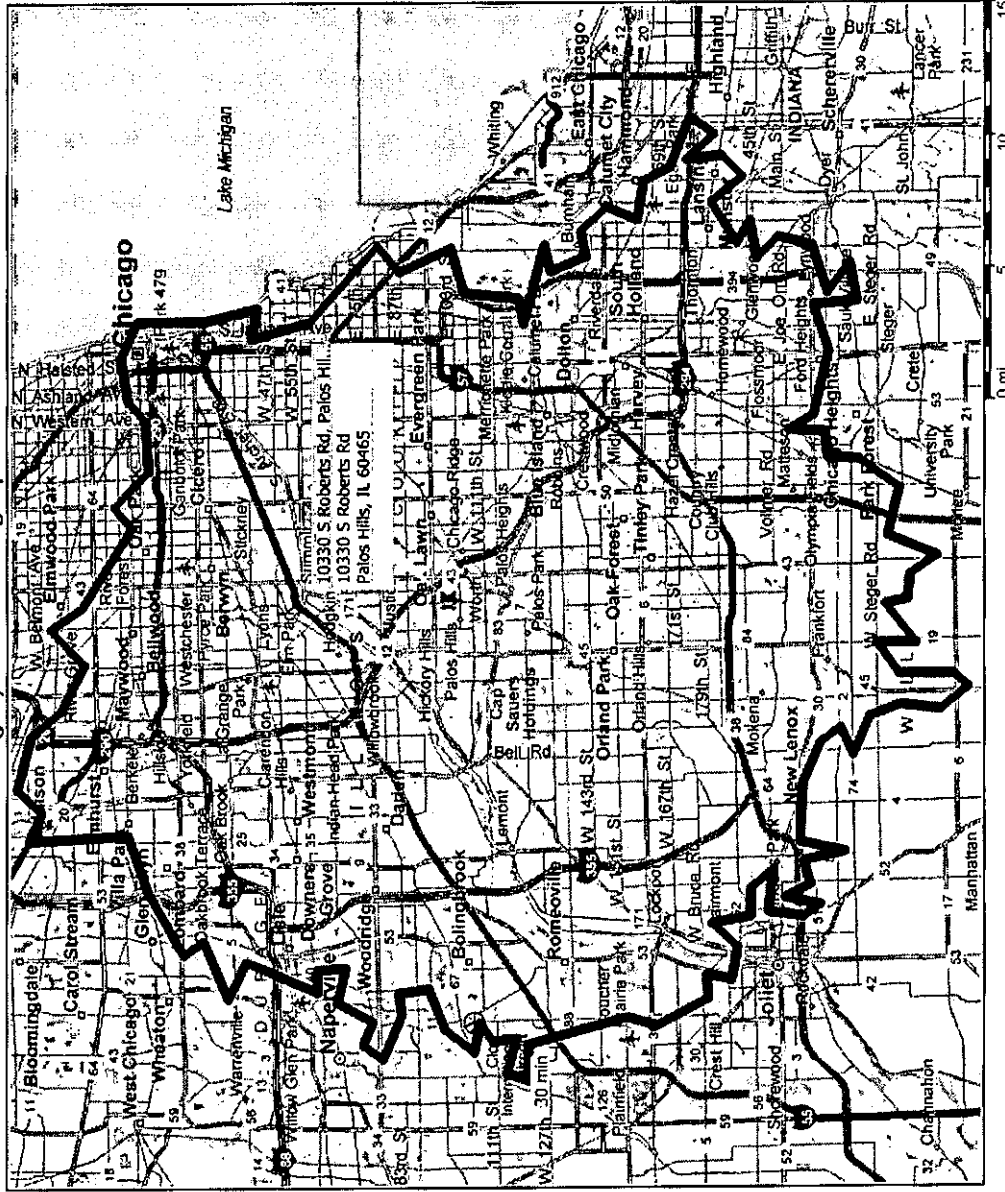
**6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals.**

**GOALS:**

- **Decrease Wait Times.** One of the primary goals of PHSC is to decrease wait times for patients that require surgical care. As such, the applicant will maintain sufficient staff to operate PHSC with flexible hours so as to decrease unnecessary wait times. Additionally, the coordination between PHSC and MidAmerica will enhance the ability to swiftly treat a patient after initial diagnosis. PHSC will strive to continually improve on this goal using regular measurement.
- **Improve Patient Outcomes.** PHSC will utilize its highly specialized services to ensure improved patient outcomes following surgery. By coupling the expertise of physicians practicing at PHSC with nurses trained in treating orthopaedic and plastic surgeries of the hand, PHSC will be able to concentrate on monitoring and improving outcomes for patients treated at the Proposed ASTC.

- **Increase Patient Satisfaction.** PHSC will develop online registration procedures to eliminate delays in beginning surgery. This system will enable patients to review pre-operation procedures, complete necessary forms, and address questions in advance of care. PHSC also plans to utilize its online system to monitor post-operation recovery and allow patients to complete surveys and follow-up.

Palos Hills Surgery Center Geographi Service Area



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Fax: 708-496-8369

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August 25, 2011

**VIA U.S. MAIL**

Mr. Dale Galassie  
Chair  
Health Facilities and Services Review Board  
525 W. Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

**RE: Letter of Support for Palos Hills Surgery Center, LLC**

Dear Mr. Galassie:

Please allow this correspondence to provide my strong support for the establishment of Palos Hills Surgery Center. These physicians are among the most exceptionally skilled and cost effective hand and upper extremity specialists around for our employees and we would welcome an expansion of their services so that we could begin to obtain premium care for our injured employees.

Currently, due to the dearth of skilled hand surgeons in the local area, we have had difficulties locating physicians with the knowledge and skill to treat many of our workers. The changes in reimbursement have only compounded this issue as more and more physicians are reducing or cutting vital services. This, in turn, has forced many of our employees to seek immediate access to care through emergency rooms. From personal experience, injuries to the hand, elbow and shoulder can be extremely complex and difficult to properly evaluate and treat. Obtaining pre-operative, surgical care, and post-operative services in one convenient location from expert hand, elbow, and shoulder physicians is both superior to general emergency room care and less costly. The integrated care proposed by these physicians will provide our employees with efficient, superior care and increase better outcomes.

Our employees will benefit greatly from the convenient, centralized services provided by Palos Hills Surgery Center, LLC rather than examination at a physician's office, surgery at a hospital, post-operative treatment at a physician's office, and physical therapy and/or rehabilitation at another location. The centralized services will result in greater satisfaction, better outcomes, and reduce costs. These costs could substantially

lower the costs of medical care for everyone and provide benefits beyond our company to all the citizens of Illinois. Additionally, the better outcomes will reduce the time that is often needed for employees to return to work, thus increasing productivity.

The proposed streamlined, coordinated care, will improve the experience of our employees in obtaining quality, immediate care from skilled physicians without the added expenses and delays typical in a hospital setting. The integrated care that will be provided by these specialists will increase the efficient utilization of services, while reducing costs at a centrally located facility with improved rehabilitation outcomes without the need for multiple providers and the unnecessary duplication of services and associated administrative costs. Such a facility would relieve many of the burdens in locating the best possible providers for many of our employees. Accordingly, I would welcome Palos Hills Surgery Center, LLC and request this Board approve their certificate of need application.

Sincerely,



Gina Errico

Chief Operating Officer

Buedel Fine Meats





Rehabilitation Consultants of Chicago, Inc. 2448 Meadowbrook Lane Westchester, IL 60154 Phone: (708) 492-0100 Fax: (708) 492-0146

September 23, 2011

Mr. Dale Galassie  
Chair  
Health Facilities and Services Review Board  
525 W. Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

**RE: Letter of Support for Palos Hills Surgery Center, LLC**

Dear Mr. Galassie:

Please be advised that I strongly support the proposed establishment of Palos Hills Surgery Center, LLC. As a case manager working with workers' compensation insurance companies, it is my duty to coordinate services for medical care for injured workers in the greater Metropolitan Chicago area. In my personal opinion, Dr. Gary Kronen provides the absolute best care for my patients with injuries to the hand, elbow and shoulder. It is with confidence that I send my most serious and complicated cases, such as burn victims and patients with delayed unions, to Dr. Kronen.

The promise of Palos Hills Surgery Center, LLC in providing specialized care at a central location is very exciting for me. It is often difficult to coordinate care in the Chicago Metro area for injured workers. By centralizing services at one location, Palos Hills Surgery Center, LLC will reduce administrative headaches and burdens that lead to inefficient and costly care. The location itself will also provide a very convenient location for my patients that will reduce the need for them to travel across the city of Chicago to receive various services from multiple providers. This is particularly important for the injured workers I work with to eliminate obstacles to coordinating care with multiple providers. It is with great anticipation that Palos Hills Surgery Center, LLC will provide my patients with the extraordinary care I've come to expect from Dr. Kronen. I anticipate sending several of my patients to this surgery center in the future.

Palos Hills Surgery Center, LLC will be a wonderful addition in this area and I whole-heartedly support its application for a certificate of need.

Sincerely,

Christine E. Guerrero, R.N., BSN, CCM  
President

CEG

**YOUR MEDICAL MANAGEMENT RESOURCE**



HEALTHCARE MANAGEMENT

September 30, 2011

**VIA FACSIMILE AND U.S. MAIL**

Mr. Dale Galassie  
Chair  
Health Facilities and Services Review Board  
525 W. Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

**RE: Letter of Support for Palos Hills Surgery Center, LLC**

Dear Mr. Galassie:

I am writing to express my support for the proposed establishment of an ambulatory surgical treatment center to be located at 10330 South Roberts Road, Palos Hills, Illinois to be known as Palos Hills Surgery Center, LLC.

As a case manager, I have had the pleasure of working with Dr. Gary Kronen and Dr. Anton Fakhouri. Both physicians have provided outstanding services in their respective specialties of the hand, shoulder, elbow and wrist. Both physicians take their responsibility to the community extremely seriously and both constantly strive to improve access and the quality of care for their patients.

It is often difficult to coordinate needed services for patients, including workers' compensation patients, who suffer from problems in their upper extremities. Many of the patients I work with are forced to obtain services from several different providers located throughout the state of Illinois. Connecting all of the individuals with needed resources is burdensome, inefficient, costly, and has a net negative impact on patient access and the quality of care. Solving day-to-day issues in calendaring therapy visits, physician visits, and rehabilitation visits presents many barriers and obstacles to care that could be alleviated by Palos Hills Surgery Center, LLC. Similarly, with regards to the workers' compensation patients, keeping track of a calendar full of appointments from various providers across the state can present an almost insurmountable obstacle to injured workers in obtaining the care needed for them to quickly re-enter the workforce. Palos Hills Surgery Center, LLC would provide a welcome continuum of care in a convenient location that will lessen the barriers for properly coordinating treatments and, thus, reduce barriers to access to care and increase the quality of care for many of my clients.

I fully support Palos Hills Surgery Center, LLC's application for a certificate of need to establish an ASTC.

**JND Healthcare Management, Inc. | Hinsdale Office**  
15 Spinning Wheel Rd | Ste 210 | Hinsdale, IL 60521-2914  
P.O. Box 9593 | Naperville, IL 60567-9593  
P 630.908.3087 | F 630.908.3088

Sincerely,

A handwritten signature in black ink, appearing to read 'Nicole Abdallah', written over a horizontal line.

Nicole Abdallah RN, BSN, CCM

President/CEO

JND Healthcare Management, Inc.

P: 630-908-3084

F: 630-908-3088

E: [nabdallah@jndhealthcare.net](mailto:nabdallah@jndhealthcare.net)

August 9, 2011

**VIA FACSIMILE AND U.S. MAIL**

Mr. Dale Galassie  
Chair  
Health Facilities and Services Review Board  
525 W. Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

**RE: Letter of Support for Palos Hills Surgery Center, LLC**

Dear Mr. Galassie:

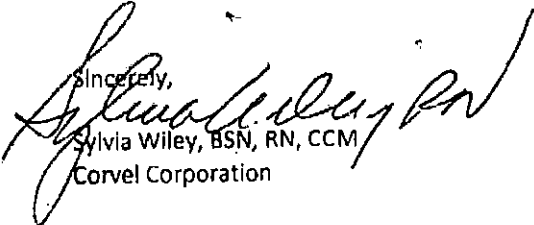
I am writing to express my support for the proposed establishment of a . . . ambulatory surgical treatment center to be located at 10330 South Roberts Road, Palos Hills, Illinois to be known as Palos Hills Surgery Center, LLC.

As a case manager, I have had the pleasure of working with Dr. Gary Kronen and Dr. Anton Fakhouri. Both physicians have provided outstanding services in their respective specialties of the hand, shoulder, elbow and wrist. Both physicians take their responsibility to the community extremely seriously and both constantly strive to improve access and the quality of the care for their patients.

It is often difficult to coordinate needed services for patients, including workers' compensation patients, who suffer from problems in their upper extremities. Many of the patients I work with are forced to obtain services from several different providers located throughout the state of Illinois. Connecting all of the individuals with needed resources is burdensome, inefficient, costly, and has a net negative impact on patient access and the quality of care. Solving day-to-day issues in calendaring therapy visits, physician visits, and rehabilitation visits presents many barriers and obstacles to care that could be alleviated by Palos Hills Surgery Center, LLC. Similarly, with regards to the workers' compensation patients, keeping track of a calendar full of appointments from various providers across the state can present an almost insurmountable obstacle to injured workers in obtaining the care needed for them to quickly re-enter the workforce. Palos Hills Surgery Center, LLC would provide a welcome continuum of care in a convenient location that will lessen the barriers for properly coordinating treatments and, thus, reduce barriers to access to care and increase the quality of care for many of my clients.

I fully support Palos Hills Surgery Center, LLC's application for a certificate of need to establish an ASTC.

Sincerely,

  
Sylvia Wiley, BSN, RN, CCM  
Corvel Corporation

3010 Highland Parkway

Suite 600

Downers Grove, IL 60515

## **Tootsie Roll Industries, LLC**

7401 S. Cicero Ave. Chicago, Illinois 60629 (773) 838-3400

September 6, 2011

### **VIA U.S. MAIL**

Mr. Dale Galassie

Chair

Health Facilities and Services Review Board

525 W. Jefferson Street, 2<sup>nd</sup> Floor

Springfield, Illinois 62761

### **RE: Letter of Support for Palos Hills Surgery Center, LLC**

Dear Mr. Galassie:

I am writing to express my support for the proposed establishment of an ambulatory surgical treatment center to be located at 10330 South Roberts Road, Palos Hills, Illinois to be known as Palos Hills Surgery Center, LLC.

I have worked with Dr. Kronen for over ten years. As an occupational health nurse for Tootsie Roll Co., Inc. I see hundreds of employees with injuries related to the hand, elbow and shoulder. MidAmerica reputation and service has been of the highest quality and these physicians have provided the best possible care. These services have resulted in the highest levels of success with quick recoveries. In my experience, I can honestly say that not one employee has ever complained about the treatment or outcome from services provided by these physicians. We often send employees to MidAmerica to obtain the best diagnosis, prognosis, and treatment. Their expertise and knowledge in their field is unparalleled and we highly recommend them without hesitation.

Further, the fact the staff practices almost exclusively with hand cases in a full range of preoperative, surgical and postoperative care ensures better management of the patients from initial diagnosis to the employees return to work. It is my strong opinion that the addition of a surgery center will provide the best possible benefit to patients as they will be able to maximize their results in one central location, which will provide a much needed continuum of care for our injured employees. This would also eliminate and/or minimize any delays in care caused by the current need for these physicians to schedule surgeries in a hospital setting. This would also minimize administrative problems caused by needing to coordinate care with several different providers including minimizing paperwork related to authorizations for treatments recommended by these physicians for our injured workers.

For all the foregoing, I strongly urge this Board to approve the certificate of need permit application for Palos Hills Surgery Center, LLC. The surgery center would provide the best services and value for our employees and serve as an asset to the health care community. The convenience, professionalism, and expertise that will be provided at the surgery center will prove a significant benefit to the employees and provide the best possible outcomes.

Sincerely,

*Nancy Trejo, RN BS, COAH - CM*

Nancy Trejo, RN BS, COHN - CM  
Tootsie Roll Industries, LLC.

### Section III. Background, Purpose of the Project, and Alternatives

#### Alternatives

##### 1. Alternatives to the Proposed Project.

- a. **Do Nothing.** The Applicant considered maintaining the status quo whereby PHSC surgeons would continue to perform some operations in their offices and some operations at other ASTCs or hospital outpatient departments. This is not an option because of issues with current wait times at HOPDs and local ASTCs, reimbursement changes, patient inconvenience, and the increasing costs for procedures performed in a hospital setting.

Unfortunately, these surgeons do not receive reimbursement for the technical component from a number of private payors for many procedures performed at their current facilities because it is not a licensed ASTC or accredited ambulatory surgical treatment facility.<sup>7</sup> This effectively prevents patients from receiving the highly specialized care provided by PHSC surgeons merely because of a technicality in reimbursement rules. Additionally, this requires the surgeons to subsidize the technical component for numerous patients when they do perform these procedures, thereby placing a significant financial burden on them. PHSC surgeons can no longer afford these costs, and in absence of subsidization, PHSC surgeons will likely only be able to perform these procedures at licensed ASTCs or hospitals. Doing nothing also reduces immediate access for patients and results in increased costs if performed in a hospital, as mentioned above.

Likewise, it is no longer an option for MidAmerica physicians to perform many operations at other ASTCs and hospital outpatient departments. Operations performed at these facilities are commonly difficult to schedule and are subject to last minute rescheduling due to the need to perform critical procedures by other physicians. This causes significant inconvenience to patients and physicians. Additionally, operations performed at hospitals have greater risk of infection for the patient. In fact, Illinois ranks 49<sup>th</sup> in avoidable hospital use and costs.<sup>8</sup> These costs can be reduced through more efficient use of highly specialized care at ASTCs like PHSC. Furthermore, PHSC's focus on the continuum of care will reduce unnecessary post-operation treatment, which may result in accrued savings to individuals, employers, and payors.

- b. **Utilize Local Hospitals and Facilities With Excess Capacity.** The Applicant also considered performing operations in local hospitals and/or ASTCs with excess capacity. This is also not an option.

---

<sup>7</sup> See 50 Ill. Admin. Code § 7110.90 and 820 ILCS 305/8.2 (2011) ("The commission shall establish and maintain fee schedules for... ambulatory surgical treatment centers (and) accredited ambulatory surgical treatment facilities).

<sup>8</sup> COMMONWEALTH FUND, STATE SCORECARD ON HEALTH SYSTEM PERFORMANCE: ILLINOIS (2009), available at [http://www.commonwealthfund.org/~media/Files/Chart%20Maps/2009%20State%20Scorecard/Illinois\\_combined\\_tables\\_v2.pdf](http://www.commonwealthfund.org/~media/Files/Chart%20Maps/2009%20State%20Scorecard/Illinois_combined_tables_v2.pdf).



The operations performed by PHSC surgeons, although highly specialized, require less preparation and total surgery time than many operations performed at local hospitals and local ASTC facilities, which often allot specific blocks of time to physicians to perform operations. In fact, the Medicare Payment Advisory Council recognizes that ASTCs offer more convenient locations, shorter waiting times, and easier scheduling relative to hospital outpatient departments. Moreover, PHSC will allow its surgeons to maintain more control over their work environment, customize surgical environments, and train its staff for their highly specialized services.<sup>9</sup> Thus, patients treated at other ASTCs and hospitals will not receive the benefits associated with an integrated relationship for highly specialized services similar to PHSC and MidAmerica.

Additionally, exposing patients to the hospital setting increases risk of infection. This risk would be reduced at PHSC, where the patient can receive immediate surgical attention, as well as aftercare at a medical office conveniently located within the same facility. Also, PHSC seeks to provide specialized care at lower cost to the patients. Providing its services in a hospital setting would defeat both of these purposes. Additionally, continuing to provide services at local, multi-specialty ASTCs will not provide the specialized, central care these patients need. PHSC will optimize control of cost and maintenance of quality for specialized patient care from initial evaluation to rehabilitation, something the traditional hospital and ASTC setting do not accommodate.

In establishing a physician managed and driven practice, patients will receive more efficient and quality focused care. Patients will not have to wait as physicians barter for scheduled time with a hospital or facility. In fact, patients evaluated by a PHSC physician medical practice could receive treatment at PHSC as soon as a treatment room becomes available. Additionally, patients receiving both pre/post-operation treatment in the same facility that the operation is performed will be less exposed to potential complication.

- c. **Establish an ASTC.** This option increases patient access by increasing geographic proximity to a large number of patients and providing them with lower cost, highly specialized care, and decreased wait times. It shortens travel times for those patients in the Southern suburbs of Chicago and expands access to specialized services not previously available for many Chicagoans. It also provides a greater scope of services than the physician group located in downtown Chicago that specializes in surgeries of the hand, and can thus provide specialized care to more patients. Further, by extending the hours that services are offered, PHSC will increase access for many patients that have difficulty being available due to their work schedules and for patients with traumatic injuries requiring immediate access to care.

This option also decreases costs by providing specialized, comprehensive care for surgery on the hand and upper extremity outside of the hospital outpatient setting. ASTCs are less expensive than hospital outpatient surgery because there is less overhead cost. These savings can be passed on to patients as well as CMS and other insurance payors.

---

<sup>9</sup> MEDPAC, REPORT TO CONGRESS: MEDICARE PAYMENT POLICY 100 (Mar. 2010), available at [http://www.medpac.gov/documents/Mar10\\_EntireReport.pdf](http://www.medpac.gov/documents/Mar10_EntireReport.pdf).

2. Cost-Benefit Analysis.

Alternative	Project Cost	Benefits/Non-Capital Costs
Do Nothing	\$0	<ul style="list-style-type: none"> <li>• No benefits to patients or community.</li> <li>• Reduced access for patients in ambulatory setting.</li> <li>• Inability to continue to perform procedures historically performed in the office.</li> </ul>
Utilize Local ASTCs and Hospitals	\$0	<ul style="list-style-type: none"> <li>• Lack of specialization.</li> <li>• Lack of coordination of care.</li> <li>• Increased wait times.</li> <li>• Increased patient co-payment (for hospital sites).</li> </ul>
Establish Proposed ASTC	\$2,421,158.40	<ul style="list-style-type: none"> <li>• Establishment of highly specialized point of care.</li> <li>• Improvement of continuum of care (e.g. patients can receive surgery and rehabilitation services at same location).</li> <li>• Immediate access to care for many patients requiring emergency surgery.</li> <li>• Improved outcomes.</li> <li>• Decreased cost of care</li> </ul>

**Section IV – Project Scope, Utilization, and Unfinished Shell Space**

**Criterion 1110.234(a), Size of Project**

PHSC will be a limited-purpose ASTC with two operating rooms, two Stage I Recovery Stations and four Stage II Recovery Stations. Pursuant to Appendix B of section 1110 of the HFSRB rules, the state standard is between 1,660 and 2,200 departmental gross square feet (dgsf) per treatment room. The State Standard also allows for 180 dgsf per Stage I Recovery Station and 400 dgsf per Stage II Recovery Station. The limit on Recovery Stations is 4 per Operating Room for ASTCs. This is the standard because the proposed project is modernization of an existing structure. With two operating rooms, two Stage I Recovery Stations, and four Stage II Recovery Stations, the state standard is 6,360 dgsf. The proposed gross square feet of clinical space of the ASTC will be 4,208 DGSF. This is consistent with the state standard.

<b>Size of Project</b>				
<b>Dept./Service</b>	<b>Proposed DGSF</b>	<b>State Standard</b>	<b>Difference</b>	<b>Met Standard?</b>
Ambulatory Surgical Treatment Center	4,208	6,360 DGSF	Within range	Yes

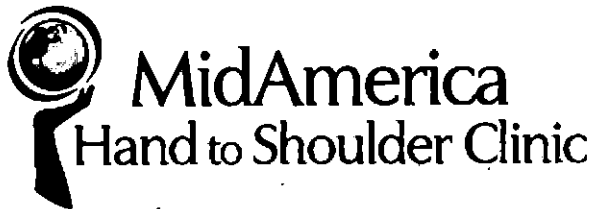
**Section IV – Project Scope, Utilization, and Unfinished Shell Space**

**Criterion 1110.234(b), Project Services Utilization**

PHSC shall meet or exceed HFSRB's annual utilization standards by the second year of operation. Section 1110, Appendix B of the HFSRB rules states that the utilization rates for ASTC's is based on 1500 hours per operating room. The physician letters attached at Attachment 15A demonstrate projections of approximately 1395 cases in the first year after project completion. The estimated operating time, including preparation and cleanup, is approximately 1 hour and fifteen minutes (1:15). This represents a total of approximately 1,744 hours in year one, which is sufficient to support the need for two operating rooms.

Additionally, PHSC projects that it will perform 1810 cases by year two. This represents a total of 2263 hours in the second year of operation. Accordingly, the projected utilization for PHSC is sufficient to satisfy the need for two operating rooms by the second year after project completion.

Utilization					
	Dept./Service	Historical Utilization	Projected Utilization	State Standard	Met Standard?
Year 1	Non-Hospital Based Surgery	N/A	1,744	1,500 Hours/OR	Yes
Year 2	Non-Hospital Based Surgery	N/A	2263	1,500 Hours/OR	Yes



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September 22, 2011

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

Dear Mr. Galassie:

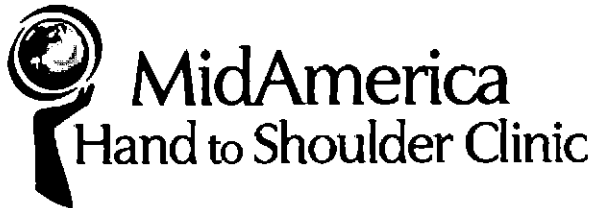
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Over the past 12 months, I have performed approximately 391 outpatient surgeries. I referred patients to health care facilities as follows:

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Elmhurst Memorial Hospital 200 Berteau Avenue, Elmhurst, IL 60126	4
Elmhurst Outpatient Surgery Center 1200 S. York Rd., Suite 1400, Elmhurst, IL 60126	80
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Advocate Hinsdale Hospital 120 North Oak Street, Hinsdale, IL 60521	5
Advocate LaGrange Memorial Hospital 5101 S. Willow Springs Road, La Grange, IL 60525	2
MacNeal Memorial Hospital 3249 South Oak Park Avenue, Berwyn, IL 60402	5
Palos Community Hospital 12251 South 80th Avenue, Palos Heights, IL 60463	4
Palos Surgicenter 7340 W. College Drive, Palos Heights, IL 60463	26

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St. Francis Hospital 355 Ridge Avenue, Evanston, IL 60202	2
Adventist Bolingbrook Medical Center 500 Remington Blvd, Bolingbrook, IL 60440	9
Provena St. Joseph Medical Center 333 North Madison Street, Joliet, IL 60435	2
Hand & Plastic Surgery Associates Elmhurst, IL / Lockport, IL / Palos Hills, IL	156
Hand & Orthopaedic Surgery Centers Elmhurst, IL / Lockport, IL / Palos Hills, IL	62
<b>TOTAL</b>	<b>391</b>

It is my belief that the projected patient volume for Palos Hills Surgery Center, LLC will come from within the proposed GSA. All other information contained in this letter is true and correct to the best of my belief.

Sincerely,

Gary Kronen, M.D.  
 Member and Manager  
 Palos Hills Surgery Center, LLC

Subscribed and sworn to me this 3<sup>rd</sup> day of October, 2011

Notary Public



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Dear Mr. Galassie:

I am an orthopaedic surgeon specializing in orthopaedic surgeries of the hand and upper extremities. Over the past twelve months, I have performed approximately 1225 outpatient surgeries. I estimate that I will refer approximately 1115 cases to Palos Hills Surgery Center, LLC in the first year after the proposed project opens. Outpatient surgeries will constitute the majority of my work in the future.

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Orland Park Surgical Center, LLC 9550 West 167 <sup>th</sup> St., Orland Park, IL 60467	195
Palos Surgicenter 7340 W. College Drive, Palos Heights, IL 60463	23
Tinley Woods Surgery Center 18200 S. LaGrange Road, Tinley Park, IL 60477	801
<b>TOTAL</b>	<b>1225</b>

It is my belief that the projected patient volume for the Palos Hills Surgery Center, LLC will come from within the proposed GSA. All other information contained in this letter is true and correct to the best of my belief.

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Sincerely,

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Anton Fakhouri, M.D.  
Member and Manager  
Palos Hills Surgery Center, LLC

Subscribed and sworn to me this 3rd day of October, 2011

A handwritten signature in black ink, appearing to read "April D Shipherd".

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**Section IV – Project Scope, Utilization, and Unfinished Shell Space**

**Criterion 1110.234(d), Unfinished or Shell Space**

This project will not include unfinished or shell space. Therefore, this criterion is not applicable.

**Section IV – Project Scope, Utilization, and Unfinished Shell Space**

**Criterion 1110.234(e), Assurances**

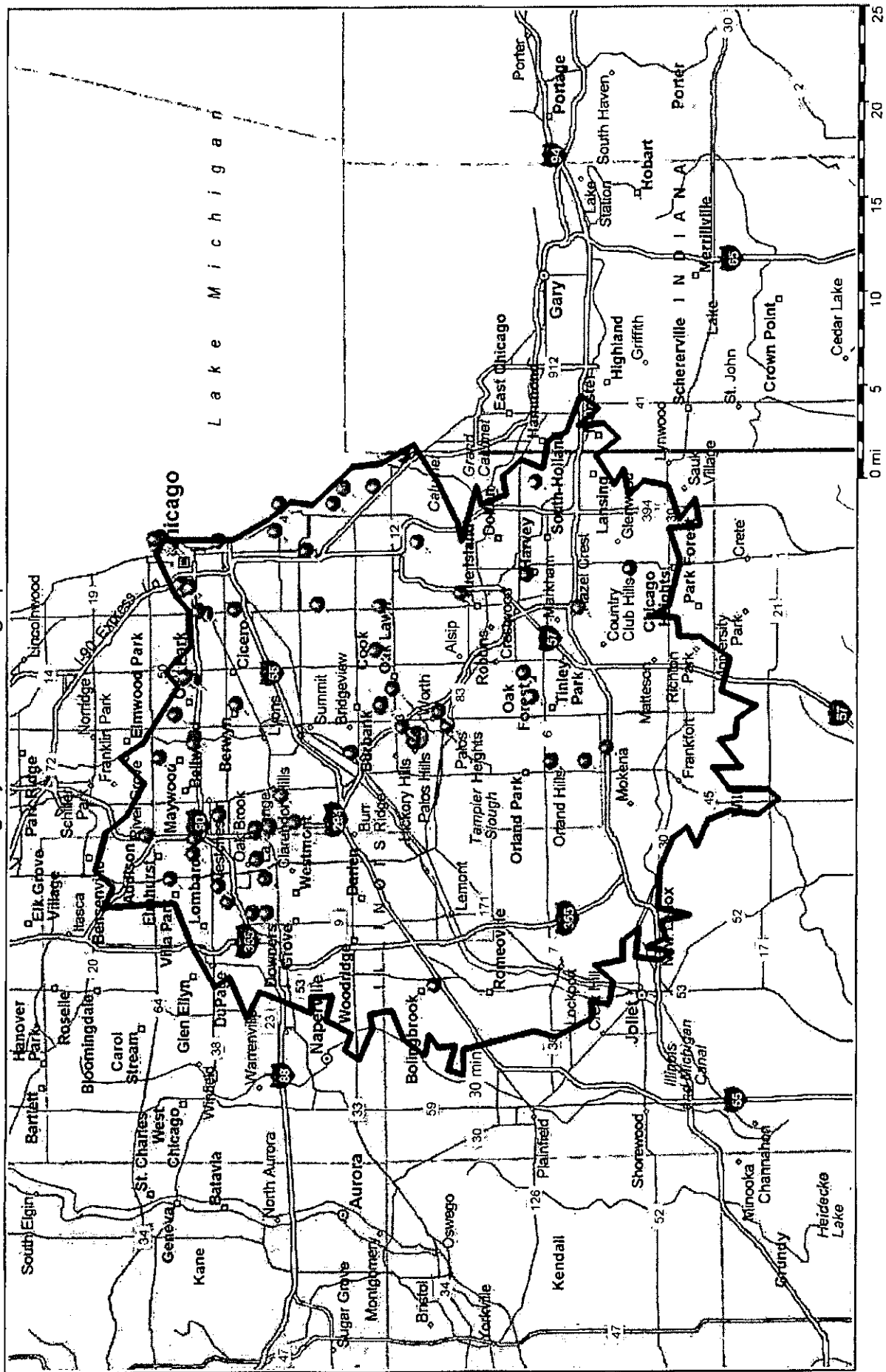
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**Section VII. Service Specific Review Criteria**  
**H. Non-Hospital Based Ambulatory Surgery Center**

**2. Criterion 1110.1540(b), Target Population**

- a. Attached as Attachment 27B is a map outlining the intended geographic services area (GSA). The intended GSA will serve the Chicago metropolitan area that is within 30 minutes normal drive time from the Proposed ASTC. Thus, the intended GSA consists of those areas within the intended GSA, which is approximately 16 miles surrounding the facility.
- b. The population within the intended GSA is 3,824,595. This number was obtained by first establishing the desired GSA as outlined in subsection (c) below. Then each zip code located within the GSA and their respective population data was recorded. 2000 census population figures were utilized, as 2010 data was not readily available.
- c. Section 1110.1540(b) of the HFSRB's rules states that the borders of the intended GSA can be no less than 30 minutes and no more than 60 minutes driving time under normal conditions from the intended site of the ASTC. A map of the intended GSA was created using Microsoft Map Point 2010 and is attached at Attachment 27B. The travel times listed below were developed using MapQuest.
  - Northwest to Glen Ellen: Approximately 35 minutes
  - North to Berwyn: Approximately 30 minutes
  - Northeast to downtown Chicago: Approximately 35 minutes
  - East to South Chicago: Approximately 30 minutes
  - Southeast to Lansing: Approximately 35 minutes
  - South to Frankfort: Approximately 30 minutes
  - Southwest to Fairmont: Approximately 35 minutes
  - West to Naperville: Approximately 35 minutes

# Palos Hills Surgery Center Geographic Service Area



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**Section VII. Service Specific Review Criteria**  
**H. Non-Hospital Based Ambulatory Surgery Center**

**3. Criterion 1110.1540(c), Projected Patient Volume**

Physician referral letters providing the name and number of patients referred to healthcare facilities within the past 12 months and the projected number of referrals expected in the first 12 months of operation is attached in Attachment 27D. A summary of the patient referral letters is provided in Table 1110.1540(c) below.

<b>Table 1110.1540(c)</b>		
<b>Facility Name</b>	<b>Hospital and Licensed ASTC Referrals in the Last 12 Months</b>	<b>Projected Referrals for the First Year After the Project Opens</b>
Advocate Christ Hospital & Medical Center	202	
Elmhurst Memorial Hospital	4	
Elmhurst Outpatient Surgery Center	80	
Advocate Good Samaritan Hospital	20	
Advocate Hinsdale Hospital	5	
Advocate LaGrange Memorial Hospital	2	
MacNeal Memorial Hospital	5	
Palos Community Hospital	4	
Palos Surgicenter	49	
St. Francis Hospital	2	
Adventist Bolingbrook Medical Center	9	
Provena St. Joseph Medical Center	2	
Hand & Plastic Surgery Associates**	156	
Hand & Orthopaedic Surgery Centers**	62	
Midwest Orthopaedic Consultants, S.C.**	18	
Orland Park Surgical Center, LLC	195	
Tinley Woods Surgery Center	801	
<b>Total</b>	<b>1616</b>	<b>1395</b>

\*\*Note that these facilities are not licensed ASTCs, but offices where the physicians performed operations without receiving the facility component in order to deliver immediate care to their patients. We provide this data because it represents approximately 15 percent of the cases provided in the physician referral letters attached at Attachment 27D.



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September 22, 2011

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Member and Manager  
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<b>TOTAL</b>	<b>391</b>

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Sincerely,

Gary Kronen, M.D.  
 Member and Manager  
 Palos Hills Surgery Center, LLC

Subscribed and sworn to me this 3<sup>rd</sup> day of October, 2011

Notary Public



**Section VII. Service Specific Review Criteria**  
**H. Non-Hospital Based Ambulatory Surgery Center**

**4. Criterion 1110.1540(d)**

- a. PHSC proposes to establish an ambulatory surgery center with two operating rooms with six rooms to be used for pre-op, recovery, and examination.
- b. The estimated time per procedure including prep and clean-up is one hour and fifteen minutes (1:15) per procedure. This figure is based on the experience of the physicians who will practice at PHSC.

**Section VII. Service Specific Review Criteria**  
**H. Non-Hospital Based Ambulatory Surgery Center**

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

- a. A copy of the letter sent to area surgical facilities regarding the proposed project's impact on their workload can be found in Appendix 1.
- b. A list of the facilities contacted can be found in Appendix 2.
- c. Map Quest printouts of the drive time to each facility can be found at Appendix 3.
- d. Copies of the registered certified mail receipts are attached at Appendix 4.

**Section VII. Service Specific Review Criteria**  
**H. Non-Hospital Based Ambulatory Surgery Center**

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

As discussed throughout this application, the Applicant proposes to establish an ASTC that not only improves access to a greater number of patients, but one which streamlines the continuum of care. PHSC accomplishes this goal by enhancing access to highly specialized treatment for patients located south and southwest of Chicago as well as placing a MidAmerica office at the same location of PHSC in order to provide highly integrated care for superior quality outcomes. Again, MidAmerica is one of only three greater Chicago area practices specializing in injuries and problems of the hand, shoulder, elbow, and wrist. Due to this limited focus, and high volume, MidAmerica physicians practicing at PHSC will be able to provide enhanced quality and expertise to its patients. Additionally, PHSC will be one of only a handful of ASTCs located in the Chicago area that specialize in hand, wrist, shoulder, and arm traumas.

**7. Criterion 1110.1540(g), Charge Commitment**

- a. A complete list of all procedures to be performed at the proposed facility with the proposed charge for each procedure is provided in the table below
- b. A letter from the members of Palos Hills Surgery Center, LLC committing to maintain the above charges for the first two years of operation is attached at Attachment 271.

Code	Description	Schedule
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); SIMPLE OR SINGLE	\$340.19
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); COMPLICATED OR MULTIPLE	\$340.19
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	\$340.19
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	\$3,569.85
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	\$2,636.42
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	\$242.50
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	\$4,138.61
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTURE AND/OR AN OPEN DISLOCATION (EG, EXCISIONAL DEBRIDEMENT); SKIN AND SUBCUTANEOUS TISSUES	\$967.23
11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTURE AND/OR AN OPEN DISLOCATION (EG, EXCISIONAL DEBRIDEMENT); SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, AND MUSCLE	\$967.23
11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTURE AND/OR AN OPEN DISLOCATION (EG, EXCISIONAL DEBRIDEMENT); SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, MUSCLE, AND BONE	\$967.23
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED); FIRST 20 SQ CM OR LESS	\$632.28
11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS TISSUE, IF PERFORMED); FIRST 20 SQ CM OR LESS	\$632.28
11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR FASCIA, IF PERFORMED); FIRST 20 SQ CM OR LESS	\$1,627.02
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	\$258.08
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$199.31
11740	EVACUATION OF SUBUNGUAL HEMATOMA	\$183.05
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE (EG, INGROWN OR DEFORMED NAIL), FOR PERMANENT REMOVAL;	\$967.23
11752	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE (EG, INGROWN OR DEFORMED NAIL), FOR PERMANENT REMOVAL; WITH AMPUTATION OF TUFT OF DISTAL PHALANX	\$4,743.03
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL AND LATERAL NAIL FOLDS) (SEPARATE PROCEDURE)	\$967.23
11760	REPAIR OF NAIL BED	\$350.86

11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	\$350.86
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	\$383.90
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.5 CM OR LESS	\$350.86
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM	\$350.86
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM	\$350.86
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM	\$350.86
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM	\$350.86
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); OVER 30.0 CM	\$350.86
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	\$350.86
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	\$350.86
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM	\$350.86
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM	\$350.86
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM	\$350.86
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM	\$350.86
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM	\$350.86
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	\$350.86
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	\$350.86
12031	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS	\$350.86
12032	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM	\$350.86
12034	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM	\$350.86
12035	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM	\$350.86
12036	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM	\$350.86
12037	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); OVER 30.0 CM	\$1,243.20
12041	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS	\$350.86
12042	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM	\$350.86
12044	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM	\$350.86
12045	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR	\$350.86

	EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM	
12046	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.1 CM TO 30.0 CM	\$350.86
12047	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVER 30.0 CM	\$1,243.20
12051	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	\$350.86
12052	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	\$350.86
12053	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM	\$350.86
12054	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM	\$350.86
12055	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM	\$350.86
12056	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM	\$350.86
12057	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM	\$1,243.20
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	\$1,243.20
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	\$1,243.20
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$350.86
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	\$350.86
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	\$350.86
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$350.86
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM	\$350.86
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM	\$350.86
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$350.86
13150	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS	\$1,243.20
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	\$1,243.20
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	\$1,243.20
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$350.86
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	\$5,065.59
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	\$3,317.45
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM	\$5,065.59
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS	\$3,317.45
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	\$3,317.45
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	\$3,317.45
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS,	\$3,317.45

	CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10.1 SQ CM TO 30.0 SQ CM	
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS	\$3,317.45
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	\$3,317.45
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	\$5,065.59
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR 1% OF BODY AREA OF INFANTS AND CHILDREN	\$1,243.20
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR PART THEREOF, OR EACH ADDITIO	\$1,243.20
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR	\$1,243.20
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR	\$1,243.20
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	\$350.86
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER MINIMAL OPEN AREA (EXCEPT ON FACE), UP TO DEFECT SIZE 2 CM DIAMETER	\$1,243.20
15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	\$5,065.59
15101	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$5,065.59
15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	\$5,065.59
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$5,065.59
15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	\$5,065.59
15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CO	\$5,065.59
15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	\$5,065.59
15121	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EACH	\$5,065.59



	ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION	
15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	\$5,065.59
15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$5,065.59
15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	\$5,065.59
15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE	\$5,065.59
15150	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS	\$5,065.59
15151	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM TO 75 SQ CM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$5,065.59
15152	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$5,065.59
15155	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 25 SQ CM OR LESS	\$5,065.59
15156	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; ADDITIONAL 1 SQ CM TO 75 SQ CM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$5,065.59
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS	\$3,317.45
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$1,243.20
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS	\$3,317.45
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$1,243.20
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; 20 SQ CM OR LESS	\$3,317.45
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$1,243.20
15330	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	\$1,243.20
15331	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF	\$1,243.20

	INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
15335	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	\$1,243.20
15336	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITIO	\$1,243.20
15340	TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; FIRST 25 SQ CM OR LESS	\$1,243.20
15341	TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; EACH ADDITIONAL 25 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$1,243.20
15360	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	\$1,243.20
15361	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$1,243.20
15365	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	\$1,243.20
15366	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEP	\$1,243.20
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	\$5,065.59
15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR LEGS	\$5,065.59
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS OR FEET	\$5,065.59
15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL	\$3,317.45
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK	\$5,065.59
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR LEGS	\$5,065.59
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA, HANDS, OR FEET	\$5,065.59
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING TUBE), ANY LOCATION	\$5,065.59
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALIS, MASSETER MUSCLE, STERNOCLEIDOMASTOID, LEVATOR SCAPULAE)	\$5,065.59
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	\$5,065.59
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	\$5,065.59
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	\$5,065.59
15740	FLAP; ISLAND PEDICLE	\$3,317.45
15750	FLAP; NEUROVASCULAR PEDICLE	\$5,065.59
15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS	\$1,243.20

15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	\$632.28
15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON	\$632.28
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	\$144.23
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED	\$199.31
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; SMALL (LESS THAN 5% TOTAL BODY SURFACE AREA)	\$258.08
16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; MEDIUM (EG, WHOLE FACE OR WHOLE EXTREMITY, OR 5% TO 10% TOTAL BODY SURFACE AREA)	\$258.08
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; LARGE (EG, MORE THAN 1 EXTREMITY, OR GREATER THAN 10% TOTAL BODY SURFACE AREA)	\$383.90
16035	ESCHAROTOMY; INITIAL INCISION	\$632.28
20005	INCISION AND DRAINAGE OF SOFT TISSUE ABSCESS, SUBFASCIAL (IE, INVOLVES THE SOFT TISSUE BELOW THE DEEP FASCIA)	\$4,933.31
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	\$997.79
20200	BIOPSY, MUSCLE; SUPERFICIAL	\$3,569.85
20205	BIOPSY, MUSCLE; DEEP	\$3,569.85
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS, TROCHANTER OF FEMUR)	\$4,743.03
20245	BIOPSY, BONE, OPEN; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	\$4,743.03
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	\$967.23
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	\$4,743.03
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	\$534.55
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR "FASCIA")	\$534.55
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	\$534.55
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS, TOES)	\$534.55
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON BURSA)	\$534.55
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT, SUBACROMIAL BURSA)	\$534.55
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	\$534.55
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	\$488.99
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)	\$4,933.31
20670	REMOVAL OF IMPLANT; SUPERFICIAL (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)	\$3,569.85
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	\$4,743.03
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN 1 PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM	\$5,940.03
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN 1 PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG, ILIZAROV, MONTICELLI TYPE)	\$5,940.03
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING	\$4,933.31

	ANESTHESIA (EG, NEW PIN[S] OR WIRE[S] AND/OR NEW RING[S] OR BAR[S])	
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	\$4,933.31
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON INSERTION), COMPLETE AMPUTATION	\$6,116.42
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	\$5,940.03
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	\$5,940.03
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	\$5,940.03
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WICK CATHETER TECHNIQUE, NEEDLE MANOMETER TECHNIQUE) IN DETECTION OF MUSCLE COMPARTMENT SYNDROME	\$340.19
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	\$9,657.36
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB SPACE	\$9,657.36
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	\$172.55
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERATIVE)	\$144.23
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	\$9,029.36
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITHOUT THORACOSCOPY	\$9,712.53
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; LESS THAN 3 CM	\$4,743.03
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	\$3,569.85
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	\$9,712.53
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	\$4,138.61
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	\$4,138.61
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	\$4,933.31
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$5,940.03
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$5,940.03
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	\$1,609.33
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	\$4,743.03
23075	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$3,569.85
23076	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	\$4,743.03
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	\$4,933.31
23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDING BIOPSY AND/OR EXCISION OF TORN CARTILAGE	\$5,940.03
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	\$5,940.03
23106	ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	\$5,940.03
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	\$5,940.03
23120	CLAVICULECTOMY; PARTIAL	\$9,712.53
23125	CLAVICULECTOMY; TOTAL	\$9,712.53
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE	\$9,712.53

23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	\$4,933.31
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$5,940.03
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT	\$5,940.03
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	\$5,940.03
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$5,940.03
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT	\$5,940.03
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	\$5,940.03
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	\$5,940.03
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK	\$5,940.03
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), CLAVICLE	\$5,940.03
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), SCAPULA	\$5,940.03
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), PROXIMAL HUMERUS	\$5,940.03
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	\$5,940.03
23195	RESECTION, HUMERAL HEAD	\$5,940.03
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	\$1,609.33
23331	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NBER HEMIARTHOPLASTY REMOVAL)	\$4,743.03
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	\$9,712.53
23397	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE	\$15,737.92
23400	SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS)	\$5,940.03
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	\$5,940.03
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	\$5,940.03
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	\$9,712.53
23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; CHRONIC	\$9,712.53
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	\$9,712.53
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)	\$9,712.53
23430	TENODESIS OF LONG TENDON OF BICEPS	\$9,712.53
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	\$9,712.53
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	\$15,737.92
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	\$15,737.92
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	\$15,737.92
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	\$9,712.53
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	\$15,737.92
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-	\$9,712.53

	DIRECTIONAL INSTABILITY	
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	\$25,338.13
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	\$9,712.53
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBTAINING GRAFT AND/OR NECESSARY FIXATION)	\$15,737.92
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; CLAVICLE	\$9,712.53
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; PROXIMAL HUMERUS	\$15,737.92
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	\$398.47
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION	\$398.47
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$13,524.78
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$398.47
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	\$398.47
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$8,873.14
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)	\$6,033.83
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$398.47
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	\$398.47
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$8,873.14
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)	\$8,873.14
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	\$398.47
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION (WITH OR WITHOUT SHOULDER JOINT INVOLVEMENT)	\$398.47
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$13,524.78
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITHOUT MANIPULATION	\$398.47
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	\$398.47
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, INCLUDES REPAIR OF TUBEROSITY(S), WHEN PERFORMED;	\$13,524.78
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, INCLUDES REPAIR OF TUBEROSITY(S), WHEN PERFORMED; WITH PROXIMAL HUMERAL PROSTHETIC REPLACEMENT	\$13,524.78
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATION	\$398.47
23625	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITH MANIPULATION	\$398.47
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$13,524.78

23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	\$398.47
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESIA	\$3,449.84
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	\$8,873.14
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH MANIPULATION	\$398.47
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$13,524.78
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH MANIPULATION	\$398.47
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)	\$3,449.84
23800	ARTHRODESIS, GLENOHUMERAL JOINT;	\$15,737.92
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$9,712.53
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	\$4,138.61
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	\$4,138.61
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW	\$4,933.31
24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$5,940.03
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE)	\$5,940.03
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	\$3,569.85
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$3,569.85
24075	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$3,569.85
24076	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	\$4,743.03
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	\$4,933.31
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	\$5,940.03
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	\$5,940.03
24105	EXCISION, OLECRANON BURSA	\$4,933.31
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	\$4,933.31
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$5,940.03
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	\$5,940.03
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;	\$4,933.31
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$5,940.03
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH ALLOGRAFT	\$5,940.03
24130	EXCISION, RADIAL HEAD	\$5,940.03
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT	\$5,940.03

	OR DISTAL HUMERUS	
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	\$5,940.03
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	\$5,940.03
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), HUMERUS	\$5,940.03
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), RADIAL HEAD OR NECK	\$5,940.03
24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), OLECRANON PROCESS	\$5,940.03
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CONTRACTURE RELEASE (SEPARATE PROCEDURE)	\$5,940.03
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	\$9,712.53
24160	IMPLANT REMOVAL; ELBOW JOINT	\$5,940.03
24164	IMPLANT REMOVAL; RADIAL HEAD	\$5,940.03
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	\$967.23
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$3,569.85
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	\$3,449.84
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320-24331)	\$5,940.03
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	\$5,940.03
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON	\$4,933.31
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES TYPE PROCEDURE)	\$9,712.53
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	\$15,737.92
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT	\$9,712.53
24332	TENOLYSIS, TRICEPS	\$4,933.31
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	\$9,712.53
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUFF)	\$9,712.53
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT	\$9,712.53
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$5,940.03
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)	\$15,737.92
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$5,940.03
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)	\$9,712.53
24357	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); PERCUTANEOUS	\$9,900.00
24358	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN	\$9,900.00
24359	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN WITH TENDON REPAIR OR REATTACHMENT	\$9,900.00
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	\$7,906.91
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	\$25,338.13
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT	\$11,213.16



	RECONSTRUCTION	
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT (EG, TOTAL ELBOW)	\$25,338.13
24365	ARTHROPLASTY, RADIAL HEAD;	\$7,906.91
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	\$25,338.13
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	\$5,940.03
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)	\$5,940.03
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	\$9,712.53
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	\$15,737.92
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$15,737.92
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	\$9,712.53
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	\$5,940.03
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT METHYLMETHACRYLATE, HUMERAL SHAFT	\$15,737.92
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$398.47
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	\$398.47
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE	\$13,524.78
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE AND/OR LOCKING SCREWS	\$13,524.78
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION; WITHOUT MANIPULATION	\$398.47
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	\$398.47
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION	\$6,033.83
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED; WITHOUT INTERCONDYLAR EXTENSION	\$13,524.78
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED; WITH INTERCONDYLAR EXTENSION	\$13,524.78
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	\$398.47
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION	\$398.47
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION	\$6,033.83
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$13,524.78
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	\$398.47
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR	\$398.47

	LATERAL; WITH MANIPULATION	
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$13,524.78
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION	\$6,033.83
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/OR PROXIMAL RADIUS);	\$13,524.78
24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/OR PROXIMAL RADIUS); WITH IMPLANT ARTHROPLASTY	\$13,524.78
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	\$398.47
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	\$3,449.84
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	\$13,524.78
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD), WITH MANIPULATION	\$398.47
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$13,524.78
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, NURSEMAID ELBOW, WITH MANIPULATION	\$398.47
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	\$398.47
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	\$398.47
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RADIAL HEAD EXCISION, WHEN PERFORMED;	\$8,873.14
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RADIAL HEAD EXCISION, WHEN PERFORMED; WITH RADIAL HEAD PROSTHETIC REPLACEMENT	\$13,524.78
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCESS[ES]); WITHOUT MANIPULATION	\$398.47
24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCESS[ES]); WITH MANIPULATION	\$398.47
24685	OPEN TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCESS[ES]), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	\$9,712.53
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$9,712.53
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAINS DISEASE)	\$4,933.31
25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)	\$4,933.31
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT; WITHOUT DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	\$4,933.31
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	\$5,940.03
25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT; WITHOUT DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	\$5,940.03
25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	\$5,940.03

25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	\$4,933.31
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	\$4,933.31
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE ABSCESS)	\$4,933.31
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$5,940.03
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	\$1,609.33
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$4,743.03
25075	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$3,569.85
25076	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 3 CM	\$4,743.03
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)	\$4,933.31
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY	\$4,933.31
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	\$5,940.03
25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY	\$5,940.03
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE, COMPLEX	\$5,940.03
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	\$4,933.31
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	\$4,933.31
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	\$3,818.41
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	\$3,818.41
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); FLEXORS	\$4,933.31
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); EXTENSORS, WITH OR WITHOUT TRANSPOSITION OF DORSAL RETINACULUM	\$4,933.31
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	\$5,940.03
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION OF DISTAL ULNA	\$5,940.03
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS);	\$5,940.03
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$5,940.03
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); WITH ALLOGRAFT	\$5,940.03
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	\$5,940.03
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$5,940.03
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT	\$5,940.03
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	\$5,940.03
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	\$5,940.03

	DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA	
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); RADIUS	\$5,940.03
25170	RADICAL RESECTION OF TUMOR, RADIUS OR ULNA	\$9,712.53
25210	CARPPECTOMY; 1 BONE	\$6,116.42
25215	CARPPECTOMY; ALL BONES OF PROXIMAL ROW	\$6,116.42
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	\$5,940.03
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)	\$5,940.03
25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	\$4,933.31
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	\$5,940.03
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING TOTAL WRIST	\$5,940.03
25259	MANIPULATION, WRIST, UNDER ANESTHESIA	\$398.47
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	\$5,940.03
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	\$5,940.03
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON OR MUSCLE	\$5,940.03
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	\$5,940.03
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	\$5,940.03
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON OR MUSCLE	\$5,940.03
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) (EG, FOR EXTENSOR CARPI ULNARIS SUBLUXATION)	\$5,940.03
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	\$5,940.03
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	\$5,940.03
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	\$4,933.31
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	\$5,940.03
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	\$5,940.03
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON	\$9,712.53
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON GRAFT(S) (INCLUDES OBTAINING GRAFT), EACH TENDON	\$9,712.53
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST;	\$9,712.53
25316	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST; WITH TENDON(S) TRANSFER	\$15,737.92
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT REPAIR, TENDON TRANSFER OR GRAFT) (INCLUDES SYNOVECTOMY, CAPSULOTOMY AND OPEN REDUCTION) FOR CARPAL INSTABILITY	\$9,712.53
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION	\$7,906.91
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	\$9,712.53

25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE STABILIZATION (EG, TENDON TRANSFER, TENDON GRAFT OR WEAVE, OR TENODESIS) WITH OR WITHOUT OPEN REDUCTION OF DISTAL RADIOULNAR JOINT	\$9,712.53
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	\$15,737.92
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	\$9,712.53
25360	OSTEOTOMY; ULNA	\$5,940.03
25365	OSTEOTOMY; RADIUS AND ULNA	\$5,940.03
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS OR ULNA	\$9,712.53
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS AND ULNA	\$9,712.53
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	\$5,940.03
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	\$9,712.53
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	\$5,940.03
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	\$9,712.53
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	\$3,818.41
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	\$5,940.03
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$5,940.03
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	\$5,940.03
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$15,737.92
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	\$9,712.53
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	\$9,712.53
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PROCEDURE)	\$6,116.42
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)) (INCLUDES OBTAINING GRAFT AND NECESSARY FIXATION), EACH BONE	\$6,116.42
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AND NECESSARY FIXATION)	\$15,737.92
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	\$25,338.13
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	\$25,338.13
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	\$11,213.16
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	\$11,213.16
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	\$11,213.16
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS (TOTAL WRIST)	\$25,338.13
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	\$7,906.91
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	\$7,906.91
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	\$9,712.53
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	\$9,712.53
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS	\$9,712.53
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$9,712.53

	WITH OR WITHOUT METHYLMETHACRYLATE; ULNA	
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS AND ULNA	\$9,712.53
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$398.47
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION	\$398.47
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14
25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE AND CLOSED TREATMENT OF DISLOCATION OF DISTAL RADIOULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION)	\$398.47
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, AND CLOSED TREATMENT OF DISTAL RADIOULNAR JOINT DISLOCATION (GALEAZZI FRACTURE/ DISLOCATION), INCLUDES PERCUTANEOUS SKELETAL FIXATION, WHEN PERFORMED	\$8,873.14
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, AND OPEN TREATMENT OF DISTAL RADIOULNAR JOINT DISLOCATION (GALEAZZI FRACTURE/ DISLOCATION), INCLUDES INTERNAL FIXATION, WHEN PERFORMED, INCLUDES REPAIR OF TRIANGULAR FIBR	\$8,873.14
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	\$398.47
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION	\$398.47
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	\$398.47
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	\$398.47
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN PERFORMED; OF RADIUS OR ULNA	\$13,524.78
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN PERFORMED; OF RADIUS AND ULNA	\$13,524.78
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, INCLUDES CLOSED TREATMENT OF FRACTURE OF ULNAR STYLOID, WHEN PERFORMED; WITHOUT MANIPULATION	\$398.47
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, INCLUDES CLOSED TREATMENT OF FRACTURE OF ULNAR STYLOID, WHEN PERFORMED; WITH MANIPULATION	\$398.47
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATION	\$6,033.83
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION, WITH INTERNAL FIXATION	\$13,524.78
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2 FRAGMENTS	\$13,524.78
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 3 OR MORE FRAGMENTS	\$13,524.78
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	\$398.47
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	\$398.47
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14

25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID [NAVICULAR]); WITHOUT MANIPULATION, EACH BONE	\$398.47
25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID [NAVICULAR]); WITH MANIPULATION, EACH BONE	\$398.47
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID [NAVICULAR]), EACH BONE	\$8,873.14
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	\$398.47
25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	\$6,033.83
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	\$8,873.14
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, 1 OR MORE BONES, WITH MANIPULATION	\$398.47
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, 1 OR MORE BONES	\$6,033.83
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	\$6,033.83
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	\$398.47
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	\$6,033.83
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH MANIPULATION	\$398.47
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	\$6,033.83
25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	\$398.47
25695	OPEN TREATMENT OF LUNATE DISLOCATION	\$6,033.83
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/OR INTERCARPAL AND/OR CARPOMETACARPAL JOINTS)	\$15,737.92
25805	ARTHRODESIS, WRIST; WITH SLIDING GRAFT	\$9,712.53
25810	ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$15,737.92
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)	\$3,818.41
25825	ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$6,116.42
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT (EG, SAUVE-KAPANDJI PROCEDURE)	\$15,737.92
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION	\$4,933.31
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	\$4,933.31
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	\$3,317.45
25999	UNLISTED PROCEDURE, FOREARM OR WRIST	\$398.47
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	\$340.19
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	\$2,636.42
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	\$3,818.41
26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	\$3,818.41
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	\$3,818.41
26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)	\$3,818.41
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)	\$3,818.41
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	\$3,818.41

26040	FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); PERCUTANEOUS	\$6,116.42
26045	FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); OPEN, PARTIAL	\$6,116.42
26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)	\$3,818.41
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	\$3,818.41
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; CARPOMETACARPAL JOINT	\$3,818.41
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; METACARPOPHALANGEAL JOINT, EACH	\$3,818.41
26080	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT, EACH	\$3,818.41
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	\$3,818.41
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	\$3,818.41
26110	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH	\$3,818.41
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	\$4,743.03
26116	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM	\$4,743.03
26117	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER; LESS THAN 3 CM	\$4,743.03
26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT)	\$6,116.42
26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT);	\$6,116.42
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT); EACH ADDITIONAL DIGIT (LIST SEPARATELY IN ADDITION	\$3,818.41
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	\$3,818.41
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION, EACH DIGIT	\$6,116.42
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH INTERPHALANGEAL JOINT	\$3,818.41
26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM AND/OR FINGER, EACH TENDON	\$3,818.41
26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER	\$3,818.41
26170	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON	\$3,818.41
26180	EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON	\$3,818.41
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	\$3,818.41
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	\$3,818.41
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$6,116.42
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR DISTAL PHALANX OF FINGER;	\$3,818.41
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR DISTAL PHALANX OF FINGER; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$3,818.41
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	\$3,818.41



	DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS); METACARPAL	
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS); PROXIMAL OR MIDDLE PHALANX OF FINGER	\$3,818.41
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS); DISTAL PHALANX OF FINGER	\$3,818.41
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	\$3,569.85
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	\$398.47
26350	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); PRIMARY OR SECONDARY WITHOUT FREE GRAFT, EACH TENDON	\$6,116.42
26352	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	\$6,116.42
26356	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); PRIMARY, WITHOUT FREE GRAFT, EACH TENDON	\$6,116.42
26357	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); SECONDARY, WITHOUT FREE GRAFT, EACH TENDON	\$6,116.42
26358	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	\$6,116.42
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; PRIMARY, EACH TENDON	\$6,116.42
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	\$6,116.42
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITHOUT FREE GRAFT, EACH TENDON	\$6,116.42
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER, EACH ROD	\$6,116.42
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER (INCLUDES OBTAINING GRAFT), EACH ROD	\$6,116.42
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	\$3,818.41
26412	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	\$6,116.42
26415	EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER, EACH ROD	\$6,116.42
26416	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER, EACH ROD	\$6,116.42
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	\$3,818.41
26420	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON	\$6,116.42
26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY); USING LOCAL TISSUE(S), INCLUDING LATERAL BAND(S), EACH FINGER	\$6,116.42
26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY); WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH FINGER	\$6,116.42
26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR	\$3,818.41

	WITHOUT PERCUTANEOUS PINNING (EG, MALLET FINGER)	
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT GRAFT (EG, MALLET FINGER)	\$3,818.41
26434	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)	\$6,116.42
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	\$3,818.41
26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER, EACH TENDON	\$3,818.41
26442	TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	\$6,116.42
26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON	\$3,818.41
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON	\$6,116.42
26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON	\$3,818.41
26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON	\$3,818.41
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	\$3,818.41
26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT	\$3,818.41
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	\$3,818.41
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$3,818.41
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$3,818.41
26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$3,818.41
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$3,818.41
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITHOUT FREE GRAFT, EACH TENDON	\$6,116.42
26483	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	\$6,116.42
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON	\$6,116.42
26489	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	\$6,116.42
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON	\$6,116.42
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	\$6,116.42
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	\$6,116.42
26496	OPPONENSPLASTY; OTHER METHODS	\$6,116.42
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	\$6,116.42
26498	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; ALL 4 FINGERS	\$6,116.42
26499	CORRECTION CLAW FINGER, OTHER METHODS	\$6,116.42
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE PROCEDURE)	\$3,818.41
26502	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)	\$6,116.42
26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	\$3,818.41
26510	CROSS INTRINSIC TRANSFER, EACH TENDON	\$6,116.42
26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	\$6,116.42
26517	CAPSULODESIS, METACARPOPHALANGEAL JOINT; 2 DIGITS	\$6,116.42
26518	CAPSULODESIS, METACARPOPHALANGEAL JOINT; 3 OR 4 DIGITS	\$6,116.42
26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT	\$3,818.41
26525	CAPSULECTOMY OR CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT	\$3,818.41
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	\$7,906.91
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC	\$11,213.16

	IMPLANT, EACH JOINT	
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT	\$7,906.91
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	\$11,213.16
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	\$3,818.41
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)	\$6,116.42
26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT)	\$3,818.41
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT	\$6,116.42
26546	REPAIR NON-UNION, METACARPAL OR PHALANX (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION)	\$6,116.42
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	\$6,116.42
26550	POLLICIZATION OF A DIGIT	\$6,116.42
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	\$6,116.42
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	\$3,818.41
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	\$6,116.42
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS)	\$6,116.42
26565	OSTEOTOMY; METACARPAL, EACH	\$6,116.42
26567	OSTEOTOMY; PHALANX OF FINGER, EACH	\$6,116.42
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	\$6,116.42
26580	REPAIR CLEFT HAND	\$3,818.41
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	\$3,818.41
26590	REPAIR MACRODACTYLIA, EACH DIGIT	\$3,818.41
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$6,116.42
26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$3,818.41
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	\$3,818.41
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	\$398.47
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE	\$398.47
26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH EXTERNAL FIXATION, EACH BONE	\$398.47
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	\$6,033.83
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE	\$8,873.14
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	\$398.47
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION	\$398.47
26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION	\$6,033.83
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14

26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH MANIPULATION, EACH JOINT; WITHOUT ANESTHESIA	\$398.47
26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH MANIPULATION, EACH JOINT; REQUIRING ANESTHESIA	\$398.47
26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH MANIPULATION, EACH JOINT	\$6,033.83
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH JOINT	\$8,873.14
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; COMPLEX, MULTIPLE, OR DELAYED REDUCTION	\$13,524.78
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	\$398.47
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	\$398.47
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION	\$398.47
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	\$398.47
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION, EACH	\$398.47
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH MANIPULATION, EACH	\$6,033.83
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	\$8,873.14
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT; WITHOUT MANIPULATION, EACH	\$398.47
26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT; WITH MANIPULATION, EACH	\$398.47
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	\$8,873.14
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	\$398.47
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH	\$398.47
26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH	\$6,033.83
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	\$8,873.14
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	\$398.47
26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	\$3,449.84
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION	\$6,033.83
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, SINGLE	\$6,033.83
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES	\$6,116.42

	OBTAINING GRAFT)	
26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	\$6,116.42
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$6,116.42
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	\$6,116.42
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$6,116.42
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	\$6,116.42
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$6,116.42
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	\$6,116.42
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$6,116.42
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$6,116.42
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT), EACH ADDITIONAL JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$6,116.42
26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR WITHOUT INTEROSSEOUS TRANSFER	\$6,116.42
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH DIRECT CLOSURE	\$3,818.41
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH LOCAL ADVANCEMENT FLAPS (V-Y, HOOD)	\$3,818.41
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	\$4,933.31
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	\$4,933.31
27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)	\$4,933.31
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	\$5,940.03
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	\$5,940.03
27027	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS, ILIOPSOAS, AND/OR TENSOR FASCIA LATA MUSCLE), UNILATERAL	\$12,600.00
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	\$9,712.53
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF SCIATIC, FEMORAL, OR OBTURATOR NERVES	\$9,712.53
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	\$1,609.33
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	\$1,609.33
27047	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$4,743.03
27048	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	\$4,743.03
27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	\$4,933.31
27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT	\$4,933.31
27057	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S)	\$15,300.00

	(EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS, ILIOPSOAS, AND/OR TENSOR FASCIA LATA MUSCLE) WITH DEBRIDEMENT OF NONVIABLE MUSCLE, UNILATERAL	
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	\$4,933.31
27065	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR; SUPERFICIAL, INCLUDES AUTOGRAFT, WHEN PERFORMED	\$4,933.31
27066	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR; DEEP (SUBFASCIAL), INCLUDES AUTOGRAFT, WHEN PERFORMED	\$5,940.03
27067	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR; WITH AUTOGRAFT REQUIRING SEPARATE INCISION	\$5,940.03
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	\$1,609.33
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$4,933.31
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	\$5,940.03
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION	\$398.47
27235	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK	\$5,940.03
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERITROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION	\$398.47
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION	\$398.47
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	\$398.47
27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	\$3,449.84
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION, SPLINT OR TRACTION; WITHOUT ANESTHESIA, WITHOUT MANIPULATION	\$398.47
27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION, SPLINT OR TRACTION; WITH MANIPULATION, REQUIRING ANESTHESIA	\$3,449.84
27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA	\$398.47
27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR GENERAL ANESTHESIA	\$3,449.84
27267	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION	\$1,800.00
27268	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION	\$1,800.00
27269	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$16,200.00
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	\$3,449.84
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	\$398.47
27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION	\$4,138.61
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	\$4,933.31
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROCEDURE)	\$4,933.31
27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS	\$4,933.31
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	\$5,940.03

	FOREIGN BODY (EG, INFECTION)	
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	\$1,609.33
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$4,743.03
27325	NEURECTOMY, HAMSTRING MUSCLE	\$4,219.30
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	\$4,219.30
27327	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$4,743.03
27328	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	\$4,743.03
27329	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH OR KNEE AREA; LESS THAN 5 CM	\$4,743.03
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY	\$5,940.03
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODIES	\$5,940.03
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR LATERAL	\$5,940.03
27333	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL AND LATERAL	\$5,940.03
27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR	\$5,940.03
27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA	\$5,940.03
27340	EXCISION, PREPATELLAR BURSA	\$4,933.31
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)	\$4,933.31
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	\$4,933.31
27350	PATELLECTOMY OR HEMIPATELLECTOMY	\$5,940.03
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	\$5,940.03
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	\$5,940.03
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$5,940.03
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$5,940.03
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR, PROXIMAL TIBIA AND/OR FIBULA (EG, OSTEOMYELITIS OR BONE ABSCESS)	\$5,940.03
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	\$4,743.03
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	\$4,933.31
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	\$4,933.31
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	\$4,933.31
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	\$4,933.31
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	\$4,933.31
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, 1 LEG	\$4,933.31
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	\$4,933.31
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	\$5,940.03
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, 1 LEG	\$5,940.03
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	\$9,712.53
27396	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENSOR TO FLEXOR); SINGLE TENDON	\$5,940.03

27397	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENSOR TO FLEXOR); MULTIPLE TENDONS	\$9,712.53
27400	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE)	\$9,712.53
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	\$5,940.03
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	\$9,712.53
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	\$15,737.92
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS	\$9,712.53
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	\$10,755.76
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	\$10,755.76
27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT[S])	\$16,200.00
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	\$9,712.53
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	\$9,712.53
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (EG, CAMPBELL, GOLDWAITE TYPE PROCEDURE)	\$9,712.53
27424	RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY	\$9,712.53
27425	LATERAL RETINACULAR RELEASE, OPEN	\$5,940.03
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	\$9,712.53
27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	\$15,737.92
27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR	\$15,737.92
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	\$9,712.53
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	\$9,712.53
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	\$7,906.91
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	\$11,213.16
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	\$7,906.91
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	\$7,906.91
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	\$7,906.91
27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	\$7,906.91
27475	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); DISTAL FEMUR	\$5,940.03
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, 1 COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR);	\$4,933.31
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, 1 COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR); WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	\$4,933.31
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	\$4,933.31
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	\$4,933.31
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	\$398.47
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, WITHOUT MANIPULATION	\$398.47
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH	\$398.47



	MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	\$398.47
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITHOUT MANIPULATION	\$398.47
27509	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, OR SUPRACONDYLAR OR TRANSCONDYLAR, WITH OR WITHOUT INTERCONDYLAR EXTENSION, OR DISTAL FEMORAL EPIPHYSEAL SEPARATION	\$6,033.83
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH MANIPULATION	\$398.47
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION	\$398.47
27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	\$398.47
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	\$398.47
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT TISSUE REPAIR	\$8,873.14
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	\$398.47
27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT MANIPULATION, WITH SKELETAL TRACTION	\$398.47
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT MANIPULATION	\$398.47
27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	\$398.47
27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA	\$3,449.84
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	\$398.47
27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA	\$3,449.84
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY	\$8,873.14
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)	\$3,449.84
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	\$4,933.31
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	\$398.47
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	\$4,933.31
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	\$4,933.31
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)	\$4,933.31
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	\$4,138.61
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	\$4,933.31
27605	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHESIA	\$4,828.28
27606	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); GENERAL ANESTHESIA	\$4,933.31
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	\$4,933.31
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$5,940.03
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING	\$5,940.03
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	\$1,609.33
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR	\$4,743.03

	INTRAMUSCULAR)	
27618	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$3,569.85
27619	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	\$4,743.03
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	\$5,940.03
27625	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE;	\$5,940.03
27626	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY	\$5,940.03
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE	\$4,933.31
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	\$5,940.03
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$5,940.03
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT	\$5,940.03
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OSTEOMYELITIS); TIBIA	\$9,712.53
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OSTEOMYELITIS); FIBULA	\$5,940.03
27647	RADICAL RESECTION OF TUMOR; TALUS OR CALCANEUS	\$9,712.53
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	\$9,712.53
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)	\$15,737.92
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	\$9,712.53
27656	REPAIR, FASCIAL DEFECT OF LEG	\$4,933.31
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$4,933.31
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$4,933.31
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$4,933.31
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$5,940.03
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	\$4,933.31
27676	REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	\$5,940.03
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	\$5,940.03
27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS (THROUGH SEPARATE INCISION(S))	\$5,940.03
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE PROCEDURE)	\$5,940.03
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH SAME INCISION), EACH	\$5,940.03
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	\$5,940.03
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBIAL EXTENSORS INTO MIDFOOT)	\$9,712.53
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG, ANTERIOR TIBIAL OR POSTERIOR TIBIAL THROUGH INTEROSSEOUS SPACE, FLEXOR DIGITORUM LONGUS, FLEXOR HALLUCIS LONGUS, OR PERONEAL TENDON TO MIDFOOT OR	\$9,712.53

	HINDFOOT)	
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$9,712.53
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	\$5,940.03
27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	\$5,940.03
27698	REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)	\$5,940.03
27700	ARTHROPLASTY, ANKLE;	\$7,906.91
27704	REMOVAL OF ANKLE IMPLANT	\$4,933.31
27705	OSTEOTOMY; TIBIA	\$9,712.53
27707	OSTEOTOMY; FIBULA	\$4,933.31
27709	OSTEOTOMY; TIBIA AND FIBULA	\$5,940.03
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	\$19,800.00
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, TIBIA	\$15,737.92
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITHOUT MANIPULATION	\$398.47
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	\$398.47
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) (EG, PINS OR SCREWS)	\$6,033.83
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE), WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE	\$8,873.14
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT, WITH OR WITHOUT INTERLOCKING SCREWS AND/OR CERCLAGE	\$13,524.78
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$398.47
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	\$398.47
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$750.00
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	\$750.00
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$750.00
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	\$398.47
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	\$398.47
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION	\$398.47
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIPULATION	\$398.47
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL	\$398.47

	AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND POSTERIOR MALLEOLI); WITHOUT MANIPULATION	
27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND POSTERIOR MALLEOLI); WITH MANIPULATION	\$398.47
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR MEDIAL AND POSTERIOR MALLEOLI), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	\$398.47
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	\$398.47
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, MEDIAL AND/OR LATERAL MALLEOLUS; WITHOUT FIXATION OF POSTERIOR LIP	\$8,873.14
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, MEDIAL AND/OR LATERAL MALLEOLUS; WITH FIXATION OF POSTERIOR LIP	\$13,524.78
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH OR WITHOUT ANESTHESIA; WITHOUT MANIPULATION	\$398.47
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH OR WITHOUT ANESTHESIA; WITH SKELETAL TRACTION AND/OR REQUIRING MANIPULATION	\$398.47
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL FIXATION, WHEN PERFORMED; OF FIBULA ONLY	\$8,873.14
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL FIXATION, WHEN PERFORMED; OF TIBIA ONLY	\$13,524.78
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL FIXATION, WHEN PERFORMED; OF BOTH TIBIA AND FIBULA	\$13,524.78
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA	\$398.47
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANESTHESIA	\$398.47
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, OR WITH EXCISION OF PROXIMAL FIBULA	\$8,873.14
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	\$398.47
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION	\$3,449.84
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITHOUT REPAIR OR INTERNAL FIXATION	\$8,873.14
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITH REPAIR OR INTERNAL OR EXTERNAL FIXATION	\$8,873.14
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)	\$3,449.84

27870	ARTHIRODESIS, ANKLE, OPEN	\$15,737.92
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	\$15,737.92
27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	\$4,933.31
27889	ANKLE DISARTICULATION	\$5,940.03
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	\$4,933.31
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	\$4,933.31
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	\$4,933.31
27899	UNLISTED PROCEDURE, LEG OR ANKLE	\$398.47
28001	INCISION AND DRAINAGE, BURSA, FOOT	\$2,636.42
28002	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT, FOOT; SINGLE BURSAL SPACE	\$4,933.31
28003	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT, FOOT; MULTIPLE AREAS	\$4,933.31
28005	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	\$4,828.28
28008	FASCIOTOMY, FOOT AND/OR TOE	\$4,828.28
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	\$4,828.28
28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	\$4,828.28
28020	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR TARSOMETATARSAL JOINT	\$4,828.28
28022	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT	\$4,828.28
28024	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT	\$4,828.28
28035	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	\$4,219.30
28043	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM	\$4,743.03
28045	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM	\$4,828.28
28046	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT OR TOE; LESS THAN 3 CM	\$4,828.28
28050	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	\$4,828.28
28052	ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT	\$4,828.28
28054	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT	\$4,828.28
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	\$4,219.30
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	\$4,828.28
28062	FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	\$4,828.28
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	\$4,828.28
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	\$4,828.28
28080	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	\$4,828.28
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	\$4,828.28
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	\$4,828.28
28090	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY) (EG, CYST OR GANGLION); FOOT	\$4,828.28
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY) (EG, CYST OR GANGLION); TOE(S), EACH	\$4,828.28
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	\$4,828.28
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR	\$9,657.36

	CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT	\$9,657.36
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, EXCEPT TALUS OR CALCANEUS;	\$4,828.28
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, EXCEPT TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$9,657.36
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, EXCEPT TALUS OR CALCANEUS; WITH ALLOGRAFT	\$9,657.36
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	\$4,828.28
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)	\$4,828.28
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	\$4,828.28
28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	\$4,828.28
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	\$4,828.28
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST METATARSAL (EG, CLAYTON TYPE PROCEDURE)	\$4,828.28
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	\$4,828.28
28118	OSTECTOMY, CALCANEUS;	\$4,828.28
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	\$4,828.28
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR BOSSING); TALUS OR CALCANEUS	\$4,828.28
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR BOSSING); TARSAL OR METATARSAL BONE, EXCEPT TALUS OR CALCANEUS	\$4,828.28
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR BOSSING); PHALANX OF TOE	\$4,828.28
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	\$4,828.28
28130	TALECTOMY (ASTRAGALECTOMY)	\$4,828.28
28140	METATARSECTOMY	\$4,828.28
28150	PHALANGECTOMY, TOE, EACH TOE	\$4,828.28
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	\$4,828.28
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF PHALANX, EACH	\$4,828.28
28171	RADICAL RESECTION OF TUMOR; TARSAL (EXCEPT TALUS OR CALCANEUS)	\$4,828.28
28173	RADICAL RESECTION OF TUMOR; METATARSAL	\$4,828.28
28175	RADICAL RESECTION OF TUMOR; PHALANX OF TOE	\$4,828.28
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	\$967.23
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	\$3,569.85
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	\$1,609.33
28200	REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON	\$4,828.28
28202	REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)	\$4,828.28
28208	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	\$4,828.28

28210	REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)	\$9,657.36
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	\$4,828.28
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	\$4,828.28
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	\$4,828.28
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	\$4,828.28
28230	TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE PROCEDURE)	\$4,828.28
28232	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	\$4,828.28
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	\$4,828.28
28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY TARSAL NAVICULAR BONE (EG, KIDNER TYPE PROCEDURE)	\$9,657.36
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	\$4,828.28
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE PROCEDURE)	\$4,828.28
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	\$4,828.28
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	\$4,828.28
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING (EG, RESISTANT CLUBFOOT DEFORMITY)	\$4,828.28
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	\$9,657.36
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT (SEPARATE PROCEDURE)	\$4,828.28
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	\$4,828.28
28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	\$4,828.28
28285	CORRECTION, HAMMERTOES (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANGECTOMY)	\$4,828.28
28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE PROCEDURE)	\$4,828.28
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH METATARSAL HEAD	\$4,828.28
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT	\$4,828.28
28290	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOSTECTOMY (EG, SILVER TYPE PROCEDURE)	\$6,674.05
28292	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRIDE, OR MAYO TYPE PROCEDURE	\$6,674.05
28293	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; RESECTION OF JOINT WITH IMPLANT	\$6,674.05
28294	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH TENDON TRANSPLANTS (EG, JOPLIN TYPE PROCEDURE)	\$6,674.05
28296	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL, CHEVRON, OR CONCENTRIC TYPE PROCEDURES)	\$6,674.05
28297	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS-TYPE PROCEDURE	\$6,674.05
28298	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OSTEOTOMY	\$6,674.05
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE OSTEOTOMY	\$6,674.05

28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION	\$9,657.36
28302	OSTEOTOMY; TALUS	\$4,828.28
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	\$9,657.36
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (EG, FOWLER TYPE)	\$9,657.36
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; FIRST METATARSAL	\$4,828.28
28307	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; FIRST METATARSAL WITH AUTOGRAFT (OTHER THAN FIRST TOE)	\$4,828.28
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; OTHER THAN FIRST METATARSAL, EACH	\$4,828.28
28309	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; MULTIPLE (EG, SWANSON TYPE CAVUS FOOT PROCEDURE)	\$9,657.36
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE PROCEDURE)	\$4,828.28
28312	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE	\$4,828.28
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG, OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES)	\$4,828.28
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	\$4,828.28
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	\$9,657.36
28322	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)	\$9,657.36
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	\$4,828.28
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	\$4,828.28
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	\$4,828.28
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	\$4,828.28
28360	RECONSTRUCTION, CLEFT FOOT	\$9,657.36
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	\$398.47
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	\$398.47
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION	\$6,033.83
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED;	\$8,873.14
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED; WITH PRIMARY ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTAINING GRAFT)	\$8,873.14
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	\$398.47
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	\$398.47
28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION	\$6,033.83
28445	OPEN TREATMENT OF TALUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14
28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT[S])	\$15,000.00
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULATION, EACH	\$398.47
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND	\$398.47



	CALCANEUS); WITH MANIPULATION, EACH	
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH MANIPULATION, EACH	\$6,033.83
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	\$8,873.14
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	\$398.47
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	\$398.47
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH	\$6,033.83
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	\$8,873.14
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION	\$398.47
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	\$398.47
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH MANIPULATION	\$6,033.83
28505	OPEN TREATMENT OF FRACTURE, GREAT TOE, PHALANX OR PHALANGES, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH	\$398.47
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION, EACH	\$398.47
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	\$8,873.14
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	\$398.47
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	\$8,873.14
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT ANESTHESIA	\$398.47
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING ANESTHESIA	\$6,033.83
28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL, WITH MANIPULATION	\$6,033.83
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$398.47
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$398.47
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION	\$6,033.83
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$398.47
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$398.47
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH MANIPULATION	\$6,033.83
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14
28630	CLOSED TREATMENT OF METATARSOPHALANXAL JOINT DISLOCATION;	\$398.47

	WITHOUT ANESTHESIA	
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$3,449.84
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	\$6,033.83
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$398.47
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$3,449.84
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	\$6,033.83
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$8,873.14
28705	ARTHRODESIS; PANTALAR	\$9,657.36
28715	ARTHRODESIS; TRIPLE	\$9,657.36
28725	ARTHRODESIS; SUBTALAR	\$9,657.36
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	\$9,657.36
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY (EG, FLATFOOT CORRECTION)	\$9,657.36
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL NAVICULAR-CUNEIFORM (EG, MILLER TYPE PROCEDURE)	\$9,657.36
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	\$9,657.36
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	\$9,657.36
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	\$4,828.28
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK, GREAT TOE, INTERPHALANGEAL JOINT (EG, JONES TYPE PROCEDURE)	\$9,657.36
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	\$4,828.28
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	\$4,828.28
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	\$4,828.28
29049	APPLICATION, CAST; FIGURE-OF-EIGHT	\$250.73
29055	APPLICATION, CAST; SHOULDER SPICA	\$538.39
29058	APPLICATION, CAST; PLASTER VELPEAU	\$250.73
29065	APPLICATION, CAST; SHOULDER TO HAND (LONG ARM)	\$538.39
29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	\$538.39
29085	APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)	\$250.73
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	\$250.73
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	\$250.73
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	\$250.73
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	\$250.73
29130	APPLICATION OF FINGER SPLINT; STATIC	\$250.73
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	\$250.73
29240	STRAPPING; SHOULDER (EG, VELPEAU)	\$250.73
29260	STRAPPING; ELBOW OR WRIST	\$250.73
29280	STRAPPING; HAND OR FINGER	\$250.73
29305	APPLICATION OF HIP SPICA CAST; 1 LEG	\$538.39
29325	APPLICATION OF HIP SPICA CAST; 1 AND ONE-HALF SPICA OR BOTH LEGS	\$538.39
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	\$538.39
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	\$538.39

29358	APPLICATION OF LONG LEG CAST BRACE	\$538.39
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	\$538.39
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	\$538.39
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	\$538.39
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	\$538.39
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$250.73
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	\$538.39
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	\$250.73
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	\$250.73
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	\$250.73
29520	STRAPPING; HIP	\$250.73
29530	STRAPPING; KNEE	\$250.73
29540	STRAPPING; ANKLE AND/OR FOOT	\$250.73
29550	STRAPPING; TOES	\$250.73
29580	STRAPPING; UNNA BOOT	\$250.73
29590	DENIS-BROWNE SPLINT STRAPPING	\$250.73
29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	\$250.73
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	\$250.73
29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSE JACKET, ETC.	\$538.39
29730	WINDOWING OF CAST	\$250.73
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	\$250.73
29799	UNLISTED PROCEDURE, CASTING OR STRAPPING	\$250.73
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	\$6,766.15
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	\$6,766.15
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	\$10,755.76
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	\$10,755.76
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$6,766.15
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	\$6,766.15
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	\$6,766.15
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	\$6,766.15
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	\$6,766.15
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE (MUMFORD PROCEDURE)	\$6,766.15
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION	\$6,766.15
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH OR WITHOUT CORACOACROMIAL RELEASE	\$10,755.76
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	\$10,755.76
29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	\$15,000.00
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	\$6,766.15
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$6,766.15
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	\$6,766.15
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	\$6,766.15
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	\$6,766.15
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	\$6,766.15
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY	\$6,766.15

	(SEPARATE PROCEDURE)	
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$6,766.15
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	\$6,766.15
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	\$6,766.15
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR FIBROCARILAGE AND/OR JOINT DEBRIDEMENT	\$6,766.15
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	\$6,766.15
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	\$6,766.15
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATION; WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)	\$6,766.15
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATION; WITH INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)	\$10,755.76
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED (INCLUDES ARTHROSCOPY)	\$10,755.76
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED (INCLUDES ARTHROSCOPY)	\$6,766.15
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	\$6,766.15
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$6,766.15
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROPLASTY, AND/OR RESECTION OF LABRUM	\$10,755.76
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	\$10,755.76
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT[S])	\$10,755.76
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	\$10,755.76
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION), MEDIAL OR LATERAL	\$10,755.76
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	\$6,766.15
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$6,766.15
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	\$6,766.15
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)	\$6,766.15
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)	\$6,766.15
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, 2 OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	\$6,766.15
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	\$6,766.15
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING OR	\$6,766.15

Attachment 27H

	MICROFRACTURE	
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING)	\$6,766.15
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING)	\$6,766.15
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	\$6,766.15
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	\$6,766.15
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)	\$6,766.15
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERNAL FIXATION (INCLUDING DEBRIDEMENT OF BASE OF LESION)	\$10,755.76
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION	\$6,766.15
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION	\$6,766.15
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	\$10,755.76
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	\$10,755.76
29891	ARTHROSCOPY, ANKLE, SURGICAL, EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR TIBIA, INCLUDING DRILLING OF THE DEFECT	\$6,766.15
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR DOME FRACTURE, OR TIBIAL PLAFOND FRACTURE, WITH OR WITHOUT INTERNAL FIXATION (INCLUDES ARTHROSCOPY)	\$6,766.15
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	\$4,828.28
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$6,766.15
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL	\$6,766.15
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED	\$6,766.15
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE	\$6,766.15
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE ARTHRODESIS	\$10,755.76
29900	ARTHROSCOPY, METACARPPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY	\$3,818.41
29901	ARTHROSCOPY, METACARPPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	\$3,818.41
29902	ARTHROSCOPY, METACARPPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED ULNAR COLLATERAL LIGAMENT (EG, STENAR LESION)	\$3,818.41
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$12,000.00
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	\$12,000.00
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	\$12,000.00
29999	UNLISTED PROCEDURE, ARTHROSCOPY	\$6,766.15
33223	REVISION OF SKIN POCKET FOR CARDIOVERTER-DEFIBRILLATOR	\$5,065.59
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	\$5,404.82
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	\$8,920.62
35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	\$5,404.82

35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	\$5,404.82
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	\$5,404.82
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	\$7,654.28
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	\$7,654.28
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; OTHER VESSELS	\$6,905.32
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GUIDANCE	\$2,076.47
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); ARTERIOVENOUS, EXTERNAL REVISION, OR CLOSURE	\$6,905.32
37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	\$5,881.25
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	\$8,407.94
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	\$534.55
64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE	\$1,353.33
64702	NEUROPLASTY; DIGITAL, 1 OR BOTH, SAME DIGIT	\$4,219.30
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	\$4,219.30
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	\$4,219.30
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC NERVE	\$4,219.30
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL PLEXUS	\$4,219.30
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; LUMBAR PLEXUS	\$4,219.30
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	\$4,219.30
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	\$4,219.30
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	\$4,219.30
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	\$4,219.30
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	\$4,219.30
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLASTY) (NEUROPLASTY INCLUDES EXTERNAL NEUROLYSIS)	\$4,219.30
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	\$4,219.30
64776	EXCISION OF NEUROMA; DIGITAL NERVE, 1 OR BOTH, SAME DIGIT	\$4,219.30
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$4,219.30
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	\$4,219.30
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$4,219.30
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	\$4,219.30
64786	EXCISION OF NEUROMA; SCIATIC NERVE	\$7,836.35
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUROMA EXCISION)	\$4,219.30
64820	SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT	\$4,219.30
64821	SYMPATHECTOMY; RADIAL ARTERY	\$6,116.42
64822	SYMPATHECTOMY; ULNAR ARTERY	\$6,116.42
64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	\$6,116.42
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; 1 NERVE	\$7,836.35
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$7,836.35

	PROCEDURE)	
64834	SUTURE OF 1 NERVE; HAND OR FOOT, COMMON SENSORY NERVE	\$7,836.35
64835	SUTURE OF 1 NERVE; MEDIAN MOTOR THENAR	\$7,836.35
64836	SUTURE OF 1 NERVE; ULNAR MOTOR	\$7,836.35
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$7,836.35
64840	SUTURE OF POSTERIOR TIBIAL NERVE	\$7,836.35
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION	\$7,836.35
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION	\$7,836.35
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$7,836.35
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEURORRHAPHY)	\$7,836.35
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)	\$7,836.35
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)	\$7,836.35
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM LENGTH	\$7,836.35
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN 4 CM LENGTH	\$7,836.35
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH	\$7,836.35
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 CM LENGTH	\$7,836.35
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; UP TO 4 CM LENGTH	\$7,836.35
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; MORE THAN 4 CM LENGTH	\$7,836.35
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; UP TO 4 CM LENGTH	\$7,836.35
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; MORE THAN 4 CM LENGTH	\$7,836.35
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$7,836.35
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$7,836.35
64905	NERVE PEDICLE TRANSFER; FIRST STAGE	\$7,836.35
64907	NERVE PEDICLE TRANSFER; SECOND STAGE	\$7,836.35
64910 and 64911	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE; NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCLUDES HARVEST OF VEIN GRAFT), EACH NERVE	\$4,219.30



Anton J. Fakhouri, MD, FACS, FICS  
 Gary A. Kronen, MD  
 Paul E. Papierski, MD  
 Tarun Madhav Crawford, MD  
 Marcus G. Talerico, MD  
 Jeremy T. Bell, PA-C  
 Thomas M. Hunt, OPA-C, MBA


September 23, 2011

Mr. Dale Glassie  
 Acting Chair  
 Illinois Health Facilities and Services Review Board  
 525 West Jefferson St., 2nd Floor  
 Springfield, IL 62761


Dear Mr. Glassie:

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 approval to establish an ambulatory surgical treatment center at Palos Hills Surgery Center, LLC, unless a permit is first obtained pursuant to 77 Ill. Admin. Code § 1110.310(a).


Sincerely,

  
 Gary Kronen, M.D.  
 Member and Manager  
 Palos Hills Surgery Center, LLC

Sincerely,

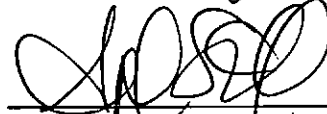
  
 Anton Fakhouri, M.D.  
 Member and Manager  
 Palos Hills Surgery Center, LLC

Subscribed and sworn to me  
 This 3<sup>rd</sup> day of October, 2011

  
 Notary Public



Subscribed and sworn to me  
 This 3<sup>rd</sup> day of October, 2011

  
 Notary Public



**PALOS HILLS** 10330 South Roberts Road, Palos Hills, IL 60465  
**LOCKPORT** 16610 West 159th Street, Suite 103, Lockport, IL 60441  
**OAKBROOK TERRACE** 1 TransAm Plaza Drive, Suite 460, Oakbrook Terrace, IL 60181  
**SCHAUMBURG** 1990 East Algonquin Road, Suite 200, Schaumburg, IL 60173  
**LIBERTYVILLE** 755 South Milwaukee Avenue, Suite 250, Libertyville, IL 60048

**HandToShoulderClinic.com**  
 phone 708-237-7200 fax 708-237-7201



**Section VII. Service Specific Review Criteria**  
**H. Non-Hospital Based Ambulatory Surgery Center**

**8. Criterion 1110.1540(h), Change in Scope of Service**

The applicant is seeking to establish a new limited specialty ASTC. Therefore, this criterion is not applicable.

**Section VIII – Availability of Funds**

**Criterion 1120.120**

The Applicant anticipates funding the project in total with cash and cash equivalents, and internal resources. This amount exceeds the estimated project cost plus any related costs. A copy of the intent to lease, proposed lease, projected income statement, balance sheets evidencing sufficient financial resources, and a letter of interest from Standard Bank is attached at Attachment 39A.

**NON-BINDING REAL ESTATE LEASE LETTER OF INTENT**

September 6, 2011

Dr. Gary Kronen  
Manager  
Palos Hills Surgery Center, LLC  
10330 S. Roberts Road  
Palos Hills, IL 60465

**RE: Letter of Intent – Palos Hills Surgery Center Ambulatory Surgery Center Lease**

Dear Dr. Kronen:

This Non-Binding Letter of Intent sets forth the material terms and conditions pursuant to which Palos Hills Realty, LLC (“Lessor”) is prepared to lease space in the medical office building located at 10330 S. Roberts Road, Palos Hills, IL 60465 (“Subject Property”) to Palos Hills Surgery Center, LLC (“Lessee”). This letter shall serve as a Non-Binding Letter of Intent to lease the subject property.

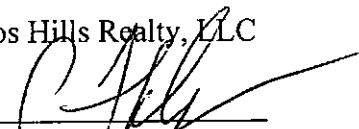
**Proposed Terms and Conditions**

- Space: A total of 5,465 gross square feet located within the aforementioned medical office building will be rented to Lessee.
- Lease Term: Initial term will be five (5) 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 \$13,662.50 per month.
- 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.

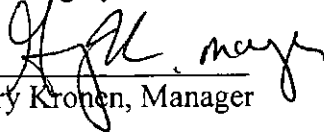
Sincerely,

Palos Hills Realty, LLC

By:   
Authorized Agent

AGREED TO AND ACCEPTED THIS \_\_\_\_ DAY OF \_\_\_\_, 2011;

Palos Hills Surgery Center, LLC

By:   
Dr. Gary Kronen, Manager

**COMMERICAL LEASE AGREEMENT**

**PALOS HILLS REALTY, an Illinois Limited Liability Company**

**“LANDLORD”**

**And**

**PALOS HILLS SURGERY CENTER, LLC an Illinois limited liability company**

**“TENANT”**

**DRAFT**

## COMMERCIAL LEASE AGREEMENT REFERENCE PAGE

Tenant: **Palos Hills Surgery Center, an Illinois limited liability company**

- R-1: PREMISES. 10330 S. Roberts Road, Palos Hills IL 60465 (5465 sq footage)
- R-2: TERM & COMMENCEMENT DATE. December 1 2011 (5 years) – contingent upon obtaining Certificate of Need.
- R-3: TURNOVER DATE. September 15, 2011
- R-4: USE & CARE. Medical Office
- R-5: RENT & RENT ADJUSTMENT. \$22.00 PSF Base; \$CAM \$2.50 psf adjusted annually; TAXES \$5.50 psf adjusted annually – Estimated monthly rent \$30.00 PSF
- R-6: SECURITY DEPOSIT (\$13,662.50)
- R-7: MAINTENANCE & REPAIRS
- R-8: DAMAGE/DESTRUCTION
- R-9: ASSIGNMENT & SUBLETTING
- R-10: OPTION TO TERMINATE
- R-11: LANDLORD'S MORTGAGE; NON DISTURBANCE
- R-12: WAIVER
- R-13: LIENS
- R-14: SURRENDER OF POSSESSION
- R-15: DEFAULT & REMEDIES
- R-16: DEFAULT INTEREST: 10% PER ANNUM
- R-17: UTILITIES
- R-18: CONSENTS AND APPROVALS
- R-19: OCCUPANCY
- R-20: INDEMNIFICATION & INSURANCE
- R-21: ALTERATIONS & SIGNAGE
- R-22: QUIET ENJOYMENT
- R-23: RENEWAL OPTION = 5 year Renewal Option
- R-24: MISCELLANEOUS
- R-25: EXCULPATION
- R-26: RIGHTS RESERVED TO LANDLORD
- R-27: RULES AND REGULATIONS
- R-28: CONDEMNATION
- R-29: NOTICES
- Exhibit A – PERSONAL GUARANTEE
- Exhibit B – ESTOPPEL CERTIFICATE
- Exhibit C – RULES & REGULATIONS

## COMMERCIAL OFFICE LEASE AGREEMENT

This LEASE AGREEMENT ("Lease") entered into as of the \_\_\_ day of September, 2011, by and between PALOS HILLS REALTY, LLC, an Illinois Limited Liability Company ("Landlord") and PALOS HILLS SURGERY CENTER, an Illinois limited liability company ("Tenant") for commercial office space located at 10330 S. Roberts Road, Palos Hills, IL 60465 ("Premises").

### RECITALS

WHEREAS, Landlord is the owner of a Commercial Office Building including the land thereon located at 10330 S. Roberts Road, Palos Hills IL 60465 ("Property" or "Building");

WHEREAS, Landlord and Tenant desire to enter into an agreement whereby Tenant shall lease from Landlord a portion of the Property known as consisting of approximately 5,465 rentable square feet more or less ("Leased Premises");

NOW THEREFORE, In consideration of the mutual covenants herein contained and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

### ARTICLE I – LEASE OF PREMISES

1.1 For and in consideration of the rents hereinafter reserved and the covenants and agreements to be performed and observed by Tenant hereunder, Landlord hereby leases and demises to Tenant and Tenant hereby accepts and leases from Landlord the Premises, sometimes referred to herein as Leased Premises.

### ARTICLE 2 – LEASE TERM

2.1 Initial Term. The initial term of this Lease shall be for a period of five (5) consecutive years "Initial Term" commencing on December 1, 2011 ("Commencement Date").

2.2 Renewal Term. Pursuant to the Initial Term Lease, subject to the following notice requirements and provided that at the time of such notice Tenant is not in default under the terms of this Lease, Landlord hereby grants to Tenant the option to renew the Lease for one (1) additional period of five (5) years each upon the same terms and conditions as set forth in this Lease, unless otherwise expressly provided "Renewal Option". Said period shall be referred to as the "Renewal Term". The Tenant shall have the right to exercise the Renewal Option as set forth in this Section 2.2 by providing written notification thereof to Landlord of Tenant's intent to renew not less than one hundred eighty (180) calendar days prior to the expiration of the Initial Term. Tenant shall not be

entitled to exercise the Renewal Option if Tenant fails to satisfy any term or provision contained in this Lease which is not cured within any applicable cure period.

### ARTICLE 3 – TURNOVER DATE

3.1 Landlord shall turnover the Premises to Tenant on September 15, 2011 (“Turnover Date”).

### ARTICLE 4 - USE AND CARE OF PREMISES

4.1 The Leased Premises may be used and occupied for a surgery center only and for no other purpose without the written consent of Landlord, which consent shall be withheld in Landlord’s sole discretion. The Leased Premises shall be available seven (7) days per week, twenty-four (24) hours per day. The Tenant shall comply with all laws, ordinances and regulations, affecting the Leased Premises and promulgated by duly constituted governmental authorities.

4.2 The Leased Premises shall be used only for business and commercial purposes and no manufacturing activities shall be conducted therein. In addition the Tenant shall not:

(a) Use the Leased Premises for any purpose which increases the rate of premium cost or invalidates any policy of insurance covering or carried on the Property in which the Leased Premises are located or the operation thereof or any part or appurtenances thereof;

(b) Abuse walls, ceilings, partitions, floors and/or wood;

(c) Use plumbing for any purpose other than that for which constructed;

(d) Create, maintain or permit a nuisance thereupon;

(e) Do any act tending to injure the reputation of the Property;

(f) Place or permit any radio or television antenna, loud speaker or sound amplifier, or other device similar to any of the foregoing on the roof or outside of the Building without Landlord’ prior written consent which consent may be withheld in Landlord’s sole discretion.

(g) Tenant and Tenant’s employees or agents shall not solicit business in the parking lot or other common areas, nor shall Tenant distribute any handbills or other advertising matter in automobiles parking in the parking lot or in the other common areas.

4.3 Tenant shall take good care of the Premises and keep the same free from waste or nuisance at all times. Tenant at Tenant’s cost shall keep the Premises neat, clean and free from dirt at all times and store all trash and garbage at the site designated by the Landlord. Receiving and delivery of goods and merchandise and removal of garbage and trash shall be made by way of the service entrance if one is located upon the Premises and shall be subject to such reasonable regulations as Landlord may from time to time prescribe.



4.4 Tenant shall not permit any uses of the Premises for any purpose which might violate any applicable law or ordinance. Tenant shall comply with all laws, ordinances, rules and regulations applicable to the occupancy or use of said Premises, including all laws, rules and regulations respecting fire and fires hazards or disturb the neighboring businesses or neighborhood. Tenant shall be solely responsible for all injuries to persons and property resulting from any accident or other cause arising in or about or from the use of the Premises and its appurtenances. To the extent permitted by Illinois law, Tenant agrees to indemnify Landlord against loss, cost, damage or expense by reason of any accident, loss, casualty or damage resulting to any person or property through any use of the Premises. Tenant shall promptly repair at Tenant's cost and expense any damages to the Premises or any part thereof caused by Tenant or Tenants' agents, servants, employees, contractors, guests, invitees or customers.

#### ARTICLE 5 – RENT & RENT ADJUSTMENT

5.1 Rent shall accrue hereunder from and after the Commencement Date unless otherwise stated herein. The covenant to pay Rent shall be independent of every other covenant in this Lease.

5.2 Subject to periodic adjustment for later Lease Years as set forth below, Tenant shall pay to Landlord the sum of Thirty Dollars (\$30.00) per square foot, or One Hundred Sixty Three Thousand Nine Hundred Fifty Dollars annually payable in monthly installments of Thirteen Thousand Six Hundred Sixty Two Dollars and 50/100 (\$13,662.50) as follows:

a. Tenant shall pay to Landlord base rent without notice or demand, in advance, for the first Lease Year of the Initial Term in the amount of Twenty Two Dollars (\$22.00) psf ("Base Rent"), or One Hundred Twenty Thousand Two Hundred Thirty Dollars (\$120,230.00) payable in equal monthly installments of Ten Thousand Nineteen Dollars and 16/100 (\$10,019.16) in advance on the first calendar day of each calendar month during the Lease Term, including any Renewal Term, from and after the Rent Commencement Date. Tenant shall pay Base Rent at the office of Landlord or such other place as Landlord may designate without any right of setoff or deduction whatsoever.

b. The first full month's installment of Rent shall be paid by Tenant upon the execution of this Lease. Should the Rent Commencement Date fall on any day other than the first day of a month, then the fixed base rent for such month shall be prorated on a per diem basis and Tenant shall pay the amount thereof for such partial month on the Rent Commencement Date. Tenant shall pay the Rent and all Additional Rent payable hereunder in lawful money of the United States. All sums other than Base Rent payable by Tenant hereunder shall be deemed "Additional Rent" and shall be payable on demand unless other payment dates are hereinafter provided. Landlord shall have the same right and remedies (including, without limitation, the right to commence a summary proceeding) for a default in the payment of Additional Rent as for a default in the

payment of Base Rent notwithstanding the fact that Tenant may not then also be in default in the payment of Base Rent.

5.3 Tenant shall pay to Landlord as Additional Rent Tenant's proportionate share of Expenses and Real Estate Taxes ("Additional Rent") in the manner and time provided in Section 5.6 herein.

a. Tenant shall pay to Landlord the sum of Two Dollars and 50/100 (\$2.50) psf for CAM, or Thirteen Thousand Six Hundred Sixty Two Dollars and 50/100 (\$13,662.50) annually, payable in monthly installments of One Thousand One Hundred Thirty Eight Dollars and 54/100 (\$1,138.54)

b. Tenant shall pay to Landlord the sum of Five Dollars and 50/100 (\$5.50) psf for Real Estate Taxes, or Thirty Thousand Fifty Seven Dollars and 50/100 annually, in equal monthly installments of Two Thousand Five Hundred Four Dollars and 80/100 (\$2,504.80).

c. If actual Expenses incurred exceed the amount of Expenses paid by Tenant for a calendar year during the Initial Term or any Renewal Term then Tenant shall pay to Landlord an amount equal to the Tenant's Proportionate Share of said excess ("Excess Expenses"). If actual Taxes assessed or levied upon or with respect to the Property exceed the amount of Taxes assessed or levied upon or with respect to the Property for any calendar year during the Initial Term or any Renewal Term, then Tenant shall pay to Landlord, an amount equal to the Tenant's Proportionate Share of said excess ("Excess Taxes"). For purposes of this provision, Tenant's proportionate share is fifteen percent (.15%).

5.4 If Tenant shall fail to pay when due any installment of Rent or any payment of Additional Rent for a period of five (5) calendar days after such payment shall have become due, Tenant shall pay a late fee in the amount of five (5) percent of the Rent then due and payable, which late fee shall accrue on a monthly basis as of the first (1<sup>st</sup>) day of each calendar month for each calendar month that the Rent remains unpaid from the date when such installment or payment shall have become due to the date of the payment thereof, and such late fee shall be deemed Additional Rent. The provisions of this Section are in addition to all other remedies available to Landlord for nonpayment of Rent or Additional Rent.

5.5 Commencing on each and every successive anniversary of the Commencement Date Tenant shall pay Base Rent which amount shall be determined by increasing the prior Lease year's per square foot Base Rent by five percent (5.0%) of the prior Lease Year's Base Rent.

5.6 Landlord shall furnish the Tenant an annual Rent Adjustment Statement for each Lease Year setting forth Tenant's Tax and Expense payments and the actual Tax and Expenses incurred by Landlord. Tenant's Rent Adjustment Payment shall be due and

payable within ten (10) business days after receipt of written notice from Landlord of the Rent Adjustment Statement.

5.7 For purposes hereof the following definitions shall apply:

(a) The term *Tenant's Prorata Share* shall mean (.15 %) percent.

(c) The term *Expenses* shall mean the total of all the costs and expenses (and taxes thereon, if any) incurred by Landlord with respect to the operation, maintenance, repair, replacement and administration of the Property and the services provided to the tenants of the Building without duplication or limitation, the costs and expenses with respect to: gas and any other fuel or utilities; water rates and sewer rents; the cost of operating the Building's cooling system, as is necessary to provide air conditioning to the Building 24 hours each day, 7 days per week; ventilation and heating; electricity for areas other than those leased to individual tenants (including electricity for air conditioning such areas) as indicated by meter; elevators; metal, elevator cab, lobby, sidewalk, curb and other public area maintenance and cleaning; interior and exterior landscaping and decoration; painting of non-tenant areas; window cleaning; building standard cleaning service supplied to tenants by Landlord; the purchase price or rental cost, as applicable, of all building and cleaning supplies, tools, materials, machinery and equipment; depreciation of hand tools and other movable equipment used in the operation or maintenance of the Property; fire, extended coverage, boiler and machinery, sprinkler apparatus, and property damage, loss of rental, fidelity and plate glass insurance and any other insurance required by the holder of any mortgage covering the Property or customarily carried with respect to buildings similar to the building; wages, salaries, bonuses, disability benefits, hospitalization, medical, surgical, dental, optical, psychiatric, legal, union and general welfare benefits (including group life insurance), any pension, retirement or life insurance plan and other benefit or similar expense respecting employees of the Landlord up to and including the building manager; expenses imposed on the Landlord pursuant to law; workmen's compensation insurance, payroll, social security, unemployment and other similar taxes with respect to such employees; salaries of bookkeepers and accountants; professional and consulting fees, including legal and accounting fees; charges for independent contractors performing work included within the definition of Expenses; telephone and stationery; directory; building telephone; repairs, replacements and improvements which are necessary or appropriate for the continued operation of the Building as a first-class office building (provided that such improvements shall not include improvements expanding the size of the Building or materially changing the character of the Building); and management fees for the management of the building, or if no managing agent is employed by Landlord, a sum in lieu thereof which is not in excess of the then prevailing rates for management fees in the Southwest suburbs of Chicago for first class office buildings similar to the Building.

(c) The following costs and expenses shall be excluded or deducted, as appropriate, from the foregoing costs and expenses: (i) the cost of electricity furnished to the demised premises and other space leased to tenants as measured by meters, or if there be no meters, as determined by Landlord's electrical consultant; (ii) leasing commissions; (iii) salaries for Landlord's executives above the grade of building manager; (iv) amounts

received by Landlord through proceeds of insurance to the extent the proceeds are compensation for expenses which were previously included in Expenses hereunder; (v) cost of repairs or replacements incurred by reason of fire or other casualty or condemnation to the extent to which Landlord is compensated therefor through proceeds of insurance or condemnation award; (vi) advertising and promotional expenditures; and (vii) costs for performing Landlord's Work for any individual tenant or for performing work or furnishing services to or for individual tenants at such tenant's expense.

(d) The annual Rent Adjustment Statement with respect to Expenses to be furnished by Landlord as provided above shall be in reasonable detail but need not be audited or certified by the Accountants. In no event shall the fixed base rent ever be reduced by operation of this Article 5. The rights and obligations of Landlord and Tenant under the provisions of this Article 5 shall survive the termination of this Lease, and payments shall be made pursuant to this Article 5 notwithstanding the fact that a Rent Adjustment Statement is furnished to Tenant after the expiration or other termination of the Term. Landlord's failure to render an Rent Adjustment Statement with respect to any Lease Year shall not prejudice Landlord's right to thereafter render a Rent Adjustment Statement with respect thereto or with respect to any subsequent Lease Year.

(e) Each Rent Adjustment Statement shall be conclusive and binding upon Tenant unless within 10 days after receipt of such Rent Adjustment Statement Tenant shall notify Landlord that it disputes the correctness of such Rent Adjustment Statement specifying the particular respects claimed to be incorrect. Any dispute relating to any Rent Adjustment not resolved within 30 days after the giving of such notice by Tenant, may be submitted to mediation or arbitration as agreed to by the Parties. Pending the determination of such dispute, Tenant shall pay Additional Rent in accordance with the Rent Adjustment Statement that Tenant is disputing, without prejudice to Tenant's position.

#### ARTICLE 6 - SECURITY DEPOSIT

6.1 Tenant shall deposit with Landlord a Security Deposit in the amount of \$13,662.50 equal to one month's gross Rent as additional security for the performance by Tenant of all the covenants and agreements of Tenant hereunder and not as advance rent.

6.2 Upon the termination of this Lease and the full performance by Tenant of all Tenant's covenants and agreements hereunder, the security deposit shall be paid by Landlord to Tenant. If, however, Tenant fails to perform any of the covenants and agreements required to be performed by Tenant hereunder, Landlord may at any time apply all or any part of such Security Deposit to the payment of rent not paid by Tenant or to any other payments as may be necessary by reason of Tenant's default and Tenant shall pay to Landlord the amount so applied within five (5) days after receipt of written notice of such application by Landlord, which Landlord shall provide Tenant with a written statement how said Security Deposit has been applied.

6.3 Tenant shall not be entitled to interest on such Security Deposit. Tenant shall not use

any such part or Security Deposit for monthly rent. Landlord shall not be required to maintain Tenant's Security Deposit in a separate account and Landlord may commingle with Landlord's other funds.

#### ARTICLE 7 – MAINTENANCE AND REPAIRS OF PREMISES

7.1 Landlord shall keep the foundation, the exterior walls and roof of the Building and the Premises in good repair, except that Landlord shall not be required to make any repairs occasioned by any act of negligence of Tenant, its agents, employees, guests or invitees. If the Premises should be in need of repairs required to be made by Landlord hereunder, Tenant shall give immediate written notice thereof to Landlord. Landlord shall not be responsible in any way for failure to make any such repairs until a reasonable time has elapsed after delivery of such written notice. Landlord shall have no maintenance or repair obligations other than those set forth in this section. Landlord shall provide janitorial services Monday through Friday consisting of vacuuming and emptying waste baskets only.

7.2 Tenant shall keep the Premises in good and clean condition, and except for those obligations of Landlord described in Section 7.1 hereof, Tenant shall be responsible for all maintenance, repairs and replacements including but not limited to heating, air conditioning, ventilating, plumbing and electrical systems and facilities upon the Premises (collectively the "Mechanical Systems"). Tenant shall comply at its sole cost and expense with all governmental laws, ordinances and regulations applicable to the Premises, except that Tenant shall not be obligated to make any structural changes or alterations to the Premises unless made necessary by an act or omission of Tenant, in which event Tenant shall comply at its expense in accordance with the plans and specifications approved by Landlord. If any repairs required to be made by Tenant hereunder are not made within ten (10) days after written notice thereof is delivered to Tenant by Landlord, Landlord may at its option make such repairs without liability to Tenant for any loss or damage which may result to its stock or business by reason of such repairs plus interest at the rate of twelve percent (12%) per annum from the date of payment by Landlord until repaid by Tenant.

#### ARTICLE 8 – DAMAGE OR DESTRUCTION

8.1 If the Premises are totally destroyed by fire or other casualty, Landlord shall not be obligated to restore same, but at the option of either party the lease shall terminate and the rent herein provided for shall be prorated to the date of such fire or other casualty. If by reason of fire or other casualty, less than all of the Premises is damaged or destroyed so that the Premises are temporarily untenable, Landlord shall restore the Premises to a tenantable condition with reasonable diligence; this lease shall not terminate for the time that the Premises are untenable. However, if the Premises are not restored within six (6) months after the date of such fire or other casualty, Tenant shall have the right to terminate this Lease forthwith and provided further that Landlord shall have no duty to restore or repair any portion of the alterations, additions or improvements made by or on behalf of Tenant in the Premises. The foregoing provisions to the contrary

notwithstanding, in the event that all or a substantial portion of the insurance proceeds collected or collectible as a result of such fire or other casualty are applied to the payment of any mortgage indebtedness against the Building, this lease shall terminate and the rent herein provided for shall be prorated to the date of such fire or other casualty.

#### ARTICLE 9 – ASSIGNMENT & SUBLETTING

9.1 Tenant shall not assign, nor in any other way transfer this Lease or any interest therein, nor sublet the Leased Premises or any part or parts thereof, nor permit occupancy by anyone with, through or under it, without the previous written consent of the Landlord, which consent shall be in Landlord's sole discretion. Notwithstanding the foregoing, Tenant may assign, transfer or sublet the Leased Premises or permit occupancy at any time to a parent, subsidiary, affiliate, controlled company or any company into which Tenant may be combined or merged without obtaining Landlord's consent. For Landlord to consider an assignment or sublease, the Tenant shall provide the following:

1. The Tenant shall give the Landlord a ten (10) day prior written notice of its desire to assign or sublet, which notice shall include reliable information, including, but not limited to, the name of the proposed assignee or sublessee, its financial responsibility evidenced by financial statements and/or credit reports, its reputation, a description of its business activities and specific terms as to the assignment or sublease agreement, including rental, Term and the date said assignment or sublease is to take effect. The Tenant shall comply with all reasonable requests of the Landlord for additional information.

2. Provided the Landlord submits a preliminary approval of such assignment or sublet, such consent shall be conditioned upon the delivery to the Landlord within ten (10) days after such preliminary approval of the following documents:

(a) Two executed copies of the assignment which shall include an assumption by the assignee, from and after the effective date of the assignment, of the performance and observance of the covenants and conditions of this Lease Agreement contained on Tenant's part to be performed and observed. The substance and form of the assignment agreement shall be subject to the Landlord's reasonable approval.

(b) Should a sublease be involved, two executed copies of the sublease agreement, which shall include an agreement on the part of the subtenant to be obligated, from and after the effective date of the sublease, to the performance and observance of the covenants and conditions of this Lease Agreement contained on Tenant's part to be performed and observed. The substance and form of such sublease agreement shall be subject to the Landlord's reasonable approval.

3. Consent by the Landlord to one or more assignments or subletting of this Lease or the Leased Premises shall not operate as a waiver of Landlord's rights as to any

subsequent assignments or subletting. The Tenant specifically understands and agrees that any assignment or sublease shall in no way act as a novation or release (unless by written agreement executed by both Landlord and Tenant) the Tenant of any of its obligations and covenants under this Lease Agreement, nor should said assignment or sublease be construed or taken as a waiver of any of the Landlord's rights or remedies hereunder against or as relating to the Tenant.

4. To the extent allowed by law, the Tenant's interest in this Lease shall not pass to any trustee or receiver in bankruptcy, or any assignee for the benefit of creditors, or any other third party by operation of law.

#### ARTICLE 10 – OPTION TO TERMINATE

10.1 In the event Tenant is unable to secure a Certificate of Need, Tenant may terminate this Lease and shall receive a full refund of Tenant's Security Deposit.

#### ARTICLE 11 – LANDLORD'S MORTGAGE; NON-DISTURBANCE

11.1 From time to time before or after the execution of this Lease, and before the termination of the Term thereof, the Landlord may execute a mortgage or trust deed in the nature of a mortgage of Landlord's interest in the Property or may sell or assign its interest in the Property. In any such event, this Lease and all rights of Tenant hereunder are subject and subordinate to any mortgage or mortgages, blanket or otherwise, which do now or may hereafter affect the Property, and to any and all renewals, modifications, consolidations, replacements and extensions thereto. It is the intention of the parties that this provision be self-operative and that no further instrument shall be required to effect such subordination of this Lease. Tenant shall however upon demand at any time or times, execute, acknowledge, and deliver to Landlord within ten (10) days after written request by Landlord, without expense to Landlord, any and all instruments that may be necessary or proper to subordinate this Lease and all rights of Tenant hereunder to any such mortgage or to confirm or evidence such subordination.

11.2 Tenant covenants and agrees, in the event any proceedings are brought for the foreclosure of any such mortgage, or in the event of any sale or assignment of the Property, to attorn to the purchaser upon any such foreclosure sale, or sale or assignment if so requested to do so by such purchaser, and to recognize such purchaser as the lessor under this Lease and the purchaser will accept that attornment and recognize the interest of Tenant under this Lease, provided Tenant is in full compliance with the terms of the Lease. Tenant agrees to execute and deliver, at any time with reasonable notice, upon the request of Landlord or any holder of such mortgage or such purchaser or assignee, any instrument which, in the reasonable judgment of such requesting party, may be necessary or appropriate in any such foreclosure proceeding or sale or assignment or otherwise to evidence such attornment. However, in the event of such sale, assignment or foreclosure, the Tenant's right to possession and quiet enjoyment shall not be disturbed provided he or she is in full compliance with all the material terms and conditions of this Lease and Landlord, Purchaser and Tenant agree that the Lease shall continue as a Lease between Landlord's successor as Landlord, and Tenant as if such parties had entered into the

Lease, and under each of the terms and conditions contained in the Lease, including, without limitation, rights of renewal and Rent. Any reference herein to the words "foreclosure, foreclosure sale and/or foreclosure proceeding" shall be interpreted to include a conveyance by deed in lieu of foreclosure. A Sample Estoppel Letter is attached hereto as Exhibit B.

#### ARTICLE 12 – WAIVER

12.1 This Lease cannot be modified or extended except by an instrument in writing signed by Landlord and Tenant. One or more waivers by Landlord of any covenant, term, provision or option of this Lease shall not constitute a waiver of any rights accruing to Landlord, its assignees, or employees and shall not constitute a waiver of any rights accruing to Landlord under this Lease. The various rights, powers, options, election and remedies of Landlord herein contained or available at law or in equity shall be cumulative.

#### ARTICLE 13 – LIENS

13.1 Tenant shall not permit any liens to attach to the Premises, the Land or the Building (collectively the "Property") and if any lien is filed by reason of Tenant's activities, Tenant shall cause said lien to be released at Tenant's sole cost and expense within ten (10) days after the date of filing. Failure to cause the release of said lien shall be deemed a breach of the terms of this Lease and Landlord may, at Landlord's discretion, use Tenant's security deposit to pay said lien and Tenant shall immediately upon request by Landlord pay Landlord an amount sufficient to equal Tenant's initial security deposit as stated on the Reference Page.

#### ARTICLE 14 – SURRENDER OF POSSESSION

14.1 At the expiration of the Term, including any extended terms, whether by lapse of time or otherwise, Tenant shall surrender the Leased Premises in good condition and repair reasonable wear and tear and loss by fire or other unavoidable casualty excepted.

14.2 Upon the expiration of the Term, including any Renewal Term, whether by the lapse of time or otherwise, Tenant shall promptly remove any movable trade fixtures and personal property placed in the Leased Premises by Tenant and repair any damage occasioned by such removals at Tenant's expense, and in default thereof, Landlord may effect such removals and repairs, and Tenant shall pay Landlord the cost of such removals and repairs with interest at the rate of twelve per cent (12%) per annum, commencing on the date of payment thereof, and same shall be due and payable by the Tenant as Additional Rent hereunder.

14.3 In the event Tenant remains in possession of the Leased Premises after the expiration of the Term, including any Renewal Term without the execution of a new lease, Tenant shall pay Rent to Landlord during such holding over at double the rate in effect immediately preceding such holding over compute on a monthly basis for each month or partial month that Tenant remains in possession. Tenant shall also pay,



indemnify and defend Landlord from and against all claims and damages consequential as well as direct, sustained by reason of Tenant's holding over. In addition, at any time while Tenant remains in possession, Landlord may elect instead, by written notice to Tenant and not otherwise, to have such retention of possession constitute a renewal of this Lease for one year in an amount determined by Landlord using then fair market rental value but in no event less than the Rent payable immediately prior to such holding over. The provisions of this Section do not waive Landlord's right of re-entry or right to regain possession by actions at law or in equity or any other rights hereunder, and any receipt of payment by Landlord shall not be deemed a consent by Landlord to Tenant's remaining in possession or be construed as creating or renewing any lease or right of tenancy between Landlord and Tenant.

#### ARTICLE 15 - DEFAULT - REMEDIES

15.1 The occurrence of any one or more of the following may be deemed and is herein sometimes referred to as an "Event of Default".

1. A failure in the timely payment of any installment of Fixed Base Rent or Additional Rent or any part, thereof, and such failure shall continue for a period of five (5) days after notice from Landlord to Tenant specifying such failure. (The parties hereto agree and acknowledge that such continuance after notice to Tenant's Trustee shall negate the prompt character of any curing or compensation under Section 365 of the Federal Bankruptcy Code);

2. A failure by Tenant in the performance or compliance with any of the terms, conditions, agreements or covenants of this Lease (other than those referred to in the foregoing paragraph) for a period of ten (10) days after notice from Landlord to Tenant specifying such failure. (Unless such failure cannot, with due diligence on the part of the Tenant, be cured within said ten (10) day period, same shall not be an Event of Default if within said ten (10) day period Tenant uses its best efforts to proceed to cure same and thereafter continuously prosecutes the curing of same with due diligence; the parties, hereto, agree and acknowledge that such failure by the Tenant's Trustee shall negate the prompt character of any curing or compensation under Section 365 of the Federal Bankruptcy Code;

3. The filing of an application by Tenant for a consent to the appointment of a receiver, trustee or liquidator of itself or of all of its assets; or

4. The filing by Tenant of a voluntary petition in bankruptcy or the filing of a pleading in any court of record admitting in writing its inability to pay its debts as they become due; or

5. The making by Tenant of a general assignment for the benefit of creditors; or

6. The filing by Tenant of an answer admitting the material allegations of or consenting to or defaulting in answering a petition filed against it in any bankruptcy proceeding; or

7. The entry of an order, judgment or decree by any court of competent jurisdiction adjudging Tenant a bankrupt or appointing a receiver, trustee or liquidator of it, or all of its assets, and such order, judgment or decree continuing stayed and in effect for any period of sixty (60) consecutive days;

8. If Tenant shall abandon the Premises;

9. If this Lease or the estate of Tenant hereunder shall be transferred, assigned or subleased to or shall pass to or devolve upon any person or party, except in a manner herein expressly permitted; or

10. If a levy under execution or attachment shall be made against Tenant or its property and such execution or attachment shall not be vacated or removed by court order, bonding or otherwise within a period of thirty (30) days from the date of said levy.

11. Notwithstanding any provision hereof to the contrary, all references in Paragraph c of this Section to Federal Bankruptcy Code and to activities thereunder shall be inoperative unless the prohibition against termination of leases under the Federal Bankruptcy Code is ineffective pursuant to an exemption from said prohibition set forth in Section 365 of the Federal Bankruptcy Code or in any other provision of federal law.

15.2 If an Event of Default shall occur, Landlord, at anytime thereafter, may at its option give written notice to Tenant stating that this Lease and the term hereby demised shall expire and terminate on the date specified in such notice, and upon the date specified in such notice, this Lease and the term hereby demised, and all rights of the Tenant under this Lease shall expire and terminate as if that date were the date herein definitely fixed for the termination of the term of this Lease, and Tenant shall quit and surrender the Leased Premises but Tenant shall remain liable as hereinafter provided.

15.3 If this Lease shall be terminated pursuant to this Article 15, or by summary proceedings or otherwise, or if the Leased Premises or any part thereof shall be abandoned by Tenant, or shall become vacant during the term hereof, Landlord may in its own name, or as agent for Tenant if this Lease not be terminated, or if this Lease be terminated, on its own behalf, relet the additional premises or any part thereof, or said Leased Premises with additional premises for such term or terms (which may be greater or less than the period which would otherwise have constituted the balance of the term of this Lease) and on such conditions (which may include concessions or free rent and alterations of the Leased Premises) as Landlord, in its sole discretion, may determine and Landlord may collect and receive the rents therefor. Landlord shall in no way be responsible or liable for any failure to relet the Leased Premises or any part thereof, or of any failure to collect any rent due upon such reletting. No re-entry by Landlord, whether had or taken under summary proceedings or otherwise, shall absolve or discharge Tenant from any liability hereunder. No such expiration or termination of this Lease pursuant to Article 15, or summary proceedings, abandonment or vacancy, shall relieve Tenant of its liability and obligations under this Lease, whether or not the Leased Premises shall be relet. In any such event Tenant shall pay Landlord the Fixed Base Rent and Additional Rent required to be paid by Tenant up to the time of such event. Thereafter:

15.4 Tenant, until the end of the term of this Lease, or what would have been such term in the absence of any such event, shall be liable to Landlord as damages for Tenant's default, the equivalent of the amount of the Fixed Base Rent and Additional Rent which would be payable under this Lease by Tenant if this Lease were still in effect, less the proceeds if any (after deducting all Landlord's expenses in connection with such reletting, including, without limitation, all repossession costs, brokerage and management

commissions, operating expenses, legal expenses, reasonable attorneys' fees, alteration costs, and expenses of preparation for such reletting) of any reletting effected pursuant to the provisions herein (hereinafter sometimes referred to as "Deficiency"); and Tenant shall pay the Deficiency to Landlord monthly on the days on which the Rent would have been payable under this Lease if this Lease were still in effect, and Landlord shall be entitled to recover from Tenant, monthly, the Deficiency as the same shall arise.

15.5 In an Event of Default, Landlord shall immediately, without notice or other action by Landlord, become entitled to recover from Tenant, as damages, in addition to any damages becoming due under any other provision herein, an amount equal to the difference between the Fixed Base Rent and Additional Rent reserved in this Lease from the date of such Event of Default to the date of the expiration of the original term demised and the then fair and reasonable rental value of the Leased Premises for the same period. Said damages shall become due and payable to Landlord immediately upon such Event of Default and without regard to whether this Lease be terminated or not, and if this Lease be terminated, without regard to the manner in which it is terminated.

15.6 If and so long as the term of this Lease shall continue, the Fixed Base Rent and Additional Rent reserved herein for the unexpired term of the Leased shall, after an Event of Default be reduced by the amount of such damages as may be paid to Landlord and such and Additional Rent thereafter becoming due. During the continuance of the Lease after such an Event of Default, and until such damages are paid to Landlord, the whole amount of each installment of Fixed Base Rent and Additional Rent herein reserved shall be due and payable at the time herein specified, and if, by reason of the subsequent payment of damages, and the resulting reduction in Fixed Base Rent and Additional Rent, Landlord shall have received a sum in excess of all installments, as so reduced, becoming due after the Event of Default and before the collection of such damages, such excess shall be refunded upon the receipt of such damages.

15.7 If the Leased Premises or any part thereof be relet by Landlord for the unexpired term of this Lease, or any part thereof, before presentation of proof of such damages to any court, commission or tribunal, the amount of Fixed Base Rent and Additional Rent reserved upon such reletting shall be the fair and reasonable rental value for the part of the whole of the Leased Premises so relet during the term of the reletting. Nothing herein contained shall limit or prejudice the right of Landlord to prove for and obtain as damages, by reason of such termination, an amount equal to the maximum allowed by any statute or rule of law in effect at the time when, and governing the proceedings in which, such damages are to be proved, whether or not such amount be greater, equal to, or less than the amount of the difference referred to above.

15.8 If this Lease be terminated by summary proceedings or otherwise, or if the Leased Premises are abandoned or become vacant, and whether or not the Leased Premises be relet, Landlord shall be entitled to recover from Tenant, and Tenant shall pay to Landlord, in addition to any damages becoming due under this Article 15, the following: an amount equal to all expenses, if any, including reasonable attorney fees, incurred by Landlord in recovering possession of the Leased Premises, and all reasonable costs and

charges for the care of the Leased Premises while vacant, which damages shall be due and payable by Tenant to Landlord at such time or times as such expenses are incurred by Landlord.

15.9 If this Lease is terminated pursuant to Article 15, or if Tenant shall vacate or abandon the Leased Premises, then and in either of such events, Tenant covenants and agrees in addition to and not in lieu of any other covenant in this Lease:

1. That the Leased Premises shall be in the same condition as that in which Tenant has agreed to surrender them to Landlord at the original expiration of the Lease Term hereof;

2. That Tenant, on or before such termination, abandonment or vacation, shall perform all covenants contained in this Lease for the making of any improvements, alteration or betterment to the Leased Premises, or for restoring or rebuilding any part thereof; and

3. That, for the breach of any covenant above stated, Landlord shall be entitled to recover, and Tenant shall pay, without notice or other action by Landlord the then cost of performing such covenant.

15.10 Tenant hereby expressly waives, so far as permitted by law, the service of any notice of intention to re-enter the Leased Premises provided for in any statute, and except as herein otherwise provided, Tenant, for and on behalf of itself, and all persons claiming by, through, or under Tenant (including any leasehold mortgagee or other creditor), also waives any and all right of redemption, re-entry, or repossession, in the event Tenant shall be dispossessed by a judgment, or by warrant of any court or judge, or in the event of re-entry or repossession by Landlord, or in the event of any expiration or termination of this Lease. The terms "enter", "re-enter", "entry", or "re-entry", as used in this Lease are not restricted to their legal meanings.

15.11 No failure by Landlord to insist upon the strict performance of any agreement, term, covenant, or condition hereof, or to exercise any right or remedy consequent upon a breach thereof, and no acceptance of full or partial Fixed Base Rent or Additional Rent during the continuance of any such breach, shall constitute a waiver of any such breach or of such agreement, term, covenant, or condition. No agreement, term, covenant, or condition hereof, to be performed or complied with by Tenant, and no breach thereof, shall be waived, altered, or modified, except by a written instrument executed by Landlord. No waiver of any breach shall affect or alter this Lease, but each and every agreement, term, covenant, and condition hereof, shall continue in full force and effect with respect to any other then existing or subsequent breach thereof.

15.12 If any Event of Default or threatened Event of Default by Tenant of any of the agreements, terms, covenants, or conditions contained in this Lease shall occur, Landlord shall be entitled to enjoin such Event of Default or threatened Event of Default, and shall have the right to invoke any right and remedy allowed at law or in equity, or by statute or otherwise, as though re-entry, summary proceedings, and other remedies were not provided for in this Lease.

15.13 Each right and remedy provided for in this Lease shall be cumulative and shall be in addition to every other right or remedy provided for in this Lease or now, or hereafter existing, at law or in equity, or by statute or otherwise, and the exercise or beginning of the exercise by Landlord of any one or more of the rights or remedies provided for in this Lease, as now or hereafter existing at law or in equity, or by statute or otherwise, shall not preclude the simultaneous or later exercise by the Landlord of any or all other rights or remedies provided for in this Lease, as now or hereafter existing at law or in equity or by statute or otherwise.

15.14 Landlord may, but shall not be obligated to, cure, at any time, without notice, any Event of Default by Tenant under this Lease; and whenever Landlord so elects, all costs and expenses incurred by Landlord, including without limitation, reasonable attorneys' fees, together with interest on the amount of the costs and expenses so incurred at the Default Rate, shall be deemed Additional Rent and shall be paid by Tenant to Landlord on demand.

#### ARTICLE 16 – INTEREST ON DEFAULT

16.1 If Tenant defaults in the performance of any of the terms, covenants, agreements or conditions contained in this lease, any sums owing to Landlord shall bear interest at the rate of ten percent (10%) per annum from the date the same fall due until paid. Moreover, if Tenant shall omit to make any payment or expenditure, other than Rent, which it is obligated to make by the terms hereof and Landlord shall make such payment or expenditure, then the amount thereof may, at Landlord's election, be added to and deemed a part of any installments of Rent then due or thereafter falling due, and Landlord shall have the same remedies that it has for nonpayment of Rent. Payment by check, note or other exchange shall not be deemed as payment under this Lease unless same is honored forthwith by the bank upon which it is drawn, or by the maker or drawer when presented for payment. If Landlord places the enforcement of this Lease or any part of the same, or the collection of any Rent or other sums due or to become due hereunder, or the recovery of possession of the Premises, in the hand of an attorney, or files suit upon the same, Tenant agrees to pay Landlord such reasonable attorneys' fees and expenses and the payment of same shall be secured in like manner as is herein provided as to security for Rent.

#### ARTICLE 17 – UTILITIES

17.1 Effect at the Turnover Date, all gas, electricity, heat, water, telephone, internet, sewer charges, other similar charges, if any, and taxes thereon, with respect to the Premises which shall be the sole responsibility of the Tenant and shall promptly paid by Tenant as they become due and payable. Tenant shall transfer all utilities to Tenant's name upon execution of this Lease. In the event the utilities are not separately metered to the Leased Premises, then Tenant shall pay Tenant's pro rata share of utilities each month which amount shall be deemed "Additional Rent".

17.2 Tenant agrees to at all times properly maintain and use Landlord's staff to service, repair, and if necessary, replace any and all plumbing and electrical fixtures, equipment, lines, conduits and systems serving the Leased Premises and located therein at Tenant's sole expense provided Landlord charges competitive, fair, market rates.

#### ARTICLE 18 – CONSENTS AND APPROVALS

18.1 Whenever in this Lease Landlord's consent or approval is required, Landlord shall not unreasonably delay notifying Tenant whether its approval shall be granted or withheld.

18.2 When in this Lease Landlord's consent or approval is required and this Lease provides that Landlord's consent or approval shall not be unreasonably withheld and Landlord shall refuse such consent or approval, or in any instance in which Landlord shall delay its consent or approval, Tenant in no event shall be entitled to make, nor shall Tenant make any claim, and Tenant hereby waives any claim, for money damages (nor shall Tenant claim any money damages by way of set off, counterclaim or defense) based upon any claim or assertion by Tenant that Landlord unreasonably withheld or unreasonably delayed its consent or approval. Tenant's sole remedy shall be an action or proceeding to enforce any such provision for specific performance, injunction or declaratory judgment.

18.3 Whenever in this Lease Landlord's consent or approval is required and this Lease does not provide that such approval or consent shall not be unreasonably withheld, Landlord may in its sole discretion determine whether to grant such consent or approval, regardless of whether such refusal to consent or approve may be deemed arbitrary.

#### ARTICLE 19 – OCCUPANCY

19.1 By taking occupancy of the Premises, Tenant accepts the Premises in their AS IS condition (other than structural defects) and agrees that Landlord has complied with all the duties and obligations required of it under the provisions of this Lease prior to such date, unless otherwise noted in writing to Landlord.

19.2 Tenant shall continuously during the entire Lease Term conduct and carry on Tenant's business in the Premises and shall keep the Premises open for business and cause Tenant's business to be conducted therein during usual business hours of each and every business day as is customary for businesses of like character in the city in which the Premises are located to be open for business; provided however, that this provision shall not apply if the Premises should be closed and the business of Tenant temporarily discontinued therein on account of strikes, lockouts or similar causes beyond the reasonable control of Tenant. Tenant's failure to adhere to the terms and provisions herein shall constitute a breach of this Lease.

#### ARTICLE 20 – INDEMNITY AND INSURANCE

20.1 Tenant covenants and agrees that Tenant shall indemnify and hold Landlord harmless against and from (i) any penalty or damage or charges imposed for any violation of any law or ordinance, whether occasioned by the neglect of Tenant or those holding under Tenant, (ii) all claims, losses, costs, damages or expenses (including reasonable attorneys' fees) arising out of or from any accident or other occurrence on or about the Premises causing injury to any person or property whomsoever or whatsoever, (iii) and all claims, losses, costs, damages or expenses arising out of any failure of Tenant in any provision of this Lease.

20.2 Tenant agrees that, at its own cost and expense, Tenant shall procure and continue in force general liability insurance covering any and all claims for injuries to persons occurring in, upon or about the Premises or other appurtenances now or hereafter erected on the Premises during the term of this lease, such insurance at all times shall be in the amount of not less than One Million Dollars (\$1,000,000.00) for injury to any one person, Two Million (\$2,000,000.00) aggregate and not less than Five Hundred Thousand (\$500,000.00) for property damage in any one occurrence. Tenant shall also carry "all risk" insurance, including water damage, insuring its interest in the tenant improvements in the Premises and its interest in all personal property, equipment and trade fixtures in the Premises. Such insurance shall be written with a company or companies authorized to engage in the business of general liability insurance in the State of Illinois and all liability insurance shall name Landlord and any mortgagee as an additional insured. Tenant shall deliver to Landlord customary insurance certificates evidencing such insurance on or before the Commencement Date and shall deliver updated certificates of insurance to Landlord not less than fifteen (15) days prior to the expiration of any such certificate. If Tenant fails to furnish such certificates, Landlord may obtain such insurance and the premiums on such insurance shall be deemed Additional Rent to be paid by Tenant unto Landlord upon demand, together with interest at the rate of ten percent (10%) per annum until paid.

#### ARTICLE 21 – ALTERATIONS & SIGNAGE

21.1 Tenant, at Tenant's sole cost, may affix and maintain only such signs, advertising, placards, names, insignia, trademarks and descriptive material as approved by Landlord in writing prior to installation of the same. The design of such signage shall be prepared by Tenant in accordance with Landlord's sign criteria and shall be subject to Landlord's approval which may be withheld for any reason, and shall be subject to all local zoning ordinance requirements. At the expiration of the lease term, Tenant shall remove sign and make all repairs necessary to restore the Premises façade to its original condition.

#### ARTICLE 22 – QUIET ENJOYMENT

22.1 Landlord covenants and agrees that subject to the terms and provisions of this Lease, if, and as long as, Tenant keeps and performs each and every covenant, agreement, term, provision and condition herein contained on the part or on behalf of Tenant to be kept or performed, then Tenant's rights under this Lease shall not be cut off or ended before the expiration of the term of this Lease.

## ARTICLE 23 – OPTION TO RENEW

23.1 Tenant shall have the option to renew this Lease (“Renewal Option”) for two additional periods of five (5) years (the “Renewal Term”), upon the same terms and conditions as are contained in this Lease, except that the monthly Base Rent due pursuant to Article 5 hereof (“Rent”) shall be determined as stated in Paragraph five (5). Expenses (CAM & Taxes) in any Renewal Term shall be determined in the same manner as in the Initial Lease Term.

23.2 Tenant shall exercise this Renewal Option by delivering to Landlord a written notice of intent to exercise the Renewal Option not less than one hundred eighty calendar days (180) prior to the expiration of the Initial Term of this Lease. In the event Tenant fails to deliver said written notice within the time specified the Renewal Option shall be deemed waived by Tenant.

## ARTICLE 24 – MISCELLANEOUS

24.1 This Lease shall be governed by and construed in accordance with the laws of the State of Illinois.

24.2 All pronouns and any variations therein shall be deemed to refer to the masculine, feminine, neuter singular and plural as the identities of the persons referred to may require.

24.3 Any provision of this Lease which shall be deemed void, unenforceable or contrary to public policy, in whole or in part by any court of competent jurisdiction, shall be deemed severed from this Lease and the remaining provisions of this Lease shall not be affected thereby if such remaining provisions could then continue to comply with the purposes of this Lease and the requirements of the law.

24.4 Landlord and Tenant agree that this Lease contains the entire agreement between them and shall not be modified in any manner except by an instrument in writing signed by each of them.

24.5 This Lease shall be binding upon and shall inure to the benefit of the parties hereto and their respective heirs, executors, administrators, successors and assigns.

24.6 Upon execution and delivery of this Lease, Tenant shall deliver to Landlord a certified copy of the resolution of the board of directors of Tenant (if a corporation) which authorizes the execution and delivery of this Lease and the performance of the covenants and agreements required to be performed by Tenant hereunder.

24.7 The term “Landlord” as used in this Lease means only the owner or owners of the Premises at the time being so that in the event of any assignment, conveyance or sale, once or successively, of the Premises, or any assignment of this Lease by Landlord, said Landlord named herein shall be and hereby is entirely free and relieved of all covenants



and obligations of Landlord hereunder accruing after such sale or assignment, and Tenant agrees to look solely to such purchaser, grantee or assignee with respect thereto. This Lease shall not be affected by any such assignment, conveyance or sale and Tenant agrees to attorn to the purchaser, grantee or assignee.

24.8 Nothing contained herein shall be deemed or construed by the parties hereto or by any third party as creating the relationship of principal and agent or of partnership or of joint venture between the parties hereto.

24.9 Tenant shall not record this Lease without prior written consent of Landlord. Failure to obtain written consent of Landlord shall constitute a default under this Lease.

24.10 Tenant hereby agrees that for a period commencing ninety (90) days prior to the termination of this Lease, Landlord may display in and about the Premises and the windows thereof the usual and ordinary "For Rent" signs and may show the Premises to prospective tenants.

24.11 Commissions. Tenant warrants that it has had no dealings with any broker or agent in connection with this Lease other than ReMax Synergy whose commission shall be paid by Landlord pursuant to separate agreement. Tenant hereby indemnifies, protects, defends and holds Landlord, its beneficiaries and lenders harmless from and against any and all claims, causes of action, damages, costs, expenses (including, but not limited to, attorneys' fees of counsel selected by Landlord) or liabilities for any compensation, commissions, fees, and charges claimed by any other broker or other agent with respect to this Lease or the negotiation thereof.

#### ARTICLE 25 – EXCULPATION

25.1 It is expressly understood and agreed by Tenant that none of Landlord's covenants, undertakings or agreements are made or intended as personal covenants, undertakings or agreements by Landlord and any liability for damage for breach or non-performance by Landlord shall be collectible only from Landlord's interest in the Premises and no personal liability is assumed by, nor at any time may be asserted against, Landlord, its beneficiaries, agents, employees, legal representatives, successors or assigns, all such liability, if any, being expressly waived and released by Tenant.

#### ARTICLE 26 – RIGHTS RESERVED TO LANDLORD

26.1 Landlord shall have the following rights exercisable without notice and without liability to Tenant for damage or injury to property, person or business (all claims for damage being hereby released) and without effecting an eviction or disturbance of Tenant's use or possession or giving rise to any claim for setoffs or abatement of rent:

1. To change the name of the Property upon three (3) months prior written notice.
2. To have passkeys to the Leased Premises.

3. To decorate, remodel, repair, alter or otherwise prepare the Leased Premises for re-occupancy at any time after Tenant abandons the Leased Premises for a continuous period of fifteen (15) days provided that Tenant shall not be considered to have abandoned the Leased Premises as long as the Leased Premises are kept in clean and orderly fashion and rent is paid in accordance with the terms hereof.

4. To enter the Leased Premises at reasonable business hours, after reasonable notice during business hours, to make inspections, or to exhibit the Leased Premises to prospective Tenants, purchasers or others, or for other reasonable purposes.

5. At any reasonable time or times, to decorate and to make, at its own expense, repairs, alterations, additions and improvements, structural or otherwise, in or to the Leased Premises or the Property, and to perform any acts related to the safety, protection or preservation thereof, and during such operations to take into and through the Leased Premises or any part of the Property all materials and equipment required and to close or temporarily suspend operation of entrances, doors, corridors or other facilities, provided that Landlord shall cause as little inconvenience or annoyance to Tenant as is reasonably necessary in the circumstances, and shall not do any act which permanently reduces the size of the Leased Premises. Landlord may do any such work during ordinary business hours.

6. To grant to anyone the exclusive right to conduct any business or render any service to the Property provided such exclusive right shall not operate to exclude Tenant from the use expressly permitted by this Lease.

7. To enter upon the Leased Premises at reasonable times with reasonable notice for any reasonable purposes contemplated herein.

#### ARTICLE 27 – RULES AND REGULATIONS

27.1 The Rules and Regulations attached to this Lease are hereby made a part hereof, and Tenant agrees to comply with and observe said Rules and Regulations. Tenant's failure to keep and observe said Rules and Regulations shall constitute a breach of the terms of this Lease in the same manner as if said Rules and Regulations were contained herein as covenants. Landlord reserves the right, from time to time, to insert, amend or supplement said Rules and Regulations and to adopt and promulgate additional Rules and Regulations applicable to the Leased Premises. Landlord shall not be responsible for any violations of said Rules and Regulations by other tenants in the Building.

#### ARTICLE 28 – CONDEMNATION

28.1 If the Building or any portion of the Building that includes a substantial part of the Premises or that is necessary to the economical operation of the Building shall be taken or condemned by any competent authority for any public or quasi-public use or

purpose, the Term of this Lease and the term and estate hereby granted shall end on, and not before, the date when the possession of the part so taken shall be required for such use or purpose and current Rent shall be apportioned as of the date of termination, provided, however, that Landlord may elect to make comparable space available to Tenant under the same Rent and terms as provided in this Lease, and Tenant shall accept such space, and this Lease shall then apply to that space. Tenant shall have no right to any apportionment of or share in any condemnation award or judgment for damages made for the taking of any part of the Premises or the Building.

28.2 If any condemnation proceeding shall be instituted in which it is sought to take or damage any part of the Building or the Land under it that does not include a substantial part of the Premises or that does not prevent the economical operation of the Building, or if the grade of any street or alley adjacent to the Building is changed by any competent authority and such partial taking or change of grade makes it necessary or desirable to remodel the Building, Landlord shall have the right to cancel this Lease upon written notice given not less than 90 days prior to the date of cancellation designated in the notice. No money or other consideration shall be payable by Landlord to Tenant for the right of cancellation, and Tenant shall have no right to share in the condemnation award or in any judgment for damages caused by the partial condemnation or the change of grade.

#### ARTICLE 29 - NOTICES

29.1 Any notice, demand, request or other communication shall be effective only if: (i) delivered by hand to the party to whose attention it is directed at the addresses set forth in this Paragraph 27 or at such other address as the parties may from time to time designate by notice; (ii) sent by Federal Express or similar service for next business day delivery; or (iii) by mailing the same by certified United States mail postage prepaid, return receipt requested, to the addresses listed below, or at such other address as the parties may from time to time designate by notice. Every notice, demand, request or other communication hereunder shall be deemed to have been given when personally delivered or on the second business day following the date when the communication is delivered to said service if it is sent by Federal Express or similar service or on the fifth business day following the date it is deposited in the United States mail if the U.S. Mail is utilized.

If intended for Landlord:

PALOS HILLS REALTY LLC  
19065 Hickory Creek Dr.  
Mokena IL 60448

With a copy to:

O'Brien Law Group, P.C.  
15020 South Ravinia Ave., Suite 20  
Orland Park, IL 60462  
Fax: 708-364-0000  
E-mail: tob@toblaw.com

If intended for Tenant:

Palos Hills Surgery Center, LLC  
10330 S. Roberts Road  
Palos Hills IL 60465

With a copy to: \_\_\_\_\_

Alternatively, a notice, demand, request or other communication may be given by facsimile transmission subject to the following conditions:

1. The facsimile numbers to be utilized shall be those numbers as listed above or such other such numbers as are provided by any such parties;
2. Any facsimile which is initiated after 3:00 p.m. Chicago time on any given day shall be deemed given on the following business day;
3. The sender or transmitter of the communication shall also make a duplicate notification in accordance with the terms of the first sentence of this paragraph;
4. Any facsimile transmission made on a day other than a business day shall be deemed given on the first business day following the date the facsimile transmission is made; and
5. Any facsimile transmission made on a business day and prior to 3:00 p.m. Chicago time shall be deemed given on the date of transmission

**IN WITNESS WHEREOF**, the parties have executed and delivered this Lease on the day and year as written above.

LANDLORD:

PALOS HILLS REALTY LLC  
An Illinois Limited Liability Company

TENANT:

PALOS HILLS SURGERY CENTER LLC  
an Illinois limited liability company

\_\_\_\_\_  
By: MANAGING MEMBER

\_\_\_\_\_  
By: MANAGING MEMBER

**DRAFT**

## EXHIBIT A - GUARANTY AND FURTHER SECURITY

In consideration of and as an inducement for the granting, execution and delivery of the foregoing Lease dated September \_\_\_ 2011 ( "Lease"), by PALOS HILLS REALTY, LLC, an Illinois limited liability company ( "Landlord") to Palos Hills Surgery Center, an Illinois limited liability company ( "Tenant"), and in further consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, the receipt and sufficiency which is hereby acknowledged, the undersigned, Gary Kronen and Anton Fakhouri (hereinafter called the "Guarantor"), hereby guarantees to the Landlord, its successors and assigns, the full and prompt payment of Base Rent plus Additional Rent and any and all other sums and charges payable by the Tenant, its successors and assigns under said Lease, and full performance and observance of all the covenants, terms, conditions and agreements therein provided to be performed and observed by the Tenant, its successors and assigns, that if default shall at any time be made by the Tenant, its successors and assigns, in the payment of any Base Rent and/or Additional Rent or any other sums due and owing Landlord, payable by the Tenant under said Lease, or in the performance of any of the terms, covenants, provisions or conditions contained in said Lease, the Guarantor will forthwith pay such amounts due and owing to the Landlord, its successors and assigns, and any arrears thereof, and will forthwith faithfully perform and fulfill all of such terms, covenants, conditions and provisions, and will forthwith pay to the Landlord all damages that may arise in consequence of any defaults by the Tenant, its successors and assigns under said Lease including, without limitation, all reasonable attorneys' fees incurred by the Landlord or caused by any such default and/or by the enforcement of this Guaranty.

This Guaranty is an absolute and unconditional Guaranty of payment and performance. It shall be enforceable during the initial Lease Term and any Renewal Term against the Guarantor, its successors and assigns, without the necessity for any suit or proceedings on the Landlord's part of any kind or nature whatsoever against the Tenant, its successors and assigns, and without the necessity of any notice of non-payment, non-performance or non-observance or any notice of acceptance of this Guaranty or any other notice or demand to which the Guarantor might otherwise be entitled, all of which the Guarantor hereby expressly waives; and the Guarantor hereby expressly agrees that the validity of this Guaranty and the obligations of the Guarantor hereunder shall in no way be terminated, affected or impaired by reason of the assertion or the failure to assert by the Landlord against the Tenant, or the Tenant's successors and assigns, of any of the rights or remedies reserved to the Landlord pursuant to the provisions of said Lease.

This Guaranty shall be a continuing Guaranty, and the liability of the Guarantor hereunder shall in no way be affected, modified or diminished by reason of any assignment, renewal, modification or extension of said Lease or by reason of any modification or waiver of or change in any of the terms, covenants, conditions or provisions of said Lease, or by reason of any extension of time that may be granted by the Landlord to the Tenant, its successors or assigns, or by reason of any dealings or

transactions occurring between the Landlord and the Tenant, its successors or assigns, whether or not notice thereof is given to the Guarantor.

Notwithstanding anything contained herein to the contrary, it is expressly understood and acknowledged, that, in lieu of Joint and Several liabilities, each of the Guarantors liability shall be capped at fifty percent (50%) of the outstanding liability. Furthermore, in the event either of the Guarantors cease to operate his business at the Leased Premises, the Guarantor who has ceased to operate his business at the Leased Premises shall have a continuing obligation to the Landlord and Tenant under this Lease for fifty percent (50%) of the Rent including Base Rent and Initial Rent for the duration of the Lease Term. Failure to occupy the Leased Premises shall not excuse either Guarantor from payment of Rent under this Lease.

Guarantor has signed this Guaranty this \_\_\_\_ day of September 2011.

GUARANTOR SIGNATURE:

\_\_\_\_\_  
 Gary Kronen, individually

\_\_\_\_\_  
 Anton J. Fakhouri, individually

STATE OF ILLINOIS )  
 ) SS.  
 COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_ day of \_\_\_\_\_, 2011 personally appeared before me Anton J. Fakhouri who by me being duly sworn did say, that he signed the foregoing instrument s his and its free and voluntary act for the uses and purposes therein stated.

\_\_\_\_\_  
 Notary Public  
 STATE OF ILLINOIS )  
 ) SS.  
 COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_ day of \_\_\_\_\_, 2011 personally appeared before me Gary Kronen who by me being duly sworn did say, that he signed the foregoing instrument s his and its free and voluntary act for the uses and purposes therein stated.

\_\_\_\_\_  
 Notary Public

**EXHIBIT B - TENANT'S ESTOPPEL CERTIFICATE (Sample)**

Building: 10330 S. Roberts Road, Palos Hills IL 60465

Lease Dated: September \_\_\_\_ 2011

Landlord: PALOS HILLS REALTY LLC

Tenant: PALOS HILLS SURGERY CENTER LLC

The undersigned, Tenant under the above referred Commercial Lease ("Lease"), hereby certifies to the present Landlord and any mortgagee or future mortgagee of the above Building, that:

1. Said Lease is presently in full force and effect, is valid and binding upon Tenant in every respect, and is unmodified (by either amendments or letter agreements).
2. Tenant has accepted possession of the Leased Premises (as defined in the Lease) and any Tenant Improvements required by the terms of said Lease to be made by Landlord have been substantially completed to the satisfaction of Tenant.
3. To the best of Tenant's knowledge and belief, Landlord has fulfilled all of its obligations under the Lease to date.
4. No rent under said Lease has been paid more than one month in advance of its due date nor have any other charges or monetary obligations of Tenant under the Lease been prepaid.
5. The address for notices to be sent to Tenant is: 10330 S. Roberts Rd., Palos Hills IL 60465.
6. Tenant, as of this date, has no charge, lien or claim of offset under said Lease or otherwise against rents or other charges due or to become due under the Lease.
7. No security deposit is being held by Landlord except as follows: \$.00.
8. There are no accrued liabilities or claims of any nature as of this date which Tenant might seek to assert against Landlord.
9. No breach, default or event of default has occurred under the Lease by Tenant or Landlord to the best of the knowledge and belief of Tenant.
10. Tenant has paid all Real Estate Taxes, Insurance Payments and Common Area Charges which are Tenant's responsibility under the Lease if such expenses are due and payable.

11. Tenant has not assigned, transferred or hypothecated the Lease or any of its rights under the lease to any person, firm or corporation.
12. The Possession Date of the Lease is 9-15-11; the Term Commencement Date of the Lease is 12-1-11. BASE Rent under the terms of the Lease in the amount of \$22.00 per month will commence on the Term Commencement Date, Tenant's Pro Rata Share for purposes of computing Real Estate Taxes, Insurance Payments and Common Area Charges is \$8.00 psf. In each case subject to adjustment as provided for in the Lease, Rent and all other charges payable by Tenant under the Lease to the extent due and payable have been paid through the date of this Estoppel Certificate.
13. Landlord is not in default under any commitments made to induce Tenant to enter into the Lease. Except for rent abatements (if any) set forth in the Lease, Landlord is not obligated to make any inducement payments to Tenant which have not been made or to provide other inducement consideration which has not been provided.
14. Tenant is not insolvent and is able to pay its debts as they mature.
15. Tenant is not aware of any material defects in the condition of the Leased Premises or in the Building of which the Leased Premises is a part.
16. Tenant has no option or preferential right to purchase all or any part of the Building of which the Leased Premises is a part.
17. Tenant has no agreements with Landlord in respect to the Leased Premises or possible expansion of the Leased Premises or termination of the Lease not reflected in said Lease, except those which have been fully paid and/or performed by Landlord prior to the date hereof.
18. Tenant has no right to remove any fixtures in the Leased Premises except movable trade fixtures owned by Tenant and except tenant improvements which Landlord required Tenant to remove pursuant to the terms of the Lease, all other than as described below (if applicable).

This Certificate has been delivered to the addressee for the use and benefit of the addressee and any present or future mortgagee of the above referenced Building with the understanding they will rely hereon in connection with the ownership or the acquisition of a direct or indirect interest in the Building of which the Leased Premises is a part. By execution of this Estoppel Certificate, the signatory party certifies that he/she is duly authorized to execute and deliver this Estoppel Certificate.

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Tenant



## EXHIBIT C – RULES AND REGULATIONS

1. The rights of tenants in the entrances, corridors, and elevators of the Building are limited to ingress to and egress from the tenants' premises for the tenants and their employees, licensees and invitees, and no tenant shall use, or permit the use of, the entrances, corridors, or elevators for any other purpose. No tenant shall invite to the tenant's premises, or permit the visit of, persons in such numbers or under such conditions as to interfere with the use and enjoyment of any of the entrances, corridors, elevators and other facilities of the Building by other tenants. Fire exits and stairways are for emergency use only, and they shall not be used for any other purposes by the tenants, their employees, licensees or invitees. No tenant shall encumber or obstruct, or permit the encumbrance or obstruction of any of the sidewalks, entrances, corridors, elevators, fire exits or stairways of the Building. The Landlord reserves the right to control and operate the public portions of the Building and the public facilities, as well as facilities furnished for the common use of the tenants, in such manner as it deems best for the benefit of the tenants generally.

2. The cost of repairing any damage to the public portions of the building or the public facilities or to any facilities used in common with other tenants, caused by a tenant or the employees, licensees or invitees of the tenant, shall be paid by such tenant.

3. The Premises are available 24/7. The Landlord may refuse admission to the Building outside of ordinary business hours to any person not known by the Landlord or not properly identified, and may require all persons admitted to or leaving the Building outside of ordinary business hours to register. Each tenant shall be responsible for all persons for whom he requests such permission and shall be liable to the Landlord for all acts of such persons. Any person whose presence in the Building at any time shall, in the judgment of the Landlord, be prejudicial to the safety, character, reputation and interests of the Building or its tenants may be denied access to the Building or may be ejected therefrom. In case of invasion, riot, public excitement or other commotion the Landlord may prevent all access to the Building during the continuance of the same, by closing the doors or otherwise, for the safety of the tenants and protection of property in the Building. The Landlord may require any person leaving the Building with any package or other object to exhibit a pass from the tenant from whose premises the package or object is being removed, but the establishment and enforcement of such requirements shall not impose any responsibility on the Landlord for the protection of any tenant against the removal of property from the premises of the tenant. The Landlord shall, in no way, be liable to any tenant for damages or loss arising from the admission, exclusion or ejection of any person to or from the tenant's premises or the Building under the provisions of this rule.

4. No awnings or other projections over or around the windows shall be installed by any tenant and only such window blinds as are supplied or permitted by the Landlord shall be used in a tenant's premises.

5. There shall not be used in any space, or in the public halls of the Building, either by the Tenant or by jobbers or others, in the delivery or receipt of merchandise or mail any hand trucks, except those equipped with rubber tires and side guards. All deliveries to tenants, except mail, shall be made to such place as Landlord shall designate and shall be distributed to tenants only during the hours from 8:00 A.M. to 4:00 P.M., Monday through Friday.

6. All entrance doors in each tenant's premises shall be left locked when the tenant's premises are not in use. Entrance doors shall not be left open at any time. All windows in each tenant's premises shall be kept closed at all times and all blinds or drapes therein above the ground floor shall be lowered or closed when and as reasonably required because of the position of the sun, during the operation of the Building air conditioning system to cool or ventilate the tenant's premises.

7. No noise, including the playing of any musical instruments, radio or television, which in the judgment of the Landlord, might disturb other tenants in the building shall be made or permitted by any tenant and no cooking shall be done in the Tenant's premises except as expressly approved by the Landlord. Nothing shall be done or permitted in any tenant's premises, and nothing shall be brought into or kept in any tenant's premises, which would impair or interfere with any of the Building services or the proper and economic heating, cleaning or other servicing of the Building or the premises, or the use or enjoyment by any other tenant of any other premises, nor shall there be installed by any tenant any ventilating air conditioning, electrical or other equipment of any kind which, in the judgment of the Landlord, might cause any such impairment or interference. No dangerous, inflammable, combustible or explosive object or material shall be brought into the Building by any tenant or with the permission of any tenant.

8. Tenant shall not permit any cooking or food odors emanating from the demised premises to seep into other portions of the Building.

9. No acids, vapors or other materials shall be discharged or permitted to be discharged into the waste lines, vents or flues of the Building which may damage them. The water and wash closets and other plumbing fixtures in or serving any tenant's premises shall not be used for any purpose other than the purpose for which they were designed or constructed and no sweepings, rubbish, acids or other foreign substances shall be deposited therein. All damages resulting from any misuse of the fixtures shall be borne by the tenant who, or whose servants, employees, agents, visitors or licensees, shall have caused the same.

10. No signs, advertisement, notice or other lettering shall be exhibited, scribed, painted or affixed by any tenant on any part of the outside or inside of the premises or the Building without the prior written consent of Landlord. In the event of the violation of the foregoing by any tenant, Landlord may remove the same without any liability, and may charge the expense incurred by such removal to the tenant or tenants violating this rule. Interior signs and lettering on doors and elevators shall be inscribed, painted, or affixed for each by Landlord at the expense of such tenant, and shall be of a size, color and style acceptable to Landlord. Landlord shall have the right to prohibit any advertising by any

tenant which impairs the reputation of the building or its desirability is a building for offices and upon written notice from Landlord, tenant shall refrain from or discontinue such advertising.

11. No additional locks or bolts of any kind shall be placed upon any of the doors or windows in any tenant's premises and no lock on any door therein shall be changed or altered in any respect. Duplicate keys for a tenant's premises and toilet rooms shall be procured only from the Landlord, which may make a reasonable charge therefor. Upon the termination of a tenant's lease, all keys to the tenant's premises and toilet rooms shall be delivered to the Landlord.

12. No tenant shall mark, paint, drill into, or in any way deface any part of the Building or the premises demised to such tenant. No boring, cutting or stringing of wires shall be permitted, except with the prior written consent of Landlord, and as Landlord may direct. No tenant shall install any resilient tile or similar floor covering in the premises demised to such tenant except in a manner approved by Landlord.

13. Tenant's employees shall not loiter around the hallways, stairways, elevators, front, roof or any other part of the building used in common by the occupants thereof.

14. Tenant, at its sole cost and expense, shall cause its premises to be exterminated, from time to time, to the satisfaction of Landlord, and shall employ such exterminators therefor as shall be approved by Landlord.

15. Any cuspidors or similar containers or receptacles used in any tenant's premises shall be cared for and cleaned by and at the expense of the tenant.

16. Tenant shall use only the service elevator for deliveries and only at hours prescribed by Landlord. Bulky materials, as determined by Landlord, may not be delivered during usual business hours but only thereafter. Tenant agrees to pay for use of the service elevator at rates prescribed by Landlord.

17. Parking is open and shared by all Tenants.

## Three-Year Projected Income Statement - 39A

### Palos Hills Surgery Center, L.L.C.

Financial statements in U.S. dollars	Year One	Year Two	Increase / (Decrease)	Year Three	Increase / (Decrease)
<b>Revenue</b>					
Patient Service Revenue	2,773,322	3,326,228	552,905	3,660,608	334,380
Less: Sales Returns and Allowances	83,200	99,840	16,640	119,808	19,968
<b>Net Income</b>	<b>2,690,123</b>	<b>3,226,388</b>	<b>536,266</b>	<b>3,540,800</b>	<b>314,412</b>
<b>Expenses</b>					
Advertising	2,000	2,100	100	2,105	5
Bad Debts	45,000	47,700	2,700	50,085	2,385
Charity Care	53,800	64,528	10,728	70,816	6,288
Insurance	55,486	58,260	2,774	61,173	2,913
Legal and Professional Fees	29,342	30,809	1,467	32,349	1,540
Licenses and Fees	1,176	1,235	59	1,297	62
Software Licensing, Expenses	48,197	50,607	2,409	53,137	2,531
Office Expense	58,683	61,617	2,934	64,698	3,081
Rent	177,613	163,950	(13,663)	163,950	0
Repairs and Maintenance	58,683	61,617	2,934	64,698	3,081
Supplies	418,265	439,178	20,913	461,137	21,959
Utilities	36,677	38,511	1,834	40,437	1,926
Wages, Payroll Taxes, Emp. Benefits	1,214,156	1,274,864	60,708	1,338,607	63,743
<b>Total Expenses</b>	<b>2,199,078</b>	<b>2,294,976</b>	<b>95,898</b>	<b>2,404,489</b>	<b>109,513</b>
<b>Net Operating Income</b>	<b>491,045</b>	<b>931,412</b>	<b>440,367</b>	<b>1,136,311</b>	<b>204,899</b>

# Balance Sheet Year 1

ASSETS		LIABILITIES	
<b>Current Assets</b>		<b>Current Liabilities</b>	
Cash and Short Term Investments	\$357,660	Accounts payable	\$13,663
Accounts receivable (less doubtful accounts)		Short-term notes	
Medical Equipment	0.00	Current portion of long-term notes	
Deposit - Rent	13,662.50	Interest payable	
Prepaid expenses		Taxes payable	
<b>Total Current Assets</b>	<b>\$371,322</b>	Accrued payroll	
		<b>Total Current Liabilities</b>	<b>\$13,663</b>
<b>Fixed Assets</b>		<b>Long-term Liabilities</b>	
Long-term investments		Mortgage	0.00
Capital Improvements (less accumulated depreciation)	900,000.00	Other long-term liabilities	0.00
Medical Equipment (less accumulated depreciation)	481,408.40	<b>Total Long-Term Liabilities</b>	<b>\$0</b>
Furniture and fixtures (less accumulated depreciation)		<b>Total Liabilities</b>	<b>\$13,663</b>
<b>Total Net Fixed Assets</b>	<b>\$1,381,408</b>	<b>EQUITY</b>	
		Capital Contribution	1,500,000.00
<b>TOTAL ASSETS</b>	<b>\$1,752,731</b>	Retained earnings from income	239,068.00
		<b>Total Equity</b>	<b>\$1,739,068</b>
<i>Balance Sheet Check</i>	<i>OK</i>	<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>\$1,752,731</b>
<b>RATIOS</b>			
Current Ratio	27.18		
Quick Ratio	27.18		
Cash Ratio	26.18		
Working Capital	\$357,660		

Attachment -39A

## Balance Sheet Year 2

<b>ASSETS</b>		<b>LIABILITIES</b>	
<b>Current Assets</b>		<b>Current Liabilities</b>	
Cash and Short Term Investments	\$501,210	Accounts payable	\$13,663
Accounts receivable (less doubtful accounts)		Short-term notes	
Medical Equipment	0.00	Current portion of long-term notes	
Deposit - Rent	13,662.50	Interest payable	
Prepaid expenses		Taxes payable	
<b>Total Current Assets</b>	<b>\$514,873</b>	Accrued payroll	
		<b>Total Current Liabilities</b>	<b>\$13,663</b>
<b>Fixed Assets</b>		<b>Long-term Liabilities</b>	
Long-term investments		Mortgage	0.00
Capital Improvements	771,428.58	Other long-term liabilities	0.00
(less accumulated depreciation)	128,571.42	<b>Total Long-Term Liabilities</b>	<b>\$0</b>
Medical Equipment	412,635.77		
(less accumulated depreciation)	68,772.63	<b>Total Liabilities</b>	<b>\$13,663</b>
Furniture and fixtures			
(less accumulated depreciation)			
<b>Total Net Fixed Assets</b>	<b>\$1,381,408</b>		
<b>TOTAL ASSETS</b>	<b>\$1,896,281</b>		
<i>Balance Sheet Check</i>	<i>OK</i>		
<b>RATIOS</b>		<b>EQUITY</b>	
Current Ratio	37.69	Capital Contribution	1,500,000.00
Quick Ratio	37.69	Retained Earnings from Income	382,618.40
Cash Ratio	36.69		
Working Capital	\$501,210	<b>Total Equity</b>	<b>\$1,882,618</b>
		<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>\$1,896,281</b>

Attachment -39A

## Balance Sheet Year 3

### ASSETS

**Current Assets**

Cash and Short Term Investments	\$502,000
Accounts receivable (less doubtful accounts)	
Deposit - Rent	13,662.50
Temporary investment	
Prepaid expenses	
<b>Total Current Assets</b>	<b>\$515,663</b>

**Fixed Assets**

Long-term investments	
Capital Improvments (less accumulated depreciation)	642,857.16 257,142.84
Medical Equipment (less accumulated depreciation)	343,863.15 137,545.25
Furniture and fixtures (less accumulated depreciation)	
<b>Total Net Fixed Assets</b>	<b>\$1,381,408</b>

**TOTAL ASSETS** **\$1,897,071**

*Balance Sheet Check* *OK*

### RATIOS

Current Ratio	37.74
Quick Ratio	36.74
Cash Ratio	36.74
Working Capital	\$502,000

### LIABILITIES

**Current Liabilities**

Accounts payable	\$13,663
Short-term notes	
Current portion of long-term notes	
Interest payable	
Taxes payable	
Accrued payroll	
<b>Total Current Liabilities</b>	<b>\$13,663</b>

**Long-term Liabilities**

Mortgage	0.00
Other long-term liabilities	0.00
<b>Total Long-Term Liabilities</b>	<b>\$0</b>

**Total Liabilities** **\$13,663**

### EQUITY

Capital Contribution	1,500,000.00
Retained Earnings from Income	383,408.00
<b>Total Equity</b>	<b>\$1,883,408</b>

**TOTAL LIABILITIES & EQUITY** **\$1,897,071**



September 29, 2011

Dear Mr. Galassie:

Standard Bank and Trust Company ("Standard Bank") has enjoyed a long standing banking relationship with Dr. Fakhouri's affiliates for more than 17 years. Numerous loans have been extended to this physician's affiliates and have been handled in an excellent manner. Subject to the completion of requisite due diligence and attainment of appropriate credit approval, Standard Bank is prepared to extend to Palos Hills Surgery Center, LLC \$2,500,000 of credit exposure to finance the surgery center. The additional credit exposure would be available for Palos Hills Surgery Center, LLC to finance acquisition costs as well as operating expenses.

I trust that this letter is sufficient for your needs. Should you have any questions or comments, please do not hesitate to contact me directly at (708) 499-2000, extension 2167.

Sincerely,

STANDARD BANK AND TRUST CO.

A handwritten signature in black ink, appearing to read 'Mohammed Abunada'.

Mohammed Abunada  
Assistant Vice President



## Section IX – Financial Viability

### **Criterion 1120.130**

The entity is a new entity and, as such, does not have any audited financial statements available. Financial viability ratios for the first full fiscal year at target utilization are attached at Attachment 41. The amounts were obtained from the pro forma financial statements attached at Attachment 39A. The methodology and/or worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements are attached as Attachment 41.

<u>Current Ratio</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Current Assets	\$371,323	\$514,873	\$502,000
(Divided By)			
Current Liabilities	\$13,663	\$13,663	\$13,663
<u>Net Margin Percentage</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Net Operating Income	\$491,045	\$931,412	\$1,136,311
(Divided By)			
Net Income (x100)	\$2,690,123	\$3,226,388	\$3,540,800
<u>Debt Capitalization</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Total Long-Term Debt	\$0	\$0	\$0
(Plus)			
Total Assets (x 100)	\$1,752,731	\$1,896,281	\$1,897,071
<u>Projected Debt Service Coverage</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Operating Income Before Depr/Interest/Amort	\$491,045	\$931,412	\$1,136,311
(Divided By)			
Principal + Interest	\$0	\$0	\$0
<u>Days Cash on Hand</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Cash and Investments (plus board designations)	\$357,660	\$501,210	\$502,000
(Divided by)			
(Operating Expenses – Depreciation)/365	6025	5747	5506
<u>Cushion Ratio</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Cash and Investments (plus board designations)	\$357,660	\$501,210	\$502,000
(Divided By)			
Principal Payments Plus Interest Expense (i.e. Annual Debt Service) <sup>10</sup>	\$0	\$0	\$0

<sup>10</sup> All methodology based upon 1120 Appendix A Financial and Economic Review Standards.

Provide Data for Projects Classified as:	State Standard	Year 1	Year 2	Year 3	Meets Standards?
Entered For Projected Years					
Current Ratio	1.5 or more	27.18	37.69	37.74	Yes
Net Margin Percentage	> 3.5%	18.25	28.87	32.09	Yes
Debt Capitalization	≤ 80%	NA	NA	NA	NA
Projected Debt Service Coverage	≥ 1.75%	NA	NA	NA	NA
Days Cash on Hand	> 45 days	59	87	91	Yes
Cushion Ratio	> 3.0	NA	NA	NA	NA

**Section X – Economic Feasibility**

**Reasonableness of Financing Arrangements – Criterion 1120.140(a)**

A letter from Gary Kronen, M.D. and Anton Fakhouri, M.D., authorized representatives of Palos Hills Surgery Center, LLC, attesting as to the reasonableness of financing arrangements is attached at Attachment 42A.



Anton J. Fakhouri, MD, FACS, FICS  
 Gary A. Kronen, MD  
 Paul E. Papierski, MD  
 Taruna Madhav Crawford, MD  
 Marcus G. Talerico, MD  
 Jeremy T. Bell, PA-C  
 Thomas M. Hunt, OPA-C, MBA

September 27, 2011

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

Dear Mr. Galassie:

I hereby certify under penalty of perjury, as provided in 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code § 1120.140(a), that the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation. This amount will include internal resources. Should the cash and cash equivalents be insufficient to fund the project, I hereby certify that the total estimated project costs and related costs will be funded in total or in part by borrowing because 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.

Sincerely,

Gary Kronen, M.D.  
 Member and Manager  
 Palos Hills Surgery Center, LLC

Sincerely,

Anton Fakhouri, M.D.  
 Member and Manager  
 Palos Hills Surgery Center, LLC

Subscribed and sworn to me  
 This 30<sup>th</sup> day of October, 2011

Notary Public



Subscribed and sworn to me  
 This 30<sup>th</sup> day of October, 2011

Notary Public



**PALOS HILLS** 10330 South Roberts Road, Palos Hills, IL 60465  
**LOCKPORT** 16610 West 159th Street, Suite 103, Lockport, IL 60441  
**OAKBROOK TERRACE** 1 TransAm Plaza Drive, Suite 460, Oakbrook Terrace, IL 60181  
**SCHAUMBURG** 1990 East Algonquin Road, Suite 200, Schaumburg, IL 60173  
**LIBERTYVILLE** 755 South Milwaukee Avenue, Suite 250, Libertyville, IL 60048

**HandToShoulderClinic.com**  
 phone 708-237-7200 fax 708-237-7201

**Section X – Economic Feasibility**

**Conditions of Debt Financing – Criterion 1120.140(b)**

Although it is anticipated that this project will be funded in total with cash and cash equivalents and internal resources, should the same prove insufficient to fund the project, the applicant anticipates obtaining a loan from Standard Bank to cover any additional cost. A letter from Gary Kronen, MD and Anton Fakhouri, MD attesting that the conditions of debt financing are reasonable because the selected form of debt financing will be at the lowest net cost available should the project require a loan is attached at Attachment 42C.



Anton J. Fakhouri, MD, FACS, FICS  
 Gary A. Kronen, MD  
 Paul E. Papierski, MD  
 Taruna Madhav Crawford, MD  
 Marcus G. Talerico, MD  
 Jeremy T. Bell, PA-C  
 Thomas M. Hunt, OPA-C, MBA

September 27, 2011

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

Dear Mr. Galassie:

I hereby certify under penalty of perjury, as provided in 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code §1120.140(b), that the conditions of debt financing are reasonable because the selected form of debt financing will be at the lowest net cost available.

Sincerely,

Gary Kronen, M.D.  
 Member and Manager  
 Palos Hills Surgery Center, LLC

Sincerely,

Anton Fakhouri, M.D.  
 Member and Manager  
 Palos Hills Surgery Center, LLC

Subscribed and sworn to me  
 This 3<sup>rd</sup> day of October, 2011

Notary Public



Subscribed and sworn to me  
 This 3<sup>rd</sup> day of October, 2011

Notary Public



**PALOS HILLS** 10330 South Roberts Road, Palos Hills, IL 60465  
**LOCKPORT** 16610 West 159th Street, Suite 103, Lockport, IL 60441  
**OAKBROOK TERRACE** 1 TransAm Plaza Drive, Suite 460, Oakbrook Terrace, IL 60181  
**SCHAUMBURG** 1990 East Algonquin Road, Suite 200, Schaumburg, IL 60173  
**LIBERTYVILLE** 755 South Milwaukee Avenue, Suite 250, Libertyville, IL 60048

**HandToShoulderClinic.com**  
 phone 708-237-7200 fax 708-237-7201

**Section X – Economic Feasibility**

**Reasonableness of Project and Related Costs – Criterion 1120.140(c)**

The cost and square footage allocation for modernization of PHSC is attached as follows.

<b>COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE</b>									
Department	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot Mod.	Square Foot Mod.	Total Gross Square Feet	Cost/Square Foot (B X E)					
Clinical		\$164.68		4,208			\$693,000		
Contingency - Clinical		\$11.53		4,208			\$48,518		
<b>Total Clinical</b>		<b>\$176.21</b>		<b>4,208</b>			<b>\$741,518</b>		
Non-Clinical		\$164.68		1,257			\$207,000		
Contingency – Non-clinical		\$11.53		1,257			\$14,490		
<b>Total Non-Clinical</b>		<b>\$176.21</b>		<b>1,257</b>			<b>\$221,490</b>		
<b>TOTALS</b>		<b>\$176.21</b>		<b>5,465</b>			<b>\$963,000</b>		

**Section X – Economic Feasibility**

**Projected Operating Costs – Criterion 1120.140(d)**

(in direct costs per patient day or unit of service)

Projected Operating Costs: \$2,294,976

Projected Cases: 1810

Cost per Patient: \$1,267.94



**Section X – Economic Feasibility**

**Total Effect of the Project on Capital Costs – Criterion 1120.140(e)**

Capital Costs:	\$1,381,408.40
Procedures:	1810
Capital Costs per Procedure:	\$763.21

**Section XI – Safety Net Impact Statement**

1. **Material impact on safety net services in the community.** PHSC will not have a material impact on safety net services in the Chicago metropolitan area. The primary purpose of PHSC is to deliver greater access for patients in the southwest-suburban area of Chicago that need specialized treatment for trauma to the hand and upper-extremity. Thus, PHSC will only improve access to safety net services.
  
2. **Material impact on the ability of another provider or health care system to cross-subsidize safety net services.** PHSC will not negatively impact the ability of other providers to cross-subsidize safety-net services. The limited scope of PHSC reduces its potential impact on other providers. The overwhelming majority of referrals to PHSC will be for cases previously performed at either Dr. Kronen's office or in other ASTCs which have grown overcrowded and resulted in increased wait times and patient inconvenience. By contrast, referrals for services performed in area hospitals will primarily continue to be performed at those hospitals for various reasons, including the need to admit patients with more complex cases requiring inpatient stays, cases requiring lengthy operations and those with severe infections. This is evidenced by Dr. Fakhouri's continuing referral to these local area hospitals even though he is also affiliated with an ASTC. Additionally, Dr. Fakhouri performs numerous hand trauma operations for uninsured or underinsured patients at Advocate Christ Hospital and Medical Center and will continue to do so. For these reasons, the Applicant does not believe PHSC will impact the ability of providers to cross-subsidize safety net services.
  
3. **How the discontinuation of a facility might impact the remaining providers.** The project will not involve a discontinuation of a facility. Thus, this criterion does not apply.
  
4. The proposed project involves the establishment of a new ASTC, and no information regarding the amount of charity care or Medicaid provided in the three years prior to this application is available. Thus, this criterion is not applicable.

<b>Safety Net Information per PA 96-0031</b>			
<b>Charity Care</b>			
<b>Charity (per # of patients)</b>	<b>Year</b>	<b>Year</b>	<b>Year</b>
Inpatient			
Outpatient			
<b>Total</b>			
<b>Charity (cost in dollars)</b>	<b>Year</b>	<b>Year</b>	<b>Year</b>
Inpatient			
Outpatient			
<b>Total</b>			
<b>Medicaid</b>			
<b>Medicaid (# of patients)</b>	<b>Year</b>	<b>Year</b>	<b>Year</b>
Inpatient			
Outpatient			
<b>Total</b>			

<b>Medicaid (revenue)</b>			
Inpatient			
Outpatient			
<b>Total</b>			

**Section XII – Charity Care Information**

1. This criterion is not applicable
2. This criterion is not applicable.
3. Below is the projected patient mix by payer source for the Proposed ASTC. Also listed below the anticipated charity care expense and projected ratio of charity care cost to net patient revenue for the Proposed ASTC.

The payer mix for PHSC complies with the definition of “charity care” set forth at 20 ILCS 3960/3, which states that the provider does not expect to receive payment from the patient or a third party payer. To accurately reflect the goals and intent of the applicant, the payer mix lists “self pay” as a payer source. This category represents uninsured patients that may receive significantly discounted care, but not completely free care. The applicant believes this demonstrates a community benefit set forth outside the definition of “charity care.”

<b>Projected Payer Mix for Proposed ASTC</b>	
<b>Payer Source</b>	<b>%</b>
Medicare	19%
Medicaid	1%
Private	59%
Workers Comp.	18%
Charity	2%
Self Pay	1%
<b>TOTAL</b>	<b>100%</b>

<b>Charity Care</b>			
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
Net Patient Revenue	\$2,690,123	\$3,226,388	\$3,540,800
Amount of Charity Care (charges)			
Cost of Charity Care	\$53,800	\$64,528	\$70,816

# Murer Consultants, Inc.

**MC**  
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October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Patricia M Wamsley  
Administrator  
25 East Same Day Surgery  
25 EAST WASHINGTON, Ste 300  
Chicago, IL 60602-1708

## VIA CERTIFIED MAIL

Dear Ms. Wamsley

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on 25 East Same Day Surgery. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



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October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

INGA FERDKOFF  
Administrator  
Ambulatory Surgicenter of Downers Grove  
4333 MAIN STREET  
Downers Grove, IL 60515

## VIA CERTIFIED MAIL

Dear Ms. Ferdkoff

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Ambulatory Surgicenter of Downers Grove. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.

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October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Jennifer Broucek  
Administrator  
Chicago Prostate Cancer Surgery Center  
815 PASQUEINELLI DRIVE  
Westmont, IL 60559

## VIA CERTIFIED MAIL

Dear Ms. Broucek

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Chicago Prostate Cancer Surgery Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Kristen DiCicco  
Administrator  
Children's Memorial Outpatient Services at Westchester  
2301 ENTERPRISE DRIVE  
Westchester, IL 60154

## VIA CERTIFIED MAIL

Dear Ms. DiCicco

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Children's Memorial Outpatient Services at Westchester. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC



# Murer Consultants, Inc.



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October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Erik Baier  
Administrator  
DMG Surgical Center, LLC  
2725 S. Technology Drive  
Lombard, IL 60148

## VIA CERTIFIED MAIL

Dear Mr. Baier

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on DMG Surgical Center, LLC. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Sern Estino  
Administrator  
Elmhurst Medical & Surgical Center P.C.  
340 West Butterfield Road, Suite 1B  
Elmhurst, IL 60126

## VIA CERTIFIED MAIL

Dear Mr. Estino

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Elmhurst Medical & Surgical Center P.C.. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.

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October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

TINA MENTZ  
Administrator  
Elmhurst Outpatient Surgery Center, L.L.C.  
1200 S. YORK ROAD, SUITE 1400  
Elmhurst, IL 60126-6533

## VIA CERTIFIED MAIL

Dear Ms. Mentz

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

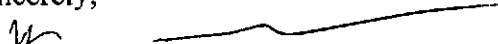
Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

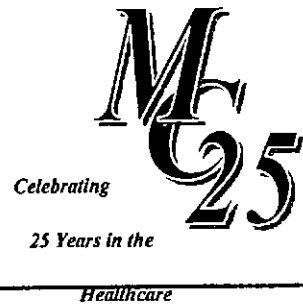
Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Elmhurst Outpatient Surgery Center, L.L.C.. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Brian D. Smith M.D.  
Administrator  
Eye Surgery Center of Hinsdale  
950 NORTH YORK ROAD, STE 203  
Hinsdale, IL 60521

## VIA CERTIFIED MAIL

Dear Dr. Smith

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Eye Surgery Center of Hinsdale. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



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October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Edward Ortiz  
Office Administrator  
Gold Coast Surgicenter, LLC  
845 N. Michigan Ave, 985 W.  
Chicago, IL 60611

## VIA CERTIFIED MAIL

Dear Mr. Ortiz

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Gold Coast Surgicenter, LLC. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

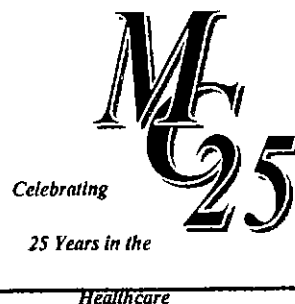
Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

A handwritten signature in black ink, appearing to read 'Drake Shunneson', is written over a horizontal line.

Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Joe Jafari  
Administrator  
Grand Avenue Surgical Center  
17 West Grand Avenue  
Chicago, IL 60654

## VIA CERTIFIED MAIL

Dear Mr. Jafari

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Grand Avenue Surgical Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



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October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Fernando Gruta  
Administrator  
Hinsdale Surgical Center  
908 N. ELM STREET, SUITE 401  
Hinsdale, IL 60521

## VIA CERTIFIED MAIL

Dear Mr. Gruta

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Hinsdale Surgical Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Fortunee Massuda  
Administrator  
Hyde Park Surgery Center, LLC  
1644 E. 53rd Street  
Chicago 60615

## VIA CERTIFIED MAIL

Dear Mr. Massuda

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

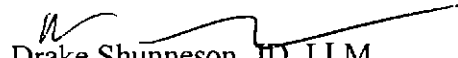
Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Hyde Park Surgery Center, LLC. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

Appendix 1



# Murer Consultants, Inc.



Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Tina Heffernan RN, BSN  
Administrator  
IL Center for Foot & Ankle Surgery  
4650 SOUTHWEST HIGHWAY  
Oak Lawn, IL 60453

## VIA CERTIFIED MAIL

Dear Ms. Heffernan

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

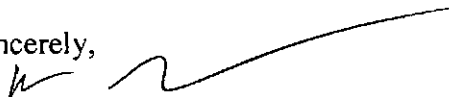
Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on IL Center for Foot & Ankle Surgery. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

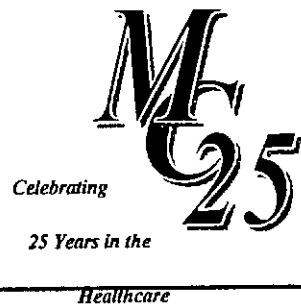
Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

Appendix 1

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Anne Cole  
Administrator  
Ingalls Same Day Surgery  
6701 W. 159TH STREET  
Tinley Park, IL 60477

## VIA CERTIFIED MAIL

Dear Ms. Cole

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Ingalls Same Day Surgery. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

James Gianfrancisco  
Administrator  
Justice Med-Surg Center  
9050 West 81st Street  
Justice, IL 60458

## VIA CERTIFIED MAIL

Dear Mr. Gianfrancisco

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

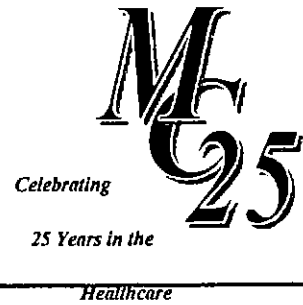
Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Justice Med-Surg Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Geoffrey J. Abbott  
Administrator  
Loyola Ambulatory Surgical Center At Oakbrook  
1 SO. 224 SUMMIT, SUITE 201  
Oakbrook Terrace, IL 60181

## VIA CERTIFIED MAIL

Dear Mr. Abbott

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

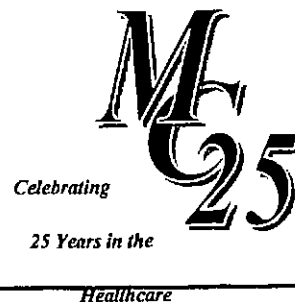
Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Loyola Ambulatory Surgical Center At Oakbrook. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Daniel J. Post  
Administrator  
Loyola University Ambulatory Surgical Center  
2160 S. FIRST AVENUE  
Maywood, IL 60153-3304

## VIA CERTIFIED MAIL

Dear Mr. Post

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

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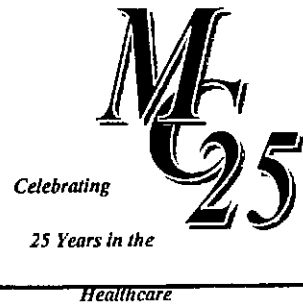
Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Loyola University Ambulatory Surgical Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Ronald Ladniak  
Administrator  
Midwest Center for Day Surgery  
3811 HIGHLAND AVENUE  
Downers Grove, IL 60515-9901

## VIA CERTIFIED MAIL

Dear Mr. Ladniak

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


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The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section I110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Midwest Center for Day Surgery. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Marlene Rinella  
Administrator  
Midwest Eye Center, S. C.  
1700 E. WEST ROAD  
Calumet City, IL 60409

## VIA CERTIFIED MAIL

Dear Ms. Rinella

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


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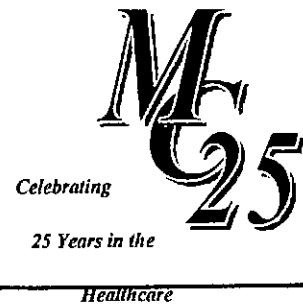
Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Midwest Eye Center, S. C.. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Jo Ann Depergola R.N.  
Administrator  
Novamed Center for Reconstructive Surgery  
6309 W 95th St  
Oak Lawn, IL 60453-2201

## VIA CERTIFIED MAIL

Dear Ms. Depergola

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Novamed Center for Reconstructive Surgery. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC



# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Kelly Spillane, RN  
Administrator  
Novamed Surgery Center of River Forest  
7427 WEST LAKE STREET  
River Forest, IL 60305-1817

## VIA CERTIFIED MAIL

Dear Ms. Spillane

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Novamed Surgery Center of River Forest. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

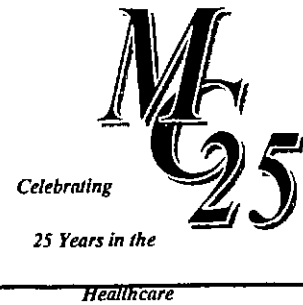
Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

Appendix 1

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Ali Nili  
Administrator  
Oak Brook Surgical Centre, Inc.  
2425 West 22nd St, Suite 101  
Oak Brook, IL 60523

## VIA CERTIFIED MAIL

Dear Ms. Nili

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Oak Brook Surgical Centre, Inc.. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Wayne Lue, MD  
Administrator  
Oak Lawn Endoscopy  
9921 SOUTHWEST HIGHWAY  
Oak Lawn, IL 60453-3767

## VIA CERTIFIED MAIL

Dear Dr. Lue

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

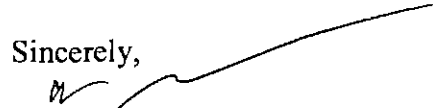
Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Oak Lawn Endoscopy. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Michael Hennessey MD  
Administrator  
OAK PARK EYE CENTER, S.C.  
7055-61 W. NORTH AVENUE  
Oak Lawn, IL 60302

## VIA CERTIFIED MAIL

Dear Dr. Hennessey

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

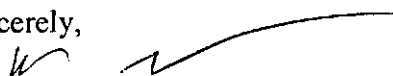
Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on OAK PARK EYE CENTER, S.C.. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Erika Horstmann  
Administrator  
Orland Park Surgical Center, LLC  
9550 WEST 167TH STREET  
Orland Park, IL 60467

## VIA CERTIFIED MAIL

Dear Ms. Horstmann

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Orland Park Surgical Center, LLC. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Thomas Holecek  
Administrator  
Palos Surgicenter, LLC  
7340 W. COLLEGE DRIVE  
Palos Heights, IL 60463

## VIA CERTIFIED MAIL

Dear Mr. Holecek

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Palos Surgicenter, LLC. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Jonette Marino  
Administrator  
River North Same Day Surgery Center  
One East Erie, Suite 300  
Chicago, IL 60611-2737

## VIA CERTIFIED MAIL

Dear Ms. Marino

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

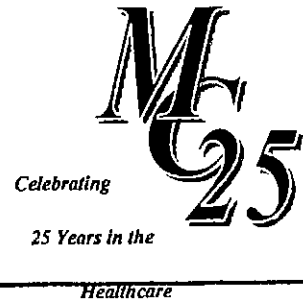
Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on River North Same Day Surgery Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Barbara L Ramsey  
Administrator  
Rush Surgicenter - Prof. Bldg.  
1725 W. HARRISON, SUITE 556  
Chicago, IL 60612

## VIA CERTIFIED MAIL

Dear Ms. Ramsey

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Rush Surgicenter - Prof. Bldg.. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

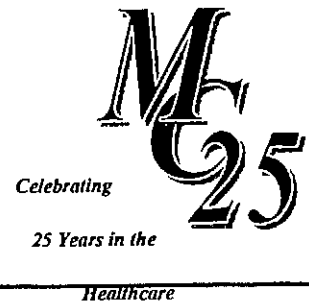
Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC



# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Mike Cherny  
Administrator  
Southwest Surgery Center, L.L.C.  
19110 DARVIN DRIVE  
Mokena, IL 60448

## VIA CERTIFIED MAIL

Dear Mr. Cherny

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Southwest Surgery Center, L.L.C.. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

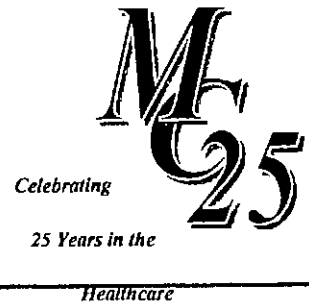
Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

Appendix 1

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Michelle Lipscomb  
Assit. Administrator  
Southwestern Medical Center, LLC d/b/a Magna Surgical Center  
7456 South State Road, 3rd Floor  
Bedford Park 60438

## VIA CERTIFIED MAIL

Dear Ms. Lipscomb

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

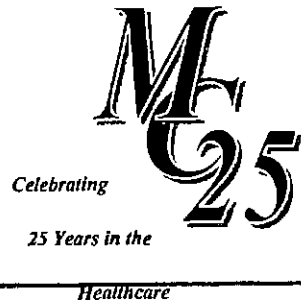
Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Southwestern Medical Center, LLC d/b/a Magna Surgical Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Kenny Bozorgi, M.D., CAS  
Administrator  
Southwestern Medical Center, LLC d/b/a Magna Surgical Center  
9831 South Western Ave - Lower Level  
Chicago 60643-1740

## VIA CERTIFIED MAIL

Dear Dr. Bozorgi

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Southwestern Medical Center, LLC d/b/a Magna Surgical Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



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25 Years in the

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October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Seth Warren  
Administrator  
St. James Surgery Center  
333 Dixie Highway  
Chicago Heights, IL 60411

## VIA CERTIFIED MAIL

Dear Mr. Warren

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on St. James Surgery Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Kenny Bozogori, MD, CAS  
Administrator  
St. James Surgery Center  
9831 SOUTH WESTERN AVENUE  
Chicago, IL 60643-1740

## VIA CERTIFIED MAIL

Dear Dr. Bozogori

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

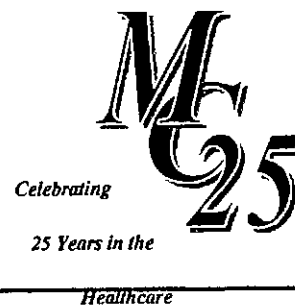
Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on St. James Surgery Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Michael A. Wood, DPM  
Administrator  
Surgicore  
10547 S. Ewing Ave  
Chicago, IL 60617

## VIA CERTIFIED MAIL

Dear Dr. Wood

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

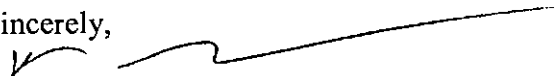
Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Surgicore. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Ronald Ladniak  
Administrator  
Tinley Woods Surgery Center  
18200 S. LAGRANGE ROAD  
Tinley Park, IL 60477

## VIA CERTIFIED MAIL

Dear Mr. Ladniak

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Tinley Woods Surgery Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



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25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Ronald Ladniak  
Administrator  
Westmont Surgery Center  
530 North Cass Ave  
Westmont, IL 60559-9952

## VIA CERTIFIED MAIL

Dear Mr. Ladniak

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

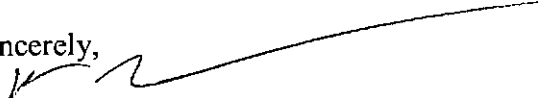
Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Westmont Surgery Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC



# Murer Consultants, Inc.



Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Paul C. Madison, M.D.  
Administrator  
Watertown Surgicenter  
845 N. Michigan Avenue, Suite 985W  
Chicago, IL 60611-2201

## VIA CERTIFIED MAIL

Dear Dr. Madison

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Watertown Surgicenter. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.

**MG**  
**25**

Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Rick Mace  
CEO  
Adventist Bolingbrook Hospital  
500 Remington Blvd  
Bolingbrook 60440

## VIA CERTIFIED MAIL

Dear Mr. Mace

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Adventist Bolingbrook Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

David L. Crane  
CEO  
Adventist Hinsdale Hospital  
120 North Oak Street  
Hinsdale 60521

## VIA CERTIFIED MAIL

Dear Mr. Crane

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Adventist Hinsdale Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Rick Wright  
CEO  
Adventist LaGrange Memorial Hospital  
5101 S. Willow Springs Road  
La Grange 60525

## VIA CERTIFIED MAIL

Dear Mr. Wright

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Adventist LaGrange Memorial Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.

**MC**  
**25**

*Celebrating*

*25 Years in the*

*Healthcare*

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Kenneth Lukhard  
President  
Advocate Christ Medical Center  
4440 West 95th Street  
Oak lawn 60453

## VIA CERTIFIED MAIL

Dear Mr. Lukhard

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Advocate Christ Medical Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

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

## VIA CERTIFIED MAIL

Dear Mr. Fox

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Advocate Good Samaritan Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Michael Englehart  
President  
Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest 60429

## VIA CERTIFIED MAIL

Dear Mr. Englehart

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Advocate South Suburban Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Maureen Morrison  
CFO/Financial Manager  
Advocate Trinity Hospital  
2320 East 93rd Road  
Chicago 60617

## VIA CERTIFIED MAIL

Dear Ms. Morrison

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Advocate Trinity Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC



# Murer Consultants, Inc.



Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Leo F. Fronza  
President & CEO  
Elmhurst Memorial Hospital  
200 Berteau Avenue  
Elmhurst 60126

## VIA CERTIFIED MAIL

Dear Mr. Fronza

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Elmhurst Memorial Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Sharon O'Keefe  
President  
Foster G. McGaw Hospital - Loyola University  
2160 South 1st Avenue  
Maywood 60153

## VIA CERTIFIED MAIL

Dear Ms. O'Keefe

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Foster G. McGaw Hospital - Loyola University. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Kenneth Fishbain  
CEO  
Gottlieb Memorial Hospital  
701 West North Avenue  
Melrose Park 60160

## VIA CERTIFIED MAIL

Dear Mr. Fishbain

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

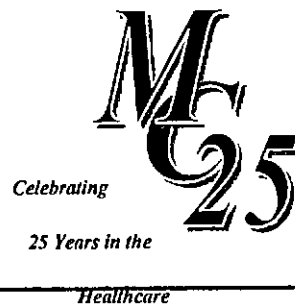
Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Gottlieb Memorial Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Wayne Lerner  
CEO  
Holy Cross Hospital  
2701 West 68th Street  
Chicago 60629

## VIA CERTIFIED MAIL

Dear Mr. Lerner

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Holy Cross Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Kurt Johnson  
President & CEO  
Ingalls Memorial Hospital  
One Ingalls Drive  
Harvey 60426

## VIA CERTIFIED MAIL

Dear Mr. Johnson

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section I110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Ingalls Memorial Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Merritt Hasbrouck  
President  
Jackson Park Hosp. Foundation  
7531 Stony Island Avenue  
Chicago 60649

## VIA CERTIFIED MAIL

Dear Mr. Hasbrouck

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

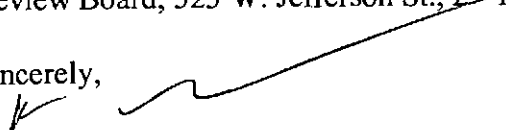
Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

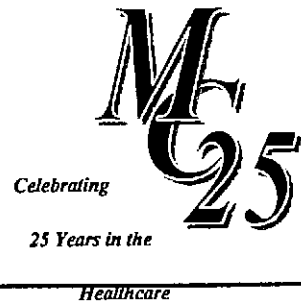
Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Jackson Park Hosp. Foundation. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Johnny C. Brown  
Chief Operating Officer  
John H. Stroger Hospital of Cook County  
1901 West Harrison Street, Suite 5650  
Chicago 60612

## VIA CERTIFIED MAIL

Dear Mr. Brown

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on John H. Stroger Hospital of Cook County. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Dennis Reilly  
President/CEO  
Little Company of Mary Hosp & Health Ctr  
2800 West 95th Street  
Evergreen Park 60805

## VIA CERTIFIED MAIL

Dear Mr. Reilly

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

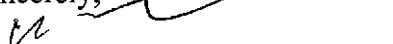
Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Little Company of Mary Hosp & Health Ctr. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC



# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Steve Drucker  
President/CEO  
Loretto Hospital  
645 South Central Avenue  
Chicago 60644

## VIA CERTIFIED MAIL

Dear Mr. Drucker

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Loretto Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Brian Lemon  
CEO  
MacNeal Memorial Hospital  
3249 South Oak Park Avenue  
Berwyn 60402

## VIA CERTIFIED MAIL

Dear Mr. Lemon

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

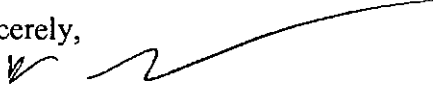
Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

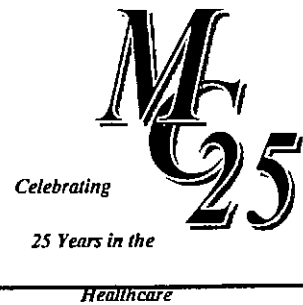
Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on MacNeal Memorial Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Sister Sheila Lyne, RSM  
President & CEO  
Mercy Hospital & Medical Center  
2525 South Michigan Avenue  
Chicago 60616

## VIA CERTIFIED MAIL

Dear Sister Lyne

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Mercy Hospital & Medical Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Enrique Beckmann, MD, PhD  
CEO  
MetroSouth Medical Center  
12935 South Gregory Street  
Blue Island 60406

## VIA CERTIFIED MAIL

Dear Dr. Beckmann

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on MetroSouth Medical Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

Appendix 1

# Murer Consultants, Inc.



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25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Alan H. Channing  
President and CEO  
Mount Sinai Hospital Medical Center  
California at 15th Avenue  
Chicago 60608

## VIA CERTIFIED MAIL

Dear Mr. Channing

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

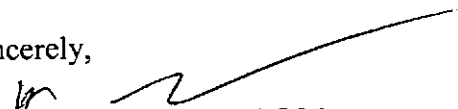
Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Mount Sinai Hospital Medical Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Dean Harrison  
President and CEO  
Northwestern Memorial Hospital  
240 East Ontario Suite 350  
Chicago 60611

## VIA CERTIFIED MAIL

Dear Mr. Harrison

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Northwestern Memorial Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

Appendix 1

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

John Cookinham  
CFO/Financial Manager  
Oak Forest Hospital  
159th & Cicero Ave  
Oak Forest 60452

## VIA CERTIFIED MAIL

Dear Mr. Cookinham

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Oak Forest Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.

**M  
C  
25**

*Celebrating*

*25 Years in the*

*Healthcare*

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Sister Margaret Wright  
President  
Palos Community Hospital  
12251 South 80th Avenue  
Palos Heights 60463

## VIA CERTIFIED MAIL

Dear Sister Wright

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Palos Community Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC



# Murer Consultants, Inc.



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25 Years in the

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October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Terry Mason  
President and CEO  
Provident Hospital of Cook County  
500 East 51st Street  
Chicago 60611

## VIA CERTIFIED MAIL

Dear Mr. Mason

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

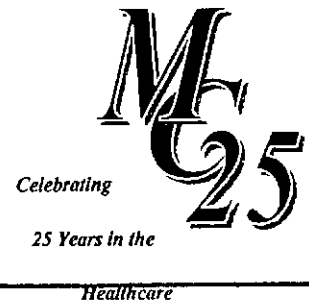
Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Provident Hospital of Cook County. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

James Prister  
President and CEO  
RML Health Providers, L.P.  
5601 County Line Road  
Hinsdale 60521

## VIA CERTIFIED MAIL

Dear Mr. Prister

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on RML Health Providers, L.P.. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



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October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Carey Carlock  
President and CEO  
Riveredge Hospital  
8311 West Roosevelt Road  
Forest Park 60130

## VIA CERTIFIED MAIL

Dear Ms. Carlock

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Riveredge Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Joanne Smith  
President and CEO  
Rehabilitation Institute of Chicago  
345 East Superior Street  
Chicago 60611

## VIA CERTIFIED MAIL

Dear Ms. Smith

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Rehabilitation Institute of Chicago. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Earmon Irons  
CEO  
Roseland Community Hospital  
45 West 111th Street  
Chicago 60628

## VIA CERTIFIED MAIL

Dear Mr. Irons

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Roseland Community Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.

October 3, 2011

Bruce Elegant  
President/CEO  
Rush Oak Park Hospital  
520 South Maple Street  
Oak Park 60304

## VIA CERTIFIED MAIL

Dear Mr. Elegant

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Rush Oak Park Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC



58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

# Murer Consultants, Inc.



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October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Larry Goodman, MD  
President and CEO  
Rush University Medical Center  
1653 West Congress Parkway  
Chicago 60612

## VIA CERTIFIED MAIL

Dear Dr. Goodman

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Rush University Medical Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Anita Halverson  
Administrator  
Schwab Rehabilitation Center  
1401 South California Avenue  
Chicago 60608

## VIA CERTIFIED MAIL

Dear Ms. Halverson

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

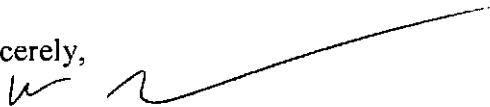
Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Schwab Rehabilitation Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC



# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Paul Pawlak  
President and CEO  
Silver Cross Hospital  
1200 Maple Street  
Joliet 60432

## VIA CERTIFIED MAIL

Dear Mr. Pawlak

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Silver Cross Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Jesus Ong  
Administrator  
South Shore Hospital  
8012 South Crandon  
Chicago 60617

## VIA CERTIFIED MAIL

Dear Mr. Ong

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on South Shore Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



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25 Years in the

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October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Guy A. Medaglia  
President & CEO  
St. Anthony Hospital  
2875 West 19th Street  
Chicago 60623

## VIA CERTIFIED MAIL

Dear Mr. Medaglia

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on St. Anthony Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

Appendix 1

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Sister Elizabeth Van Straten  
PRESIDENT/CEO  
St. Bernard Hospital  
326 West 64th Street  
Chicago 60621

## VIA CERTIFIED MAIL

Dear Sister Straten

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on St. Bernard Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



Celebrating

25 Years in the

Healthcare

October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Seth C.R. Warren  
Regional Chief Executive Officer  
St. James Hospital & Health Center  
20201 South Crawford  
Olympia Fields 60461

## VIA CERTIFIED MAIL

Dear Mr. Warren

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

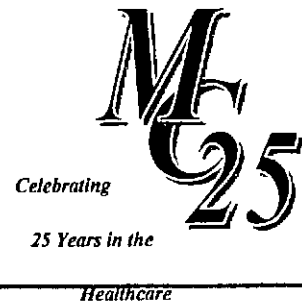
Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on St. James Hospital & Health Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Seth C.R. Warren  
Regional Chief Executive Officer  
St. James Hospital & Health Center  
1423 Chicago Road  
Chicago Heights 60411

## VIA CERTIFIED MAIL

Dear Mr. Warren

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

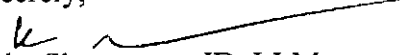
Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

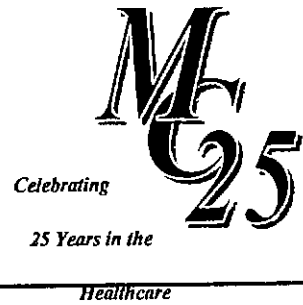
Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on St. James Hospital & Health Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Steven Airhart  
President and CEO  
UHS Hartgrove Hospital  
5730 West Roosevelt Road  
Chicago 60644

## VIA CERTIFIED MAIL

Dear Mr. Airhart

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on UHS Hartgrove Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

John J. DeNardo  
CEO, Healthcare System  
University of Illinois Medical Center  
1740 West Taylor Avenue  
Chicago 60612

## VIA CERTIFIED MAIL

Dear Mr. DeNardo

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

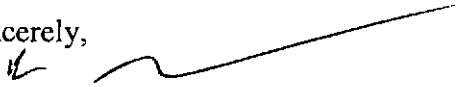
Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on University of Illinois Medical Center. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

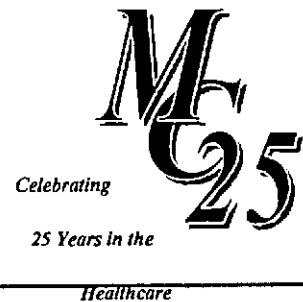
Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC



# Murer Consultants, Inc.

October 3, 2011



58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Attn: CEO  
West Suburban Hospital  
3 Erie Court  
Oak Park 60302

## VIA CERTIFIED MAIL

To Whom It May Concern:

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on West Suburban Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

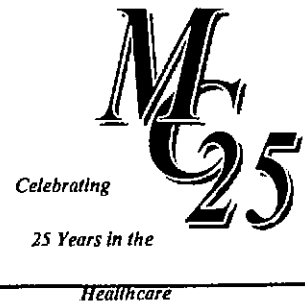
Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

# Murer Consultants, Inc.

October 3, 2011



58 North Chicago Street  
7<sup>th</sup> Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

Attn: CEO  
Westlake Community Hospital  
1225 Lake Street  
Melrose Park 60160

## VIA CERTIFIED MAIL

To Whom it May Concern:

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.


Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Westlake Community Hospital. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2<sup>nd</sup> Fl., Springfield, IL 62761.

Sincerely,

  
Drake Shunneson, JD, LLM  
On Behalf Of  
Palos Hills Surgery Center, LLC

**ASTCs within GSA**

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>	<b>Name</b>	<b>Position</b>
25 East Same Day Surgery	25 EAST WASHINGTON, Ste 300	Chicago, IL	60602-1708	Patricia M Wamsley	Administrator
Ambulatory Surgicenter of Downers Grove	4333 MAIN STREET	Downers Grove, IL	60515	INGA FERDKOFF	Administrator
Chicago Prostate Cancer Surgery Center	815 PASQUEINELLI DRIVE	Westmont, IL	60559	Jennifer Broucek	Administrator
Children's Memorial Outpatient Services at Westchester	2301 ENTERPRISE DRIVE	Westchester, IL	60154	Kristen DiCicco	Administrator
DMG Surgical Center, LLC	2725 S. Technology Drive	Lombard, IL	60148	Erik Baier	Administrator
Elmhurst Medical & Surgical Center P.C.	340 West Butterfield Road, Suite 1B	Elmhurst, IL	60126	Sern Estino	Administrator
Elmhurst Outpatient Surgery Center, L.L.C.	1200 S. YORK ROAD, SUITE 1400	Elmhurst, IL	60126-6533	TINA MENTZ	Administrator
Eye Surgery Center of Hinsdale	950 NORTH YORK ROAD, STE 203	Hinsdale, IL	60521	Brian D. Smith M.D.	Administrator
Gold Coast Surgicenter, LLC	845 N. Michigan Ave, 985 W.	Chicago, IL	60611	Edward Ortiz	Office Administrator
Grand Avenue Surgical Center	17 West Grand Avenue	Chicago, IL	60654	Joe Jafari	Administrator
Hinsdale Surgical Center	908 N. ELM STREET, SUITE 401	Hinsdale, IL	60521	Fernando Gruta	Administrator
Hyde Park Surgery Center, LLC	1644 E. 53 <sup>rd</sup> Street	Chicago	60615	Fortunee Massuda	Administrator
IL Center for Foot & Ankle Surgery	4650 SOUTHWEST HIGHWAY	Oak Lawn, IL	60453	Tina Heffernan RN, BSN	Administrator
Ingalls Same Day Surgery	6701 W. 159TH STREET	Tinley Park, IL	60477	Anne Cole	Administrator
Justice Med-Surg Center	9050 West 81st Street	Justice , IL	60458	James Gianfrancisco, M.	Administrator
Loyola Ambulatory Surgical Center At Oakbrook	1 SO. 224 SUMMIT, SUITE 201	Oakbrook Terrace, IL	60181	Geoffrey J. Abbott	Administrator
Loyola University Ambulatory Surgical Center	2160 S. FIRST AVENUE	Maywood, IL	60153-3304	Daniel J. Post	Administrator
Midwest Center for Day Surgery	3811 HIGHLAND AVENUE	Downers Grove, IL	60515-9901	Ronald Ladniak	Administrator
Midwest Eye Center, S. C.	1700 E. WEST ROAD	Calumet City, IL	60409	Marlene Rinella	Administrator
Novamed Center for Reconstructive Surgery	6309 W 95th St	Oak Lawn, IL	60453-2201	Jo Ann Depergola R.N.	Administrator
Novamed Surgery Center of River Forest	7427 WEST LAKE STREET	River Forest, IL	60305-1817	Kelly Spillane, RN	Administrator
Oak Brook Surgical Centre, Inc.	2425 West 22 <sup>nd</sup> St, Suite 101	Oak Brook, IL	60523	Ali Nili	Administrator
Oak Lawn Endoscopy	9921 SOUTHWEST HIGHWAY	Oak Lawn, IL	60453-3767	Wayne Lue, MD	Administrator
OAK PARK EYE CENTER, S.C.	7055-61 W. NORTH AVENUE	Oak Lawn, IL	60302	Michael Hennessey MD	Administrator
Orland Park Surgical Center, LLC	9550 WEST 167TH STREET	Orland Park, IL	60467	Erika Horstmann	Administrator
Palos Surgicenter, LLC	7340 W. COLLEGE DRIVE	Palos Heights, IL	60463	Thomas Holecek	Administrator

River North Same Day Surgery Center	One East Erie, Suite 300	Chicago, IL	60611-2737	Jonette Marino	Administrator
Rush Surgicenter - Prof. Bldg.	1725 W. HARRISON, SUITE 556	Chicago, IL	60612	Barbara L Ramsey	Administrator
Southwest Surgery Center, L.L.C.	19110 DARVIN DRIVE	Mokena, IL	60448	Mike Cherny	Administrator
Southwestern Medical Center, LLC d/b/a Magna Surgical Center	7456 South State Road, 3rd Floor	Bedford Park	60438	Michelle Lipscomb	Assit. Administrator
Southwestern Medical Center, LLC d/b/a Magna Surgical Center	9831 South Western Ave - Lower Level	Chicago	60643-1740	Kenny Bozorgi, M.D., CAS	Administrator
St. James Surgery Center	333 Dixie Highway	Chicago Heights, IL	60411	Seth Warren	Administrator
St. James Surgery Center	9831 SOUTH WESTERN AVENUE	Chicago, IL	60643-1740	Kenny Bozogori, MD, CAS	Administrator
Surgicore	10547 S. Ewing Ave	Chicago, IL	60617	Michael A. Wood, DPM	Administrator
Tinley Woods Surgery Center	18200 S. LAGRANGE ROAD	Tinley Park, IL	60477	Ronald Ladniak	Administrator
Westmont Surgery Center	530 North Cass Ave	Westmont, IL	60559-9952	Ronald Ladniak	Administrator
Watertower Surgicenter	845 N. Michigan Avenue, Suite 985W	Chicago, IL	60611-2201	Paul C. Madison, M.D.	Administrator

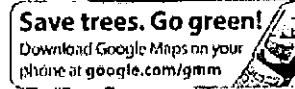
#### Hospitals within GSA

Hospital	Street Address	City	Zip	Name	Position
Adventist Bolingbrook Hospital	500 Remington Blvd	Bolingbrook	60440	Rick Mace	CEO
Adventist Hinsdale Hospital	120 North Oak Street	Hinsdale	60521	David L. Crane	CEO
Adventist LaGrange Memorial Hospital	5101 S. Willow Springs Road	La Grange	60525	Rick Wright	CEO
Advocate Christ Medical Center	4440 West 95th Street	Oak lawn	60453	Kenneth Lukhard	President
Advocate Good Samaritan Hospital	3815 Highland Avenue	Downers Grove	60515	David S. Fox	President
Advocate South Suburban Hospital	17800 South Kedzie Avenue	Hazel Crest	60429	Michael Englehart	President
Advocate Trinity Hospital	2320 East 93 <sup>rd</sup> Road	Chicago	60617	Maureen Morrison	CFO/Financial Manager
Elmhurst Memorial Hospital	200 Berteau Avenue	Elmhurst	60126	Leo F. Fronza	President & CEO
Foster G. McGaw Hospital - Loyola University	2160 South 1st Avenue	Maywood	60153	Sharon O'Keefe	President
Gottlieb Memorial Hospital	701 West North Avenue	Melrose Park	60160	Kenneth Fishbain	CEO
Holy Cross Hospital	2701 West 68th Street	Chicago	60629	Wayne Lerner	CEO
Ingalls Memorial Hospital	One Ingalls Drive	Harvey	60426	Kurt Johnson	President & CEO
Jackson Park Hosp. Foundation	7531 Stony Island Avenue	Chicago	60649	Merritt Hasbrouck	President
John H. Stroger Hospital of Cook County	1901 West Harrison Street, Suite 5650	Chicago	60612	Johnny C. Brown	Chief Operating Officer
Little Company of Mary Hosp & Health Ctr	2800 West 95th Street	Evergreen Park	60805	Dennis Reilly	President/CEO
Loretto Hospital	645 South Central Avenue	Chicago	60644	Steve Drucker	President/CEO
MacNeal Memorial Hospital	3249 South Oak Park Avenue	Berwyn	60402	Brian Lemon	CEO

Mercy Hospital & Medical Center	2525 South Michigan Avenue	Chicago	60616	Sister Sheila Lyne, RSM	President & CEO
MetroSouth Medical Center	12935 South Gregory Street	Blue Island	60406	Enrique Beckmann, MD, PhD	CEO
Mount Sinai Hospital Medical Center	California at 15th Avenue	Chicago	60608	Alan H. Channing	President and CEO
Northwestern Memorial Hospital	240 East Ontario Suite 350	Chicago	60611	Dean Harrison	President and CEO
Oak Forest Hospital	159 <sup>th</sup> & Cicero Ave	Oak Forest	60452	John Cookinham	CFO/Financial Manager
Palos Community Hospital	12251 South 80th Avenue	Palos Heights	60463	Sister Margaret Wright	President
Provident Hospital of Cook County	500 East 51 <sup>st</sup> Street	Chicago	60611	Terry Mason	President and CEO
RML Health Providers, L.P.	5601 County Line Road	Hinsdale	60521	James Prister	President and CEO
Riveredge Hospital	8311 West Roosevelt Road	Forest Park	60130	Carey Carlock	President and CEO
Rehabilitation Institute of Chicago	345 East Superior Street	Chicago	60611	Joanne Smith	President and CEO
Roseland Community Hospital	45 West 111th Street	Chicago	60628	Earmon Irons	CEO
Rush Oak Park Hospital	520 South Maple Street	Oak Park	60304	Bruce Elegant	President/CEO
Rush University Medical Center	1653 West Congress Parkway	Chicago	60612	Larry Goodman, MD	President and CEO
Schwab Rehabilitation Center	1401 South California Avenue	Chicago	60608	Anita Halverson	Administrator
Silver Cross Hospital	1200 Maple Street	Joliet	60432	Paul Pawlak	President and CEO
South Shore Hospital	8012 South Crandon	Chicago	60617	Jesus Ong	Administrator
St. Anthony Hospital	2875 West 19th Street	Chicago	60623	Guy A. Medaglia	President & CEO
St. Bernard Hospital	326 West 64th Street	Chicago	60621	Sister Elizabeth Van Straten	PRESIDENT/CEO
St. James Hospital & Health Center	20201 South Crawford	Olympia Fields	60461	Seth C.R. Warren	Regional Chief Executive Officer
St. James Hospital & Health Center	1423 Chicago Road	Chicago Heights	60411	Seth C.R. Warren	Regional Chief Executive Officer
UHS Hartgrove Hospital	5730 West Roosevelt Road	Chicago	60644	Steven Airhart	President and CEO
University of Illinois Medical Center	1740 West Taylor Avenue	Chicago	60612	John J. DeNardo	CEO, Healthcare System
West Suburban Hospital	3 Erie Court	Oak Park	60302		CEO
Westlake Community Hospital	1225 Lake Street	Melrose Park	60160		CEO



**Directions to 25 East Same Day Surgery**  
25 E Washington St # 300, Chicago, IL 60602-1733 - (312) 781-9048  
24.2 mi – about 30 mins – up to 45 mins in traffic



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on **S Roberts Rd** toward **W 103rd St**  
About 2 mins  
go 1.1 mi  
total 1.1 mi
2. Turn left onto **US-12 W/US-20 W/W 95th St**  
About 2 mins  
go 1.7 mi  
total 2.8 mi
3. Turn right onto **US-12 W/US-20 W/US-45 N/96th Ave/S La Grange Rd**  
Continue to follow **US-12 W/US-20 W/US-45 N/S La Grange Rd**  
About 4 mins  
go 3.2 mi  
total 6.0 mi
4. Merge onto **I-55 N** via the ramp to Chicago  
About 14 mins  
go 14.9 mi  
total 20.9 mi
5. Keep left at the fork, follow signs for **US-41 N/Lake Shore Dr N** and merge onto **US-41 N/S Lake Shore Dr**  
About 3 mins  
go 2.4 mi  
total 23.2 mi
6. Turn left onto **E Jackson Dr**  
About 2 mins  
go 0.4 mi  
total 23.6 mi
7. Take the 2nd right onto **S Michigan Ave**  
go 463 ft  
total 23.7 mi
8. Take the 1st left onto **E Adams St**  
go 0.2 mi  
total 23.9 mi
9. Turn right onto **S State St**  
About 1 min  
go 0.3 mi  
total 24.1 mi
10. Turn right onto **E Washington St**  
Destination will be on the right  
go 331 ft  
total 24.2 mi

**B** **25 East Same Day Surgery**  
25 E Washington St # 300, Chicago, IL 60602-1733 - (312) 781-9048

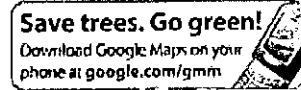
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Ambulatory Surgicenter**  
4333 Main St # 2, Downers Grove, IL 60515-2870 - (630) 322-9451  
17.3 mi – about 29 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on **S Roberts Rd** toward **W 103rd St**  
go 295 ft  
total 295 ft
2. Take the 1st right onto **W 103rd St**  
About 1 min  
go 0.5 mi  
total 0.5 mi
3. Turn left onto **S 76th Ave**  
About 2 mins  
go 1.0 mi  
total 1.5 mi
4. Turn right onto **W 95th St**  
About 1 min  
go 0.2 mi  
total 1.8 mi
5. Merge onto **I-294 N** via the ramp to **Wisconsin**  
Toll road  
About 12 mins  
go 10.2 mi  
total 12.0 mi
6. Exit onto **US-34 W/Ogden Ave**  
Partial toll road  
About 11 mins  
go 5.3 mi  
total 17.3 mi
7. Turn left onto **Main St**  
Destination will be on the left  
About 1 min  
go 210 ft  
total 17.3 mi

**B** **Ambulatory Surgicenter**  
4333 Main St # 2, Downers Grove, IL 60515-2870 - (630) 322-9451

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



Directions to 815 Pasquinelli Dr, Westmont, IL 60559  
14.6 mi – about 23 mins  
Chicago Prostate Cancer Surgery Center

10330 S Roberts Rd, Palos Hills, IL 60465

- 
1. Head north on S Roberts Rd toward W 103rd St  
go 295 ft  
total 295 ft
  
  2. Take the 1st right onto W 103rd St  
About 1 min  
go 0.5 mi  
total 0.5 mi
  
  3. Turn left onto S 76th Ave  
About 2 mins  
go 1.0 mi  
total 1.5 mi
  
  4. Turn right onto W 95th St  
About 1 min  
go 0.2 mi  
total 1.8 mi
  
  5. Merge onto I-294 N via the ramp to Wisconsin  
Toll road  
About 12 mins  
go 10.2 mi  
total 12.0 mi
  
  6. Exit onto US-34 W/Ogden Ave  
Partial toll road  
About 5 mins  
go 2.2 mi  
total 14.2 mi
  
  7. Turn right onto Pasquinelli Dr  
Destination will be on the right  
About 1 min  
go 0.4 mi  
total 14.6 mi

815 Pasquinelli Dr, Westmont, IL 60559

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



Google maps

Directions to Children's Outpatient Center\*

2301 Enterprise Dr, Westchester, IL 60154-5802 - (708) 836-4800

13.6 mi - about 23 mins







*Children's Memorial  
Outpt Svcs at  
Westchester*

Save trees. Go green!

Download Google Maps on your phone at [google.com/gmm](http://google.com/gmm)



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                            |
|--|----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St<br>About 2 mins  | go 1.1 mi<br>total 1.1 mi  |
|  2. Turn left onto US-12 W/US-20 W/W 95th St<br>About 2 mins  | go 1.7 mi<br>total 2.8 mi  |
|  3. Turn right onto US-12 W/US-20 W/US-45 N/96th Ave/S La Grange Rd<br>Continue to follow US-12 W/US-20 W/US-45 N/S La Grange Rd<br>About 10 mins | go 7.2 mi<br>total 10.1 mi |
|  4. Turn left onto US-34 W/W Ogden Ave<br>About 3 mins  | go 1.5 mi<br>total 11.6 mi |
|  5. Turn right onto Wolf Rd<br>About 3 mins   | go 1.4 mi<br>total 13.0 mi |
|  6. Turn left onto Constitution Dr<br>About 1 min   | go 0.3 mi<br>total 13.2 mi |
|  7. Take the 3rd right onto Enterprise Dr<br>Destination will be on the left<br>About 1 min   | go 0.3 mi<br>total 13.6 mi |

**B** Children's Outpatient Center  
2301 Enterprise Dr, Westchester, IL 60154-5802 - (708) 836-4800

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



Directions to 2725 Technology Dr, Lombard, IL 60148  
20.0 mi – about 28 mins  
DMG Surgical Center, LLC

10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on **S Roberts Rd** toward **W 103rd St**  
go 295 ft  
total 295 ft
  2. Take the 1st right onto **W 103rd St**  
About 1 min  
go 0.5 mi  
total 0.5 mi
  3. Turn left onto **S 76th Ave**  
About 2 mins  
go 1.0 mi  
total 1.5 mi
  4. Turn right onto **W 95th St**  
About 1 min  
go 0.2 mi  
total 1.8 mi
  5. Merge onto **I-294 N** via the ramp to **Wisconsin**  
Toll road  
About 14 mins  
go 11.7 mi  
total 13.4 mi
  6. Take the **I-88 W/East-West Tollway** exit toward **Aurora**  
Toll road  
About 2 mins  
go 1.7 mi  
total 15.1 mi
  7. Merge onto **I-88 W**  
Toll road  
About 5 mins  
go 3.8 mi  
total 18.9 mi
  8. Take the **Highland Ave** exit  
go 0.2 mi  
total 19.1 mi
  9. Turn right onto **Highland Ave**  
go 105 ft  
total 19.2 mi
  10. Slight right to merge onto **Butterfield Rd**  
About 1 min  
go 0.7 mi  
total 19.8 mi
  11. Turn right onto **Technology Dr**  
Destination will be on the left  
go 0.1 mi  
total 20.0 mi
- 2725 Technology Dr, Lombard, IL 60148

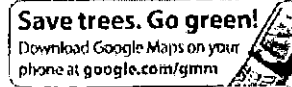
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Elmhurst Outpatient Surgery Center**  
1200 South York Road #1400, Elmhurst, IL 60126-5633 - (630) 758-8800  
16.2 mi – about 23 mins



10330 S Roberts Rd, Palos Hills, IL 60465

- |  |   |                             |
|--|---|-----------------------------|
|  | 1. Head north on <b>S Roberts Rd</b> toward <b>W 103rd St</b>                               | go 295 ft<br>total 295 ft   |
|  | 2. Take the 1st right onto <b>W 103rd St</b><br>About 1 min                                 | go 0.5 mi<br>total 0.5 mi   |
|  | 3. Turn left onto <b>S 76th Ave</b><br>About 2 mins   | go 1.0 mi<br>total 1.5 mi   |
|  | 4. Turn right onto <b>W 95th St</b><br>About 1 min  | go 0.2 mi<br>total 1.8 mi   |
|  | 5. Merge onto <b>I-294 N</b> via the ramp to <b>Wisconsin</b><br>Toll road<br>About 16 mins | go 13.3 mi<br>total 15.0 mi |
|  | 6. Take the <b>IL-38/Roosevelt Rd W</b> exit<br>Toll road                                   | go 0.2 mi<br>total 15.2 mi  |
|  | 7. Merge onto <b>IL-38 W/Roosevelt Rd</b>   | go 0.5 mi<br>total 15.7 mi  |
|  | 8. Take the <b>York Road N</b> exit   | go 0.3 mi<br>total 16.0 mi  |
|  | 9. Slight left onto <b>E Brush Hill Rd</b>  | go 351 ft<br>total 16.0 mi  |
|  | 10. Take the 1st right onto <b>Fronza Pkwy</b>  | go 0.1 mi<br>total 16.2 mi  |
|  | 11. Turn right to stay on <b>Fronza Pkwy</b>  | go 184 ft<br>total 16.2 mi  |

**Elmhurst Outpatient Surgery Center**  
1200 South York Road #1400, Elmhurst, IL 60126-5633 - (630) 758-8800

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google







Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.

Google maps

Directions to **Smith-Perry Eye Center / Eye Surgery Ctr of**  
950 N York Rd # 203, Hinsdale, IL 60521-8609 - (630) 789-6700 Hinsdale  
12.9 mi - about 20 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on **S Roberts Rd** toward **W 103rd St** go 295 ft  
total 295 ft
-  2. Take the 1st right onto **W 103rd St** go 0.5 mi  
About 1 min total 0.5 mi
-  3. Turn left onto **S 76th Ave** go 1.0 mi  
About 2 mins total 1.5 mi
-  4. Turn right onto **W 95th St** go 0.2 mi  
About 1 min total 1.8 mi
-  5. Merge onto **I-294 N** via the ramp to **Wisconsin** go 10.2 mi  
Toll road total 12.0 mi  
About 12 mins
-  6. Exit onto **US-34 W/Ogden Ave** go 0.8 mi  
Partial toll road total 12.8 mi  
About 2 mins
-  7. Turn right onto **N York Rd** go 0.1 mi  
Destination will be on the left total 12.9 mi

**B** **Smith-Perry Eye Center**  
950 N York Rd # 203, Hinsdale, IL 60521-8609 - (630) 789-6700

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Elmhurst Memorial Healthcare**  
360 W Butterfield Rd, Elmhurst, IL 60126  
17.2 mi – about 25 mins  
Elmhurst Medical & Surgical Center, P.C.

10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on S Roberts Rd toward W 103rd St go 295 ft  
total 295 ft
2. Take the 1st right onto W 103rd St  
About 1 min go 0.5 mi  
total 0.5 mi
3. Turn left onto S 76th Ave  
About 2 mins go 1.0 mi  
total 1.5 mi
4. Turn right onto W 95th St  
About 1 min go 0.2 mi  
total 1.8 mi
5. Merge onto I-294 N via the ramp to Wisconsin  
Toll road  
About 16 mins go 13.3 mi  
total 15.0 mi
6. Take the IL-38/Roosevelt Rd W exit  
Toll road go 0.2 mi  
total 15.2 mi
7. Merge onto IL-38 W/Roosevelt Rd  
About 2 mins go 1.6 mi  
total 16.8 mi
8. Take the exit toward IL-56/Butterfield Rd go 0.2 mi  
total 17.0 mi
9. Turn left onto W Brush Hill Rd go 0.1 mi  
total 17.1 mi
10. Continue onto W Commonwealth Ln go 161 ft  
total 17.1 mi  
About 1 min
11. Turn right onto W Butterfield Rd/Butterfield Frontage Rd go 230 ft  
total 17.2 mi  
Destination will be on the right

**Elmhurst Memorial Healthcare**  
360 W Butterfield Rd, Elmhurst, IL 60126

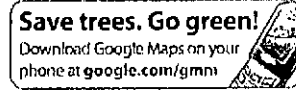
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google







Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Gold Coast Surgical Center**  
845 N Michigan Ave # 985, Chicago, IL 60611-2252 - (312) 202-0700  
25.1 mi – about 30 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on **S Roberts Rd** toward **W 103rd St**  
About 2 mins  
go 1.1 mi  
total 1.1 mi
-  2. Turn left onto **US-12 W/US-20 W/W 95th St**  
About 2 mins  
go 1.7 mi  
total 2.8 mi
-  3. Turn right onto **US-12 W/US-20 W/US-45 N/South La Grango Road**  
About 4 mins  
go 3.2 mi  
total 6.0 mi
-  4. Merge onto **I-55 N** via the ramp to Chicago  
About 14 mins  
go 14.9 mi  
total 20.9 mi
-  5. Keep left at the fork, follow signs for **US-41 N/Lake Shore Dr N** and merge onto **US-41 N/S Lake Shore Dr**  
About 4 mins  
go 3.8 mi  
total 24.6 mi
-  6. Turn left onto **E Chicago Ave**  
About 2 mins  
go 0.4 mi  
total 25.0 mi
-  7. Turn right onto **N Michigan Ave**  
Destination will be on the right  
go 0.1 mi  
total 25.1 mi

**B** **Gold Coast Surgical Center**  
845 N Michigan Ave # 985, Chicago, IL 60611-2252 - (312) 202-0700

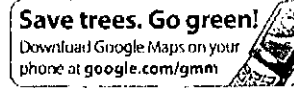
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google








Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Grand Avenue Surgical Center Ltd**  
17 West Grand Avenue, Chicago, IL 60654-4806 - (312) 222-5610  
24.1 mi – about 30 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on S Roberts Rd toward W 103rd St  
About 2 mins go 1.1 mi  
total 1.1 mi
-  2. Turn left onto US-12 W/US-20 W/W 95th St  
About 2 mins go 1.7 mi  
total 2.8 mi
-  3. Turn right onto US-12 W/US-20 W/US-45 N/South La Grango Road  
About 4 mins go 3.2 mi  
total 6.0 mi
-  4. Merge onto I-55 N via the ramp to Chicago  
About 12 mins go 12.7 mi  
total 18.7 mi
-  5. Take exit 292A to merge onto I-90 W/I-94 W toward W Ryan Expy/Wisconsin  
About 5 mins go 4.0 mi  
total 22.8 mi
-  6. Take exit 50B toward Ohio St E go 0.1 mi  
total 22.9 mi
7. Merge onto E Ohio St go 1.1 mi  
total 24.0 mi  
About 2 mins
-  8. Turn right onto N State St go 295 ft  
total 24.1 mi
-  9. Take the 1st right onto W Grand Ave go 194 ft  
total 24.1 mi  
Destination will be on the left

**B** Grand Avenue Surgical Center Ltd  
17 West Grand Avenue, Chicago, IL 60654-4806 - (312) 222-5610

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Hinsdale Surgical Center**  
908 North Elm Street, Hinsdale, IL 60521 - (630) 325-5035  
12.7 mi – about 19 mins



10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on S Roberts Rd toward W 103rd St  
go 295 ft  
total 295 ft
2. Take the 1st right onto W 103rd St  
About 1 min  
go 0.5 mi  
total 0.5 mi
3. Turn left onto S 76th Ave  
About 2 mins  
go 1.0 mi  
total 1.5 mi
4. Turn right onto W 95th St  
About 1 min  
go 0.2 mi  
total 1.8 mi
5. Merge onto I-294 N via the ramp to Wisconsin  
Toll road  
About 12 mins  
go 10.2 mi  
total 12.0 mi
6. Exit onto US-34 W/Ogden Ave  
Partial toll road  
About 2 mins  
go 0.7 mi  
total 12.7 mi
7. Turn right onto N Elm St  
Destination will be on the left  
go 249 ft  
total 12.7 mi

**Hinsdale Surgical Center**  
908 North Elm Street, Hinsdale, IL 60521 - (630) 325-5035

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.





**Directions to Hyde Park Surgery Center**  
1644 E 53rd St, Chicago, IL 60615-4210 - (773) 752-6340  
25.0 mi – about 28 mins



10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                             |
|--|-----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St<br>About 2 mins  | go 1.1 mi<br>total 1.1 mi   |
| 2. Turn left onto US-12 W/US-20 W/W 95th St<br>About 2 mins  | go 1.7 mi<br>total 2.8 mi   |
| 3. Turn right onto US-12 W/US-20 W/US-45 N/South La Grange Road<br>About 4 mins  | go 3.2 mi<br>total 6.0 mi   |
| 4. Merge onto I-55 N via the ramp to Chicago<br>About 14 mins  | go 14.9 mi<br>total 20.9 mi |
| 5. Keep right at the fork, follow signs for US-41 S/Lake Shore Dr S and merge onto US-41 S/S Lake Shore Dr<br>About 4 mins | go 3.9 mi<br>total 24.8 mi  |
| 6. Exit onto E 53rd St<br>About 1 min  | go 0.2 mi<br>total 25.0 mi  |

**Hyde Park Surgery Center**  
1644 E 53rd St, Chicago, IL 60615-4210 - (773) 752-6340

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Foot & Ankle Associates**  
4650 Southwest Hwy, Oak Lawn, IL 60453-1836 - (708) 424-3201  
5.4 mi – about 10 mins  
IL Center for Foot & Ankle Surgery

10330 S Roberts Rd, Palos Hills, IL 60465

- 
1. Head **north** on **S Roberts Rd** toward **W 103rd St** go 295 ft  
total 295 ft
  2. Take the 1st right onto **W 103rd St**  
About 2 mins go 1.0 mi  
total 1.1 mi
  3. Turn left onto **S Harlem Ave**  
About 2 mins go 0.9 mi  
total 1.9 mi
  4. Take the ramp onto **US-12 E/US-20 E/W 95th St**  
About 4 mins go 3.0 mi  
total 5.0 mi
  5. Turn left onto **S Cicero Ave**  
About 1 min go 0.2 mi  
total 5.2 mi
  6. Take the 2nd right onto **SW Hwy/93rd St**  
Continue to follow SW Hwy  
Destination will be on the left go 0.2 mi  
total 5.4 mi

**Foot & Ankle Associates**  
4650 Southwest Hwy, Oak Lawn, IL 60453-1836 - (708) 424-3201

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google




Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.

Google maps

Directions to Ingalls Same Day Surgery  
6701 159th Street, Tinley Park, IL 60477-1758 - (708) 429-0222  
8.7 mi -- about 18 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on S Roberts Rd toward W 103rd St  
go 295 ft  
total 295 ft
-  2. Take the 1st right onto W 103rd St  
About 2 mins  
go 1.0 mi  
total 1.0 mi
-  3. Turn right onto IL-43 S/S Harlem Ave  
About 14 mins  
go 7.1 mi  
total 8.1 mi
-  4. Turn left onto US-6 E/W 159th St  
Destination will be on the right  
About 1 min  
go 0.6 mi  
total 8.7 mi

**B** Ingalls Same Day Surgery  
6701 159th Street, Tinley Park, IL 60477-1758 - (708) 429-0222

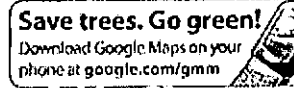
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.


Map data ©2011 Google




Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.


Google maps

**Directions to Justice Med-Surg Center**  
9050 81st Street, Justice, IL 60458-1396 - (708) 594-5121  
4.2 mi – about 9 mins



 10330 S Roberts Rd, Palos Hills, IL 60465

- |   |                           |
|---|---------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St<br>About 2 mins   | go 1.1 mi<br>total 1.1 mi |
|  2. Turn left onto W 95th St<br>About 1 min                                      | go 1.0 mi<br>total 2.1 mi |
|  3. Turn right onto S 88th Ave/Cork Ave<br>About 4 mins                          | go 1.7 mi<br>total 3.8 mi |
|  4. Turn left onto W 81st St<br>Destination will be on the right<br>About 2 mins | go 0.4 mi<br>total 4.2 mi |

 **Justice Med-Surg Center**  
9050 81st Street, Justice, IL 60458-1396 - (708) 594-5121

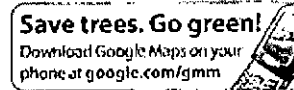
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Loyola Ambulatory Surgery Center**  
1S224 Summit Ave # 201, Oakbrook Terrace, IL 60181-3943 - (630) 916-7088  
18.4 mi – about 26 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on **S Roberts Rd** toward **W 103rd St**  
go 295 ft  
total 295 ft
2. Take the 1st right onto **W 103rd St**  
About 1 min  
go 0.5 mi  
total 0.5 mi
3. Turn left onto **S 76th Ave**  
About 2 mins  
go 1.0 mi  
total 1.5 mi
4. Turn right onto **W 95th St**  
About 1 min  
go 0.2 mi  
total 1.8 mi
5. Merge onto **I-294 N** via the ramp to **Wisconsin**  
Toll road  
About 16 mins  
go 13.3 mi  
total 15.0 mi
6. Take the **IL-38/Roosevelt Rd W** exit  
Toll road  
go 0.2 mi  
total 15.2 mi
7. Merge onto **IL-38 W/Roosevelt Rd**  
About 3 mins  
go 2.8 mi  
total 18.1 mi
8. Turn left onto **S Summit Ave**  
About 1 min  
go 0.2 mi  
total 18.3 mi
9. Take the 1st right onto **14th St**  
Destination will be on the left  
go 374 ft  
total 18.4 mi

**B** **Loyola Ambulatory Surgery Center**  
1S224 Summit Ave # 201, Oakbrook Terrace, IL 60181-3943 - (630) 916-7088

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



Directions to 2160 1st Ave, Maywood, IL 60153

15.3 mi – about 23 mins

Loyola University Ambulatory Surgery Center Loyola Outpatient Center

10330 S Roberts Rd, Palos Hills, IL 60465

- 
1. Head north on S Roberts Rd toward W 103rd St  
About 2 mins  
go 1.1 mi  
total 1.1 mi
  2. Turn left onto US-12 W/US-20 W/W 95th St  
About 2 mins  
go 1.7 mi  
total 2.8 mi
  3. Turn right onto US-12 W/US-20 W/US-45 N/South La Grange Road  
About 4 mins  
go 3.2 mi  
total 6.0 mi
  4. Merge onto I-55 N via the ramp to Chicago  
About 3 mins  
go 3.5 mi  
total 9.5 mi
  5. Take exit 282B to merge onto IL-171 N  
Destination will be on the left  
About 11 mins  
go 5.8 mi  
total 15.3 mi

2160 1st Ave, Maywood, IL 60153

---

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Midwest Center For Day Surgery**  
3811 Highland Avenue, Downers Grove, IL 60515-1555 - (630) 852-9300  
20.2 mi – about 29 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on **S Roberts Rd** toward **W 103rd St**  
go 295 ft  
total 295 ft
2. Take the 1st right onto **W 103rd St**  
About 1 min  
go 0.5 mi  
total 0.5 mi
3. Turn left onto **S 76th Ave**  
About 2 mins  
go 1.0 mi  
total 1.5 mi
4. Turn right onto **W 95th St**  
About 1 min  
go 0.2 mi  
total 1.8 mi
5. Merge onto **I-294 N** via the ramp to **Wisconsin**  
Toll road  
About 14 mins  
go 11.7 mi  
total 13.4 mi
6. Take the **I-88 W/East-West Tollway** exit toward **Aurora**  
Toll road  
About 2 mins  
go 1.7 mi  
total 15.1 mi
7. Merge onto **I-88 W**  
Toll road  
About 5 mins  
go 3.8 mi  
total 18.9 mi
8. Take the **Highland Ave** exit  
go 0.2 mi  
total 19.2 mi
9. Turn left onto **Highland Ave**  
Destination will be on the left  
About 3 mins  
go 1.1 mi  
total 20.2 mi

**B** **Midwest Center For Day Surgery**  
3811 Highland Avenue, Downers Grove, IL 60515-1555 - (630) 852-9300

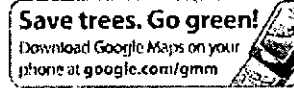
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Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Midwest Eye Center SC: Calumet City**  
1700 East West Road, Calumet City, IL 60409-5431 - (708) 891-3330  
21.7 mi – about 29 mins



10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on S Roberts Rd toward W 103rd St  
go 295 ft  
total 295 ft
2. Take the 1st right onto W 103rd St  
About 1 min  
go 0.5 mi  
total 0.5 mi
3. Turn left onto S 76th Ave  
About 2 mins  
go 0.9 mi  
total 1.4 mi
4. Slight right to merge onto I-294 S toward Indiana  
Toll road  
About 16 mins  
go 13.3 mi  
total 14.7 mi
5. Merge onto I-80 E  
Toll road  
About 5 mins  
go 3.8 mi  
total 18.5 mi
6. Take the I-94 W/IL-394 exit toward Chicago  
Toll road  
go 0.4 mi  
total 18.9 mi
7. Keep left at the fork and merge onto I-94 W  
Partial toll road  
About 2 mins  
go 1.6 mi  
total 20.5 mi
8. Take exit 73B to merge onto US-6 E/159th St  
About 1 min  
go 0.8 mi  
total 21.4 mi
9. Turn right onto Paxton Ave  
go 0.1 mi  
total 21.5 mi
10. Slight left onto E West Rd  
Destination will be on the left  
go 0.2 mi  
total 21.7 mi

**Midwest Eye Center SC: Calumet City**  
1700 East West Road, Calumet City, IL 60409-5431 - (708) 891-3330

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.





Directions to 6309 W 95th St, Oak Lawn, IL 60453  
3.1 mi – about 6 mins  
Novamed Center for Reconstructive Surgery

10330 S Roberts Rd, Palos Hills, IL 60465

- 
1. Head north on **S Roberts Rd** toward **W 103rd St**  
go 295 ft  
total 295 ft
  2. Take the 1st right onto **W 103rd St**  
About 2 mins  
go 1.0 mi  
total 1.1 mi
  3. Turn left onto **S Harlem Ave**  
About 2 mins  
go 0.9 mi  
total 1.9 mi
  4. Take the ramp onto **US-12 E/US-20 E/W 95th St**  
Destination will be on the right  
About 2 mins  
go 1.1 mi  
total 3.1 mi

6309 W 95th St, Oak Lawn, IL 60453

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google







Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Novamed Surgery Center**  
7427 Lake Street, River Forest, IL 60305-1817 - (708) 488-1300  
17.2 mi – about 30 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on **S Roberts Rd** toward **W 103rd St**  
About 2 mins go 1.1 mi  
total 1.1 mi
-  2. Turn left onto **US-12 W/US-20 W/W 95th St**  
About 2 mins go 1.7 mi  
total 2.8 mi
-  3. Turn right onto **US-12 W/US-20 W/US-45 N/South La Grange Road**  
About 4 mins go 3.2 mi  
total 6.0 mi
-  4. Merge onto **I-55 N** via the ramp to **Chicago**  
About 4 mins go 4.4 mi  
total 10.4 mi
-  5. Take exit **283** for **IL-43/Harlem Ave**  
About 1 min go 0.2 mi  
total 10.6 mi
-  6. Turn left onto **S Harlem Ave**  
About 15 mins go 6.2 mi  
total 16.8 mi
-  7. Turn left onto **Lake St**  
Destination will be on the left  
About 1 min go 0.3 mi  
total 17.2 mi

**B** **Novamed Surgery Center**  
7427 Lake Street, River Forest, IL 60305-1817 - (708) 488-1300

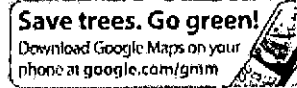
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Oak Brook Surgcal Center**  
2425 W 22nd St # 101, Oak Brook, IL 60523-4642 - (630) 990-2212  
19.7 mi - about 29 mins



10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on **S Roberts Rd** toward **W 103rd St**  
go 295 ft  
total 295 ft
2. Take the 1st right onto **W 103rd St**  
About 1 min  
go 0.5 mi  
total 0.5 mi
3. Turn left onto **S 76th Ave**  
About 2 mins  
go 1.0 mi  
total 1.5 mi
4. Turn right onto **W 95th St**  
About 1 min  
go 0.2 mi  
total 1.8 mi
5. Merge onto **I-294 N** via the ramp to **Wisconsin**  
Toll road  
About 16 mins  
go 13.3 mi  
total 15.0 mi
6. Take the **IL-38/Roosevelt Rd W** exit  
Toll road  
go 0.2 mi  
total 15.2 mi
7. Merge onto **IL-38 W/Roosevelt Rd**  
About 2 mins  
go 2.1 mi  
total 17.4 mi
8. Take the **IL-83 S/Kingery Hwy** exit  
go 0.3 mi  
total 17.7 mi
9. Merge onto **IL-83 S/Kingery Hwy S/N Rte 83 S**  
go 0.2 mi  
total 17.9 mi
10. Take the **IL-56 W/Butterfield Rd** ramp  
go 0.2 mi  
total 18.0 mi
11. Merge onto **IL-56/Butterfield Rd**  
About 2 mins  
go 1.4 mi  
total 19.5 mi
12. Turn left onto **W 22nd St**  
Destination will be on the right  
About 2 mins  
go 0.2 mi  
total 19.7 mi

**Oak Brook Surgical Center**  
2425 W 22nd St # 101, Oak Brook, IL 60523-4642 - (630) 990-2212

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Oak Lawn Endoscoty**  
9921 Southwest Hwy, Oak Lawn, IL 60453-3767 - (708) 425-2552  
2.9 mi - about 8 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on **S Roberts Rd** toward **W 103rd St**  
go 295 ft  
total 295 ft
- 2. Take the 1st right onto **W 103rd St**  
About 2 mins  
go 1.0 mi  
total 1.0 mi
- 43 3. Turn right onto **IL-43 S/S Harlem Ave**  
About 1 min  
go 0.4 mi  
total 1.5 mi
- ⬅ 4. Turn left onto **SW Hwy**  
Destination will be on the right  
About 4 mins  
go 1.4 mi  
total 2.9 mi

**B** **Oak Lawn Endoscoty**  
9921 Southwest Hwy, Oak Lawn, IL 60453-3767 - (708) 425-2552


These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.




Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Mccarthy Eye Center**  
7055 West North Avenue, Oak Park, IL 60302 - (708) 848-2030  
15.4 mi – about 33 mins  
(Oak Park Eye Center, S.C.)

 10330 S Roberts Rd, Palos Hills, IL 60465

- 
1. Head north on S Roberts Rd toward W 103rd St go 295 ft  
total 295 ft
  
  -  2. Take the 1st right onto W 103rd St go 1.0 mi  
total 1.1 mi  
About 2 mins
  
  -  3. Turn left onto IL-43 N/S Harlem Ave go 14.3 mi  
total 15.3 mi  
About 30 mins
  
  -  4. Turn right onto W North Ave go 0.1 mi  
total 15.4 mi  
Destination will be on the right

 **Mccarthy Eye Center**  
7055 West North Avenue, Oak Park, IL 60302 - (708) 848-2030

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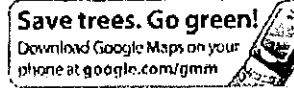
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google




Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.

Google maps

Directions to Orland Park Surgical Center L.L.C.,  
9550 West 167th Street, Orland Park, IL 60467 - (708) 478-7437  
10.1 mi - about 17 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |   |                            |
|---|----------------------------|
| 1. Head <b>south</b> on <b>S Roberts Rd</b> toward <b>104th St</b><br>About 1 min   | go 0.4 mi<br>total 0.4 mi  |
|  2. Turn right onto <b>W 107th St</b><br>About 4 mins                                  | go 2.0 mi<br>total 2.4 mi  |
|  3. Turn left onto <b>US-45 S/96th Ave/S La Grange Rd</b><br>About 10 mins             | go 7.6 mi<br>total 10.0 mi |
|  4. Turn left onto <b>W 167th St</b><br>Destination will be on the left<br>About 1 min | go 187 ft<br>total 10.1 mi |

**B** Orland Park Surgical Center L.L.C.,  
9550 West 167th Street, Orland Park, IL 60467 - (708) 478-7437

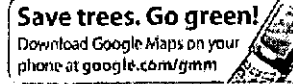
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.


Map data ©2011 Google




Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.

Google maps

Directions to Palos Surgicenter  
7340 W College Dr # 1, Palos Heights, IL 60463-1186 - (708) 361-3233  
3.2 mi - about 8 mins



 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |              |
|--|--------------|
| 1. Head south on S Roberts Rd toward 104th St  | go 0.9 mi    |
| About 2 mins   | total 0.9 mi |
|  2. Turn left onto W 111th St                       | go 0.4 mi    |
| About 1 min  | total 1.3 mi |
|  3. Take the 3rd right onto IL-7 S                  | go 1.1 mi    |
| About 2 mins   | total 2.4 mi |
|  4. Turn left onto 119th St/W College Dr/N Rte 83 S | go 0.8 mi    |
| Destination will be on the left  | total 3.2 mi |
| About 2 mins   |              |

 **Palos Surgicenter**  
7340 W College Dr # 1, Palos Heights, IL 60463-1186 - (708) 361-3233

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to River North Surgery Center: Vargas Axel MD**  
1 E Erie St # 300, Chicago, IL 60611-2770 - (312) 649-3939  
24.1 mi – about 30 mins



10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on **S Roberts Rd** toward **W 103rd St**  
About 2 mins go 1.1 mi  
total 1.1 mi
2. Turn left onto **US-12 W/US-20 W/W 95th St**  
About 2 mins go 1.7 mi  
total 2.8 mi
3. Turn right onto **US-12 W/US-20 W/US-45 N/South La Grange Road**  
About 4 mins go 3.2 mi  
total 6.0 mi
4. Merge onto **I-55 N** via the ramp to **Chicago**  
About 12 mins go 12.7 mi  
total 18.7 mi
5. Take exit **292A** to merge onto **I-90 W/I-94 W** toward **W Ryan Expy/Wisconsin**  
About 5 mins go 4.0 mi  
total 22.8 mi
6. Take exit **50B** toward **Ohio St E** go 0.1 mi  
total 22.9 mi
7. Merge onto **E Ohio St**  
About 2 mins go 1.1 mi  
total 24.0 mi
8. Turn left onto **N State St**  
About 1 min go 0.1 mi  
total 24.1 mi
9. Turn right at the 2nd cross street onto **E Erie St**  
Destination will be on the right go 62 ft  
total 24.1 mi

**River North Surgery Center: Vargas Axel MD**  
1 E Erie St # 300, Chicago, IL 60611-2770 - (312) 649-3939

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.





**Directions to Rush Surgicenter**

1725 W Harrison St # 556, Chicago, IL 60612-2846 - (312) 563-2880  
20.5 mi – about 29 mins – up to 40 mins in traffic



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on **S Roberts Rd** toward **W 103rd St**  
About 2 mins go 1.1 mi  
total 1.1 mi
2. Turn left onto **US-12 W/US-20 W/W 95th St**  
About 2 mins go 1.7 mi  
total 2.8 mi
3. Turn right onto **US-12 W/US-20 W/US-45 N/96th Ave/S La Grange Rd**  
Continue to follow **US-12 W/US-20 W/US-45 N/S La Grange Rd**  
About 4 mins go 3.2 mi  
total 6.0 mi
4. Merge onto **I-55 N** via the ramp to **Chicago**  
About 10 mins go 11.2 mi  
total 17.2 mi
5. Take exit **290** for **Damen Ave**  
About 1 min go 0.5 mi  
total 17.7 mi
6. Turn left onto **S Damen Ave**  
About 7 mins go 2.5 mi  
total 20.2 mi
7. Turn right onto **W Ogden Ave**  
go 0.1 mi  
total 20.3 mi
8. Take the 2nd right onto **W Harrison St**  
Destination will be on the right go 0.2 mi  
total 20.5 mi

**B** **Rush Surgicenter**  
1725 W Harrison St # 556, Chicago, IL 60612-2846 - (312) 563-2880

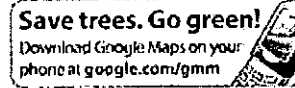
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Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Southwest Surgery Center**  
Ste A, 19110 Darwin Drive, Mokena, IL 60448-8683 - (708) 478-8889  
13.7 mi – about 22 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |   |                             |
|---|-----------------------------|
| 1. Head south on <b>S Roberts Rd</b> toward <b>104th St</b><br>About 1 min  | go 0.4 mi<br>total 0.4 mi   |
| 2. Turn right onto <b>W 107th St</b><br>About 4 mins  | go 2.0 mi<br>total 2.4 mi   |
| 3. Turn left onto <b>US-45 S/96th Ave/S La Grange Rd</b><br>Continue to follow <b>US-45 S/S La Grange Rd</b><br>About 15 mins | go 10.6 mi<br>total 13.1 mi |
| 4. Turn left onto <b>W 191st St</b><br>About 2 mins   | go 0.6 mi<br>total 13.7 mi  |
| 5. Turn right onto <b>Darvin Dr</b><br>Destination will be on the right   | go 213 ft<br>total 13.7 mi  |

**B** **Southwest Surgery Center**  
Ste A, 19110 Darwin Drive, Mokena, IL 60448-8683 - (708) 478-8889


These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.






Map data ©2011 Google


Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



Directions to 7456 S State Rd, Bedford Park, IL 60459  
6.4 mi – about 12 mins  
Magna Surgical Center

 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on **S Roberts Rd** toward **W 103rd St**  
go 295 ft  
total 295 ft
-  2. Take the 1st right onto **W 103rd St**  
About 2 mins  
go 1.0 mi  
total 1.1 mi
-  3. Turn left onto **S Harlem Ave**  
About 2 mins  
go 0.9 mi  
total 1.9 mi
-  4. Take the ramp onto **US-12 E/US-20 E/W 95th St**  
About 1 min  
go 1.0 mi  
total 3.0 mi
-  5. Turn left onto **S Ridgeland Ave**  
About 2 mins  
go 1.0 mi  
total 4.0 mi
-  6. **S Ridgeland Ave** turns slightly right and becomes **State Rd**  
Destination will be on the right  
About 4 mins  
go 2.4 mi  
total 6.4 mi

 7456 S State Rd, Bedford Park, IL 60459

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

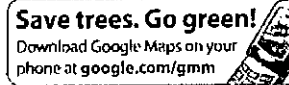
Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Magna Surgical Center**

9831 S Western Ave # Ll, Chicago, IL 60643-1791 - (773) 445-9696  
8.5 mi - about 14 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- 
- |  |                           |
|--|---------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St                                    | go 295 ft<br>total 295 ft |
| 2. Take the 1st right onto W 103rd St<br>About 2 mins                              | go 1.0 mi<br>total 1.1 mi |
| 3. Turn left onto S Harlem Ave<br>About 2 mins                                     | go 0.9 mi<br>total 1.9 mi |
| 4. Take the ramp onto US-12 E/US-20 E/W 95th St<br>About 8 mins                    | go 6.1 mi<br>total 8.0 mi |
| 5. Turn right onto S Western Ave<br>Destination will be on the left<br>About 1 min | go 0.4 mi<br>total 8.5 mi |

**B** Magna Surgical Center  
9831 S Western Ave # Ll, Chicago, IL 60643-1791 - (773) 445-9696

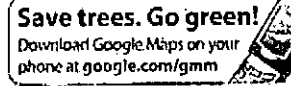
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Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to St James Surgery Center**  
333 Dixie Highway, Chicago Heights, IL 60411-1748 - (708) 754-4890  
18.7 mi – about 30 mins



10330 S Roberts Rd, Palos Hills, IL 60465

- |   |                             |
|---|-----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St                                       | go 295 ft<br>total 295 ft   |
| 2. Take the 1st right onto W 103rd St<br>About 1 min                                  | go 0.5 mi<br>total 0.5 mi   |
| 3. Turn left onto S 76th Ave<br>About 2 mins  | go 0.9 mi<br>total 1.4 mi   |
| 4. Slight right to merge onto I-294 S toward Indiana<br>Toll road<br>About 15 mins    | go 12.6 mi<br>total 14.0 mi |
| 5. Take the exit onto I-80 E<br>Partial toll road                                     | go 0.6 mi<br>total 14.6 mi  |
| 6. Take the Dixie Hwy exit<br>Toll road   | go 0.2 mi<br>total 14.8 mi  |
| 7. Turn right onto Dixie Hwy<br>About 2 mins  | go 0.9 mi<br>total 15.7 mi  |
| 8. Turn left to stay on Dixie Hwy   | go 0.1 mi<br>total 15.8 mi  |
| 9. Turn right to stay on Dixie Hwy<br>Destination will be on the left<br>About 7 mins | go 2.9 mi<br>total 18.7 mi  |

**St James Surgery Center**  
333 Dixie Highway, Chicago Heights, IL 60411-1748 - (708) 754-4890

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



Directions to 9831 S Western Ave, Chicago, IL 60643  
8.5 mi – about 14 mins  
St. James Surgery Center

10330 S Roberts Rd, Palos Hills, IL 60465

- 
1. Head north on **S Roberts Rd** toward **W 103rd St** go 295 ft  
total 295 ft
  
  2. Take the 1st right onto **W 103rd St** go 1.0 mi  
total 1.1 mi  
About 2 mins
  
  3. Turn left onto **S Harlem Ave** go 0.9 mi  
total 1.9 mi  
About 2 mins
  
  4. Take the ramp onto **US-12 E/US-20 E/W 95th St** go 6.1 mi  
total 8.0 mi  
About 8 mins
  
  5. Turn right onto **S Western Ave** go 0.4 mi  
total 8.5 mi  
Destination will be on the left  
About 1 min

9831 S Western Ave, Chicago, IL 60643

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Surgicore Inc**  
10547 South Ewing Avenue, Chicago, IL 60617-6220 - (773) 221-1690  
16.9 mi – about 30 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                             |
|--|-----------------------------|
| 1. Head north on <b>S Roberts Rd</b> toward <b>W 103rd St</b>                                  | go 295 ft<br>total 295 ft   |
| 2. Take the 1st right onto <b>W 103rd St</b><br>About 2 mins                                   | go 1.0 mi<br>total 1.1 mi   |
| 3. Turn left onto <b>S Harlem Ave</b><br>About 2 mins  | go 0.9 mi<br>total 1.9 mi   |
| 4. Take the ramp onto <b>US-12 E/US-20 E/W 95th St</b><br>About 21 mins                        | go 12.8 mi<br>total 14.8 mi |
| 5. Turn right onto <b>S Commercial Ave</b><br>About 1 min                                      | go 0.6 mi<br>total 15.4 mi  |
| 6. Turn left onto <b>E 100th St</b><br>About 2 mins  | go 0.7 mi<br>total 16.2 mi  |
| 7. <b>E 100th St</b> turns slightly right and becomes <b>S Indianapolis Ave</b><br>About 1 min | go 0.1 mi<br>total 16.3 mi  |
| 8. Slight right onto <b>S Ewing Ave</b><br>Destination will be on the left<br>About 2 mins     | go 0.7 mi<br>total 16.9 mi  |

**B** **Surgicore Inc**  
10547 South Ewing Avenue, Chicago, IL 60617-6220 - (773) 221-1690

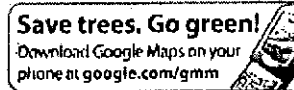
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Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Tinley Woods Surgery Center: Idph Lic. & Jcaho Accredited Facility.**  
18200 La Grange Rd, Tinley Park, IL 60487-7721 - (708) 570-2490  
11.8 mi – about 18 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head south on **S Roberts Rd** toward **104th St**  
About 1 min  
go 0.4 mi  
total 0.4 mi
2. Turn right onto **W 107th St**  
About 4 mins  
go 2.0 mi  
total 2.4 mi
3. Turn left onto **US-45 S/96th Ave/S La Grange Rd**  
Destination will be on the right  
About 13 mins  
go 9.3 mi  
total 11.8 mi

**B** **Tinley Woods Surgery Center: Idph Lic. & Jcaho Accredited Facility.**  
18200 La Grange Rd, Tinley Park, IL 60487-7721 - (708) 570-2490

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.





**Directions to Salt Creek Surgery Center**  
530 North Cass Avenue, Westmont, IL 60559-1503 - (630) 968-1800  
15.5 mi – about 25 mins  
Westmont Surgery Center?

**A** 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on **S Roberts Rd** toward **W 103rd St**  
go 295 ft  
total 295 ft
2. Take the 1st right onto **W 103rd St**  
About 1 min  
go 0.5 mi  
total 0.5 mi
3. Turn left onto **S 78th Ave**  
About 2 mins  
go 1.0 mi  
total 1.5 mi
4. Turn right onto **W 95th St**  
About 1 min  
go 0.2 mi  
total 1.8 mi
5. Merge onto **I-294 N** via the ramp to **Wisconsin**  
Toll road  
About 12 mins  
go 10.2 mi  
total 12.0 mi
6. Exit onto **US-34 W/Ogden Ave**  
Partial toll road  
About 7 mins  
go 3.5 mi  
total 15.5 mi
7. Turn left onto **N Cass Ave**  
Destination will be on the right  
About 1 min  
go 246 ft  
total 15.5 mi

**B** **Salt Creek Surgery Center**  
530 North Cass Avenue, Westmont, IL 60559-1503 - (630) 968-1800

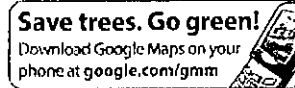
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google







Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Watertower Surgicenter**  
845 North Michigan Avenue # 948W, Chicago, IL 60611-2215 - (312) 944-2929  
25.1 mi – about 30 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |   |                             |
|---|-----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St<br>About 2 mins   | go 1.1 mi<br>total 1.1 mi   |
|  2. Turn left onto US-12 W/US-20 W/W 95th St<br>About 2 mins   | go 1.7 mi<br>total 2.8 mi   |
|  3. Turn right onto US-12 W/US-20 W/US-45 N/South La Grange Road<br>About 4 mins   | go 3.2 mi<br>total 6.0 mi   |
|  4. Merge onto I-55 N via the ramp to Chicago<br>About 14 mins   | go 14.9 mi<br>total 20.9 mi |
|  5. Keep left at the fork, follow signs for US-41 N/Lake Shore Dr N and merge onto US-41 N/S Lake Shore Dr<br>About 4 mins | go 3.8 mi<br>total 24.6 mi  |
|  6. Turn left onto E Chicago Ave<br>About 2 mins  | go 0.4 mi<br>total 25.0 mi  |
|  7. Turn right onto N Michigan Ave<br>Destination will be on the right   | go 0.1 mi<br>total 25.1 mi  |

**B** **Watertower Surgicenter**  
845 North Michigan Avenue # 948W, Chicago, IL 60611-2215 - (312) 944-2929

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.

6/13/2011

Google maps

10330 S Roberts Rd, Palos Hills, IL 604...

Directions to 500 Remington Blvd, Bolingbrook, IL 60440







19.7 mi - about 25 mins

Save trees. Go green!

Download Google Maps on your phone at [google.com/gmm](http://google.com/gmm)



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                             |
|--|-----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St<br>About 2 mins  | go 1.1 mi<br>total 1.1 mi   |
|  2. Turn left onto US-12 W/US-20 W/W 95th St<br>About 2 mins                                  | go 1.7 mi<br>total 2.8 mi   |
|  3. Turn right onto US-12 W/US-20 W/US-45 N/S Lagrange Rd<br>About 5 mins                     | go 3.4 mi<br>total 6.2 mi   |
|  4. Merge onto I-55 S via the ramp to St Louis<br>About 12 mins                               | go 11.8 mi<br>total 18.0 mi |
|  5. Take exit 267 toward Bolingbrook  | go 0.3 mi<br>total 18.3 mi  |
|  6. Turn right onto S Bolingbrook Dr  | go 0.1 mi<br>total 18.5 mi  |
|  7. Take the 1st left onto Remington Blvd<br>Destination will be on the right<br>About 4 mins | go 1.3 mi<br>total 19.7 mi  |

**B** 500 Remington Blvd, Bolingbrook, IL 60440

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

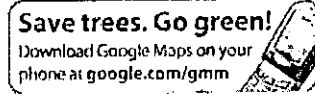
Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.

6/13/2011

Google maps

10330 S Roberts Rd, Palos Hills, IL 604...  
Directions to 120 N Oak St, Hinsdale, IL 60521  
12.4 mi – about 20 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                            |
|--|----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St<br>About 2 mins  | go 1.1 mi<br>total 1.1 mi  |
|  2. Turn left onto US-12 W/US-20 W/W 95th St<br>About 2 mins              | go 1.7 mi<br>total 2.8 mi  |
|  3. Turn right onto US-12 W/US-20 W/US-45 N/S Lagrange Rd<br>About 5 mins | go 3.4 mi<br>total 6.2 mi  |
|  4. Merge onto I-55 S via the ramp to St Louis<br>About 3 mins            | go 2.6 mi<br>total 8.8 mi  |
|  5. Take exit 276B toward Country Line Rd N                               | go 0.3 mi<br>total 9.1 mi  |
| 6. Merge onto S County Line Rd<br>About 6 mins   | go 3.0 mi<br>total 12.1 mi |
|  7. Turn left onto E Chicago Ave<br>About 1 min                           | go 0.1 mi<br>total 12.2 mi |
|  8. Take the 1st right onto N Oak St<br>Destination will be on the left | go 0.1 mi<br>total 12.4 mi |

**B** 120 N Oak St, Hinsdale, IL 60521

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

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6/13/2011


Google maps

10330 S Roberts Rd, Palos Hills, IL 604...





Directions to 5101 Willow Springs Rd, La Grange, IL 60525

9.3 mi - about 17 mins

**Save trees. Go green!**  
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**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                           |
|--|---------------------------|
| 1. Head north on <b>S Roberts Rd</b> toward <b>W 103rd St</b><br>About 2 mins  | go 1.1 mi<br>total 1.1 mi |
|  2. Turn left onto <b>US-12 W/US-20 W/W 95th St</b><br>About 2 mins                         | go 1.7 mi<br>total 2.8 mi |
|  3. Turn right onto <b>US-12 W/US-20 W/US-45 N/S Lagrange Rd</b><br>About 8 mins            | go 5.3 mi<br>total 8.2 mi |
|  4. Turn left onto <b>W 55th St</b><br>About 4 mins   | go 1.0 mi<br>total 9.2 mi |
|  5. Turn right onto <b>Gilbert Rd/Willow Springs Rd</b><br>Destination will be on the right | go 0.2 mi<br>total 9.3 mi |

**B** 5101 Willow Springs Rd, La Grange, IL 60525

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google


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6/13/2011




Google maps

10330 S Roberts Rd, Palos Hills, IL 604...  
Directions to 4440 W 95th St, Oak Lawn, IL 60453  
5.4 mi – about 9 mins

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**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                           |
|--|---------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St  | go 295 ft<br>total 295 ft |
|  2. Take the 1st right onto W 103rd St<br>About 2 mins  | go 1.0 mi<br>total 1.1 mi |
|  3. Turn left onto S Harlem Ave<br>About 2 mins   | go 0.9 mi<br>total 1.9 mi |
|  4. Take the ramp onto US-12 E/US-20 E/W 95th St<br>Destination will be on the left<br>About 5 mins | go 3.5 mi<br>total 5.4 mi |

**B** 4440 W 95th St, Oak Lawn, IL 60453

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

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6/13/2011


Google maps

10330 S Roberts Rd, Palos Hills, IL 604...









Directions to 3815 Highland Ave, Downers Grove, IL 60515

20.3 mi – about 29 mins

**Save trees. Go green!**  
 Download Google Maps on your phone at [google.com/gmm](http://google.com/gmm)



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                             |
|--|-----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St  | go 295 ft<br>total 295 ft   |
|  2. Take the 1st right onto W 103rd St<br>About 1 min                                 | go 0.5 mi<br>total 0.5 mi   |
|  3. Turn left onto S 76th Ave<br>About 2 mins   | go 1.0 mi<br>total 1.5 mi   |
|  4. Turn right onto W 95th St<br>About 1 min  | go 0.2 mi<br>total 1.8 mi   |
|  5. Merge onto I-294 N via the ramp to Wisconsin<br>Toll road<br>About 14 mins        | go 11.7 mi<br>total 13.4 mi |
|  6. Take the I-88 W/East-West Tollway exit toward Aurora<br>Toll road<br>About 2 mins | go 1.7 mi<br>total 15.1 mi  |
|  7. Merge onto I-88 W<br>Toll road<br>About 5 mins                                  | go 3.8 mi<br>total 18.9 mi  |
|  8. Take the Highland Ave exit  | go 0.2 mi<br>total 19.2 mi  |
|  9. Turn left onto Highland Ave<br>Destination will be on the left<br>About 3 mins  | go 1.2 mi<br>total 20.3 mi  |

**B** 3815 Highland Ave, Downers Grove, IL 60515

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.

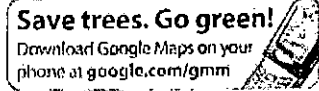
6/13/2011


Google maps






10330 S Roberts Rd, Palos Hills, IL 604...


Directions to 17800 Kedzie Ave, Hazel Crest, IL 60429

15.6 mi - about 25 mins



 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                             |
|--|-----------------------------|
| <hr/>  |                             |
| 1. Head north on <b>S Roberts Rd</b> toward <b>W 103rd St</b>  | go 295 ft<br>total 295 ft   |
|  2. Take the 1st right onto <b>W 103rd St</b><br>About 1 min                                      | go 0.5 mi<br>total 0.5 mi   |
|  3. Turn left onto <b>S 76th Ave</b><br>About 2 mins  | go 0.9 mi<br>total 1.4 mi   |
|  4. Slight right to merge onto <b>I-294 S</b> toward <b>Indiana</b><br>Toll road<br>About 13 mins | go 10.9 mi<br>total 12.3 mi |
|  5. Exit onto <b>US-6 W/W 159th St</b><br>Partial toll road<br>About 1 min                        | go 0.9 mi<br>total 13.2 mi  |
|  6. Turn left onto <b>Kedzie Ave</b><br>Destination will be on the right<br>About 7 mins          | go 2.4 mi<br>total 15.6 mi  |

 17800 Kedzie Ave, Hazel Crest, IL 60429

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

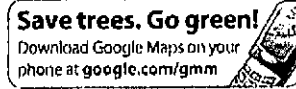
Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.





**Directions to Advocate Trinity Hospital: Robinson Veronica W MD**  
2320 East 93rd Street, Chicago, IL 60617-3982 - (773) 967-2000  
16.6 mi – about 26 mins



1401 S California Ave, Chicago, IL 60608

- |  |  |                            |
|--|--|----------------------------|
|  | 1. Head north on S California Ave toward W 12th Pl<br>About 2 mins   | go 0.9 mi<br>total 0.9 mi  |
|  | 2. Turn right onto W Congress Pkwy   | go 203 ft<br>total 0.9 mi  |
|  | 3. Take the ramp on the left onto I-290 E<br>About 3 mins  | go 2.4 mi<br>total 3.3 mi  |
|  | 4. Take the exit onto I-90 E/I-94 E toward Indiana<br>About 11 mins  | go 7.3 mi<br>total 10.6 mi |
|  | 5. Slight left onto I-90 E (signs for Interstate 90 Skyway E/Indiana Toll Rd)<br>Toll road<br>About 6 mins | go 4.9 mi<br>total 15.5 mi |
|  | 6. Take the Anthony Ave exit toward 92 Rd St<br>Toll road  | go 0.2 mi<br>total 15.7 mi |
|  | 7. Turn left onto S Anthony Ave<br>About 1 min   | go 0.2 mi<br>total 16.0 mi |
|  | 8. Turn right onto E 93rd St<br>Destination will be on the right<br>About 2 mins                           | go 0.7 mi<br>total 16.6 mi |

**Advocate Trinity Hospital: Robinson Veronica W MD**  
2320 East 93rd Street, Chicago, IL 60617-3982 - (773) 967-2000

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

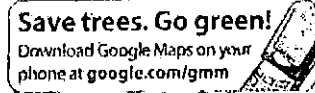
Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.

6/13/2011

Google maps

10330 S Roberts Rd, Palos Hills, IL 604...  
Directions to 200 Berteau Ave, Elmhurst, IL 60126  
19.3 mi – about 28 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |  |                             |
|--|--|-----------------------------|
|  | 1. Head north on S Roberts Rd toward W 103rd St                                    | go 295 ft<br>total 295 ft   |
|  | 2. Take the 1st right onto W 103rd St<br>About 1 min                               | go 0.5 mi<br>total 0.5 mi   |
|  | 3. Turn left onto S 76th Ave<br>About 2 mins                                       | go 1.0 mi<br>total 1.5 mi   |
|  | 4. Turn right onto W 95th St<br>About 1 min  | go 0.2 mi<br>total 1.8 mi   |
|  | 5. Merge onto I-294 N via the ramp to Wisconsin<br>Toll road<br>About 16 mins      | go 13.4 mi<br>total 15.2 mi |
|  | 6. Take the I-294 W exit toward Rockford/Chicago/I-290 E<br>Toll road              | go 0.1 mi<br>total 15.3 mi  |
|  | 7. Keep left at the fork to continue toward I-290 W<br>Toll road<br>About 2 mins   | go 0.8 mi<br>total 16.1 mi  |
|  | 8. Keep right at the fork and merge onto I-290 W<br>About 3 mins                   | go 2.4 mi<br>total 18.5 mi  |
|  | 9. Take exit 13B to merge onto IL-64 W/E North Ave<br>About 1 min                  | go 0.5 mi<br>total 19.0 mi  |
|  | 10. Turn left onto Berteau Ave<br>Destination will be on the right<br>About 2 mins | go 0.3 mi<br>total 19.3 mi  |

**B** 200 Berteau Ave, Elmhurst, IL 60126

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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6/13/2011


Google maps

10330 S Roberts Rd, Palos Hills, IL 604...





Directions to 2160 1st Ave, Maywood, IL 60153

15.3 mi – about 23 mins

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**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                            |
|--|----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St<br>About 2 mins  | go 1.1 mi<br>total 1.1 mi  |
|  2. Turn left onto US-12 W/US-20 W/W 95th St<br>About 2 mins                                  | go 1.7 mi<br>total 2.8 mi  |
|  3. Turn right onto US-12 W/US-20 W/US-45 N/S Lagraange Rd<br>About 4 mins                    | go 3.2 mi<br>total 6.0 mi  |
|  4. Merge onto I-55 N via the ramp to Chicago<br>About 3 mins                                 | go 3.5 mi<br>total 9.5 mi  |
|  5. Take exit 282B to merge onto IL-171 N<br>Destination will be on the left<br>About 11 mins | go 5.8 mi<br>total 15.3 mi |

**B** 2160 1st Ave, Maywood, IL 60153

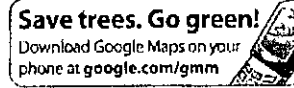
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google








Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



Directions to **Gottlieb Memorial Hospital**  
701 W North Ave, Melrose Park, IL 60160 - (708) 681-3200  
18.9 mi – about 32 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on S Roberts Rd toward W 103rd St  
About 2 mins go 1.1 mi  
total 1.1 mi
-  2. Turn left onto US-12 W/US-20 W/W 95th St  
About 2 mins go 1.7 mi  
total 2.8 mi
-  3. Turn right onto US-12 W/US-20 W/US-45 N/South La Grange Road  
About 4 mins go 3.2 mi  
total 6.0 mi
-  4. Merge onto I-55 N via the ramp to Chicago  
About 3 mins go 3.5 mi  
total 9.5 mi
-  5. Take exit 282B to merge onto IL-171 N  
About 18 mins go 8.8 mi  
total 18.4 mi
-  6. Turn left onto IL-64 W/W North Ave  
About 2 mins go 0.4 mi  
total 18.7 mi
-  7. Turn right onto Naples Dr go 0.1 mi  
total 18.8 mi
-  8. Turn left  
Destination will be on the right go 190 ft  
total 18.9 mi

**B** **Gottlieb Memorial Hospital**  
701 W North Ave, Melrose Park, IL 60160 - (708) 681-3200

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

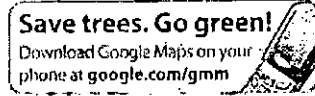
Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.

6/13/2011

Google maps

10330 S Roberts Rd, Palos Hills, IL 604...  
Directions to 2701 W 68th St, Chicago, IL 60629  
9.9 mi - about 21 mins



10330 S Roberts Rd, Palos Hills, IL 60465

- |  |   |                           |
|--|---|---------------------------|
|  | 1. Head north on <b>S Roberts Rd</b> toward <b>W 103rd St</b>                                 | go 295 ft<br>total 295 ft |
|  | 2. Take the 1st right onto <b>W 103rd St</b><br>About 2 mins                                  | go 1.0 mi<br>total 1.1 mi |
|  | 3. Turn left onto <b>S Harlem Ave</b><br>About 2 mins   | go 0.9 mi<br>total 1.9 mi |
|  | 4. Take the ramp onto <b>US-12 E/US-20 E/W 95th St</b><br>About 4 mins                        | go 3.0 mi<br>total 5.0 mi |
|  | 5. Turn left onto <b>S Cicero Ave</b><br>About 1 min  | go 0.2 mi<br>total 5.2 mi |
|  | 6. Take the 2nd right onto <b>SW Hwy/93rd St</b><br>Continue to follow SW Hwy<br>About 2 mins | go 1.2 mi<br>total 6.5 mi |
|  | 7. Continue onto <b>W Columbus Ave</b><br>About 4 mins  | go 1.5 mi<br>total 8.0 mi |
|  | 8. Turn left onto <b>S Kedzie Ave</b><br>About 2 mins   | go 1.0 mi<br>total 8.9 mi |
|  | 9. Turn right onto <b>W 71st St</b><br>About 1 min  | go 0.5 mi<br>total 9.4 mi |
|  | 10. Take the 2nd left onto <b>S California Ave</b><br>About 1 min                             | go 0.4 mi<br>total 9.8 mi |
|  | 11. Take the 3rd right onto <b>W 68th St</b><br>Destination will be on the right              | go 0.1 mi<br>total 9.9 mi |

2701 W 68th St, Chicago, IL 60629

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

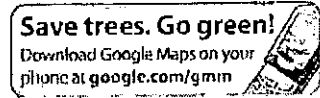
Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.

6/13/2011

Google maps

10330 S Roberts Rd, Palos Hills, IL 604...  
Directions to 1 Ingalls Dr, Harvey, IL 60426  
14.4 mi - about 21 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                             |
|--|-----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St                                    | go 295 ft<br>total 295 ft   |
| 2. Take the 1st right onto W 103rd St<br>About 1 min                               | go 0.5 mi<br>total 0.5 mi   |
| 3. Turn left onto S 76th Ave<br>About 2 mins                                       | go 0.9 mi<br>total 1.4 mi   |
| 4. Slight right to merge onto I-294 S toward Indiana<br>Toll road<br>About 14 mins | go 11.2 mi<br>total 12.6 mi |
| 5. Exit onto US-6 E/W 159th St<br>Partial toll road<br>About 2 mins                | go 1.3 mi<br>total 13.9 mi  |
| 6. Turn left onto Wood St<br>About 1 min   | go 0.4 mi<br>total 14.3 mi  |
| 7. Turn right onto W 156th St/Ald Taylor Way<br>Destination will be on the right   | go 341 ft<br>total 14.4 mi  |
| <b>B</b> 1 Ingalls Dr, Harvey, IL 60426  |                             |

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem!" at the bottom left.

6/13/2011

Google maps

10330 S Roberts Rd, Palos Hills, IL 604...  
Directions to 7531 S Stony Island Ave, Chicago, IL 60649  
15.2 mi - about 28 mins



10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                            |
|--|----------------------------|
| 1. Head north on <b>S Roberts Rd toward W 103rd St</b>   | go 295 ft<br>total 295 ft  |
| 2. Take the 1st right onto <b>W 103rd St</b><br>About 2 mins   | go 1.0 mi<br>total 1.1 mi  |
| 3. Turn left onto <b>S Harlem Ave</b><br>About 2 mins  | go 0.9 mi<br>total 1.9 mi  |
| 4. Take the ramp onto <b>US-12 E/US-20 E/W 95th St</b><br>About 10 mins                                | go 7.7 mi<br>total 9.6 mi  |
| 5. Turn left onto <b>S Vincennes Ave</b><br>About 3 mins   | go 1.1 mi<br>total 10.7 mi |
| 6. Take the 2nd right onto <b>W 87th St</b><br>About 5 mins  | go 2.1 mi<br>total 12.8 mi |
| 7. Turn left onto <b>S Cottage Grove Ave</b><br>About 3 mins   | go 1.0 mi<br>total 13.8 mi |
| 8. Turn right onto <b>E 79th St</b><br>About 2 mins  | go 1.0 mi<br>total 14.8 mi |
| 9. Turn left onto <b>1600 E/S Stony Island Ave</b><br>Destination will be on the right<br>About 2 mins | go 0.4 mi<br>total 15.2 mi |

7531 S Stony Island Ave, Chicago, IL 60649

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google


Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.


6/13/2011








Google maps


10330 S Roberts Rd, Palos Hills, IL 604...  
Directions to 1901 W Harrison St #5650, Chicago, IL 60612  
20.3 mi – about 28 mins – up to 40 mins in traffic

**Save trees. Go green!**  
 Download Google Maps on your phone at [google.com/gmm](http://google.com/gmm)



 10330 S Roberts Rd, Palos Hills, IL 60465

- |   |                             |
|---|-----------------------------|
| 1. Head north on <b>S Roberts Rd</b> toward <b>W 103rd St</b><br>About 2 mins   | go 1.1 mi<br>total 1.1 mi   |
|  2. Turn left onto <b>US-12 W/US-20 W/W 95th St</b><br>About 2 mins                    | go 1.7 mi<br>total 2.8 mi   |
|  3. Turn right onto <b>US-12 W/US-20 W/US-45 N/S Lagrange Rd</b><br>About 4 mins       | go 3.2 mi<br>total 6.0 mi   |
|  4. Merge onto <b>I-55 N</b> via the ramp to Chicago<br>About 10 mins                  | go 11.2 mi<br>total 17.2 mi |
|  5. Take exit <b>290</b> for <b>Damen Ave</b><br>About 1 min                           | go 0.5 mi<br>total 17.7 mi  |
|  6. Turn left onto <b>S Damen Ave</b><br>About 7 mins                                  | go 2.5 mi<br>total 20.2 mi  |
|  7. Turn right onto <b>W Ogden Ave</b>   | go 0.1 mi<br>total 20.3 mi  |
|  8. Take the 2nd right onto <b>W Harrison St</b><br>Destination will be on the right | go 30 ft<br>total 20.3 mi   |

 1901 W Harrison St #5650, Chicago, IL 60612

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



6/13/2011

Google maps

10330 S Roberts Rd, Palos Hills, IL 604...

Directions to 2800 W 95th St, Evergreen Park, IL 60805

7.5 mi - about 12 mins

Save trees. Go green!

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**A** 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on S Roberts Rd toward W 103rd St

go 295 ft  
total 295 ft



2. Take the 1st right onto W 103rd St  
About 2 mins

go 1.0 mi  
total 1.1 mi



3. Turn left onto S Harlem Ave  
About 2 mins

go 0.9 mi  
total 1.9 mi



4. Take the ramp onto US-12 E/US-20 E/W 95th St  
Destination will be on the left  
About 8 mins

go 5.6 mi  
total 7.5 mi

**B** 2800 W 95th St, Evergreen Park, IL 60805

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google


Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.


6/13/2011








Google maps


10330 S Roberts Rd, Palos Hills, IL 604...  
Directions to 645 S Central Ave, Chicago, IL 60644  
18.8 mi – about 28 mins – up to 40 mins in traffic

**Save trees. Go green!**  
 Download Google Maps on your phone at [google.com/gmm](http://google.com/gmm)



 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                            |
|--|----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St<br>About 2 mins  | go 1.1 mi<br>total 1.1 mi  |
|  2. Turn left onto US-12 W/US-20 W/W 95th St<br>About 2 mins              | go 1.7 mi<br>total 2.8 mi  |
|  3. Turn right onto US-12 W/US-20 W/US-45 N/S Lagrange Rd<br>About 4 mins | go 3.2 mi<br>total 6.0 mi  |
|  4. Merge onto I-55 N via the ramp to Chicago<br>About 7 mins             | go 7.6 mi<br>total 13.6 mi |
|  5. Take exit 286 for IL-50/Cicero Ave                                    | go 0.3 mi<br>total 13.9 mi |
|  6. Turn left onto S Cicero Ave<br>About 8 mins                           | go 3.8 mi<br>total 17.7 mi |
|  7. Turn left onto W Flournoy St<br>About 3 mins                          | go 1.0 mi<br>total 18.7 mi |
|  8. Turn right onto S Central Ave<br>Destination will be on the right   | go 249 ft<br>total 18.8 mi |

 645 S Central Ave, Chicago, IL 60644

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

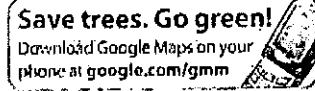
Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.

6/13/2011

Google maps

10330 S Roberts Rd, Palos Hills, IL 604...  
Directions to 3249 S Oak Park Ave, Berwyn, IL 60402  
10.4 mi - about 23 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |   |                            |
|---|----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St                                     | go 295 ft<br>total 295 ft  |
| 2. Take the 1st right onto W 103rd St<br>About 2 mins                               | go 1.0 mi<br>total 1.1 mi  |
| 3. Turn left onto IL-43 N/S Harlem Ave<br>About 17 mins                             | go 8.4 mi<br>total 9.4 mi  |
| 4. Turn right onto W Ogdan Ave<br>About 1 min                                       | go 0.6 mi<br>total 10.0 mi |
| 5. Turn left onto S Oak Park Ave<br>Destination will be on the right<br>About 1 min | go 0.4 mi<br>total 10.4 mi |

**B** 3249 S Oak Park Ave, Berwyn, IL 60402

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.

6/13/2011

Google maps

10330 S Roberts Rd, Palos Hills, IL 604...

Directions to 2525 S Michigan Ave, Chicago, IL 60616

21.3 mi – about 25 mins – up to 40 mins in traffic

Save trees. Go green!

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**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |  |                             |
|--|--|-----------------------------|
|  | 1. Head north on S Roberts Rd toward W 103rd St<br>About 2 mins          | go 1.1 mi<br>total 1.1 mi   |
|  | 2. Turn left onto US-12 W/US-20 W/W 95th St<br>About 2 mins              | go 1.7 mi<br>total 2.8 mi   |
|  | 3. Turn right onto US-12 W/US-20 W/US-45 N/S Lagrange Rd<br>About 4 mins | go 3.2 mi<br>total 6.0 mi   |
|  | 4. Merge onto I-55 N via the ramp to Chicago<br>About 14 mins            | go 14.6 mi<br>total 20.6 mi |
|  | 5. Take exit 293D toward Martin L King Dr                                | go 0.1 mi<br>total 20.8 mi  |
|  | 6. Merge onto E 25th St  | go 161 ft<br>total 20.8 mi  |
|  | 7. Keep right at the fork  | go 177 ft<br>total 20.8 mi  |
|  | 8. Turn right onto S Martin Luther King Dr                               | go 0.1 mi<br>total 20.9 mi  |
|  | 9. Turn right onto E 26th St<br>About 1 min                              | go 0.3 mi<br>total 21.2 mi  |
|  | 10. Turn right onto S Michigan Ave<br>Destination will be on the right   | go 328 ft<br>total 21.3 mi  |

**B** 2525 S Michigan Ave, Chicago, IL 60616

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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6/13/2011

Google maps

10330 S Roberts Rd, Palos Hills, IL 604...

Directions to 12935 Gregory St, Blue Island, IL 60406

10.7 mi - about 21 mins

Save trees. Go green!

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**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |  |                            |
|--|--|----------------------------|
|  | 1. Head north on S Roberts Rd toward W 103rd St  | go 295 ft<br>total 295 ft  |
|  | 2. Take the 1st right onto W 103rd St<br>About 1 min                                     | go 0.5 mi<br>total 0.5 mi  |
|  | 3. Turn left onto S 76th Ave<br>About 2 mins   | go 0.9 mi<br>total 1.4 mi  |
|  | 4. Slight right to merge onto I-294 S toward Indiana<br>Toll road<br>About 6 mins        | go 5.0 mi<br>total 6.4 mi  |
|  | 5. Take the IL-50/Cicero Ave/127th St exit toward IL-83<br>Toll road                     | go 0.3 mi<br>total 6.6 mi  |
|  | 6. Keep right at the fork to continue toward W 127th St<br>Partial toll road             | go 0.3 mi<br>total 6.9 mi  |
|  | 7. Turn left onto W 127th St<br>About 6 mins   | go 2.0 mi<br>total 8.9 mi  |
|  | 8. Turn right onto Wireton Rd<br>About 2 mins  | go 0.8 mi<br>total 9.8 mi  |
|  | 9. Continue onto Vermont St<br>About 1 min   | go 0.5 mi<br>total 10.3 mi |
|  | 10. Turn right onto Western Ave  | go 344 ft<br>total 10.3 mi |
|  | 11. Take the 1st left onto Gregory St<br>Destination will be on the right<br>About 1 min | go 0.4 mi<br>total 10.7 mi |

**B** 12935 Gregory St, Blue Island, IL 60406

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.

6/13/2011


Google maps


10330 S Roberts Rd, Palos Hills, IL 604...

Directions to S California Ave & W 15th Pl, Chicago, IL 60608


18.6 mi – about 25 mins – up to 40 mins in traffic

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 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                             |
|--|-----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St<br>About 2 mins  | go 1.1 mi<br>total 1.1 mi   |
|  2. Turn left onto US-12 W/US-20 W/W 95th St<br>About 2 mins              | go 1.7 mi<br>total 2.8 mi   |
|  3. Turn right onto US-12 W/US-20 W/US-45 N/S Lagrange Rd<br>About 4 mins | go 3.2 mi<br>total 6.0 mi   |
|  4. Merge onto I-55 N via the ramp to Chicago<br>About 9 mins             | go 10.1 mi<br>total 16.1 mi |
|  5. Take exit 289 for California Ave                                      | go 0.1 mi<br>total 16.2 mi  |
| 6. Continue straight<br>About 1 min  | go 0.4 mi<br>total 16.6 mi  |
|  7. Turn left onto S California Ave<br>About 5 mins                       | go 2.0 mi<br>total 18.6 mi  |

 S California Ave & W 15th Pl, Chicago, IL 60608

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



Directions to 240 E Ontario St, Chicago, IL 60611  
25.1 mi – about 30 mins  
Northwestern Memorial Hospital

10330 S Roberts Rd, Palos Hills, IL 60465

- 
1. Head **north** on **S Roberts Rd** toward **W 103rd St**  
About 2 mins go 1.1 mi  
total 1.1 mi
  2. Turn **left** onto **US-12 W/US-20 W/W 95th St**  
About 2 mins go 1.7 mi  
total 2.8 mi
  3. Turn **right** onto **US-12 W/US-20 W/US-45 N/South La Grange Road**  
About 4 mins go 3.2 mi  
total 6.0 mi
  4. Merge onto **I-55 N** via the ramp to **Chicago**  
About 14 mins go 14.9 mi  
total 20.9 mi
  5. Keep **left** at the fork, follow signs for **US-41 N/Lake Shore Dr N** and merge onto **US-41 N/S Lake Shore Dr**  
About 4 mins go 3.8 mi  
total 24.6 mi
  6. Turn **left** onto **E Chicago Ave**  
About 2 mins go 0.2 mi  
total 24.8 mi
  7. Take the **2nd left** onto **N Fairbanks Ct**  
About 1 min go 0.2 mi  
total 25.1 mi
  8. Turn **right** onto **E Ontario St**  
Destination will be on the right go 131 ft  
total 25.1 mi

240 E Ontario St, Chicago, IL 60611

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



Directions to **W 159th St & S Cicero Ave, Oak Forest, IL 60452**  
11.0 mi – about 19 mins  
Oak Forest Hospital

10330 S Roberts Rd, Palos Hills, IL 60465

- 
1. Head north on **S Roberts Rd** toward **W 103rd St** go 295 ft  
total 295 ft
  2. Take the 1st right onto **W 103rd St** go 0.5 mi  
total 0.5 mi  
About 1 min
  3. Turn left onto **S 76th Ave** go 0.9 mi  
total 1.4 mi  
About 2 mins
  4. Slight right to merge onto **I-294 S** toward **Indiana** go 5.0 mi  
total 6.4 mi  
Toll road  
About 6 mins
  5. Exit onto **IL-50 S/S Cicero Ave** go 4.7 mi  
total 11.0 mi  
Partial toll road  
About 9 mins

**W 159th St & S Cicero Ave, Oak Forest, IL 60452**

---

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



6/13/2011

Google maps

10330 S Roberts Rd, Palos Hills, IL 604...

Directions to 12251 S 80th Ave, Palos Heights, IL 60463

2.8 mi - about 7 mins


Save trees. Go green!


Download Google Maps on your phone at [google.com/gmm](http://google.com/gmm)




**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- 
- 1. Head south on S Roberts Rd toward 104th St  
About 2 mins

go 0.9 mi  
total 0.9 mi
  -  2. Turn left onto W 111th St  
About 1 min

go 0.4 mi  
total 1.3 mi
  -  3. Take the 3rd right onto IL-7 S  
About 2 mins

go 1.1 mi  
total 2.4 mi
  -  4. Slight left onto S 80th Ave  
Destination will be on the left  
About 2 mins

go 0.4 mi  
total 2.8 mi

**B** 12251 S 80th Ave, Palos Heights, IL 60463

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



Directions to 500 E 51st St, Chicago, IL 60615  
18.3 mi – about 30 mins  
Provident Hospital of Cook County

10330 S Roberts Rd, Palos Hills, IL 60465

- 
1. Head north on S Roberts Rd toward W 103rd St go 295 ft  
total 295 ft
  2. Take the 1st right onto W 103rd St go 1.0 mi  
total 1.1 mi  
About 2 mins
  3. Turn left onto S Harlem Ave go 0.9 mi  
total 1.9 mi  
About 2 mins
  4. Take the ramp onto US-12 E/US-20 E/W 95th St go 8.1 mi  
total 10.0 mi  
About 10 mins
  5. Turn right onto S Halsted St go 0.5 mi  
total 10.5 mi  
About 1 min
  6. Turn left onto W 99th St go 151 ft  
total 10.5 mi  
About 1 min
  7. Merge onto I-57 N via the ramp on the left to I-94 go 1.1 mi  
total 11.7 mi  
About 2 mins
  8. Merge onto I-94 W go 4.9 mi  
total 16.6 mi  
About 6 mins
  9. Take exit 57 toward Garfield Boulevard go 0.3 mi  
total 16.9 mi
  10. Merge onto S Wentworth Ave go 0.6 mi  
total 17.4 mi  
About 2 mins
  11. Turn right onto W 51st St go 0.9 mi  
total 18.3 mi  
Destination will be on the left  
About 4 mins

500 E 51st St, Chicago, IL 60615

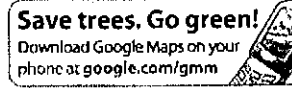
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to RML Health Providers**  
5601 South County Line Road, Hinsdale, IL 60521-4875 - (708) 783-5800  
11.3 mi – about 17 mins



10330 S Roberts Rd, Palos Hills, IL 60465

- |   |                            |
|---|----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St<br>About 2 mins                 | go 1.1 mi<br>total 1.1 mi  |
| 2. Turn left onto US-12 W/US-20 W/W 95th St<br>About 2 mins                     | go 1.7 mi<br>total 2.8 mi  |
| 3. Turn right onto US-12 W/US-20 W/US-45 N/South La Grange Road<br>About 5 mins | go 3.4 mi<br>total 6.2 mi  |
| 4. Merge onto I-55 S via the ramp to St Louis<br>About 3 mins                   | go 2.6 mi<br>total 8.8 mi  |
| 5. Take exit 276B toward Country Line Rd N                                      | go 0.3 mi<br>total 9.1 mi  |
| 6. Merge onto S County Line Rd<br>About 5 mins                                  | go 2.2 mi<br>total 11.3 mi |

**RML Health Providers**  
5601 South County Line Road, Hinsdale, IL 60521-4875 - (708) 783-5800

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google






Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Riveredge Hospital**  
8311 Roosevelt Rd, Forest Park, IL 60130-2500 - (708) 771-7000  
15.8 mi – about 25 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on S Roberts Rd toward W 103rd St  
About 2 mins  
go 1.1 mi  
total 1.1 mi
-  2. Turn left onto US-12 W/US-20 W/W 95th St  
About 2 mins  
go 1.7 mi  
total 2.8 mi
-  3. Turn right onto US-12 W/US-20 W/US-45 N/South La Grange Road  
About 4 mins  
go 3.2 mi  
total 6.0 mi
-  4. Merge onto I-55 N via the ramp to Chicago  
About 3 mins  
go 3.5 mi  
total 9.5 mi
-  5. Take exit 282B to merge onto IL-171 N  
About 11 mins  
go 5.9 mi  
total 15.5 mi
-  6. Turn right at Fillmore St  
Destination will be on the right  
About 1 min  
go 0.3 mi  
total 15.8 mi

**B** Riveredge Hospital  
8311 Roosevelt Rd, Forest Park, IL 60130-2500 - (708) 771-7000

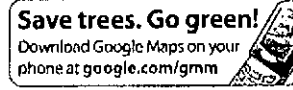
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Rehabilitation Institute of Chicago**  
345 East Superior Street, Chicago, IL 60611 - (800) 354-7342  
25.0 mi - about 30 mins



10330 S Roberts Rd, Palos Hills, IL 60465

- |   |                             |
|---|-----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St<br>About 2 mins   | go 1.1 mi<br>total 1.1 mi   |
| 2. Turn left onto US-12 W/US-20 W/W 95th St<br>About 2 mins   | go 1.7 mi<br>total 2.8 mi   |
| 3. Turn right onto US-12 W/US-20 W/US-45 N/South La Grango Road<br>About 4 mins   | go 3.2 mi<br>total 6.0 mi   |
| 4. Merge onto I-55 N via the ramp to Chicago<br>About 14 mins   | go 14.9 mi<br>total 20.9 mi |
| 5. Keep left at the fork, follow signs for US-41 N/Lake Shore Dr N and merge onto US-41 N/S Lake Shore Dr<br>About 4 mins | go 3.8 mi<br>total 24.6 mi  |
| 6. Turn left onto E Chicago Ave<br>About 2 mins   | go 0.2 mi<br>total 24.8 mi  |
| 7. Take the 2nd left onto N Fairbanks Ct  | go 364 ft<br>total 24.9 mi  |
| 8. Take the 1st left onto E Superior St<br>Destination will be on the right   | go 0.1 mi<br>total 25.0 mi  |

**Rehabilitation Institute of Chicago**  
345 East Superior Street, Chicago, IL 60611 - (800) 354-7342

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.

6/13/2011

Google maps

10330 S Roberts Rd, Palos Hills, IL 604...  
Directions to 45 W 111th St, Chicago, IL 60628  
12.9 mi - about 22 mins

Save trees. Go green!

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**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                            |
|--|----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St                                  | go 295 ft<br>total 295 ft  |
| 2. Take the 1st right onto W 103rd St<br>About 2 mins                            | go 1.0 mi<br>total 1.1 mi  |
| 3. Turn left onto S Harlem Ave<br>About 2 mins                                   | go 0.9 mi<br>total 1.9 mi  |
| 4. Take the ramp onto US-12 E/US-20 E/W 95th St<br>About 10 mins                 | go 8.1 mi<br>total 10.0 mi |
| 5. Turn right onto S Halsted St<br>About 4 mins                                  | go 2.0 mi<br>total 12.0 mi |
| 6. Turn left onto W 111th St<br>Destination will be on the right<br>About 3 mins | go 0.9 mi<br>total 12.9 mi |

**B** 45 W 111th St, Chicago, IL 60628

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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6/13/2011





Google maps

10330 S Roberts Rd, Palos Hills, IL 604...  
Directions to 520 S Maple Ave, Oak Park, IL 60304  
13.3 mi – about 29 mins

**Save trees. Go green!**  
 Download Google Maps on your phone at [google.com/gmm](http://google.com/gmm)



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |   |                             |
|---|-----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St   | go 295 ft<br>total 295 ft   |
|  2. Take the 1st right onto W 103rd St<br>About 2 mins             | go 1.0 mi<br>total 1.1 mi   |
|  3. Turn left onto IL-43 N/S Harlem Ave<br>About 26 mins           | go 12.1 mi<br>total 13.2 mi |
|  4. Turn right onto Monroe St                                      | go 233 ft<br>total 13.2 mi  |
|  5. Turn left onto S Maple Ave<br>Destination will be on the right | go 423 ft<br>total 13.3 mi  |
- B** 520 S Maple Ave, Oak Park, IL 60304

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

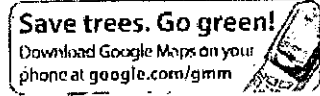
Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.








6/13/2011

Google maps

10330 S Roberts Rd, Palos Hills, IL 604...  
Directions to 1653 W Congress Pkwy, Chicago, IL 60612  
20.6 mi - about 29 mins - up to 45 mins in traffic



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                             |
|--|-----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St<br>About 2 mins  | go 1.1 mi<br>total 1.1 mi   |
|  2. Turn left onto US-12 W/US-20 W/W 95th St<br>About 2 mins              | go 1.7 mi<br>total 2.8 mi   |
|  3. Turn right onto US-12 W/US-20 W/US-45 N/S Lagrange Rd<br>About 4 mins | go 3.2 mi<br>total 6.0 mi   |
|  4. Merge onto I-55 N via the ramp to Chicago<br>About 10 mins            | go 11.2 mi<br>total 17.2 mi |
|  5. Take exit 290 for Damen Ave<br>About 1 min                            | go 0.5 mi<br>total 17.7 mi  |
|  6. Turn left onto S Damen Ave<br>About 7 mins                            | go 2.5 mi<br>total 20.2 mi  |
|  7. Turn right onto W Ogden Ave<br>About 1 min                            | go 0.2 mi<br>total 20.4 mi  |
|  8. Turn right onto W Congress Pkwy<br>Destination will be on the right  | go 0.2 mi<br>total 20.6 mi  |

**B** 1653 W Congress Pkwy, Chicago, IL 60612

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.


Map data ©2011 Google







Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.





Directions to 10330 S Roberts Rd, Palos Hills, IL 60465  
19.1 mi – about 28 mins  
Schwab Rehabilitation Center

 1401 S California Ave, Chicago, IL 60608

- 
- |  |                            |
|--|----------------------------|
| 1. Head south on S California Ave toward W Ogden Ave<br>About 6 mins   | go 2.0 mi<br>total 2.0 mi  |
|  2. Slight right toward Exit 286<br>About 1 min   | go 0.4 mi<br>total 2.4 mi  |
|  3. Take the ramp on the left to Cicero Ave   | go 456 ft<br>total 2.5 mi  |
|  4. Merge onto I-55 S<br>About 9 mins   | go 9.5 mi<br>total 12.0 mi |
|  5. Take exit 279A to merge onto US-12 E/US-20 E/US-45 S/South La Grange Road<br>About 6 mins | go 4.2 mi<br>total 16.2 mi |
|  6. Turn left onto US-12 E/US-20 E/W 95th St<br>About 3 mins                                  | go 1.8 mi<br>total 18.0 mi |
|  7. Turn right onto S Roberts Rd<br>Destination will be on the right<br>About 3 mins         | go 1.1 mi<br>total 19.1 mi |

 10330 S Roberts Rd, Palos Hills, IL 60465

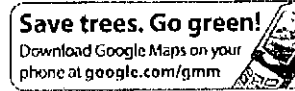
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Silver Cross Hospital**  
1200 Maple Road, Joliet, IL 60432 - (815) 740-1100  
24.9 mi – about 35 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                             |
|--|-----------------------------|
| 1. Head south on <b>S Roberts Rd</b> toward <b>104th St</b><br>About 1 min | go 0.4 mi<br>total 0.4 mi   |
| 2. Turn right onto <b>W 107th St</b><br>About 4 mins                       | go 2.0 mi<br>total 2.4 mi   |
| 3. Turn left onto <b>US-45 S/South La Grange Road</b><br>About 13 mins     | go 9.6 mi<br>total 12.1 mi  |
| 4. Merge onto <b>I-80 W</b> via the ramp to Joliet<br>About 11 mins        | go 10.7 mi<br>total 22.8 mi |
| 5. Take exit <b>134</b> for <b>Briggs St</b>                               | go 0.3 mi<br>total 23.1 mi  |
| 6. Turn right onto <b>S Briggs St</b><br>About 4 mins                      | go 1.5 mi<br>total 24.5 mi  |
| 7. Turn left onto <b>Copperfield Ave</b><br>About 2 mins                   | go 0.4 mi<br>total 24.9 mi  |

**B** **Silver Cross Hospital**  
1200 Maple Road, Joliet, IL 60432 - (815) 740-1100

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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**Directions to South Shore Hospital**  
8012 South Crandon Avenue, Chicago, IL 60617 - (773) 356-5000  
15.8 mi – about 30 mins



10330 S Roberts Rd, Palos Hills, IL 60465

- 
- |  |                            |
|--|----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St                      | go 295 ft<br>total 295 ft  |
| 2. Take the 1st right onto W 103rd St<br>About 2 mins                | go 1.0 mi<br>total 1.1 mi  |
| 3. Turn left onto S Harlem Ave<br>About 2 mins                       | go 0.9 mi<br>total 1.9 mi  |
| 4. Take the ramp onto US-12 E/US-20 E/W 95th St<br>About 10 mins     | go 7.7 mi<br>total 9.6 mi  |
| 5. Turn left onto S Vincennes Ave<br>About 3 mins                    | go 1.1 mi<br>total 10.7 mi |
| 6. Take the 2nd right onto W 87th St<br>About 8 mins                 | go 3.6 mi<br>total 14.3 mi |
| 7. Turn left onto S Jeffery Blvd<br>About 3 mins                     | go 1.0 mi<br>total 15.3 mi |
| 8. Turn right onto E 79th St<br>About 1 min                          | go 0.4 mi<br>total 15.7 mi |
| 9. Turn right onto S Crandon Ave<br>Destination will be on the right | go 0.1 mi<br>total 15.8 mi |

**South Shore Hospital**  
8012 South Crandon Avenue, Chicago, IL 60617 - (773) 356-5000

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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Google maps

10330 S Roberts Rd, Palos Hills, IL 604...  
Directions to 2875 W 19th St, Chicago, IL 60623  
18.4 mi – about 25 mins – up to 40 mins in traffic

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**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |   |                             |
|---|-----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St<br>About 2 mins   | go 1.1 mi<br>total 1.1 mi   |
|  2. Turn left onto US-12 W/US-20 W/W 95th St<br>About 2 mins                     | go 1.7 mi<br>total 2.8 mi   |
|  3. Turn right onto US-12 W/US-20 W/US-45 N/S Lagrange Rd<br>About 4 mins        | go 3.2 mi<br>total 6.0 mi   |
|  4. Merge onto I-55 N via the ramp to Chicago<br>About 9 mins                    | go 10.1 mi<br>total 16.1 mi |
|  5. Take exit 289 for California Ave   | go 0.1 mi<br>total 16.2 mi  |
| 6. Continue straight<br>About 1 min   | go 0.4 mi<br>total 16.6 mi  |
|  7. Turn left onto S California Ave<br>About 5 mins                              | go 1.7 mi<br>total 18.2 mi  |
|  8. Turn left onto W 19th St<br>Destination will be on the left<br>About 1 min | go 0.1 mi<br>total 18.4 mi  |

**B** 2875 W 19th St, Chicago, IL 60623

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6/13/2011

Google maps

10330 S Roberts Rd, Palos Hills, IL 604...  
Directions to 326 W 64th St, Chicago, IL 60621  
16.1 mi - about 26 mins

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10330 S Roberts Rd, Palos Hills, IL 60465

- |  |   |                            |
|--|---|----------------------------|
|  | 1. Head north on <b>S Roberts Rd</b> toward <b>W 103rd St</b>                       | go 295 ft<br>total 295 ft  |
|  | 2. Take the 1st right onto <b>W 103rd St</b><br>About 2 mins                        | go 1.0 mi<br>total 1.1 mi  |
|  | 3. Turn left onto <b>S Harlem Ave</b><br>About 2 mins                               | go 0.9 mi<br>total 1.9 mi  |
|  | 4. Take the ramp onto <b>US-12 E/US-20 E/W 95th St</b><br>About 10 mins             | go 8.1 mi<br>total 10.0 mi |
|  | 5. Turn right onto <b>S Halsted St</b><br>About 1 min                               | go 0.5 mi<br>total 10.5 mi |
|  | 6. Turn left onto <b>W 99th St</b><br>About 1 min                                   | go 151 ft<br>total 10.5 mi |
|  | 7. Merge onto <b>I-57 N</b> via the ramp on the left to <b>I-94</b><br>About 2 mins | go 1.1 mi<br>total 11.7 mi |
|  | 8. Merge onto <b>I-94 W</b><br>About 3 mins   | go 2.7 mi<br>total 14.4 mi |
|  | 9. Take exit <b>59c</b> toward <b>71st St</b>                                       | go 0.2 mi<br>total 14.6 mi |
|  | 10. Take exit <b>59B</b> on the left toward <b>I-90 E/Skyway/State St</b>           | go 0.6 mi<br>total 15.1 mi |
|  | 11. Keep right at the fork to continue toward <b>W Marquette Rd</b>                 | go 0.2 mi<br>total 15.4 mi |
|  | 12. Turn left onto <b>W Marquette Rd</b><br>About 1 min                             | go 0.3 mi<br>total 15.7 mi |
|  | 13. Turn right onto <b>S Yale Ave</b><br>About 1 min                                | go 0.4 mi<br>total 16.1 mi |
|  | 14. Take the 3rd left onto <b>W 64th St</b><br>Destination will be on the right     | go 417 ft<br>total 16.1 mi |

326 W 64th St, Chicago, IL 60621

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

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Directions to St James Hospital And Health Center  
Olympia Fields, IL 60461  
17.7 mi – about 32 mins



10330 S Roberts Rd, Palos Hills, IL 60465

- 
- |  |   |                            |
|--|---|----------------------------|
|  | 1. Head north on S Roberts Rd toward W 103rd St   | go 295 ft<br>total 295 ft  |
|  | 2. Take the 1st right onto W 103rd St<br>About 1 min  | go 0.5 mi<br>total 0.5 mi  |
|  | 3. Turn left onto S 76th Ave<br>About 2 mins  | go 0.9 mi<br>total 1.4 mi  |
|  | 4. Slight right to merge onto I-294 S toward Indiana<br>Toll road<br>About 6 mins                     | go 5.0 mi<br>total 6.4 mi  |
|  | 5. Exit onto IL-50 S/S Cicero Ave<br>Continue to follow IL-50 S<br>Partial toll road<br>About 19 mins | go 9.9 mi<br>total 16.3 mi |
|  | 6. Turn left onto Vollmer Rd<br>About 4 mins  | go 1.2 mi<br>total 17.5 mi |
|  | 7. Turn right   | go 0.1 mi<br>total 17.6 mi |
|  | 8. Take the 1st left  | go 312 ft<br>total 17.7 mi |

St James Hospital And Health Center  
Olympia Fields, IL 60461

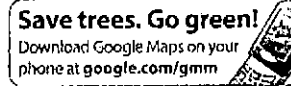
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Map data ©2011 Google

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Directions to St James Hospital And Health Centers  
Chicago Heights, IL 60411  
21.7 mi – about 33 mins



10330 S Roberts Rd, Palos Hills, IL 60465

- |  |  |                             |
|--|--|-----------------------------|
|  | 1. Head north on <b>S Roberts Rd</b> toward <b>W 103rd St</b>                                    | go 295 ft<br>total 295 ft   |
|  | 2. Take the 1st right onto <b>W 103rd St</b><br>About 1 min                                      | go 0.5 mi<br>total 0.5 mi   |
|  | 3. Turn left onto <b>S 76th Ave</b><br>About 2 mins  | go 0.9 mi<br>total 1.4 mi   |
|  | 4. Slight right to merge onto <b>I-294 S</b> toward <b>Indiana</b><br>Toll road<br>About 16 mins | go 13.3 mi<br>total 14.7 mi |
|  | 5. Merge onto <b>I-80 E</b><br>Toll road<br>About 1 min  | go 1.0 mi<br>total 15.7 mi  |
|  | 6. Exit onto <b>IL-1 S/S Halsted St</b><br>Partial toll road<br>About 9 mins                     | go 4.8 mi<br>total 20.5 mi  |
|  | 7. Turn right onto <b>IL-1 S</b>   | go 0.4 mi<br>total 20.9 mi  |
|  | 8. Turn left onto <b>Chicago Rd</b><br>About 1 min   | go 0.4 mi<br>total 21.3 mi  |
|  | 9. Take the 2nd right onto <b>W 14th St</b><br>About 1 min                                       | go 0.2 mi<br>total 21.6 mi  |
|  | 10. Take the 1st right onto <b>Edgewood Ave</b>  | go 0.1 mi<br>total 21.7 mi  |

**St James Hospital And Health Centers**  
Chicago Heights, IL 60411

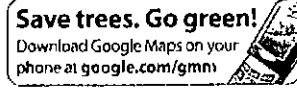
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Google maps

Directions to Hartgrove Hospital  
Chicago, Illinois - (773) 722-3113  
18.5 mi – about 27 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

1. Head north on S Roberts Rd toward W 103rd St  
About 2 mins  
go 1.1 mi  
total 1.1 mi
-  2. Turn left onto US-12 W/US-20 W/W 95th St  
About 2 mins  
go 1.7 mi  
total 2.8 mi
-  3. Turn right onto US-12 W/US-20 W/US-45 N/South La Grange Road  
About 4 mins  
go 3.2 mi  
total 6.0 mi
-  4. Merge onto I-55 N via the ramp to Chicago  
About 7 mins  
go 7.6 mi  
total 13.6 mi
-  5. Take exit 286 for IL-50/Cicero Ave  
go 0.3 mi  
total 13.9 mi
-  6. Turn left onto S Cicero Ave  
About 7 mins  
go 3.4 mi  
total 17.3 mi
-  7. Turn left onto Roosevelt Rd  
About 3 mins  
go 1.1 mi  
total 18.4 mi
-  8. Turn right onto S Waller Ave  
Destination will be on the left  
go 335 ft  
total 18.5 mi

**B** Hartgrove Hospital  
Chicago, Illinois - (773) 722-3113

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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Google maps

10330 S Roberts Rd, Palos Hills, IL 604...

Directions to 1740 W Taylor St, Chicago, IL 60612

20.2 mi - about 28 mins - up to 40 mins in traffic

Save trees. Go green!

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**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                             |
|--|-----------------------------|
| 1. Head north on S Roberts Rd toward W 103rd St<br>About 2 mins                  | go 1.1 mi<br>total 1.1 mi   |
| 2. Turn left onto US-12 W/US-20 W/W 95th St<br>About 2 mins                      | go 1.7 mi<br>total 2.8 mi   |
| 3. Turn right onto US-12 W/US-20 W/US-45 N/S Lagrange Rd<br>About 4 mins         | go 3.2 mi<br>total 6.0 mi   |
| 4. Merge onto I-55 N via the ramp to Chicago<br>About 10 mins                    | go 11.2 mi<br>total 17.2 mi |
| 5. Take exit 290 for Damen Ave<br>About 1 min                                    | go 0.5 mi<br>total 17.7 mi  |
| 6. Turn left onto S Damen Ave<br>About 7 mins                                    | go 2.2 mi<br>total 19.9 mi  |
| 7. Turn right onto W Taylor St<br>Destination will be on the left<br>About 1 min | go 0.3 mi<br>total 20.2 mi  |

**B** 1740 W Taylor St, Chicago, IL 60612

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Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left



**Directions to West Suburban Medical Center**  
3 Erie Ct, Oak Park, Illinois 60302 - (708) 383-6200  
6.4 mi - about 16 mins



**A** 1401 S California Ave, Chicago, IL 60608

- 
- |  |                           |
|--|---------------------------|
| 1. Head north on <b>S California Ave</b> toward <b>W 12th Pl</b><br>About 3 mins | go 0.9 mi<br>total 0.9 mi |
| 2. Turn left onto <b>W Van Buren St</b><br>About 1 min                           | go 0.3 mi<br>total 1.2 mi |
| 3. Slight left to merge onto <b>I-290 W</b><br>About 5 mins                      | go 3.4 mi<br>total 4.6 mi |
| 4. Take exit <b>23A</b> on the left for <b>Austin Blvd</b><br>About 2 mins       | go 0.4 mi<br>total 5.0 mi |
| 5. Turn right onto <b>S Austin Blvd</b><br>About 5 mins                          | go 1.4 mi<br>total 6.4 mi |
| 6. Turn left onto <b>Erie St</b>   | go 33 ft<br>total 6.4 mi  |

**B** **West Suburban Medical Center**  
3 Erie Ct, Oak Park, Illinois 60302 - (708) 383-6200

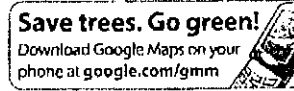
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Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



**Directions to Westlake Hospital**  
1225 West Lake Street, Melrose Park, IL 60160-4000 - (708) 681-3000  
17.8 mi – about 30 mins



**A** 10330 S Roberts Rd, Palos Hills, IL 60465

- |  |                            |
|--|----------------------------|
| 1. Head north on <b>S Roberts Rd</b> toward <b>W 103rd St</b><br>About 2 mins  | go 1.1 mi<br>total 1.1 mi  |
|  2. Turn left onto <b>US-12 W/US-20 W/W 95th St</b><br>About 2 mins                     | go 1.7 mi<br>total 2.8 mi  |
|  3. Turn right onto <b>US-12 W/US-20 W/US-45 N/South La Grange Road</b><br>About 4 mins | go 3.2 mi<br>total 6.0 mi  |
|  4. Merge onto <b>I-55 N</b> via the ramp to Chicago<br>About 3 mins                    | go 3.5 mi<br>total 9.5 mi  |
|  5. Take exit <b>282B</b> to merge onto <b>IL-171 N</b><br>About 15 mins                | go 7.5 mi<br>total 17.0 mi |
|  6. Turn left onto <b>Lake St</b><br>Destination will be on the right<br>About 3 mins   | go 0.8 mi<br>total 17.8 mi |

**B** **Westlake Hospital**  
1225 West Lake Street, Melrose Park, IL 60160-4000 - (708) 681-3000

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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 Street, Apt. or PO Box: 25 East Same Day Surgery  
 City, State: 25 East Washington St, Ste 300  
 Chicago, IL 60602-1708

7010 1670 0000 8050 3671

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Total Postage & Fees	\$ 5.59	

Sent To: Jennifer Brucek, Administrator  
 Street, Apt. or PO Box: Chicago Prostate Cancer Surgery Center  
 City, State: 815 PASQUEINELLI DRIVE  
 Westmont, IL 60559

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Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.59	

Sent To: Erik Baier, Administrator  
 Street, Apt. or PO Box: DMG Surgical Center, LLC  
 City, State: 2725 S. Technology Drive  
 Lombard, IL 60148

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Total Postage & Fees	\$ 5.59	

Sent To: Inga Ferdkoff, Administrator  
 Street, Apt. or PO Box: Ambulatory Surgicenter of Downers Grove  
 City, State: 4333 Main Street  
 Downers Grove, IL 60515

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 Street, Apt. or PO Box: Elmhurst Medical & Surgical Center P.C.  
 City, State: 340 West Butterfield Road, Suite 1B  
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APPENDIX 4

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 Street, Apt or PO Box Elmhurst Outpatient Surgery Center, L.L.C.  
 City, State 1200 S. York Road, Suite 1400  
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 Street, Apt or PO Box Gold Coast Surgicenter, LLC  
 City, State 845 N. Michigan Ave, 985 W.  
 PS Form Chicago, IL 60611

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Sent To Fernando Gruta, Administrator  
 Street, Apt or PO Box Hinsdale Surgical Center  
 City, State 908 N. Elm Street, Suite 401  
 PS Form Hinsdale, IL 60521

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Sent To Brian D. Smith, M.D., Administrator  
 Street, Apt or PO Box Eye Surgery Center of Hinsdale  
 City, State 950 NORTH YORK ROAD, STE 203  
 PS Form Hinsdale, IL 60521

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 City, State 17 West Grand Avenue  
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Sent To Geoffrey J. Abbott, Administrator  
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 City, State At Oakbrook  
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Sent To Daniel J. Post, Administrator  
 Street, Apt or PO Box Loyola University Ambulatory Surgical Center  
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Sent To: Jo Ann Depergola R.N., Administrator  
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 City, State: Surgery  
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 Oak Lawn, IL 60453-2201

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Sent To: Kelly Spillane, RN, Administrator  
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 7427 West Lake Street  
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Sent To: Ali Nili, Administrator  
 Street, Apt. or PO Box: Oak Brook Surgical Centre, Inc.  
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 Street, Apt. or PO Box: Oak Lawn Endoscopy  
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 Oak Lawn, IL 60453-3767

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 Street, Apt. or PO Box: Oak Park Eye Center, S.C.  
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Sent To: Erika Horstmann, Administrator  
 Street, Apt. or PO Box: Orland Park Surgical Center, LLC  
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Sent To: Jonette Marino, Administrator  
 Street, Apt. or PO Box: River North Same Day Surgery Center  
 City, State, ZIP: One East Erie, Suite 300, Chicago, IL 60611-2737

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Sent To: Barbara L Ramsey, Administrator  
 Street, Apt. or PO Box: Rush Surgicenter - Prof. Bldg.  
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Sent To: Mike Cherny Administrator  
 Street, Apt. or PO Box: Southwest Surgery Center, L.L.C.  
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Sent To: Michelle Lipscomb, Assist. Administrator  
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 City, State, ZIP: d/b/a Magna Surgical Center, 7456 South State Road, 3rd Floor, Bedford Park, IL 60438



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 Provident Hospital of Cook County  
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 RML Health Providers, L.P.  
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 Riveredge Hospital  
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 Roseland Community Hospital  
 Street, Apt. or PO Box 45 West 111th Street  
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 Rush Oak Park Hospital  
 Street, Apt. or PO Box 520 South Maple Street  
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 Tinley Park, IL 60477

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**To** Michael A. Wood, D.P.M., Administrator  
 Surgicore  
 10547 S. Ewing Ave  
 Chicago, IL 60617

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**To** Kenny Bozogori, M.D., C.A.S.  
 Administrator  
 St. James Surgery Center  
 9831 South Western Avenue  
 Chicago, IL 60643-1740

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 333 Dixie Highway  
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**To** Kenny Bozogori, M.D., CAS,  
 Administrator  
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 Chicago, IL 60643-1740

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Sent To: Larry Goodman, MD, President & C.E.O.  
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 Street, Apt. or PO Box: Silver Cross Hospital  
 City, State: 1200 Maple Street  
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Sent To: Sister Elizabeth Van Straten  
 President & C.E.O.  
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 City, State: 326 West 64th Street  
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 Street, Apt. or PO Box: Schwab Rehabilitation Center  
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 Street, Apt. or PO Box: South Shore Hospital  
 City, State: 8012 South Crandon  
 Chicago, IL 60617

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Sent To: Seth C.R. Warren Regional, C.E.O.  
 Street, Apt. or PO Box: St. James Hospital & Health Center  
 City, State: 20201 South Crawford  
 Olympia Fields, IL 60461

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Sent To: Seth C.R. Warren Regional, C.E.O  
 Street, Apt. No. or PO Box: St. James Hospital & Health Center  
 1423 Chicago Road  
 City, State: Chicago Heights, IL 60411

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Sent To: Steven Airhart, President & C.E.O  
 Street, Apt. No. or PO Box: UHS Hartgrove Hospital  
 5730 West Roosevelt Road  
 City, State: Chicago, IL 60644

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Sent To: John J. DeNardo  
 C.E.O, Healthcare System  
 Street, Apt. No. or PO Box: University of Illinois Medical Center  
 1740 West Taylor Avenue  
 City, State: Chicago, IL 60612

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Sent To: Ronald Ladniak, Administrator  
 Westmont Surgery Center  
 530 North Cass Ave  
 Westmont, IL 60559-9952

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Sent To: Paul C. Madison, M.D., Administrator  
 Watertower Surgicenter  
 845 N. Michigan Avenue, Suite 985W  
 Chicago, IL 60611-2201

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Sent To: Rick Mace, C.E.O  
 Adventist Bolingbrook Hospital  
 500 Remington Blvd  
 Bolingbrook, IL 60440

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Sent To: David L. Crane, C.E.O.  
 Street, Apt. or PO Box: Adventist Hinsdale Hospital  
 City, State, ZIP: 120 North Oak Street  
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Sent To: Rick Wright, C.E.O.  
 Street, Apt. or PO Box A: Adventist LaGrange Memorial Hospital  
 City, State, ZIP: 5101 S. Willow Springs Road  
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Sent To: Kenneth Lukhard, President  
 Street, Apt. or PO Box: Advocate Christ Medical Center  
 City, State, ZIP: 4440 West 95th Street  
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Sent To: David S. Fox, President  
 Street, Apt. No. or PO Box No.: Advocate Good Samaritan Hospital  
 City, State, ZIP: 3815 Highland Avenue  
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Sent To: Michael Englehart, President  
 Street, Apt. or PO Box: Advocate South Suburban Hospital  
 City, State, ZIP: 17800 South Kedzie Avenue  
 Hazel Crest, IL 60429

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Sent To: Maureen Morrison  
 Street, Apt. No. or PO Box No.: CFO & Financial Manager  
 City, State, ZIP: Advocate Trinity Hospital  
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**Sent To** Leo F. Fronza, President & C.E.O  
 Elmhurst Memorial Hospital  
 200 Berneau Avenue  
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**Sent To** Sharon O'Keefe, President  
 Foster G. McGaw Hospital - Loyola  
 University  
 2160 South 1st Avenue  
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**Sent To** Kenneth Fishbain, C.E.O  
 Gottlieb Memorial Hospital  
 701 West North Avenue  
 Melrose Park, IL 60160

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**Sent To** Wayne Lerner, C.E.O  
 Holy Cross Hospital  
 2701 West 68th Street  
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**Sent To** Kurt Johnson, President & C.E.O  
 Ingalls Memorial Hospital  
 One Ingalls Drive  
 Harvey, IL 60426

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**Sent To** Merritt Hasbrouck, President  
 Jackson Park Hosp. Foundation  
 7531 Stony Island Avenue  
 Chicago, IL 60649

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**Sent To** Johnny C. Brown, Chief Operating Officer  
**Street, Apt. or PO Box #** John H. Stroger Hospital of Cook County  
**City, State, ZIP** 1901 West Harrison Street, Suite 5650  
 Chicago, IL 60612

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**Sent To** Steve Drucker, President & C.E.O.  
**Street, Apt. or PO Box #** Loretto Hospital  
 645 South Central Avenue  
 Chicago, IL 60644

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**Sent To** Sister Sheila Lyne, RSM  
 President & C.E.O.  
**Street, Apt. or PO Box #** Mercy Hospital & Medical Center  
 2525 South Michigan Avenue  
 Chicago, IL 60616

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**Sent To** Dennis Reilly, President & C.E.O.  
 Little Company of Mary Hosp &  
 Health Ctr  
**Street, Apt. or PO Box #** 2800 West 95th Street  
 Evergreen Park, IL 60805

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**Sent To** Brian Lemon, CEO  
 MacNeal Memorial Hospital  
**Street, Apt. or PO Box #** 3249 South Oak Park Avenue  
 Berwyn, IL 60402

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**Sent To** Enrique Beckmann, M.D., Ph.D., C.E.O.  
 MetroSouth Medical Center  
**Street, Apt. or PO Box #** 12935 South Gregory Street  
 Blue Island, IL 60406

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 City, State, ZIP

Alan H. Channing, President & C.E.O  
 Mount Sinai Hospital Medical Center  
 California at 15th Avenue  
 Chicago, IL 60608

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 Street, Apt. or PO Box No.  
 City, State, ZIP

Dean Harrison, President & C.E.O  
 Northwestern Memorial Hospital  
 240 East Ontario Suite 350  
 Chicago, IL 60611

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John Cookinham,  
 C.F.O & Financial Manager  
 Oak Forest Hospital  
 159th & Cicero Ave  
 Oak Forest, IL 60452

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Sister Margaret Wright, President  
 Palos Community Hospital  
 12251 South 80th Avenue  
 Palos Heights, IL 60463

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Attn: CEO  
 West Suburban Hospital  
 3 Erie Court  
 Oak Park, IL 60302

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Sent To  
 Street, Apt. or PO Box  
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Attn: CEO  
 Westlake Community Hospital  
 1225 Lake Street  
 Melrose Park, IL 60160

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