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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- May 2010 Edition
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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

OCT 1 9 2011

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATIONEALTH FACILITIES & SERVICES REVIEW BOARD

This Section must be completed for all projects.	11-098
Facility/Project Identification	<i>,,</i> -
Facility Name: Ritacca Laser Center, Ltd.	
Street Address: 230 Center Drive, Suite 101	
City and Zip Code: Vernon Hills, Illinois 60061	
County: Lake Health Service Area: Health Planni	ng Area:
Applicant /Co-Applicant Identification [Provide for each co-applicant [refer to Part 1130.220].	
Exact Legal Name: Ritacca Laser Center, Ltd.	
Address: 230 Center Street, Suite 101, Vernon Hills, Illinois 60061	
Name of Registered Agent: Louis W. Brydges, Jr.	
Name of Chief Executive Officer: Daniel J. Ritacca, M.D.	
CEO Address: 230 Center Drive, Suite 101, Vernon Hills, Illinois 60061	
Telephone Number: 847-367-8815	
Type of Ownership of Applicant/Co-Applicant	
C3 Non-resident Democration Decreporation	
□ Non-profit Corporation □ Partnership □ For-profit Corporation □ Governmental □ Limited Liability Company □ Sole Proprietorship	
☐ Sole Proprietorship	☐ Other
M Fittilited Framinty Company	
 Corporations and limited liability companies must provide an Illinois certificate of standing. Partnerships must provide the name of the state in which organized and the name each partner specifying whether each is a general or limited partner. 	
APPENDICULATION AS ADJACHMENT IN NUMERIC SEASENTIAL ORDER AT THE LAST. APPLICATION STATES.	
Primary Contact	
[Person to receive all correspondence or inquiries during the review period] Name: John P. Kniery	
Title: Health Care Consultant	
Company Name: Charles H. Foley & Associates, Inc.	
Address: 1638 South MacArthur Boulevard, Springfield, Illinois 62704	
Telephone Number: 217-544-1551	
E-mail Address: foley@foleyandassociates.com & ikniery@foleyandassociates.com	
Fax Number: 217-644-3615	
Additional Contact	
[Person who is also authorized to discuss the application for permit]	
Name: Daniel J. Ritacca, MD	
Title:	
Company Name: Ritacca Laser Center, Ltd.	
Company Name: Ritacca Laser Center, Ltd. Address: 230 Center Drive, Suite 101, Vernon Hills, Illinois 60061	
Company Name: Ritacca Laser Center, Ltd. Address: 230 Center Drive, Suite 101, Vernon Hills, Illinois 60061 Telephone Number: 847-367-8815	
Company Name: Ritacca Laser Center, Ltd. Address: 230 Center Drive, Suite 101, Vernon Hills, Illinois 60061	

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE

EMPLOTED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3900
Name: Teresa Dino
Title:
Company Name: Ritacca Laser Center, Ltd.
Address: 230 Center Drive, Suite 101, Vernon Hills, Illinois 60061
Telephone Number: 847-367-8815
E-mail Address:
Fax Number:
Site Ownership
[Provide this information for each applicable site]
Exact Legal Name of Site Owner: Daniel J. Ritacca, Trust
Address of Site Owner: 206 North Avenue, Highwood, Illinois 60040
Street Address or Legal Description of Site: 230 Center Drive
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 SEGUENTIAL DIRDER AFTER THE LAST PAGE OF THE
APPLICATION FORMS
Operating Identity/Licensee
[Provide this information for each applicable facility, and insert after this page.]
Exact Legal Name: Ritacca Laser Center, Ltd.
Address: 230 Center Drive, Suite 101, Vernon Hills, Illinois 60061
Address: 200 Center Dive, Guillo 101, Verno, Tuno, Innicio Cock
Non-profit Corporation
For-profit Corporation Governmental
Limited Liability Company Sole Proprietorship Other
Cold Lobustonib Cold Lobustonib
 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.
o Persons with 5 percent or greater interest in the licensee must be identified with the % of
ownership.
APPEND DOCUMENTATION AS ATTACHMENT IS IN NUMERIC SECRENTIAL ORDER AFTER THE LAST PAGE OF THE
APPENDIX 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 ATTERCHE LAST PAGE OF THE
APP CAHON FORM

Flood Plain Requirements [Refer to application instructions.]	
Provide documentation that the project complies with pertaining to construction activities in special flood his please provide a map of the proposed project location maps can be printed at www.FEMA.gov or www.readable format . In addition please provide a star requirements of Illinois Executive Order #2005-5 (https://www.fema.gov.org//https://www.fema.gov.org//html.	azard areas. As part of the flood plain requirements a showing any identified floodplain areas. Floodplain allinoisfloodmaps.org. This map must be in a tement attesting that the project complies with the
APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERI APPLICATION FORM	
Historic Resources Preservation Act Require	ments
[Refer to application instructions.] Provide documentation regarding compliance with the Preservation Act.	e requirements of the Historic Resources
APPEND DOCUMENTATION AS <u>ALTACHMENTS</u> IN NUMERIC APPLICATION FORM	SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE
DESCRIPTION OF PROJECT 1. Project Classification [Check those applicable - refer to Part 1110,40 and Part 1120,20(b)	ai
	Part 1120 Applicability or Classification: [Check one only.]
Part 1110 Classification:	o de la companya del companya de la companya del companya de la c
Substantive	☐ Part 1120 Not Applicable ☐ Category A Project
☐ Non-substantive	Category B Project DHS or DVA Project

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.

Ritacca Laser Center, Ltd. doing business as Vernon Square Surgicenter is proposing to expand from a limited specialty ASTC performing Ophthalmologic and plastic procedures to a multi-specialty ASTC through the addition of pain management surgical specialty. This project does not propose to add square footage or cost to the project.

This project is classified as a substantive in accordance with Section 1110.40 of the 77 Illinois Administrative Code.

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.

USE OF FUNDS	s and Sources of Fun CLINICAL	NONCLINICAL	TOTAL
	CEMICAL	NONCENTORE	
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work		 	
New Construction Contracts			
Modernization Contracts			
Contingencies	<u></u>		
Architectural/Engineering Fees	<u></u>		
Consulting and Other Fees		<u> </u>	
Movable or Other Equipment (not in construction contracts)			··
Bond Issuance Expense (project related)	. <u> </u>		
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	0	0	Ö
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	0	0	0
NOTE TEMPATON OF EACH UNDITEM MIST BE PROV THE LAST PAGE OF THE APPEKATION FORM.	DECATATAL HWENT	TAN MINISTER SECUENTAL	OROER ATTE

Related Project Costs

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

Land acquisition is related to project Yes No Purchase Price: \$ Fair Market Value: \$
The project involves the establishment of a new facility or a new category of service Yes No
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.
Estimated start-up costs and operating deficit cost is \$ N/A
Project Status and Completion Schedules
Indicate the stage of the project's architectural drawings:
☑ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working
Anticipated project completion date (refer to Part 1130.140):
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):
Purchase orders, leases or contracts pertaining to the project have been executed. Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies Project obligation will occur after permit issuance.
APPEND OCCUMENTATION AS ATTACHMENTED IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE CHARLES APPLICATION FORM
State Agency Submittals
Are the following submittals up to date as applicable:
Cancer Registry
APORS All formal document requests such as IDPH Questionnaires and Annual Bed Reports been
submitted
☑ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.
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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 <u>MUST</u> equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. Explain the use of any vacated space.

······································		Gross Sc	uare Feet	Amount of Proposed Total Gross Square Feet That Is:								
Dept. / Area	Cost	Existing	Proposed	New Const.	Modernized	As is	Vacated Space					
REVIEWABLE	 											
Medical Surgical												
Intensive Care	<u> </u>						L					
Diagnostic Radiology			, , , , , , , , , , , , , , , , , , , ,									
MRI												
Total Clinical		T										
NON REVIEWABLE	-											
Administrative							 					
Parking												
Gift Shop												
Total Non-clinical	 				. 2-							
TOTAL												

APPEND DOCUMENTATION AS ATTACHMENT & IN NUNERIC SEQUENTIAL DROPE AFTER THE LAST PAGE GET HE APPLICATION FORM

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest Calendar Year for which the data are available. 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. THIS IS NOT GERMANE AS IT IS NOT A BED PROJECT

FACILITY NAME:		CITY:	-1 - 1,		
REPORTING PERIOD DATES	i: Fr	om:	to:		
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical		ļ			1
Obstetrics		<u> </u>			
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care		·			
Specialized Long Term Care		<u> </u>			
Long Term Acute Care					
Other ((identify)					
TOTALS:		_			

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- Of
- ore

 in the case of a partnership, two of its more general partners do not exist); 	general partners (or the sole general partner, when two or
 in the case of estates and trusts, two of beneficiaries do not exist); and 	of its beneficiaries (or the sole beneficiary when two or mor
o in the case of a sole proprietor, the ind	lividual that is the proprietor.
The undersigned certifies that he or she has permit on behalf of the applicant entity. The information provided herein, and appended	s the authority to execute and file this application for e undersigned further certifies that the data and I hereto, are complete and correct to the best of his or d also certifies that the permit application fee required
Daniel Placca PRINTED NAME PRESIDENT PRINTED TITLE	SIGNATURE DANIEL RITASOC, PRINTED NAME PROS ICLE 11 PRINTED TITLE
Notarization: Subscribed and sworn to before me this 200 day of Subscribed and sworn to before me this 200 day of Signature of Notary Seal **Ideat Seal Jegal pame of the applicant	Notarization: Subscribed and swom to before me this 2ND day of ALANE, 701) Signature of Notary Seal "OFFICIAL SEAL" BONNAVANG BADITA

NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 10/18/2011

NOTARY PUBLIC, STATE OF ILLINOIS

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

- 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 ATTACHMENTAL IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE DE THE APPLICATION FORM. EACH ITEM (1-4) MUST BE DENTIFIED IN ATTACHMENT IT

PURPOSE OF PROJECT

- 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 exemples 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 "Purcose 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. FACH ITEM (LISTINGS) BEIDENTIFIED IN ATTACHMENT 32

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;
- 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.
- 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-(3) 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:

- Document that the amount of physical space proposed for the proposed project is necessary and not excessive. This must be a narrative.
- If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::
 - 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.

İ	SIZE OF PROJECT									
	DEPARTMENT/SERVICE PROPOSED STATE DIFFERENCE MET STANDARD?									
	ASTC 20Rs & 3 Recovery Stage1 & Stage 2 stations	4,126	2750/OR= 5,500	1,374	Yes					

APPEND OCCUMENTATION AS A TACHMENT (4. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE TAPPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 III. 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. SEE ATTACHMENT-15

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

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

UNFINISHED OR SHELL SPACE: NOT APPLICABLE

Provide the following information:

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

APPENDIDOCUMENTATION AS ATTACHMENT 18, IN NUMERIC SEQUENTIAL DRUEN AFTER THE CAST PAGE OF THE APPLICATION FORM

ASSURANCES: NOT APPLICABLE

Submit the following:

- 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.

APPENU DOCUMENTATION AS ATTACHMENT 17, IN HUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM:

H.	Non-Hospital	Rosad	Amhufaton	Surgery
п.	Non-nosbitai	Based.	Ambulatory	Shroeta

This	section	is	applicable	to	all	projects	proposing	to	establish	or	modernize	a	non-hospital	based
ambu	ılatory sı	urgi	ical treatme	nt c	ente	er or to the	e addition o	fst	irgical spec	cial	ties.		•	

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

Read the criterion and complete the following:

~	Indicate which of the	a fallouina tuac	of customs are	boing ampaced
a.	indicate which of the	le following types	s of surgery are	being proposed

Cardiovascular	Obstetrics/Gynecology	X Pain Management
Dermatology	X_Ophthalmology	Podiatry
Gastroenterology	Oral/Maxillofacial	Thoracic
General/Other	Orthopedic	Otolaryngology
Neurology	X_Plastic	Urology

2. Criterion 1110.1540(b), Target Population

Read the criterion and provide the following:

a. On a map (8 ½" x 11"), outline the intended geographic services area (GSA).

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

- b. Indicate the population within the GSA and how this number was obtained.
- c. 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:

- a. The number of referrals anticipated annually for each specialty.
- b. 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.
- c. 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:

- a. The number of procedure rooms proposed.
- b. 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. 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 list of services that the proposed facility will provide that are not currently available in the GSA;
- b. Documentation that the existing facilities in the GSA have restrictive admission policies; or
- c. For co-operative ventures,
 - 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 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 ATTACHMENTS 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:

50	TOTAL FUNDS AVAILABLE
<u></u>	g) All Other Funds and Sources - verification of the amount and type of any other funds that will be used for the project.
	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	 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;
	5) For any option to lease, a copy of the option, including all terms and conditions.
	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;
	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.;
	For revenue bonds, proof of the feasibility of securing the specified amount an interest rate;
	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;
· 	d) v=: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:
	c) Gifts and Bequests - verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts:
	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.
	 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;
	 the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and

1120.130 - Financial Viability ZERO COST THEREFORE NOT GERMANE IX.

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.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

"A" Bond rating or better 1.

- All of the projects capital expenditures are completely funded through internal sources
- 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
- The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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	Category 8 (las		
Eoter Historical and or Projected Years		, i = _	
Current Ratio			
Net Margin Percentage			
Percent Debt to Total Capitalization			l
Projected Debt Service Coverage			
Days Cash on Hand			
Cushion Ratio			

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

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.

EAPPEND DOCUMENTATION AS ATTACHMENT 41 IN NUMERICATION DER AFTER THE LAST FAGE 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 NOT GERMANE

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:

- 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
- That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - 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 NOT GERMANE

20,00

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:

- That the selected form of debt financing for the project will be at the lowest net cost available;
- 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;
- 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 NOT GERMANE

Read the criterion and provide the following:

 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).

	cos.	T AND GRO	OSS SQU	ARE FEE	T BY DEP	ARTMEN	T OR SERVI	CE		
	A	В	С	D	E	F	G	н	T	
Department (list below)	Cost/Square Foot Gross Sq. Ft. New Mod. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	Total Cost (G + H)			
Contingency										
TOTALS									İ	
* Include the pe	rcentage (º	6) of space	for circula	ation						

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.
- How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

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

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

Safety No	t Information per	PA 96-0031	
	CHARITY CAR	E	
Charity (# of patients)	Year 2010	Year 2009	Year 2008
Inpatient	0	0	0
Outpatient	51	48	48
Total	51	48	48
Charity (cost In dollars)		. !	
Inpatient	0	0	0
Outpatient	\$15,300	\$14,400	\$14,400
Total	\$15,300	\$14,400	\$14,400
	MEDICAID		
Medicaid (# of patients)	Year	Year	Year
Inpatient	0	.0	0
Outpatient	0	0	0
Total	Q	0	0

 Medicaid (revenue)			
Inpatient	0	0	0
Outpatient	0	0	0
Total	0	0	0

APPEND DOCUMENTATION AS ATTACHMENTATI INNUMERIC SEQUENTIAL DRIDER AFTER THE EAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

- All applicants and co-applicants shall indicate the amount of charity care for the latest three <u>audited</u> 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.
- 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 <u>must</u> 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 2010 2009 2008							
Net Patient Revenue	0	0	0				
Amount of Charity Care (charges)		<u> </u>					
Cost of Charity Care							

APPEND TO COMENTATION AS ATTACHMENT 44 HANDMERIC SEQUENTIAL ORDER AFTER THE EAST 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:

ACHMENT NO.	[PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	22-23
2	Site Ownership	24-34
	Persons with 5 percent or greater interest in the licensee must be	
_	identified with the % of ownership.	35
4	Organizational Relationships (Organizational Chart) Certificate of	36-37
	Good Standing Etc.	50-37
5	Flood Plain Requirements	38
6	Historic Preservation Act Requirements	39
7		
	Obligation Document if required	
	Cost Space Requirements	40
10	Discontinuation	
11	Background of the Applicant	41-45
	Purpose of the Project	46-99
	Alternatives to the Project	100-104
	Size of the Project	105
	Project Service Utilization	106
	Unfinished or Shell Space	
	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific: Medical Surgical Pediatrics, Obstetrics, ICU	
20		
21	Comprehensive Physical Rehabilitation Acute Mental Illness	
	Neonatal Intensive Care	
	Open Heart Surgery	
25	Cardiac Catheterization	
25 26		
	Non-Hospital Based Ambulatory Surgery	
	General Long Term Care	107-156
	Specialized Long Term Care	1
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32		
	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35		
36		
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
30		
	Availability of Funds	
40		
41	Financial Viability Economic Feasibility	157-158
4/	CLIBOTOL TEASIDINY	エントーエング

Applicant /Co-Applicant Identification

The Applicant, i.e., the ownership and operating entity is RITACCA LASER CENTER, LTD. Appended as ATTACHMENT IDEN-1A, is a Certificate of Good Standing for this Applicant entity. To be consistent with this facility's initial Certificate of Need application, Health Facilities and Services Project Number 06-036, Doctor Daniel Ritacca has control of the ownership/operating entity. Thus, in accordance with Illinois Administrative Code discerning related parties and co-Applicants, Daniel J. Ritacca, MD, (individual) is also considered a co-Applicant.

File Number

6227-420-4



To all to whom these Presents Shall Come, Greeting:

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

RITACCA LASER CENTER, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 14, 2002, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authenticate et: http://www.cyberdriveillinols.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH

day of

OCTOBER

A.D.

esse White

2011

SECRETARY OF STATE

ATTACHMENT IDEN-1A

Site Ownership

The ownership entity is **Daniel J. Ritacca Trust.** This entity is not considered a co-Applicant as it only holds the property, a multi-tenant building, and solely acts as a landlord. As such, this entity has no control per the definition of control under the 77 Illinois Administrative Rules, Section 1130.140, as it does not possess any of the discretionary and non-ministerial rights or powers over the licensed surgery center.

A copy of the building's deed is appended as ATTACHMENT-2A. Appended as ATTACHMENT-2B, is a copy of the lease between the ownership and operating entities.

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PAYMENT COUPON BETUEN WITH PAYMENT

11-33-302-031

LakeCounty

FROM THE OFFICE OF: ROBERT BRIDINGRE, LAKE COUNTY COLLECTOR

Make Checks Payable to: LAKE COUNTY COLLECTOR Please Hemit to: 18 N. COUNTY ST., SUITE 102, WAUKEGAN, IL. 60085-4361 Avoid duplicate payments. Ask your lender if it pays your bill, especially if you have refinanced.

11-53-502-031

DANIEL RITACCA & DAWN DAVIDSON

206 NORTH AVE HIGHWOOD IL 60040-1524 ը[ուհիկն**ի** ուլլալում|||վիկնները||-|-||կրեսներերերի ||հիկանի

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Taxes Due on or before 6/6/2011 \$14,149.71 DUE

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YOUR CANCELLED CHECK IS YOUR RECEIPT

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2010 Tax Year 11-33-302-031

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salvates commo redinar BARRIEL FITALTE & DAWN DAVIDSON 2200 BORTHAVE FIKSHVISOD IL 80040-1524

YOUR CANCELLED CHECK IS YOUR RECEIPT

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Property Location: 200 CENTER OR VERNON HILLS VERNON SQUARE SUB; UNIT \$101 & 13,75% IN IN COMMON ELEMENTS IN VERNON SQUARE CONDO PER DOC 4171429. Change From Current Rate Amount 6 **198**5 \$1,493,00

Legal Description: Taxing Body COUNTY OF LAKE
COUNTY OF LAKE
COUNTY OF LAKE PENSION
FOAD AND BROCS-LIBERT VILLE PENSION
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COUNTRYSIDE FIRE PROT 1857
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PENSION
CONSTRUCT PROBLEM
LIBRARY DIST
LIBRARY VILLE COMM CONS SCHOOL DISTRICT 1873
PENSION
COLLEGE OF LAKE COUNTY 1852
LIBRARY VILLE COMM HIGH SCHOOL DIST 18128
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TOWNSHIP 0.0080 1.00 S167.67 0.0516 0.0070 TOTALS 7.5950 \$28,299,43 \$2,375,62

Pin Number Tax Code 0.00 11-33-302-031 2010 11012 Land Value \$40,642 \$324,594 + Building Value 1.0199 x State Multiplier - Equalized Value 1372.608 + Form Land and Bide Value + State Assessed Pollution Ctrl + State Assessed Railroads *Total Assessed Value \$372,606 - Fully Exempt - Senior Freeze Home improvement - General Homesteed - Senior Homestead - Disabled / Veterans - Returning Velerans = Taxable Valuation \$372,608 x Tex Rate 7.5050 ¢Real Estate Tax \$28,299,43 + Special Service Area + Oralnase - Total Current Year Tax \$28,299.43 + Omitted Tax + Forfeited Tex ATTACHMENT-IDEN-2A

\$28,298.43

\$1,117,818

\$14,149.71

\$14,149.72

⊅TOTAL TAX BILLED

1st Installment Due 6/8/2011

2nd installment Our 9/6/2011

Feir Merket Value

11-33-302-032

.akeCounty

FROM THE OFFICE OF; AGREAT SKIDMORE, LAKE COUNTY COLLECTOR

hecks Payable to: LAKE COUNTY COLLECTOR Please Fletrit to: 18 N. COUNTY ST., SUITE 102, WAUKEGAN, IL. 60085-4361

Avoid duplicate payments. Ask your lender if it pays your bill, especially if you have refinanced.

11-33-302-032

PAYMENT COUPON RETURN WITH PAYMENT

DANIEL J RITACCA 230 GENTER DR STE 101 VERDON HILLS IL 60061-1584 ֈֈֈֈֈֈֈֈ<mark>ֈ</mark>ֈաբվանիվանակիկներությունին հանդական Taxes Due on or before 6/6/2011 \$8,814.60 DUE

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Tax Year

2010

11-33-302-032



Taxes Due on or before 9/6/2011 \$8,814.61 DUSE

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YOUR CANCELLED CHECK IS YOUR RECEIPT.

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Property Location: 230 CENTER DR VERNON HILLS Legal Description:

DANEEL REACCA 2304 ENTER DESTE JOI

ION HILLS IL 60061-1584

NON SQUARE SUBJUNET 8102 & 13,75% IN IN COMMON MENTS IN VERNON SCHARE CONDO PER DOC 4171429,44

Texting Body	Rate	Current Amount	Change From Prior Year
COUNTY OF LAKE	0,3960	\$925.A2	78.15
COUNTY OF LAKE PEXISION	0.1070	\$248.37	33.01
ROAD AND BRIDGE LIBERT YVILLE	ETD:281	2011.42	117.05
ROAD AND BRIDGE-LIBERTYVILLE PENSION	0.000.0	\$0.00	-2.29
COUNTRYSIDE FIRE PROFICIST	0.4030	2349.3 5	71.92
COUNTRYSIDE FIRE PROPRIET PENSION	0.0440	\$102.13	15.07
COOK MEHORIAL PUBLICILIBRARY DIST	0.2160	5501.37	40.68
COOK MEMORIAL PUBLICILIBRARY DIST PENSION	0.0220	851.00	0.65
VERNION HILLS PARK DIST	0.4270	\$361.19	254,89
HAWTHORNE COMMICCHIS SCHOOL DISTRICT \$73	3.0185	87,005.28	494.28
HAWTHORNE COMMICONS SCHOOL DISTRICT 1773 PENSION	0.0830	\$146.23	15.64
COLLEGE OF LAKE COUNTY #532	0.2150	2506.01	47 <u>82</u>
LIBERTYVILLE COMM HIGH SCHOOL DIST #128	2.2760	\$6,247.60	387,18
LIBERTY/ALLE COMMINICAL BICHOOL DIST #126 PENSION	Ω.046Ω	\$106.75	15:14
FOREST PRESERVE	<u>0.1900</u>	9441,02	+5.12
FOREST PRESERVE PENNION	0.0080	\$18.58	2,62
CEN LK COUNTY JOINT ACTION WATER AGENCY	0.0450	9104.45	8.23
TOWARHP OF LIBERTY/LLE	0.0510	9118.85	-1 <u>2.20</u>
TOWNSHIP OF LIBERTYY LLE PENERON	0.0070	\$16.24	, 11.06

7.5650 \$17,629,21 \$1,480.05 Pin Number 11-33-302-032

Tex Year

Tex Code 11012

tand Value	\$40,642
+ Building Value	\$186,945
x State Multiplier	1.0199
- Equalized Value	3232,110
+ Farm Land and Bidg Value	
+ State Assessed Pollution Ctrl	
+ State Assessed Railroads	
= Total Assessed Value	\$232,116
- Fully Exempt	
- Senior Freeze	
- Home Improvement	•
- General Homestand	
- Senior Homestead	
- Disabled / Veterans	
- Returning Veterans	
=Taxable Valuation	\$232,116
x Tex Rate	7.5850
⇒ Real Estate Tax	\$17,629.21
+Special Service Area	
+ Drainage	

TOTALS

<u>atotal tax Billed</u>

a Total Current Year Tax

+Omitted Tex

+ Forfeited Tax

Feir Merket Value 1st Installment Due 6/5/2011 2nd Installment Due R/6/2011 317,629.21

ATTACHMENT-IDEN-2A

\$17,629.21

\$696,348 100,014,60 \$8,814.61

26

11-33-302-033

PAYMENT COUPON

_akeCounty FROM THE OFFICE OF ROBERT SKIDWORE LAKE COUNTY COLLECTOR

Make thecks Payable to: LAKE COUNTY COLLECTOR Please Pernit to: 18 N. COUNTY ST., SUITE 102, WAUKEGAN, IL. 60085-4361 Avoid duplicate payments. Ask your lender if it pays your bill, especially if you have refinanced.

11-33-302-033

DANIEL RITACCA & DAWN DAVIDSON 206 NORTH AVE HIGHWOOD IL 60040-1524

Texas Due on or before 6/6/2011 \$6,243.58 DUE

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YOUR CANCELLED CHECK IS YOUR RECEIPT

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+ Forfelted Tax

2010 Tax Year 11-33-302-033

Taxes Due on or before 9/6/2011 \$6,243,59

113330203300000000624359201024

YOUR CANCELLED CHECK IS YOUR RECEIPT

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Procestly Location: 230 CENTER DR

VERNON HILLS

VERNON SQUARE SUBJUNIT 6201 & 11.25 % IN IN COMMON ELEMENTS IN VERNON SQUARE CONDO PER DOC 4171429,4

DANIEL PRIACCA & DAVIN DAVIDEO ZBONORTH AVE

OOD II: 60040-1524

Texing Body	Rate	Current Amount	Change From Prior Year
COUNTY OF LAKE	0.5960	\$654.34	53.93
COUNTY OF LAKE MENSION .	0.1070	\$175.02	23.33
FOAD AND SPECIFICATIFY VALUE	O 0480	#4 82 -	- <u>7.52</u>
ROAD AND BRIDGE-LIBERT TYILLE PENSION	0 :00000	80.00	-1.62
COUNTRYSIDE FIRE PROT BIST	· 0.4090	5872.45	50.93
COUNTRYSIDE FIRE PROT BIST PENSION	0.0440	17234	10.63
COOK MEMORIAL PUBLIC LIBRARY DIST	0.2160	\$355.13	28.96
COOK MEMORIAL PUBLIC LIBRARY DIST PENSION	0.0220	534.18	CVB
VERNON HILLS PARK DIST	g-43kg	#7C2_D5	147,444
HAWTHORNE COMMISSIOCHOOL DISTRICT X78	3.0180	\$4,962.00	850,12
HAWITHORNE COMMI CONSISCHICOL DISTRICT 1773 PENSIQI	0.0630	\$103.53	11.00
COLLEGE OF LAKE COUNTY (632	0.2120	\$358,42	33.67
LIBERTYVILLE COMM HIGH SCHOOL DUST \$128	2.2780	13.745.13	274.25
LIBERTYVILLE COMM HIGH CHOOL DIGT #120 PENSION	0.0460	375.62	10.70
FOREST PRESERVE	0.1900	3312.3B	-0.81
FORSET PRESERVE PENSION	0.0030	B15.16	1,80
CEN LK COUNTY JOINT ACTION WATER AGENCY	0.0450	175.02	5.83
TOWNSHIP OF LIBERTYVILLE	0.0510	523.26	-8.65
TOWNSHIP OF LIBERTYVILLE PENSION	0.0079	काञी	1.27
1			

Pin Mumber Tex Code Tex Year 11012 11-33-302-033

Land Value	\$33,253
+Building Value	\$127,952
z State Mulitolier	1,0199
- Equalized Value	\$164,413
+ Farm Land and Bidg Value	
+ State Assessed Politation Ctrl	•
+ State Assessed Railroads	
= Total Assessed Value	\$104,413
- Fully Exempt	
- Senior Franza	
- Home Improvement	
- General Homestead	
- Senior Homestead	•
- Disabled / Veterans	
- Returning Veterans	
= Taxable Valuation	\$184,413
x Tax Rate	7,5950
=Real Estate Tax	\$12,487.17
+ Special Service Area	•
+ Drainage	
= Total Current Year Tax	\$12,487,17
+Omitted Tax	

TOTALS 7.6950 \$12,487.17 \$1,048.96

ATTACHMENT-IDEN-2A \$12,407.17

-TOTAL TAX BILLED \$493,239 Fair Market Value \$6,243.58 1at Installment Due 6/6/2011 **26,243,59** 2nd Installment Due 9/8/2011

LakeCounty

11-33-302-045

 PAYMENT COUPON - ETURN WITH PAYMENT FROM THE OFFICE OF: ROBERT ENDINGRE, LAKE COUNTY COLLECTION

Make Checks Payable to: LAKE COUNTY COLLECTOR Please Lemit In: 18 N. COUNTY ST., SUITE 102, WAUKEGAN, IL. 60085-4361

Avoid duplicate payments. Ask your lender if it pays your bill, especially if you have refinanced.

11-33-302-045

DANIEL J RITACCA 230 GENTER DR STE 8-202A VERBON HILLS IL 60061-1684 մուսի[ֆլելնիենիներինըինըինըինինեստյուիթյոնիիրի||Ուսոի

Taxes Due on or before 6/6/2011 \$3,122.95 DUE

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YOUR CANCELLED CHECK IS YOUR RECEIPT

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2010 Tax Year

11-33-302-045

Taxes Due on or before 9/6/2011 \$3,122,95 DUE

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Your cancelled deeck is your receipt

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Property Location: 230 DENTER DR UNIT 8202A VERNON HILLS

PRODECO SO TENTER OR STE 8-202

MERION HILLS IL 60061-1584

Legal Description: VER VON SQUARE SUBJURET 8392A & BASISTA INT IN COMMO

Taoáng Body	Rate	Current Amount	Change From
COUNTY OF LAKE	0.9900	\$327.32	27.00
COUNTY OF LAKE PENSKIN	0.1010	\$87.99	11.63
HUMP AND BRIDGE GERERA YVILLE	0.050	\$28,47	<u>276</u> :
ROAD AND BRIDGE LEEF YAILE PENSION	0.0000	90,00	-9.81
COUNTRYSIDE FIRE PROT DIST	0.4090	8336.35	25.49
COUNTRYBIDE PIRE PRO DIST PENSION	0.0440	898.18	5.94
ODOK MEMORIAL PUBLICILIBRARY DIBT	0.2160	\$177.83	14.49
COOK MENKORIAL PUBLICILIBRARY DIST PENSION	0.0220	914.10	0.24
VERNON HILLS PARK DIST	0.4270	\$361,15	€3.85
HAWTHORNE COMMICONS SCHOOL DISTRICT 473	2.0160	5 2,481.92	175.18
HAWTHORNE COMM CONB ACHOOL DISTRICT #73 PENSION	0.0830	151.81	5.65
COLLEGE OF LANCE COUNTY #522	0.2180	817 <u>9.27</u>	16,84
UBERTYYILLE COMM HIGH BOHOOL DIST #128	2.2790	81,873.36	187.18
LETERTYVILLE COMM HIGH SCHOOL DIST M23 FENSION	0.0480	\$37,62	5.50
FOREST PRESERVE	0.1900	\$166,25	-0.41
FOREST PRESERVE PENSION	0.0060	11.58	0.90
CEN LICOCUNTY JOINT ANTION WATER AGENCY	0.0450	257.01	. 252
TOWNSHIP OF LIBERTY/ LE	0.0510	\$41.84	-4.92
TOWNSHIP OF LIBERTY LE PENSION	0.0070	\$5.76	4.14
TOTALS	7.5950	\$6,245.90	\$524.47

Pht Number Tax Your Tax Code Acres 11-33-302-045 2010 11012 Land Value

116.827 \$34,005 + Building Value x State Multiplier 1,0199 - EDINIZED VEKE + Parm Land and Bidg Value + State Assessed Pollution Ctrl + State Assessed Railroads \$82,237 = Total Assessed Value - Fully Exempt Senior Freeze Home improvement General Homestead - Sentor Homestead - Disabled / Veterans Returning Vetatana \$80,237 ■ Thouble Valuation 7,5950 x Tax Rete \$6,245.90 = Real Estate Tex + Special Service Area + Drainage \$6,245.90 = Total Current Year Tax

Fair Market Vittue 1st Installment Due 5/6/2011 2nd Installment Due 9/6/2011

ETOTAL TAX BILLED

+ Omitted Tex Forleted Tax

> \$8,245,90 \$245,711 \$3,122,95 \$3,122.05

ATTACHMENT-IDEN-2A

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IV LakeCounty

HIGHWOOD IL 60040-1524

FROM THE OFFICE OF ROSERT SKIDNORE, LAKE COURT ? TO CTOR

DANIER RITACCA & DAWN DAVIDSON

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Make thecks Payable to: LAKE COUNTY COLLECTOR Please Remit to: 18 N. COUNTY ST., SUITE 102, WAUKEGAN, IL. 60085-4361 Avoid duplicate payments. Ask your lender if it pays your bill, especially if you have refinanced.

11-33-302-046

PAYMENT COUPON

pd orline 4/10/11

Taxes Due on or before 6/6/2011 \$3,122,95

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YOUR CANCELLED CARCK IS YOUR RECEIPT

200 NORTH AVE

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2010 Tax Year 11-33-302-046

Taxes Due on or before 9/6/2011 \$3,122.95 DUE

11333020460000000312295201023

Tax Code

Acres

YOUR CANCELLED CRECK IS YOUR RECEIPT

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230 CENTER DR UNIT 82028 VERNON HILLS Property Location: VERNÍN SQUARE SUSTANT 82025 6 5.625% INT IN COMMO NELEMENTS IN VERNÓN SQUARE OFFICE COMOO PER DOC 4 Legal Description:

TEMPET REACHER DAWN DAVIDSON

MGHW0201L 80040-1524

Change From Prior Year Current Taxing Body Rate COUNTY OF LAKE
COUNTY OF LAKE
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COULEGE CIST LAKE COUNTRIEST
COULEGE CIST LAKE COUNTRIEST
CULEGETYVELLE COMMITTIEST
COUNTRYLLE COMMITTIEST
CORREST PRESERVE V 400V 1327.32 77 M 0.1070 **197.99** 50.47 80.00 памел -0.91 25.49 -5.34 0.0000 0.4000 3334.25 0.040 \$18.18 144 0.0220 0.4270 818.10 8351.16 3.0180 **E2.4**81.92 170.16 0.2180 2.2700 0.0460 0.1900 \$179.27 61 A73.33 637.82 5.98 0.41 POREST PRESERVE POREST PRESERVE PENSION CEN LK COUNTY JOINT ACTION WATER ACCHO? \$153.25 \$5.68 27701 0.0450 282 TOWNSHIP OF LIBERTYVILLE TOWNSHIP OF LIBERTYVILLE PENSION 0.0510 E.76 TOTALS 7,5950 \$6,245.90 8524 47

Pin Number Tax Year 2010 11012 11-33-303-046 \$16,627 Land Volum \$64,005 + Building Veltue 1.0199 x State Musicipies - Equalized Value \$82,237 + Farm Land and Bidg Value + State Assessed Pollution Ctrl + State Assessed Railroads - Total Assessed Value \$02,237 - Fully Exempt - Senior Freeze - Home improvement - General Homestoad - Senior Homesteed - Disabled / Veterans Returning Veterans = Taxeble Valuation **\$82.237** x Tax Rate 7.5950 = Real Estate Tex \$8,245,90 + Special Service Area + Drainage = Total Current Year Tax 36,245.00 + Omitted Tax ATTACHMENT IDEN-2A + Forfeited Tex

=TOTAL TAX BILLED

1st Installment Due 6/6/2011

2nd Installment Due 9/6/2011

Fair Market Value

\$6,245,90

\$246,711

\$3,122.85

\$3,122.85

REAL ESTATE LEASE

This Lease Agreement (this "Lease") is made effective as of January 01, 2011, by and between Daniel J Ritacca Trust ("Landlord"), and Ritacca Laser Center ("Tenant"). The parties agree as follows:

PREMISES. Landlord, in consideration of the lease payments provided in this Lease, leases to Tenant Office Suite 100 (the "Premises") located at 230 Center Drive, Vernon Hills, Illinois 60061.

TERM. The lease term will begin on January 01, 2011 and will terminate on December 31, 2011.

LEASE PAYMENTS. Tenant shall pay to Landlord monthly installments of \$12,000.00 per month, payable in advance on the first day of each month, for a total lease payment of \$240,000.00. Lease payments shall be made to Landlord at 206 North Ave., Highwood, Illinois 60040, which may be changed from time to time by Landlord.

POSSESSION. Tenant shall be entitled to possession on the first day of the term of this Lease, and shall yield possession to Landlord on the last day of the term of this Lease, unless otherwise agreed by both parties in writing. At the expiration of the term, Tenant shall remove its goods and effects and peaceably yield up the Premises to Landlord in as good condition as when delivered to Tenant, ordinary wear and tear excepted.

USE OF PREMISES/ABSENCES. Tenant shall occupy and use the Premises as a dwelling unit. Tenant shall notify Landlord of any anticipated extended absence from the Premises not later than the first day of the extended absence.

PETS. No pets shall be allowed on the Premises.

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PROPERTY INSURANCE. Landlord and Tenant shall each be responsible to maintain appropriate insurance for their respective interests in the Premises and property located on the Premises.

MAINTENANCE. Landlord shall have the responsibility to maintain the Premises in good repair at all times and perform all repairs necessary to satisfy any implied warranty of habitability.

UTILITIES AND SERVICES. Tenant shall be responsible for all utilities and services in connection with the Premises for the term of this Lease.

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TAXES. Landlord shall pay all real estate taxes which may be levied against the Premises.

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TERMINATION UPON SALE OF PREMISES. Notwithstanding any other provision of this Lease, Landlord may terminate this lease upon sixty (60) days' written notice to Tenant that the Premises have been sold.

DESTRUCTION OR CONDEMNATION OF PREMISES. If the Premises are damaged or destroyed by fire or other casualty to the extent that enjoyment of the dwelling unit is substantially impaired, Landlord, in its sole discretion may elect to repair the Premises or terminate the Lease upon thirty days' written notice to Tenant. If the Premises are condemned or cannot be repaired, this Lease will terminate upon twenty days' written notice by either party.

HABITABILITY. Tenant has inspected the Premises and fixtures (or has had the Premises inspected on behalf of Tenant), and acknowledges that the Premises are in a reasonable and acceptable condition of habitability for their intended use, and the agreed lease payments are fair and reasonable. If the condition changes so that, in Tenant's opinion, the habitability and rental value of the Premises are adversely affected, Tenant shall promptly provide reasonable notice to Landlord.

DEFAULTS. Tenant shall be in default of this Lease if Tenant fails to fulfill any lease obligation or term by which Tenant is bound. Subject to any governing provision of law to the contrary, if Tenant fails to cure any financial obligation within 5 days (or any other obligation within 10 days) after written notice of such default is provided by Landlord to Tenant, Landlord may elect to cure such default and the cost of such action shall be added to Tenant's financial obligations under this Lease. All sums of money or charges required to be paid by Tenant under this Lease shall be additional rent, whether or not such sums or charges are designated as "additional rent". The rights provided by this paragraph are cumulative in nature and are in addition to any other rights afforded by law.

HOLDOVER. If Tenant maintains possession of the Premises for any period after the termination of this Lease ("Holdover Period"), Tenant shall pay to Landlord lease payment(s) during the Holdover Period at a rate equal to 150% of the most recent rate preceding the Holdover Period. Such holdover shall constitute a month-to-month extension of this Lease.

CUMULATIVE RIGHTS. The rights of the parties under this Lease are cumulative, and shall not be construed as exclusive unless otherwise required by law.

NON-SUFFICIENT FUNDS. Tenant shall be charged the maximum amount allowable under applicable law for each check that is returned to Landlord for lack of sufficient funds.

REMODELING OR STRUCTURAL IMPROVEMENTS. Tenant shall have the obligation to conduct any construction or remodeling (at Tenant's expense) that may be required to use the

S. Johnson

Premises as specified above. Tenant may also construct such fixtures on the Premises (at Tenant's expense) that appropriately facilitate its use for such purposes. Such construction shall be undertaken and such fixtures may be erected only with the prior written consent of Landlord which shall not be unreasonably withheld. At the end of the lease term, Tenant shall be entitled to remove (or at the request of Landlord shall remove) such fixtures, and shall restore the Premises to substantially the same condition of the Premises at the commencement of this Lease.

ACCESS BY LANDLORD TO PREMISES. Subject to Tenant's consent (which shall not be unreasonably withheld), Landlord shall have the right to enter the Premises to make inspections, provide necessary services, or show the unit to prospective buyers, mortgagees, tenants or workers. However, Landlord does not assume any liability for the care or supervision of the Premises. As provided by law, in the case of an emergency, Landlord may enter the Premises without Tenant's consent. During the last three months of this Lease, or any extension of this Lease, Landlord shall be allowed to display the usual "To Let" signs and show the Premises to prospective tenants.

DANGEROUS MATERIALS. Tenant shall not keep or have on the Premises any article or thing of a dangerous, flammable, or explosive character that might substantially increase the danger of fire on the Premises, or that might be considered hazardous by a responsible insurance company, unless the prior written consent of Landlord is obtained and proof of adequate insurance protection is provided by Tenant to Landlord.

MECHANICS LIENS. Neither Tenant nor anyone claiming through the Tenant shall have the right to file mechanics liens or any other kind of lien on the Premises and the filing of this Lease constitutes notice that such liens are invalid. Further, Tenant agrees to (1) give actual advance notice to any contractors, subcontractors or suppliers of goods, labor, or services that such liens will not be valid, and (2) take whatever additional steps that are necessary in order to keep the premises free of all liens resulting from construction done by or for the Tenant.

SUBORDINATION OF LEASE. This Lease is subordinate to any mortgage that now exists, or may be given later by Landlord, with respect to the Premises.

ASSIGNABILITY/SUBLETTING. Tenant may not assign or sublease any interest in the Premises, nor assign, mortgage or pledge this Lease, without the prior written consent of Landlord, which shall not be unreasonably withheld.

NOTICE. Notices under this Lease shall not be deemed valid unless given or served in writing and forwarded by mail, postage prepaid, addressed to the party at the appropriate address set forth below. Such addresses may be changed from time to time by either party by providing notice as set forth below. Notices mailed in accordance with these provisions shall be deemed received on the third day after posting.

LANDLORD:

Daniel J Ritacca Trust 206 North Ave. Highwood, IL 60040

TENANT:

Ritacca Laser Center 230 Center Dr. Ste 100 Vernon Hills, IL 60046

GOVERNING LAW. This Lease shall be construed in accordance with the laws of the State of Illinois.

ENTIRE AGREEMENT/AMENDMENT. This Lease contains the entire agreement of the parties and there are no other promises, conditions, understandings or other agreements, whether oral or written, relating to the subject matter of this Lease. This Lease may be modified or amended in writing, if the writing is signed by the party obligated under the amendment.

SEVERABILITY. If any portion of this Lease shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Lease is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

WAIVER. The failure of either party to enforce any provisions of this Lease shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Lease.

BINDING EFFECT. The provisions of this Lease shall be binding upon and inure to the benefit of both parties and their respective legal representatives, successors and assigns.

LANDLORD:

Daniel J Ritacca Trust

TENANT:

Ritacca Laser Center

Operating Identity/Licensee

The operating entity/licensde is RITACCA LASER CENTER, LTD. The Certificate of Good Standing from the Illinois Secretary of State is appended as ATTACHMENT IDEN-1A.

Organizational Relationships

Appended as ATTACHMENT IDEN-3A, is an organizational chart for RITACCA LASER CENTER, LTD. It should be noted that Daniel J. Ritacca, M.D. is the President of the organization.

RITACCA LASER CENTER, LTD.

Ritacca Laser Center Organizational Diagram

Flood Plain Requirements

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

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This project does not involve construction or modernization of any kind to the existing building. As being proposed, this project is only for the addition of a surgical specialty taking this "limited" specialty surgery center to a "multi" specialty surgery center. Therefore, this item is not applicable.

Historic Resources Preservation Act Requirements

<u>Provide documentation regarding compliance with the requirements of the Historic Resources</u> <u>Preservation Act.</u>

This project does not involve construction or modernization of any kind to the existing building. As being proposed, this project is only for the addition of a surgical specialty taking this "limited" specialty surgery center to a "multi" specialty surgery center. Therefore, this item is not applicable.

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 <u>MUST</u> 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.

Amount of Proposed Total GSF That is:

Department/Area	Cost(\$)	Existing GSF	Proposed GSF	New Construction	Remodeled	As Is
OR Suite(s)	0	4,126	4,126	0	0	0
Recovery Suite (s)	0	371	371	0	0	0
Total	0	4,497	4,497	0	0	0

SECTION III - BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

Criterion 1110.230 - Background, Purpose of the Project, and Alternatives

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

The co-Applicants, Ritacca Laser Center, Ltd. and Daniel Ritacca, MD do not own or operate any other health care facility. A copy of the facility licensed for Ritacca Laser Center is appended as ATTACHMENT-11A.

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.

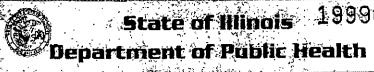
Appended as ATTACHMENT-11B is a letter from the co-Applicants stating that there has not been any adverse action taken against Ritacca Laser Center over the past three years.

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.

Authorization permitting the Department of Public Health and the Health Facilities and Services Review Board access to information is appended as ATTACHMENT-11C.

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.

This item is not germane as no other application for permit has been submitted by these co-Applicants.



LICENSE PERMIT GERTIFICATION REGISTRATION

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

Issued under the authority of

The Side of Minols

Department of Public Heart

07/26/11

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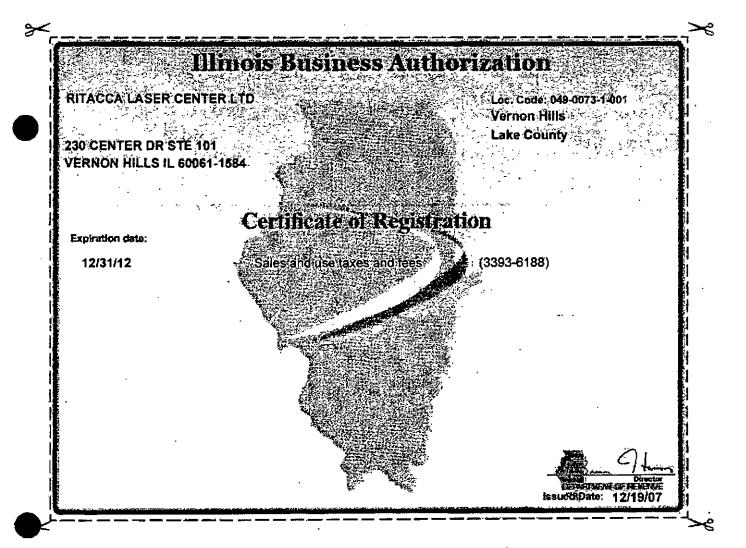
RITACEA LASER CENTER, LICL 230 CENTER DRIVE

VERNON SIZES TE 60061

Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If yes, cut along the dotted line (fits a standard 5 x 7" frame). Your authorization must be visibly displayed at the address listed. *Do not discard* - your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.





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

Dear Ms. Avery:

Please be advised that no "adverse action" as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Subscribed and swom to me this 2011

Notary Public

DONNAVAN G. BADUA NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 10/18/2011

ATTACHMENT-11B



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

Dear Ms. Avery:

I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1110.230.a).3)C.

Janiel Kita

ATTACHMENT-11C

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.

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The project is proposing to add Pain Management surgical specialty to the already existing specialties of Ophthalmology and Plastic. This project is a small limited specialty ASTC that will be converting to a small multi-specialty surgery center. The additional surgical specialty will improve accessibility to Pain Management surgical category and as such will improve health care services and well-being of the market area population. Additionally, this proposal is requested to provide this existing ASTC with an additional single surgical specialty to further support the effective viability of said surgery center.

2. Define the planning area or market area, or other, per the applicant's definition.

The Applicant provided a patient sampling (122 patients) of origin data for CY 2009. This data illustrates that the market area is a 30-minute travel time contour from the existing site. This service area was defined through the identification of the Applicant's existing patients' origin. Approximately 83 out of the 122 patients or 73% were derived from within the 30-minute market area. Please note that the full patient origin information was provided to the State as part of that year's "facility annual questionnaire data".

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.]

The issue to be addressed for this project is the need for the additional specialty of Pain Management. The existing facility is utilized with 1,748.9 hours for the twelve month period ending July 31, 2011. However, using the average monthly surgical hours (prep, clean-up and actual surgery time) of 167.7 hours per month in CY 2011 alone to an annualized basis, the Subject ASTC is on target to produce a total utilization of 2,012 hours in CY 2011. The

ATTACHMENT-12

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Applicant has one major operating room and one minor procedure room is just over two thirds utilized toward the State's target rate of 80% for both operating rooms. The proposed specialty would provide at least the minimal number of procedures to maintain the specialty (250 cases or 20.8 cases per month), thereby only minimally affecting the resultant utilization in a positive manner. Furthermore, Dr. Jay Joshi's referrals will eliminate his office issue of nearing 50 % of his case load being surgical procedures. Through this application, his patients from the area who have to currently travel for care may be able to have improved access to care.

- 4. Cite the sources of the information provided as documentation.
 - a. Appended as ATTACHMENT-12A is the patient origin chart by zip code from the existing Ritacca Laser Center.
 - b. Appended as ATTACHMENT-12B is a Mappoint map of the 30-minute travel time contour with zip codes.
 - c. Appended as ATTACHMENT-12C is the existing Ritacca Laser Center's 2011 facility utilization through July 2011.
 - d. Appended as ATTACHMENT-12D is the physician referral letter from Dr. Jay Joshi for this project.
 - e. Appended as ATTACHMENT-12E is a letter of support/statement of impact from Advocate Condell Medical Center and a letter of support from Dr. Jerry Feldman, of John H Stroger, Jr. Hospital of Cook County.
- 5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

This project ensures continued optimal utilization of the Subject ASTC for years to come through the addition of Pain Management surgical specialty. As cited, one source of information is a letter of support from Advocate Condell Medical Center which indicated that this project will not adversely affect the interest of the Hospital and as such it supports this project to increase accessibility to the proposed service. Moreover, also appended under ATTACHMENT-12E is a letter of support from Jerry Feldman, MD director of Dermatologic Surgery at John H. Stroger, Jr. Hospital of Cook County.

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

The Applicant's goal is to reach and maintain optimal surgical hours equating to 1,500 total hours per operating/procedure room for a total of 3,000 hours.

Ritacca Laser Center Patient Origin Data (CY 2009)

Zip Code	Total Patients	IN/Out	In	Out
60002	30	Out		30
60005	2	in	2	
60625	1	Out		1
60004	1	ln_	1	
60030	2	<u>In</u>	2	
60020	2	<u>ln</u>	2	
60605	1	Out		1
60060	3	<u>In</u>	3	
60064	4	ln	4	
60073	5	In	5	
60156	1	Out		1
60085	12	<u>In</u>	12	
60046	48	ln_	48	
60087	10	In	10	
	122		89	33
			73%	27%

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Certaan mapping and direction date © 2008 NAVIED. All rights reserved. The Date for arress of Cenada Enchada Enchada Enchada Microsoft Cenada Enchada EnchAnte

ATTACHMENT-12B

Travel Time and Distance Charl ASTC and Hospital Facilities in proximity to Ritacca Laser Center

Travel	Distance	15.13	15.02 4	18.28	18.28	18,02	18.37	16,37	15.38 86.38	19.38	19.38	0	1,12	434	14.81	7.51
Travel T	lime.	34.5	33,35	29.9	29.9	29.9	28.75	28.75	37,95	37.95	37.95	0	3.45	3.45	31.05	13.8
F —	License	7000920	7001209	7001803	7001357	7002231	002892	7003080	7003118	7003132		7003144	8000020	7001795	7002322	7002926
	Zp	60005-2493 70	60005-2392 70	50016-1253 70	50016-2237 70	50016-4000 70	60026- 70	60025 70	60053 70	60030 70	60030	60061 70	60048 80	60048 70	60046 70	60144 70
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	City	ARLINGTON HEIGHTS	ARLINGTON HEIGHTS	DES PLAINES	DES PLAINES	DES PLAINES	GLENVIEW	Glenview	Morton Grove	Grayslake	GRAYSLAKE	VERNON HILLS	Libertyville	LIBERTYVILLE	LIINDENHURST	LAKE BLUFF
	Address	1100 WEST CENTRAL ROAD	675 WEST KIRCHOFF ROAD	1455 GOLF ROAD	1455 GOLF ROAD	8901 GOLF ROAD	2551 COMPASS ROAD	2350 Ravine Way	9000 Waukegan Road	1475 East Belvidere Road	1475 EAST BELVIDERE ROAD	230 Center Drive	1800 Hollister Drive	1900 HOLLISTER DRIVE	1050 RED OAK LANE	988 Carriage Park Avenue
	Name	76 NORTHWEST SURGICARE HEALTHSOUTH	75 NORTHWEST COMMUNITY DAY SURG.	42 FOOT & ANKLE SURGICAL CENTER	28 DIMENSIONS MEDICAL CENTER, LTD.	46 GOLF SURGICAL CENTER	126 THE GLEN ENDOSCOPY CENTER	100 Ravine Way Surgery Center	59 Illinois Sports Medicine & Orthopedic Surgery Center	138 Lake Forest Endoscopy Center	148 GRAYSLAKE OUTPATIENT CENTER	104 RITACCA LASER CENTER	47 Grand Oaks Surgery Center	51 HEALTHSOUTH SURG. CNTR OF HAWTHORNE	136 VICTORY AMBULATORY SURGERY CENTER	72 NORTH SHORE ENDOSCOPY CENTER
	Key	ON 92	75 NO	42 FO	28 DIN	46 GO	126 TH	100 Ray	59 Ilin	138 Lak	148 GR	104 RIJ	47 Gre	51 吊	136 VIC	72 NO

Travel	Distance	22.2	14.98	19.22	18.12	15.35	19,97	12.99	2.65	6.03	10.55	15.61
Travel	Time.	37.95	33,35	33,35	28.75	27.6	33,35	25.3	5.75	11.5	19.55	8. 5.
	-	223B	1701	4796	1008	3483	2188	3475	422	1230	2086	2857
		60007-0000	60005-0000	60068-0000	60016-1278	60025-0000	60076-0000	60010-0000	60048-0000	60045-0000	60035-0000	60065-0000
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	CITY	Elk Grove Villa	Arlington Heights	Park Ridge	Des Plaines	Glenview	Skokie	Barrington	Libertyville	Lake Forest	Highland Park	Waukegan
	STREET	800 Biesterfield Road	800 West Central Road	1800 Parkside Dr	100 North River Road	2100 Pfingsten Road	9600 Gross Point Road	100 Haverton Way	500 Valley Park Drive	660 North Westmoreland	718 Glenview Avenue	1324 North Sheridan Road
	NAME	8 Alexian Brothers Medical Center	114 Northwest Community Hospital	88 Advocate Lutheran General Hospital	60 Holy Family Hospital	43 Glenbrook Hospital	147 Skokie Hospital	5 Advocate Good Shepherd Hospital	24 Condell Medical Center	81 Lake Forest Hospital	56 Highland Park Hospital	197 Vista Medical Center East
	KEY	8 Alex	114 Nort	88 Advi	Holy	43 Gler	147 Ska	5 Adv	24 Con	81 Lak	16jH 9S	197 Vista

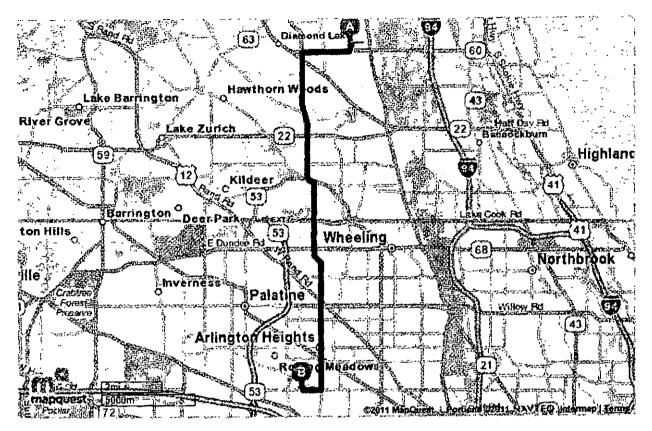
Source: Ambulatory Surgical Treatment Center Profiles for Year 2005, Health Systems Development, Illinois Department of Public Health
*Certificate of Need applications on file with the Health Facilities Planning Board
**Adjusted Travel Times



Trip to: 1100 W Central Rd # West Arlington Heights, IL 60005-2402 15.13 miles 30 minutes Notes
To NORTHWEST SURGICARE HEALTHSOUTH

9		230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Oriven
@		Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
4		2. Turn left onto Lakeview Pky. Holiday Inn Express Chicago Nw-Vernon Hills is on the left	Go 0.2 Mi	0.3 mi
t +	602	3. Take the 2nd right onto E Townline Rd / IL-60. E Townline Rd is just past E Hawthom Pky If you reach E Phillip Rd you've gone about 0.1 miles too far	Go 1.8 Mi	2.1 mi
4	w .	4. Turn left onto S Lake St / US-45. Mc Donald's is on the corner If you reach IL-83 you've gone about 0.3 miles too far	Go 0.3 Mi	2.3 mi
†		5. Stay straight to go onto IL-83 S.	Go 4.5 Mi	6.8 mi
7		6. Turn slight right onto N Arlington Heights Rd. N Arlington Heights Rd is 0.2 miles past IL-53	Go 7.6 MI	14.4 mi
•		7. Turn right onto E Central Rd. E Central Rd is 0.1 miles past E Orchard St If you reach E Magnolia St you've gone about 0.1 miles too far	Go 0.7 Mì	15.1 mi
	٠	8. 1100 W CENTRAL RD # WEST is on the right. Your destination is 0.1 miles past S Fernandez Ave If you reach S Dwyer Ave you've gone about 0.2 miles too far		15.1 mi
Ф		1100 W Central Rd # West Arlington Heights, IL 60005-2402	15.1 mi	15.1 mi

Total Travel Estimate: 15.13 miles - about 30 minutes



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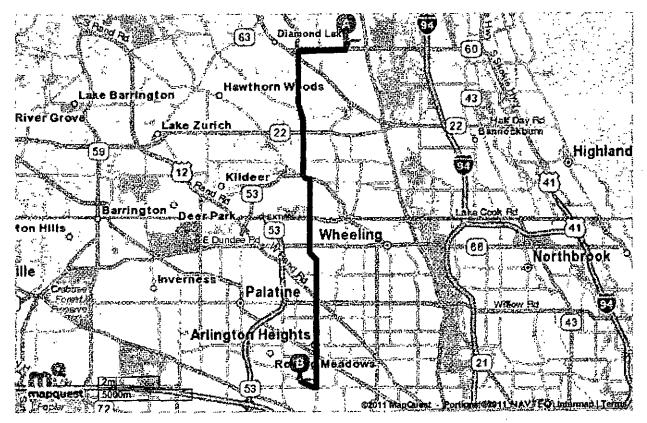
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Trip to: 675 W Kirchhoff Rd Arlington Heights, IL 60005-2371 15.04 miles 29 minutes

Notes			
To NORTHWEST COMMUNITY DAY SURG.	• "		Í
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@	230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven
•	Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.08 mi
4	2. Turn left onto Lakeview Pky. Holiday Inn Express Chicago Nw-Vernon Hills is on the left	Go 0.2 Mi	0.3 mi
→ 60°	3. Take the 2nd right onto E Townline Rd / IL-60. E Townline Rd is just past E Hawthorn Pky If you reach E Phillip Rd you've gone about 0.1 miles too far	Go 1,8 Mi	2.1 mi
4 @	4. Turn left onto S Lake St / US-45. Mc Donald's is on the corner If you reach IL-83 you've gone about 0.3 miles too far	Go 0.3 Mi	2.3 mi
1	5. Stay straight to go onto IL-83 S.	Go 4.5 Mi	6.8 mi
4	6. Turn slight right onto N Arlington Heights Rd. N Arlington Heights Rd is 0.2 miles past IL-53	Go 7.6 Mi	14.4 mi
•	7. Turn right onto E Central Rd. E Central Rd is 0.1 miles past E Orchard St If you reach E Magnolia St you've gone about 0.1 miles too far	Go 0.1 MI	14.5 mi
7	8. Turn slight right onto W Kirchhoff Rd.	Go 0.5 Mi	15.0 mi
•	9. 675 W KIRCHHOFF RD is on the left. Your destination is just past S Ridge Ave If you reach S Fernandez Ave you've gone a little too far		15.0 mi
Φ	675 W Kirchhoff Rd Arlington Heights, IL 60005-2371	15.0 mi	15.0 mi

Total Travel Estimate: 15.04 miles - about 29 minutes



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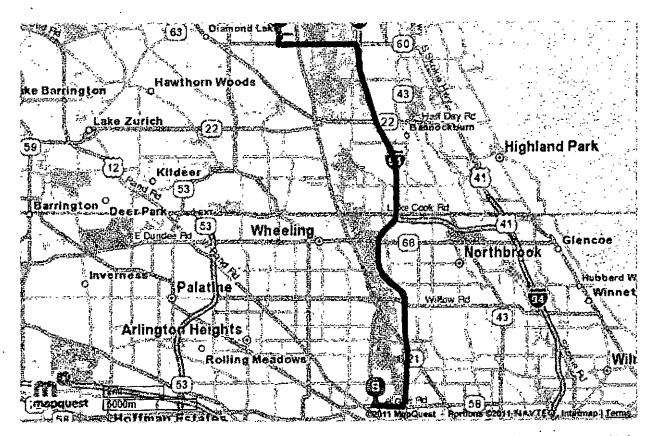
Trip to: 1455 E Golf Rd Des Plaines, IL 60016-1250 18.28 miles 26 minutes

To: FOOT & ANKLE SURGICAL CENTER &

DIMENSIONS MEDICAL CENTER, LTD.

Miles Driven Miles Per 230 Center Dr Section Vernon Hills, IL 60061-1584 Go 0.06 Mi 0.06 mi 1. Start out going west on Center Dr toward Lakeview Pky. 0.3 mi Go 0.2 Mi Turn left onto Lakeview Pky. Holiday Inn Express Chicago Nw-Vernon Hills is on the left Go 2.9 Mi 3.2 mi Take the 2nd left onto E Townline Rd / IL-60. E Townline Rd is just past Hawthorn Village Commons If you reach E Phillip Rd you've gone about 0.1 miles too far 9.3 mi Merge onto i-94 E toward indiana (Portions toli). Go 6.1 Mi If you reach IL-60 W you've gone about 0.1 miles too far 16.5 mi 5. Keep right to take I-294 S toward Indiana-O'Hare (Portions toll). Go 7.2 Mi Take the exit toward IL-58 / Golf Rd. Go 0.5 Mi 17.0 mi EXIT 7. Turn left onto E River Rd. Go 0.1 Mi 17.1 mi 18.2 mi 8. Take the 1st right onto E Goff Rd / IL-58. Go 1.1 MI If you are on Bender Rd and reach W Ballard Rd you've gone about 0.6 miles too far 18.3 mi Go 0.1 Mì Make a U-turn onto E Golf Rd / IL-58. If you reach US-12 you've gone about 0.3 miles too far 18.3 mi 10. 1455 E GOLF RD is on the right. Your destination is just past Mary St ff you reach N Des Plaines River Rd you've gone a little too far 18.3 mi 1455 È Golf Rd 18.3 mi Des Plaines, IL 60016-1250

Total Travel Estimate: 18.28 miles - about 26 minutes



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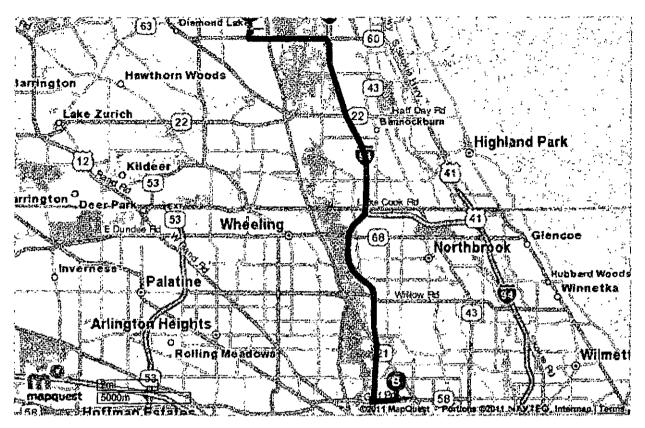


Trip to: [9001-9099] Golf Rd Des Plaines, IL 60016 18.02 miles 26 minutes

Notes		* •	٠.						
To: Golf Surgical Center	·		-	-	-	 _		 	
							i		

0		230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven
•	•	Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 กท์
43		2. Turn left onto Lakeview Pky. Holiday Inn Express Chicago Nw-Vernon Hills is on the left	Go 0.2 Mi	0.3 mi
43	50#	3. Take the 2nd left onto E Townline Rd / IL-60. E Townline Rd is just past Hawthorn Village Commons If you reach E Phillip Rd you've gone about 0.1 miles too far	Go 2.9 Mi	3.2 mi
क्ष	94	4. Merge onto I-94 E toward Indiana (Portions toll). If you reach IL-60 W you've gone about 0.1 miles too far	Go 6.1 Mi	9.3 mi
7	754 754	5. Keep right to take I-294 S toward Indiana-O'Hare (Portions toll).	Go 7.2 Mi	16.5 mi
EXIT		6. Take the exit toward IL-58 / Golf Rd.	Go 0.5 Mi	17.0 mî
4		7. Turn left onto E River Rd.	Go 0,1 M i	17.1 mi
4	58#	8. Take the 1st left onto IL-58 / E Golf Rd. If you are on Bender Rd and reach W Ballard Rd you've gone about 0.6 miles too far	Go 0.9 M i	18.0 mi
		9. [9001-9099] GOLF RD. Your destination is just past Park Ln If you are on IL-58 and reach Golf Ter you've gone about 0.1 miles too far	fa 41	18.0 mi
9		[9001-9099] Golf Rd Des Plaines, IL 60016	18.0 mi	18.0 mi

Total Travel Estimate: 18.02 miles - about 29 minutes



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Trip to: 2551 Compass Rd Glenview, IL 60026-8045 16.37 miles 25 minutes

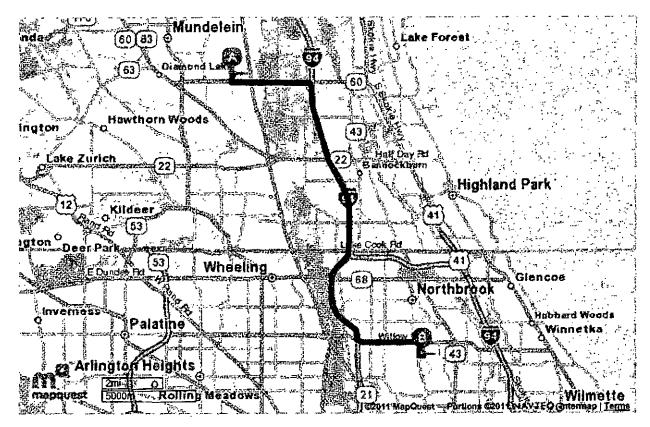
Notes		
To: The Glen Endoscopy Center		-
3		
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<u>}</u>	ļ	- {

•		230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven
•		1. Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
4		2. Turn left onto Lakeview Pky. Holiday Inn Express Chicago Nw-Vernon Hills is on the left	Go 0.2 Mi	0.3 mi
4	509	3. Take the 2nd left onto E Townline Rd / IL-60. E Townline Rd is just past Hawthorn Village Commons If you reach E Phillip Rd you've gone about 0.1 miles too far	Go 2.9 Mi	3.2 mi
ž t	To the second	4. Merge onto I-94 E toward Indiana (Portions toll). If you reach IL-60 W you've gone about 0.1 miles too far	Go 6.1 Mi	9.3 mi
7	737	5. Keep right to take I-294 S toward Indiana-O'Hare (Portions toll).	Go 3.6 Mi	12.9 mi
EXIT		6. Take the Willow Rd exit.	Go 0.4 Mì	- 13.3 mi
RAMP		7. Turn slight left to take the ramp toward Northbrook / Glenview.	Go 0.03 Mi	13.3 mi
4		8. Turn left onto Willow Rd.	Go 2.3 Mi	15.7 mi
L		9. Turn right onto Patriot Blvd . Patriot Bivd is 0.3 miles past Shermer Rd Lazboy Furniture is on the right If you reach Old Willow Rd you've gone about 0.4 miles too far	Go 0.5 Mi	16.2 mi
4		10. Turn left onto Compass Rd. Compass Rd is 0.3 miles past Lehigh Ave If you reach Mint Ln you've gone about 0.2 miles too far	Go 0.2 Mi	16.4 mi
		11. 2551 COMPASS RD is on the right.		

If you reach Lehigh Ave you've gone about 0.1 miles too far 16.4 mi

2551 Compass Rd 16.4 mi 16.4 mi Glenview, IL 60026-8045

Total Travel Estimate: 16.37 miles - about 25 minutes



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Trip to: 2350 Ravine Way Glenview, IL 60025-7621 16.37 miles 25 minutes

ļ	Notes			٠.	
	To: Ravine Way Surgery Center	•	٠.		
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•	, . ,	230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven
6		1. Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
4		2. Turn left onto Lakeview Pky. Holiday Inn Express Chicago Nw-Vernon Hills is on the left	Go 0.2 Mi	0.3 mi
4	60	3. Take the 2nd left onto E Townline Rd / IL-60. E Townline Rd is just past Hawthorn Village Commons If you reach E Phillip Rd you've gone about 0.1 miles too far	Go 2.9 Mi	3.2 mi
t t	***	4. Merge onto I-94 E toward Indiana (Portions toll). If you reach IL-60 W you've gone about 0.1 miles too fer	Go 7.1 Mi	10.3 mi
*7	1	5. Keep right at the fork to go on I-94 E / Edens Expy Spur E (Portions toll).	Go 1.6 Mi	11.9 mi
EXIT		· 6. Take the IL-43 / Waukegan Rd exit.	Go 0.3 Mi	12.1 mí
7		7. Turn slight right onto iL-43 / Waukegan Rd.	Go 3.1 Mi	15.2 mi
F *		8. Turn right onto Willow Rd. Willow Rd is 0.2 miles past Three Lakes Dr If you are on Waukegan Rd and reach Westleigh Dr you've gone about 0.3 miles too far	Go 0.6 Mi	15.8 mi
4		9. Turn left onto Ravine Way. Ravine Way is 0.2 miles past Westleigh Dr Sleak 'n Shake is on the corner If you reach Old Willow Rd you've gone about 0.1 miles too far	Go 0.6 MI	16.4 mí
		10. 2350 RAVINE WAY is on the right. Your destination is 0.1 miles past Ridge Dr If you reach Claire Ct you've gone a little too far		16.4 mi

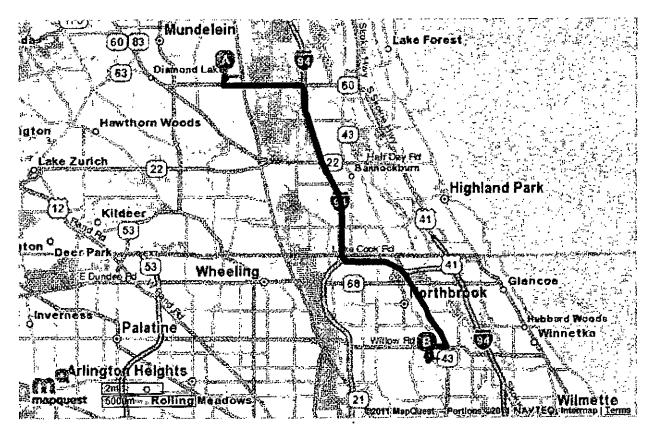


2350 Ravine Way Glenview, IL 60025-7621

16.4 mi

16.4 mi

Total Travel Estimate: 16.37 miles - about 25 minutes



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Trip to: 9000 Waukegan Rd Morton Grove, IL 60053-2127 19.38 miles 33 minutes

Notes To: Illinois Sports Medicine & Orthopedic Surgery Center

		230 Center Dr Vemon Hills, IL 60061-1584	Miles Per Section	Miles Driven
•		1. Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 πί
4		2. Turn left onto Lakoview Pky. Holiday Inn Express Chicago Nw-Vernon Hills is on the left	Go 0:2 Mi	0.3 mi
43	60#	3. Take the 2nd left onto E Townline Rd / IL-60. E Townline Rd is just past Hawthorn Village Commons If you reach E Phillip Rd you've gone about 0.1 miles too far	Go 2.9 Mi	3.2 mi
21	HAPP PAP	4. Merge onto I-94 E toward Indiana (Portions toll). If you reach IL-60 W you've gone about 0.1 miles too far	Go 7.1 Mi	10.3 mi
¥		5. Keep right at the fork to go on I-94 E / Edens Expy Spur E (Portions toll).	Go 1.6 Mi	11.9 mi
EXIT		6. Take the IL-43 / Waukegan Rd exit.	Go 0.3 Mi	12.1 mi
7	•	7. Turn slight right onto IL-43 / Waukegan Rd.	Go 7.3 M i	19.4 mi
		8. 9000 WAUKEGAN RD. Your destination is 0.2 miles past Church St If you reach Churchill St you've gone about 0.1 miles too far		19.4 ml
ø		9000 Waukegan Rd Morton Grove, IL 60053-2127	19.4 mi	19.4 mi



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Trip to: 9000 Waukegan Rd Morton Grove, IL 60053-2127 19.38 miles 33 minutes

.Notes

To: Lake Forest Endoscopy Center 8 GRAYSLAKE OUTPATIENT CENTER

0		230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven
0		Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mì
4		2. Turn left onto Lakeview Pky. Holiday Inn Express Chicago Nw-Vernon Hills is on the left	Go 0.2 Mi	0 .3 mì
4	602	3. Take the 2nd left onto E Townline Rd / IL-60. E Townline Rd is just past Hawthom Village Commons If you reach E Phillip Rd you've gone about 0.1 miles too far	Go 2.9 Mi	3.2 mi
t _i t	57	4. Merge onto I-94 E toward Indiana (Portions toll). If you reach IL-60 W you've gone about 0.1 miles too far	Go 7.1 Mi	10.3 mi
7		5. Keep right at the fork to go on I-94 E / Edens Expy Spur E (Portions toll).	Go 1.6 Mi	11.9 mi
EXIT		6. Take the IL-43 / Waukegan Rd exit.	Go 0.3 Mi	12.1 mi
7	435	7. Turn slight right onto IL-43 / Waukegan Rd.	Go 7.3 Mi	19.4 mi
		8. 9000 WAUKEGAN RD. Your destination is 0.2 miles past Church St If you reach ChurchIll St you've gone about 0.1 miles too far	• •	19.4 mi
0		9000 Waukegan Rd Morton Grove, IL 60053-2127	19.4 mi	19.4 mi

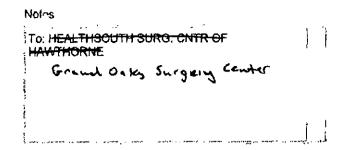
Total Travel Estimate: 19.38 miles - about 33 minutes



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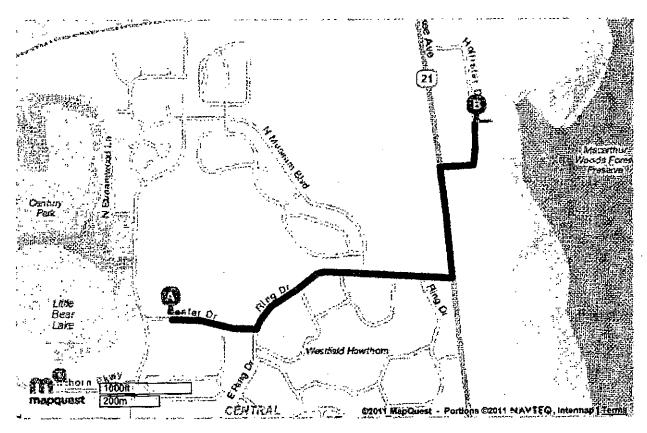


Trip to: 1800 Hollister Dr Libertyville, IL 60048-5263 1.12 miles 3 minutes



		230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven .
6		1. Start out going east on Center Dr toward New Century St.	Go 0.2 Mi	0.2 mi
43		2. Turn left onto Ring Dr.	Go 0.5 Mi	0.7 mi
4	21	3. Turn left onto IL-21 / N Milwaukee Ave.	Go 0.2 Mi	0.9 mi
•		4. Take the 1st right onto Hollister Dr . If you are on S Milwaukee Ave and reach Artaius Pky you've gone about 0.4 miles too far.	Go 0.2 Mi	1.1 mi
		5. 1800 HOLLISTER DR is on the right. If you reach IL-21 you've gone about 0.2 miles too far		1.1 mi
0		1800 Hollister Dr Libertyville, IL 60048-5263	1.1 mi	1.1 mì

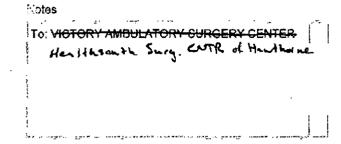
Total Travel Estimate: 1.12 miles - about 3 minutes



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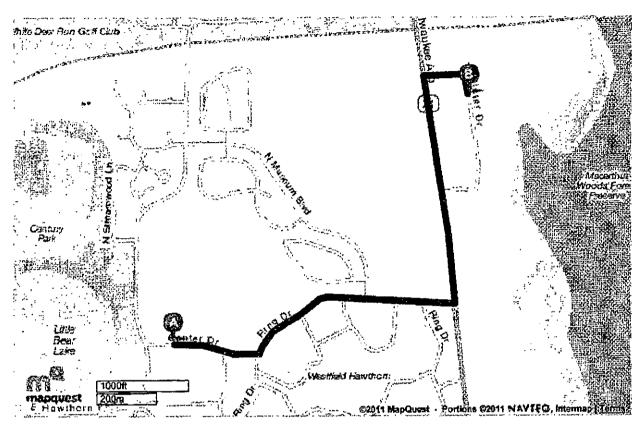


Trip to: 1900 Hollister Dr Libertyville, IL 60048-5227 1.34 miles 3 minutes



9		230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven
₩		1. Start out going east on Center Dr toward New Century St.	Go 0.2 Mi	0.2 mi
4		2, Tum left onto Ring Dr.	Go 0,5 Mi	0.7 mi
,	215	3. Tum left onto IL-21 / N Milwaukee Ave.	Go 0.5 MI	1.2 mi
L >		4. Take the 2nd right onto Hollister Dr. If you are on S Milwaukee Ave and reach Arlaius Pky you've gone about 0.2 miles too far	Go 0.1 Mi	1.3 mi
		5. 1900 HOLLISTER DR is on the left. If you reach N Milwaukee Ave you've gone about 0.2 miles too far	•	1.3 mi
@		1900 Hollister Dr Libertyville, IL 60048-5227	1.3 mi	1.3 mi

Total Travel Estimate: 1.34 miles - about 3 minutes



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Trip to: Lindenhurst, IL 14.81 miles 27 minutes

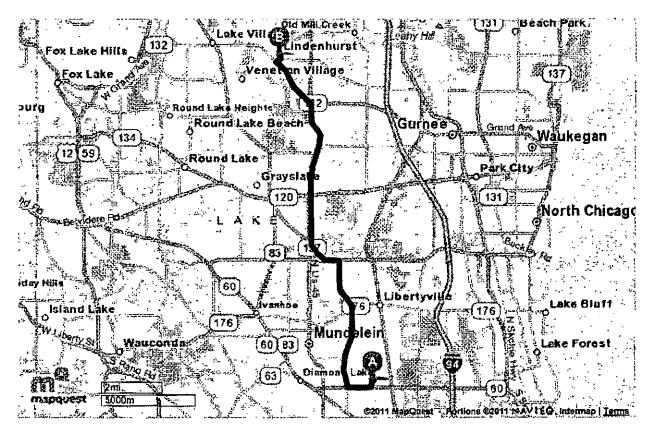
Notes

To: Victory Ambulatory Surgery Center

				110
		230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven
0		Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
4		2. Turn left onto Lakeview Pky. Holiday Inn Express Chicago Nw-Vernon Hills is on the left.	Go 0.2 Mi	0.3 ml
F	604	3. Take the 2nd right onto E Townline Rd / IL-60. E Townline Rd is just past E Hawthom Pky If you reach E Phillip Rd you've gone about 0.1 miles too far	Go 0.9 Mi	1.2 mi
r		4. Turn right onto S Butterfield Rd. S Butterfield Rd is 0.3 miles past Aspen Dr R K Gas Wash Mobil is on the left If you are on Townline Rd and reach McCormick Ave you've gone about 0.2 miles too far	Go 4.8 Mi	6.0 mi
4		5. Turn left onto Peterson Rd / IL-137 W. Continue to follow IL-137 W. IL-137 W is 0.1 miles past Old Barn Cir If you reach Braxton Rd you've gone a little too far	Go 1.3 Mi	7.3 mi
z it		6. Merge onto US-45 N. If you are on IL-137 and reach W Casey Rd you've gone about 0.6 miles too far	Go 5.2 Mi	12.5 mi
4	1827	7. Turn left onto W Grand Ave / IL-132. W Grand Ave is 0.1 miles past W Oak Ct Fogculter is on the corner If you reach Highfield Dr W you've gone about 0.4 miles too far	Go 2.0 Mi	14.5 mi
i,		8. Turn right onto E Sand Lake Rd. E Sand Lake Rd is 0.1 miles past Hilicrest Ln Linden Union 76 is on the right If you reach Lindenhurst Dr you've gone about 0.2 miles too far	Go 0.05 Mi	14.5 mi
4		9. Take the 1st left onto Valley Dr. 7-ELEVEN is on the left If you reach S Thomwood Dr you've gone about 0.1 miles too far	Go 0.08 MI	14.6 mi
		10. Take the 1st right onto Briar Ln.		
		Briar Ln is just past Old Elm Rd	ATTACHM	ENT-12B

	If you reach S Beck Rd you've gone about 0.1 miles too far Lindenhurst, IL	14.8 mi	14.8 mi
	11. Welcome to LINDENHURST, IL. Your destination is just past Sunset Ln		14.8 mi
•			
e	If you reach Woodlane Dr you've gone a little too tar	Go 0.2 Mi	14.8 mi
	 a:-		

Total Travel Estimate: 14.81 miles - about 27 minutes



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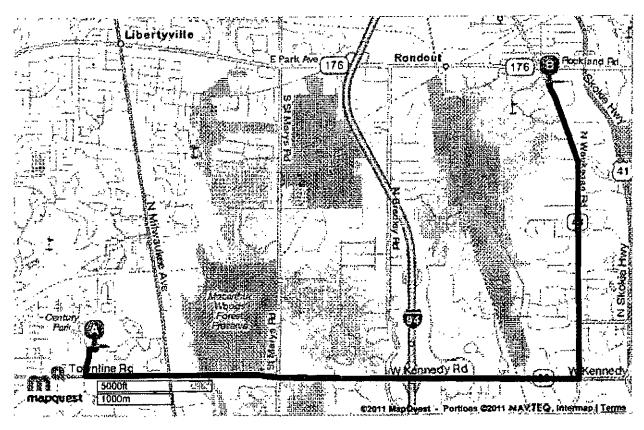
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Trip to: 988 Carriage Park Ln Lake Bluff, IL 60044-2215 7.51 miles 12 minutes

F 2Now		
To: NORTH SHORE ENDOSCOPY CENTER	1	
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the state of the s		.

0		230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven
•		Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
43		2. Turn left onto Lakeview Pky. Holiday Inn Express Chicago Nw-Vernon Hills is on the left	Go 0.2 Mi	0.3 mi
4	CATT	3. Take the 2nd left onto E Townline Rd / IL-60 E. E Townline Rd is just past Hawthorn Village Commons If you reach E Phillip Rd you've gone about 0.1 miles too far	Go 4.5 Mi	4.8 mi
4	(II)	4. Turn left onto N Waukegan Rd / IL-43. N Weukegan Rd is 0.7 miles past Academy Rd If you reach S Suffolk Ln you've gone about 0.2 miles too far	Go 2.7 Mi	7.5 mì
•		5. Turn right onto Carriage Park Ave. Carriage Park Ave is 0.2 miles past Albrecht Dr Dominick's Finer Foods in Carriage Way Shopping Ctr is on the corner If you reach Knollwood Rd you've gone a little too far	Go 0.02 Mi	7.5 mi
		6. 988 CARRIAGE PARK LN. If you reach N Waukegan Rd you've gone about 0.5 miles too far		7.5 mi
•	•	988 Carriage Park Ln Lake Bluff, IL 60044-2215	7.5 mi	7.5 mi

* Total Travel Estimate: 7.51 miles - about 12 minutes



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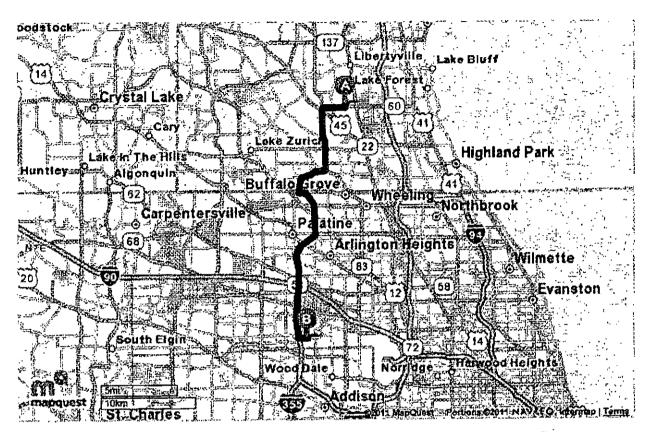
Trip to: 800 Biesterfield Rd Elk Grove Village, IL 60007-3361 22.20 miles 33 minutes



		230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven
•		Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
4		2. Turn left onto Lakeview Pky. Holiday Inn Express Chicago Nw-Vernon Hills is on the left	Go 0.2 Mi	0.3 mi
F	600	3. Take the 2nd right onto E Townline Rd / IL-60. E Townline Rd is just past E Hawthom Pky If you reach E Phillip Rd you've gone about 0.1 miles too far	Go 1.8 Mi	2.1 mi
4,	45	4. Turn left onto S Lake St / US-45. Mc Donald's is on the corner If you reach IL-83 you've gone about 0.3 miles too far	Go 0.3 Mi	2.3 mi
†		5. Stay straight to go onto IL-83 S.	Go 4.2 M i	6.6 mi
7	(B)	6. Turn slight right onto IL-53. IL-53 is 0.1 miles past Fairfield Dr	Go 3,1 Mi	9.6 mi
42		7. Turn left onto Lake Cook Rd. Convenient Food Mart is on the comer If you are on N Hicks Rd and reach E Pennsylvania Dr you've gone a little too far	Go 0.4 Mi	10.0 mi
RAMP		8. Take the IL-53 S ramp toward West Suburbs.	Go 0.4 Mi	10.5 mi
क्ष		9. Merge onto IL-53-EXT S.	Go 1.2 Mi	11. 7 mi
†	SAL	10. IL-53-EXT S becomes IL-53 S.	Go 9.6 Mi	21.3 mi

	11. Take the IL-53 S / Biesterfield Rd exit, EXIT 4.	Go 0.2 Mi	21.5 mi
4	12. Turn left onto Biesterfield Rd. If you reach I-290 E you've gone about 0.3 miles too far	Go 0.7 Mi	22.2 mi
U	13. Make a U-turn onto Blesterfield Rd.	Go 0.02 Mi	22.2 mi
	14. 800 BIESTERFIELD RD is on the right. Your destination is just past Alexian Way If you reach Beisner Rd you've gone about 0.1 miles too far		22.2 mi
•	800 Biesterfield Rd Elk Grove Village, IL 60007-3361	22.2 mi	22.2 mi

Total Travel Estimate: 22.20 miles - about 33 minutes



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Trip to: 800 W Central Rd Arlington Heights, IL 60005-2349 14.98 miles 29 minutes

Notes /	_		 		
To: Northwest Community Hospital	~	·		1	
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P	·	230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven
0		Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
4		2. Turn left onto Lakeview Pky. Holiday Inn Express Chicago Nw-Vernon Hills is on the left	Go 0.2 Mi	· 0.3 mi
L	60	3. Take the 2nd right onto E Townline Rd / IL-60. E Townline Rd is just past E Hawthorn Pky If you reach E Phillip Rd you've gone about 0.1 miles too far	Go 1.8 Mi	2.1 mi
4	(is)	4. Turn left onto S Lake St / US-45. Mc Donald's is on the comer If you reach IL-83 you've gone about 0,3 miles too far.	Go 0.3 Mi	2.3 mi
†	STATE OF THE PARTY	5. Stay straight to go onto IL-83 S.	Go 4.5 Mi	6.8 mi
7		6. Tum slight right onto N Arlington Heights Rd. N Arlington Heights Rd is 0.2 miles past IL-53	Go 7.6 Mi	14.4 mi .
•		7. Turn right onto E Central Rd. E Central Rd is 0.1 miles past E Orchard St If you reach E Magnolia St you've gone about 0.1 miles too far	Go 0.6 Mi	15.0 mi
		8. 800 W CENTRAL RD is on the right. Your destination is just past S Ridge Ave If you reach S Dwyer Ave you've gone about 0.3 miles too far		15.0 mi
₿	,	800 W Central Rd Arlington Heights, IL 60005-2349	15.0 mi	15.0 mi

Total Travel Estimate: 14.98 miles - about 29 minutes

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ATTACHMENT-12B



Trip to: 1800 Parkside Dr Park Ridge, IL 60068-1086 19.22 miles 29 minutes

Notes			
To: Advocate Lutheran General Hospital	-]	į
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		230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven
0		Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
4		2. Turn left onto Lakeview Pky. Holiday inn Express Chicago Nw-Vernon Hills is on the left	Go 0.2 Mì	0.3 mi
4	605	3. Take the 2nd left onto E Townline Rd / IL-60. E Townline Rd is just past Hawthorn Village Commons If you reach E Phillip Rd you've gone about 0.1 miles too far	Go 2.9 Mi	3.2 mi
村	3	4. Merge onto I-94 E toward Indiana (Portions toll). If you reach IL-60 W you've gone about 0.1 miles too far	Go 6.1 Mi	9,3 mì
7	FF	5. Keep right to take I-294 S toward Indiana-O'Hare (Portions toll).	Go 7.2 Mi	16.5 mi
EXIT #		6. Take the exit toward IL-58 / Golf Rd.	Go 0.5 Mi	17.0 mi
4		7. Tum left onto E River Rd.	Go 0.1 Mi	17.1 mi
4	58	8. Take the 1st left onto IL-58 / E Golf Rd. If you are on Bender Rd and reach W Ballard Rd you've gone about 0.6 miles too far	Go 0.5 M i	17.6 mi
I +		9. Turn right onto Potter Rd. Potter Rd is just past N Oak Ln Caruso's Pizza is on the right If you are on IL-58 and reach Elm Ter you've gone a little too far.	Go 1.0 Mi	18.6 mi
4		10. Turn left onto Dempster St / US-14. Dempster St is 0.1 miles past Prairie Ave If you reach Evergreen Ln you've gone a little too far	Go 0.6 Mi	19.2 mi
		11. Turn left onto Parkside Dr.		

ATTACHMENT-12B

43	Perkside Dr is 0.1 miles past Luther Ln If you reach N Western Ave you've gone about 0.1 miles too far	19.2 mi
.	12. 1800 PARKSIDE DR is on the left. If you reach Ballard Rd you've gone about 0.2 miles too far	19.2 mi
©	1800 Parkside Dr 19.2 mi	19.2 mi

Total Travel Estimate: 19.22 miles - about 29 minutes

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Trip to: 100 N River Rd Des Plaines, IL 60016-1209 18.12 miles 25 minutes

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		230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven
•		Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
4		2. Turn left onto Lakeview Pky. Holiday Inn Express Chicago Nw-Vernon Hills is on the left	Go 0.2 Mi	0.3 mi
4	694	3. Take the 2nd left onto E Townline Rd / IL-60. E Townline Rd is just past Hawthorn Village Commons If you reach E Phillip Rd you've gone about 0.1 miles too far	Go 2.9 Mi	3.2 mi
21	187	4. Merge onto I-94 E toward Indiana (Portions toil). If you reach IL-60 W you've gone about 0.1 miles too far	Go 6.1 Mi	9.3 mi
7		5. Keep right to take 1-294 S toward indiana-O'Hare (Portions toll).	Go 7.2 Mi	16.5 mi
EXIT		6. Take the exit toward IL-58 / Golf Rd.	Go 0.5 Mi	17.0 mi
4		7. Turn left onto E River Rd.	Go 0.1 Mi	17.1 mi
g	58#	8. Take the 1st right onto E Golf Rd / IL-58. If you are on Bender Rd and reach W Ballard Rd you've gone about 0.6 miles too far	Go 1.0 Mi	18.0 mi
r	W	9. Take the 2nd right onto N Des Plaines River Rd / US-45 / N River Rd. N Des Plaines River Rd is 0.1 miles past College Dr Golf River is on the comer If you are on E Golf Rd and reach Mary St you've gone about 0.1 miles too far	Go 0.10 Mi	18.1 mi
		10. 100 N RIVER RD is on the left. If you are on N River Rd and reach E Central Rd you've gone about 0.7 miles too far	, , , , , , , ,	18.1 mi
		100 N River Rd	18.1 mi	18.1 mi



Des Plaines, IL 60016-1209

Total Travel Estimate: 18.12 miles - about 25 minutes

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Trip to: 2100 Pfingsten Rd Glenview, IL 60026-1301 15.35 miles 24 minutes

I	Notes		
	To: Glenbrook Hospital	7	- "]
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•		230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven
•		Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
4		Turn left onto Lakeview Pky. Holiday Inn Express Chicago Nw-Vernon Hills is on the left	Go 0.2 Mi	0.3 mi
4	60	3. Take the 2nd left onto E Townline Rd / IL-60. E Townline Rd is just past Hawthorn Village Commons If you reach E Phillip Rd you've gone about 0.1 miles too far	Go 2.9 Mi	3.2 mi
रा	197	4. Merge onto I-94 E toward Indiana (Portions toll). If you reach IL-60 W you've gone about 0.1 miles too far	Go 6.1 Mi	9.3 mi
7	757	5. Keep right to take I-294 S toward Indiana-O'Hare (Portions toll).	Go 3.6 Mi	12.9 ml
EXIT		6. Take the Willow Rd exit.	Go 0.4 Mi	13.3 mi
RAMP		7. Turn slight left to take the ramp toward Northbrook / Glenview.	Go 9.03 Mi	13.3 mi
4		8. Tum left onto Willow Rd.	Go 1.0 Mi	14.4 mi
F		9. Turn right onto Pfingsten Rd. Pfingsten Rd is 0.2 miles past Charlie Ct Einstein Brothers Bagels is on the comer If you reach Quail Ln you've gone about 0.2 miles too far	Go 1.0 Mi	15.4 mi
		10. 2100 PFINGSTEN RD is on the right. Your destination is 0.2 miles past Brett Ln If you reach W Lake Ave you've gone about 0.2 miles too far		15.4 mi
		2100 Pfingsten Rd	15.4 mi	15.4 mi

ATTACHMENT-12B



Glenview, IL 60026-1301

Total Travel Estimate: 15.35 miles - about 24 minutes

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Trip to: 9600 Gross Point Rd Skokie, IL 60076-1214 19.97 miles 29 minutes

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To: Skokie Hospital		•	 		
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Driving Directions from 230 Center Dr, Vernon Hills, Illinois 60061 to 9600 Gross Point ... Page 2 of 2

Total-Fravel Estimate: 19.97 miles - about 29 minutes

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Trip to: 100 Haverton Way North Barrington, IL 60010-2469 12.99 miles 22 minutes

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To:Advocate Good Shepherd Hospital	• -	-	į
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P		230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven
		1. Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
4		2. Turn left onto Lakeview Pky. Holiday Inn Express Chicago Nw-Vernon Hills is on the left	Go 0.2 Mi	0.3 mi
L)	60#	3. Take the 2nd right onto E Townline Rd / 1L-60. E Townline Rd is just past E Hawthom Pky If you reach E Phillip Rd you've gone about 0.1 miles too far	Go 1.8 MI	2.1 mi
4	(III)	4. Turn left onto S Lake St / US-45. Mc Donald's is on the corner If you reach IL-83 you've gone about 0.3 miles too far	Go 0.3 Mi	2.3 mi
†	STATE OF THE PARTY	5. Stay straight to go onto IL-83 S.	Go 2.8 Mi	5.1 mi
r)	(3)	6. Turn right onto IL-22 W. IL-22 W is 0.3 miles past Royal Melbourne Dr If you reach Heather Knoll Ct you've gone about 0.1 miles too far	Go 7.9 Mi	13.0 mi
4		7. Turn left onto Haverton Way. Haverton Way is 0.1 miles past IL-59 If you reach Century Oaks Dr you've gone about 0.1 miles too far	Go 0.02 Mi	13.0 mì
	,	8. 100 HAVERTON WAY is on the right.		13.0 mi
(3)		100 Haverton Way North Barrington, IL 60010-2469	13.0 mi	13.0 mi

Total Travel Estimate: 12.99 miles - about 22 minutes

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Trip to: 500 Valley Park Dr Libertyville, IL 60048-3417 2.65 miles 5 minutes

Notes	AT.		
To: Advocate Condell Medical Center	"	٠	
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4		230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven
0		Start out going east on Center Dr toward New Century St.	Go 0,2 Mi	0.2 mi
43		2. Turn left onto Ring Dr.	Go 0.5 Mi	0.7 mi
4	241	3. Turn left onto IL-21 / N Milwaukee Ave.	Go 2.0 Mi	2.7 mi
r		4. Turn right onto Valley Park Dr. Valley Park Dr is 0.2 miles past E Golf Rd Jake's Pizza in Liberty Mill Plz is on the right If you reach Condell Dr you've gone a little too far		2.7 mi
		5. 500 VALLEY PARK DR is on the left. If you reach Ardmore Ter you've gone about 0.1 miles too far		2.7 mi
Ģ	•	500 Valley Park Dr Libertyville, IL 60048-3417	2.7 mi	2.7 mi

Total Travel Estimate: 2.65 miles - about 5 minutes

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Trip to: 660 N Westmoreland Rd Lake Forest, IL 60045-1659 6.03 miles 10 minutes

Notes					
	To: Lake Forest Hospital	** *	:-	i	
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9		230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven
•		Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
4	•	2. Turn left onto Lakeview Pky. Holiday Inn Express Chicago Nw-Vernon Hills is on the left	Go 0.2 Mi	0.3 mi
43		3. Take the 2nd left onto E Townline Rd / IL-60 E. E Townline Rd is just past Hawthom Village Commons If you reach E Phillip Rd you've gone about 0.1 miles too far	Go 4.5 Mi	4.8 mi
41	43	4. Tum left onto N Waukegan Rd / IL-43. N Waukegan Rd is 0.7 miles past Academy Rd If you reach S Suffolk Ln you've gone about 0.2 miles too far	Go 0.5 Mi	5.3 mi
L		5. Take the 2nd right onto W Deerpath Rd. W Deerpath Rd is 0.2 miles past Mellody Rd If you reach Northcliffe Way you've gone about 0.1 miles too far	Go 0.3 Mi	5.7 ml
43		6. Take the 2nd left onto N Westmoreland Rd. N Westmoreland Rd is just past Sussex Ln If you reach Deerpath Sq you've gone a little too far	Go 0,4 Mi	6.0 mí
		7. 660 N WESTMORELAND RD is on the left.		6.0 mí
ø		660 N Westmoreland Rd Lake Forest, IL 60045-1659	6.0 mi	6.0 mi

Total Travel Estimate: 6.03 miles - about 10 minutes

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Trip to: 1324 N Sheridan Rd Waukegan, IL 60085-2161 16.96 miles 30 minutes

- Notes: -		
To: Vista Medical Center East	<u>-</u>	
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		230 Center Dr Vernon Hills, IL 60061-1584	Miles Per Section	Miles Driven
0		Start out going west on Center Dr toward Lakeview Pky.	Go 9.06 Mi	0.06 mi
4		2. Turn left onto Lakeview Pky. Holiday Inn Express Chicago Nw-Vernon Hills is on the left	Go 0.2 M í	0.3 mi
4		3. Take the 2nd left onto E Townline Rd / IL-60 E. E Townline Rd is just past Hawthom Village Commons If you reach E Phillip Rd you've gone about 0.1 miles too fer	Go 5.0 Mi	5.3 mi
4		4. Turn left onto US-41 N / N Skokie Hwy.	Ga 4.9 Mi	10.2 mi
L	1	5. Turn right onto IL-137 E / Buckley Rd. IL-137 E is 0.1 miles past Beacon St If you reach MI King Jr Dr you've gone about 0.7 miles too far	Go 1.5 MI	11.8 mi
4	APP	6. Turn left onto IL-137 N / Amstutz Expy. IL-137 N is 0.1 miles past Illinois St If you reach Sheridan Rd you've gone about 0.2 miles too far	Go 0.10 Mi	11.9 mi
†		7. Stay straight to go onto IL-137 N / Amstutz Expy. Continue to follow IL-137 N.	Go 3.7 Mi	15.6 mi
RAMP		8. Take the ramp toward Grand Ave.	Go 0.3 Mi	15.9 mi
4		9. Turn left onto Mathon Dr. If you reach N Spring St you've gone about 0.3 miles too far	Ga 0.06 Mi	15.9 mi
L	•	10. Turn right onto N Sheridan Rd. Mc Donaid's is on the corner If you are on Grand Ave and reach N Genesee St you've gone a little too far	Go 1.0 Mi	17.0 mi
		11. 1324 N SHERIDAN RD is on the left. Your destination is just past W Grove Ave		17.0 mi

If you reach Stanley Ave you've gone about 0.1 miles too far



1324 N Sheridan Rd Waukegan, IL 60085-2161 17.0 mi

17.0 mi

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Total Travel Estimate: 16.96 miles - about 30 minutes

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Ritacca Laser Center 12-Month Utilization Ending July 31, 2011

n n	2607	1246	917	4770	79.5
Jun	5451	2891	1829	10171	169.5
May	5839	3164	1906	10909	181.8
Apr	7973	4373	2898	15244	254.1
Mar	5408	4200	2386	12004	200.1
Feb	3366	2657	1268	7291	121.5
Jan	5393	2930	1707	10030	167.2
Dec	9059	3854	1768	12126	202.1
Nov	5644	2743	1891	10278	171.3
Oct	1821	2288	725	4834	90.6
Sept		4096		4096	68.3
Ang		3180		3180	53
	Pre op	OR R	Post Op		

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PHYSICIAN REFERRAL

Center in Vernon Hills, Illinois. la. Total number of surgeries performed:	Ana 1500/yc
1b. Total number within a hospital or licensed surgery center in the past	- - - - - - - - - -
year: 2. Of the total number of surgical procedures identified above, how many could be performed in the proposed surgical center:	50-100%
3. Percentage of my total patients who live within a (thirty) minute drive time of Ritares Surgery Cross in Vernon Hills:	50%
The above numbered procedures are now being performed at the include hospitals and freestanding ASTC facilities):	following facilities
Alexian Brothes Medical Center Hoffman Estates Surgery Center Private Freestanding Office	
It is estimated that I would refer 60 patients monthly based on my his up to 100 patients monthly based on the growth of my practice.	torical procedures and
Please indicate where your referrals are currently being performed:	
1. Inpatient Hospital Procedures (Perc. Specify Hospital(s): ARMC	ent) 100% of importants
2. <u>Out Patient Procedures</u> Specify Hospital(s)/Free-Standing facilities: HSC Office	<u> </u>
Please make a brief comment as to the difficulties in referring part mentioned facilities: (Use additional sheets, if needed). Distance, Facility Patient flow issues	ients to the above-
The undersigned certifies that the representations contained therein are to Physician's Signature Date	2/14/11
(Please Print/Type Name) Jay Joshi MD EACH FORM MUST BE NOTARIZED	
OFFICE Daniel 1 Notary Public My Commission February 25, 2011 97	IAL SEAL Perkins Jr. State of Illinois

May 2, 2011

Daniel J. Ritacca, MD Ritacca Laser Center 230 Center Dr. Vernon Hills, IL 60061

Attention: Gina Virgilio, Public Relations Director

Dear Dr. Ritacca:

Advocate Condell Medical Center does not object to your plan to add pain management services in your outpatient surgery center. Based on our understanding of your plans, we do not anticipate that it would adversely impact services offered at Advocate Condell Medical Center.

We therefore support your certificate of need application.

Sincerely,

Ann Errichetti, MD MBA

President

John H. Stroger, Jr. Hospital of Cook County. Division of Dermatology

Warren W. Piette, M.D., Chairman

May 12, 2011

Health Pacility Planning Board

To Whom It May Concern:

I am proud to write a letter highlighting and describing Dr. Daniel Ritacca's generous contributions to the charitable care of the underinsured and uninsured patients of Cook County.

For the past twenty years Dr. Ritacca has graciously and cheerfully donated his valuable knowledge and skills in the field of Oculoplastic surgery to the patients of Cook County Hospital. He has sacrificed his time and private practice without compensation of any kind to benefit both the ophthalmology residents and the patients who desperately need his services.

Without Dr. Ritacca, these patients would have been forced to forgo many surgeries that have alleviated a significant number of vision threatening diseases. It is rare for an Oculoplastic surgeon in the Chicago area to make such an enormous sacrifice of time and money to help the poor. Moreover, Dr. Ritacca delivers his benevolence with cheer and a smile and is always willing to go beyond what is needed, often bringing his own specialized surgical tools for the surgeries.

Currently, I perform skin cancer (Mohs Surgery) surgery at Cook County Hospital and often request that Dan help me with those cancers involving the eyelids. He has never refused a request and often rearranges his entire schedule on short notice in order to assist me. Without Dan I could not perform these surgeries and the patients would have no alternatives. Again, Dr. Ritacca asks for no reimbursement! In fact, he has even been responsible for paying his own parking! His generosity, compassion, and commitment to helping the poor is unparalleled by any other volunteer faculty at Cook County Hospital. It is difficult to value his contributions over the past twenty years, but it would easily run into the millions! In an era of reduced medical fees, malpractice anxiety, and narcissism. Dr. Ritacca has maintained his balance and purpose and as a role model reminds us what it means to be a doctor; to help those without concern of payment that they make walk in health.

Regards,

Director of Bermatologic Surgery

John H. Stroger, Jr. Hospital of Cook County



Admin Bidg. 5th FL Rm 519 1900 W. Polk St. Chicago, IL 60612-3736 Office: (312) 864-4480 Fax: (312) 864-9663

> Senior Physicians: Jeny Feidman, M.D. Anieli Isaac, M.D. David Reld, M.D.

Consulting Physicians: Sidney Borsky, M.D. Bruce Bennin, M.D. Marc Bodoficker, M.D. Dorryl M. Bronson, M.D. George Engel, M.D.

ALTERNATIVES

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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;

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- 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.
- 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.

The alternatives to this project are limited as the Applicant represents an existing ambulatory surgical treatment center, thus, one does not need to be established. As an existing limited ASTC, to add a specialty requires a Certificate of Need (CON), thus, the alternative is to add the specialty or not. It is not reasonable at this time to discuss the alternative of proposing a project of greater scope due to the cost of such an endeavor. As for pursuing a joint venture with one or more providers or to utilize other health care resources that are available, these alternatives appear redundant. The proposed project is an existing provider who was sought out to increase accessibility with the least capital expenditure. In essence, this project is proposing to better utilize existing health care providers/resources within the market area. This leaves the only alternative to the addition of pain management procedures to the existing ASTC would be

- E:-

for Dr. Joshi to continue to provide his services within his office and at area hospitals. However, there is an issue in proceeding on both fronts.

Providing Pain Management procedures in the office:

According to the 77 Illinois Administrative Code, Chapter I, Subchapter b, Part 205, Section 205.110 of the Ambulatory Surgical Treatment Center Licensing Requirements, "any institution or building devoted primarily to the maintenance and operation of facilities for the performance of surgical procedures, as evidenced by use of the facilities by physicians or podiatrists in the performance of surgical procedures which constitutes more than 50 percent of the activities at that location" should be considered an Ambulatory Surgical Treatment Center, hereafter known as ASTC. Dr. Joshi reports performing approximately 1,500 procedures over the past twelve months of which 1,400 were done in the office setting (see ATTACHMENT-13A). According to the average pain management total surgery time reported in the 2009 IDPH annual facility questionnaire (refer to ATTACHMENT-13B) the Health Service Area had an average procedure time of .57 hours. Therefore, Dr. Joshi's caseload has an estimated time of 798 hours annually. When compared to the average number of hours worked in a year (2,080 hours) this equates to nearly 40% of his time in the office performing pain management procedures. As a result of this rule and the projected increasing case load volume of this practice, this physician desires to and will be ultimately obligated to undertake this process to become licensed as a freestanding ASTC (with potential cost of construction or modernizations to bring existing structure up to code) or to move a number of his cases to a licensed hospital or ASTC setting. As Dr. Joshi approaches this 50 percent rule, he has already pulled one hundred of the more acute surgical cases over and above the 1,400 office cases to licensed centers.

of cases to meet the requirements for Ritacca Laser Center to add an additional surgical specialty.

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

This project does not question quality of existing licensed health care facilities and therefore, improved quality of care is not an issue and this item is not germane.

PHYSICIAN REFERRAL

I am interested in utilizing <u>Ritacca Surgery Corter</u> an Ambulato Center in Vernon Hills, Illinois.	ry Surgical Treatment
la. Total number of surgeries performed:	Aug 1500/yr
1b. Total number within a hospital or licensed surgery center in the past year:	Apprix 100
2. Of the total number of surgical procedures identified above, how many could be performed in the proposed surgical center:	<u>50-1007,</u>
3. Percentage of my total patients who live within a (thirty) minute drive time of Ratacas Surgery Center in Vernon Hills:	50%
The above numbered procedures are now being performed at the for (include hospitals and freestanding ASTC facilities): Alexing Brothes Medical Center Haftman Estates Surgery Center Private Freestanding Office It is estimated that I would refer 60 patients monthly based on my history	
up to 100 patients monthly based on the growth of my practice. Please indicate where your referrals are currently being performed:	
1. Inpatient Hospital Procedures (Percer Specify Hospital(s): Agma	nt) 100% of impulsionts
2. Out Patient Procedures Specify Hospital(s)/Free-Standing facilities: HSC Office	<5%. 795%.
Please make a brief comment as to the difficulties in referring paties mentioned facilities: (Use additional sheets, if needed). Distance, Facility Patient flow issues	ents to the above-
The undersigned certifies that the representations contained therein are tru	e and accurate.
Physician's Signature Date 2 (Please Print/Type Name) Jay Joshi, MD	<u>/14/0</u>
EACH FORM MUST BE NOTARIZED	
Notary 8 Daniel L. Notary Public. My Commission E	xpires 11/30/2014
103	ATTACHMENT-13A

Health Service Area 008		NUMBER OF PATIENT	rs by Prin	IARY PAYMEI	NTSOURCE
Number of Ambulatory Surgical Treatment Centers	11	PAYMENT SOURCE	MALE	FEMALE	TOTAL
Number of Operating Rooms	31	Medicald	73	145	218
Number of Procedure Rooms	18	Medicare	4,204	5,299	9,503
Number of Recovery Stations Stage 1	59	Other Public	940	1,727	2,667
Number of Recovery Stations Stage 2	82	Insurance	12,538	13,274	25,812
Number of Exam Rooms	5	Private Pay	221	315	53 6
Type of Ownership		Charity Care	15	28	43
For Profit	11	TOTAL	17,991	20,788	38,779
Not For Profit	0				
Government	0				

NET REVENUE BY PAYOR SOURCE for Fiscal Year						Charity Care	Charity Care Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
13.1%	0.1%	20.1%	65.7%	1.0%	100.0%		0.14%
12,278,926	109,443	18,894,301	61,663,880	933,452	93,880,001	138,9	998

OPER	ATING ROOM	UTILIZATIO	STAFFIN	G PATTERNS			
			PREP and	T0T41	AVERAGE	PERSONNEL	FULL-TIME EQUIVALENTS
	TOTAL SURGERIES	SURGERY TIME	CLEAN-UP	TOTAL SURGERY	CASE TIME	Administrator	9,00
SURGERY AREA	PERFORMED		(HOURS)	(HOURS)	(HOURS)	Physicians	, 0.00
Cardiovascular	1	1	0.20	1.20	1,20	Nurse Anesthetists	3.60
Dermatology	78	46	19.40	65.40	0.84	Dir, of Nurses	10.00
Gastroenterology	a	0	0.00	0.00	0.00	Reg. Nurses	116.00
General	1.736	1,848	778,60	2,626.99	1.51	Certified Aides	6.00
Laser Eye	0	0	0.00	0.00	0.00	Other Hith, Profs,	37.95
Neurological	310	162	73.30	235.30	0.76	Other Non-Hith, Profs.	55. <u>5</u> 5
OB/Gynecology	1,270	1,307	388.75	1,685.57	1.34	TOTAL	238.10
Opthalmology	. 2,804	1,349	903.75	2,252.56	0.80		
Oral/Maxillofacial	198	318	51,50	369.10	1.86		
Orthopedic	6,876	7,287	2,327.35	9,613.98	1.40		
Otolaryngology	1,991	795	569.00	1,364.00	0.69		
Pain Management	2,192	782	465.00	1,247.00	0.57		•
Plastic	163	357	44.25	401.50	2.46		
Podiatry	1,379	1,374	338.60	1,712.80	1,24		
Thoracic	0	0	0.00	0.00	0.00		
Urology	428	189	219.75	408.46	0.95		
TOTAL	19,426	15,814	6,179.45	21,993.84	1.13		

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR AVERAGE PREP and CASE TOTAL SURGERY CLEAN-UP PROCEDURE TOTAL TIME TIME SURGERY (HOURS) (HOURS) SURGERY AREA ROOMS SURGERIES (HOURS) (HOURS) 0.00 0.00 0.00 0.00 Cardiac Catheterizat 0 0 17,742 9,051.49 7,455.00 16,506.49 0.93 Gastro-Intestinal 13 3 9.00 37.72 0.15 Laser Eye 257 28.72 2 9,424.75 9,766.09 7.21 Pain Management 1,354 341.34 TOTALS 19,353 9,421.55 16,888.75 26,310.30 1.36

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

The project is for the addition of a surgical specialty to an existing ASTC, namely, Ritacca Laser Center. The square footage of said center is existing and will not change. Thus, this item is not germane.

PROJECT SERVICES UTILIZATION:

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

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B. A narrative of the rationale that supports the projections must be provided.

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

UTILIZA	TION				
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
2012	ASTC	2,012		3,000 hours	No
YEAR 2	ASTC	2,012+250=2,262	3,000	3,000	Yes

The historical utilization of 2,012 hours is for the 12 month period ending July 31, 2011 of the existing ASTC. To this number, the Applicant is expecting for the additional specialty to add 250 hours in pain management procedures to meet the requirement for establishing an additional surgical specialty. The issue is how to get from 2,262 hours to the 3,000 hours to meet optimal utilization. The answer is simple; the reason the historical utilization is low is that Ritacca Laser Center is rebuilding from a fire in CY2009. In CY2010 the facility realized 965.6 surgical hours. In the 12 months ending in July 31, 2011, the facility realized over a 100 percent increase in utilization. The case load that the facility and its doctors have did not decrease they just couldn't utilize this facility. The Applicant is expecting the existing facility and its associated physicians increase its caseload by 40 to 50 percent again. This increase and the projected 250 minimum cases of the additional specialty will allow this facility to meet the State's target utilization rate.

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:

Cardiovascular	Obstetrics/Gynecology	XXX Pain Management (proposed)
Dermatology	XXX Ophthalmology (existing)	Podiatry
Gastroenterology	Oral/Maxillofacial	Thoracic
General/Other	Orthopodic	Otolaryngology
Neurology	XXX_Plastic (existing)	Urology

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

2. Criterion 1110.1540(b), Target Population

Read the criterion and provide the following:

The Applicant provided patient a sampling (122 patients) of patient origin data for CY 2009. This data illustrates that the market area is a 30-minute travel time contour from the existing site. This service area was defined through the identification of the Applicant's existing patients' origin. Approximately 83 out of the 122 patients or 73% were derived from within the 30-minute market area. Therefore, the geographic service area is a 30-minute travel time. Please note that the entire patient origin data for CY2010 was provided as to the State as part of its 2010 annual facility questionnaire data.

a. On a map (8 ½" x 11"), outline the intended geographic services area (GSA).

Appended as ATTACHMENT-27A is a map illustrating a 30-minute market area that is the intended geographic service area.

b. Indicate the population within the GSA and how this number was obtained.

The Microsoft mapping software, Map Point identified all of the zip code areas in whole or in part that are within the identified 30-minute service area. From the listed zip codes, the population was pulled online from www.factfinder.census.gov. This data is located in ATTACHMENT-27B.

c. Provide the travel time in all directions from the proposed location to the GSA borders and indicate how this travel time was determined.

The travel time in all directions for the proposed GSA is 30-minute drive time contour.

3. Criterion 1110.1540(c), Projected Patient Volume

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

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

As an existing facility, the existing referrals are documented through historical utilization. Moreover, this project is only for the addition of a surgical specialty to an existing ASTC. The additional surgical specialty, pain management, will make the facility a multi-specialty surgery center. Therefore, the referrals to be documented for this project are only those of the surgical specialty, pain management, that is being added and those referrals only have to equate to 250 cases, the minimum number necessary for an additional specialty.

Appended as ATTACHMENT-13A is a letter from Jay Joshi, MD providing the number of anticipated annual referrals for the pain management specialty. The historical documentation of where patient's cases were performed, a statement of volume, and a true and accurate statement are all included in the letter.

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

The proposed project is not proposing to add or establish treatment rooms. The existing facility is currently a limited specialty ASTC providing ophthalmology and plastic surgery specialties and through this project the third specialty of pain management will be added without a physical addition of space or treatment rooms. Therefore, this item is not germane.

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

Read the criterion and provide:

a. 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.

Appended as ATTACHMENT-27C are copies of the letters as sent to area surgical facilities regarding the proposed project's impact on their workload.

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.

Appended as ATTACHMENT-27D are the certified mail receipts identifying all notified facilities. Copies of the "green cards" or return signature request cards are also appended under this attachment..

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.

Appended as ATTACHMENT-27E, is a complete list of the procedures to be performed at the proposed facility and the proposed associated charge 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.

Appended as ATTACHMENT-27F, is a letter from the Applicant 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.

Appended as ATTACHMENT-27G, is a chart and corresponding IDPH facility Annual Questionnaire forms. Grand Oaks Surgery Center and Ravine Way Surgical Center both are limited specialty ASTC that were approved to provide Pain Management procedures. The issues herein are not that the proposed service of Pain Management is not available as it is that the proposed cases are unrelated to and distinct from the referrals sustaining those two facilities; therefore, the proposed cases need accessibility. Moreover, the numbers of procedures performed by Dr. Joshi are nearing the 50 percent capacity for total procedures to total work load being done in the office; thus, putting this doctor in jeopardy of being in violation of the Ambulatory Surgical Treatment Center Licensing Requirements. The Subject ASTC currently has available capacity and as a result, the addition of this specialty will not rob the valuable resources of existing health care staff. In all, this project proposes to utilize an existing underutilized facility which will have no effect on existing programs or services.

ATTACHMENT-27A

Zip Codes and Population Within 30-Minute Travel Time Contour of Ritacca Laser Center

ZIP Code	Population	ZIP Code	Population
60075	n/a	60025	49,574
60079	n/a	60061	20,328
60086	n/a	60074	23,963
60092	n/a	60013	24,226
60049	n/a	60089	42,115
60040	5,645	60069	7,204
60065	0+0,0 a\n	60062	40,392
60082	n/a	60026	n/a
60029	354	60053	21,668
60019	n/a	60714	31,051
60095	n/a	60090	36,736
60094	n/a	60004	52,735
60017	n/a	60067	50,825
60038	n/a	60042	8,877
60078	n/a	60008	23,318
60055	n/a	60091	27,386
60011	n/a	60077	25,040
60006	n/a	60016	58,611
60196	n/a	60070	16,126
60168	n/a	60056	56,625
60169	n/a	60005	29,183
60159	n/a	60021	5,877
60179	n/a	60068	37,732
60045	22,248	60018	29,950
60046	30,225	60173	12,046
60087	23,530	60195	29,924
60083	5,387	60007	35,162
60086	6,853	60194	41,365
60064	16,121	60192	1,775
60031	37,461	60107	35,638
60085	72,937	60193	41,099
60048	28,562		1,543,711
60030	32,340		•
60088	13,319		
60044	15,516		
60073	39,115		
60041	9,266		
60020	6,457		
60051	n/a		
60050	47,813		
60084	13,061		
60035	29,772		
60015	27,224		
60060	37,027		
60047	38,168		
60010	39,819		
60037	901		
60022	8,490		
60093	19,528		

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SENT VIA CERTIFIED U.S. MAIL

September 29, 2011

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

Re: Certificate of Need for the Additional of a surgical specialty to Ritacca Laser Center.

Dear Administrator:

Ritacca Laser Center is a limited specialty surgery center currently offering ophthalmologic and plastic surgery. It intends to ask the Illinois Health Facilities and Services Review Board to allow it to add an additional specialty of pain management. The cost of the project is zero. The surgery center will not change its size or number of operating rooms (one operating room and a minor procedure room, however, the addition of this third specialty requires a CON application.

This CON process requires the Applicant to notify each facility in the area and ask them to indicate the potential impact that this project might have. Your prompt response will be appreciated.

Sincerel

Thank you.

John P. Kniery



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SENT VIA CERTIFIED U.S. MAIL

September 29, 2011

Ms. Nancy Nelson, Administrator Dimensions Medical Center, Ltd 1455 Golf Road, Suite 108 Des Plaines, Illinois 600016-2237

Re: Certificate of Need for the Additional of a surgical specialty to Ritacca Laser Center.

Dear Administrator:

Ritacca Laser Center is a limited specialty surgery center currently offering ophthalmologic and plastic surgery. It intends to ask the Illinois Health Facilities and Services Review Board to allow it to add an additional specialty of pain management. The cost of the project is zero. The surgery center will not change its size or number of operating rooms (one operating room and a minor procedure room, however, the addition of this third specialty requires a CON application.

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Thank you.

John P. Kniery



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SENT VIA CERTIFIED U.S. MAIL

September 29, 2011

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

Re: Certificate of Need for the Additional of a surgical specialty to Ritacca Laser Center.

Dear Administrator:

Ritacca Laser Center is a limited specialty surgery center currently offering ophthalmologic and plastic surgery. It intends to ask the Illinois Health Facilities and Services Review Board to allow it to add an additional specialty of pain management. The cost of the project is zero. The surgery center will not change its size or number of operating rooms (one operating room and a minor procedure room, however, the addition of this third specialty requires a CON application.

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Thank you.

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SENT VIA CERTIFIED U.S. MAIL

September 29, 2011

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

Re: Certificate of Need for the Additional of a surgical specialty to Ritacca Laser Center.

Dear Administrator:

Ritacca Laser Center is a limited specialty surgery center currently offering ophthalmologic and plastic surgery. It intends to ask the Illinois Health Facilities and Services Review Board to allow it to add an additional specialty of pain management. The cost of the project is zero. The surgery center will not change its size or number of operating rooms (one operating room and a minor procedure room, however, the addition of this third specialty requires a CON application.

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Thank you.

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SENT VIA CERTIFIED U.S. MAIL

September 29, 2011

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

Re: Certificate of Need for the Additional of a surgical specialty to Ritacca Laser Center.

Dear Administrator:

Ritacca Laser Center is a limited specialty surgery center currently offering ophthalmologic and plastic surgery. It intends to ask the Illinois Health Facilities and Services Review Board to allow it to add an additional specialty of pain management. The cost of the project is zero. The surgery center will not change its size or number of operating rooms (one operating room and a minor procedure room, however, the addition of this third specialty requires a CON application.

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Thank you.

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John P. Kinery

Health Care Consultant



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SENT VIA CERTIFIED U.S. MAIL

September 29, 2011

Administrator
Grand Oaks Surgery Center
1800 Hollister Drive
Libertyville, Illinois 60048

Re: Certificate of Need for the Additional of a surgical specialty to Ritacca Laser Center.

Dear Administrator:

Ritacca Laser Center is a limited specialty surgery center currently offering ophthalmologic and plastic surgery. It intends to ask the Illinois Health Facilities and Services Review Board to allow it to add an additional specialty of pain management. The cost of the project is zero. The surgery center will not change its size or number of operating rooms (one operating room and a minor procedure room, however, the addition of this third specialty requires a CON application.

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Thank you.

On T.



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SENT VIA CERTIFIED U.S. MAIL

September 29, 2011

Gary Rippberger, DPM, Administrator Hawthorn Surgery Center 1900 Hollister Drive, Suite 100 Libertyville, Illinois 60048

Re: Certificate of Need for the Additional of a surgical specialty to Ritacca Laser Center.

Dear Administrator:

Ritacca Laser Center is a limited specialty surgery center currently offering ophthalmologic and plastic surgery. It intends to ask the Illinois Health Facilities and Services Review Board to allow it to add an additional specialty of pain management. The cost of the project is zero. The surgery center will not change its size or number of operating rooms (one operating room and a minor procedure room, however, the addition of this third specialty requires a CON application.

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Sincerely

Thank you.

John P. Kniery



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SENT VIA CERTIFIED U.S. MAIL

September 29, 2011

Evert Kirch, MD, Administrator
The Lake Bluff Illinois Endoscopy ASC, LLC
101 S. Waukegan Road, Suite 980
Lake Bluff, Illinois 60044-1687

Re: Certificate of Need for the Additional of a surgical specialty to Ritacea Laser Center.

Dear Administrator:

Ritacca Laser Center is a limited specialty surgery center currently offering ophthalmologic and plastic surgery. It intends to ask the Illinois Health Facilities and Services Review Board to allow it to add an additional specialty of pain management. The cost of the project is zero. The surgery center will not change its size or number of operating rooms (one operating room and a minor procedure room, however, the addition of this third specialty requires a CON application.

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SENT VIA CERTIFIED U.S. MAIL

September 29, 2011

Mr. John Baird, Administrator Holy Family Medical Center 100 North River Road Des Plaines, Illinois 60016

Re: Certificate of Need for the Additional of a surgical specialty to Ritacca Laser Center.

Dear Administrator:

Ritacca Laser Center is a limited specialty surgery center currently offering ophthalmologic and plastic surgery. It intends to ask the Illinois Health Facilities and Services Review Board to allow it to add an additional specialty of pain management. The cost of the project is zero. The surgery center will not change its size or number of operating rooms (one operating room and a minor procedure room, however, the addition of this third specialty requires a CON application.

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SENT VIA CERTIFIED U.S. MAIL

September 29, 2011

Mr. Jeffrey Hillebrand, Administrator Glenbrook Hospital 2100 Pfingsten Roads Glenview, Illinois 60026-1393

Re: Certificate of Need for the Additional of a surgical specialty to Ritacca Laser Center.

Dear Administrator:

Ritacca Laser Center is a limited specialty surgery center currently offering ophthalmologic and plastic surgery. It intends to ask the Illinois Health Facilities and Services Review Board to allow it to add an additional specialty of pain management. The cost of the project is zero. The surgery center will not change its size or number of operating rooms (one operating room and a minor procedure room, however, the addition of this third specialty requires a CON application.

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SENT VIA CERTIFIED U.S. MAIL

September 29, 2011

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

Re:

Certificate of Need for the Additional of a surgical specialty to Ritacca Laser Center.

Dear Administrator:

Ritacca Laser Center is a limited specialty surgery center currently offering ophthalmologic and plastic surgery. It intends to ask the Illinois Health Facilities and Services Review Board to allow it to add an additional specialty of pain management. The cost of the project is zero. The surgery center will not change its size or number of operating rooms (one operating room and a minor procedure room, showever, the addition of this third specialty requires a CON application.

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John P. Kniery



1638 South MacArthur Boulevard • Springfield, Illinois 62704 217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

SENT VIA CERTIFIED U.S. MAIL

September 29, 2011

Ann Errichetti, MD, Administrator Advocate Condell Medical Center 801 South Milwaukee Avenue Libertyville, Illinois 60048

Re: Certificate of Need for the Additional of a surgical specialty to Ritacca Laser Center.

Dear Administrator:

Ritacca Laser Center is a limited specialty surgery center currently offering ophthalmologic and plastic surgery. It intends to ask the Illinois Health Facilities and Services Review Board to allow it to add an additional specialty of pain management. The cost of the project is zero. The surgery center will not change its size or number of operating rooms (one operating room and a minor procedure room, however, the addition of this third specialty requires a CON application.

This CON process requires the Applicant to notify each facility in the area and ask them to indicate the potential impact that this project might have. Your prompt response will be appreciated.

Thank you.

John P. Kniery

Sincerely,



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SENT VIA CERTIFIED U.S. MAIL

September 29, 2011

Mr. Thomas McAfee, Administrator Lake Forest Hospital 660 North Westmoreland Lake Forest, Illinois 60045

Re: Certificate of Need for the Additional of a surgical specialty to Ritacca Laser Center.

Dear Administrator:

Ritacca Laser Center is a limited specialty surgery center currently offering ophthalmologic and plastic surgery. It intends to ask the Illinois Health Facilities and Services Review Board to allow it to add an additional specialty of pain management. The cost of the project is zero. The surgery center will not change its size or number of operating rooms (one operating room and a minor procedure room, however, the addition of this third specialty requires a CON application.

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SENT VIA CERTIFIED U.S. MAIL

September 29, 2011

Mr. Jeffrey Hillebrand, Administrator Highland Park Hospital 777 Park Avenue West Highland Park, Illinois 60035

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Dear Administrator:

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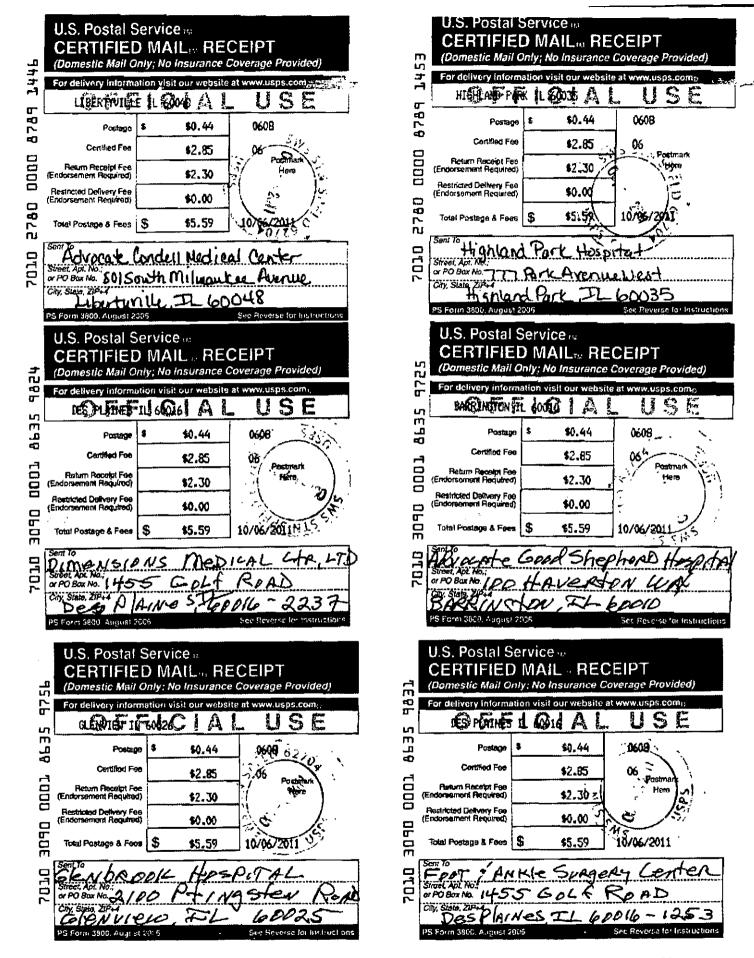
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Thank you.

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Pain Management Procedures By CPT Codes

15-20 mini	ıtes slots:
20610	Major Joint-Hip/knee/shoulder and Greater Trochanter
62310	Cervical, Thoracic Epidural Injection, single
62311	Lumbar, Sacral, Caudal Epidural, single
64420	Intercostal nerve, single
64 4 21	Intercostal nerves, multiple
64470	Cervical/thoracic facet joint or it nerve, single
64472	Cervical/thoracic face, each addt'l level
64475	Lumbar/sacral facet joint or it nerve, single
64476	Lumbar/sacral, each addt'l level
64483	Lumbar/sacral transforaminal, single level
64484	Lumbar/sacral transforaminal, each addtl level
64510	Stellate ganglion block
64520	Lumbar/Thoracic sympathetic block
30-40 mini	ute slots:
64622	Lumbar/sacral Facet joint, neurolytic, single
64623	Lumbar/sacral Facet joint, neurolytic, each addt'l
64626	Cervical/thoracic facet joint, neurolytic, single
64627	Cervical/thoracic facet joint, neurolytic, each addt'l
60 minute	slots:
62290	Diskography Lumbar
72295	Interpretation Lumbar
63650	DCS-Trial
63650-58	Perm
64555	PFNS Trial Elec
04000	1 140 IIIdi Elec
63660	Rev/Rem precut electrode
64590	PFNS Impl Gen
63685	Implant generator
64575	PFNS Perm Elec
62350	Implantation/Revision/Repositioning -tunneled catheter
62355	Removal of implanted intrathecal or epidural catheter
62360	Implantation or replacement of intrathecal or epidural reservoir
62362	Implantation of pump, includes programming
62365	Removal of reservoir/pump

ويستحادثه

Pain Managment Procedures By CPT Codes and Charges

Top Proc	Top Procedures Description	Current Local Medicare	Current Billed Charges	Anthem Relmbursement	ursement
	64490 Cervical facet, single level	\$269.16	\$2,884.40		\$1,225.00
	64491 Cervical facet, second level	\$94.65	\$1,023.80	~	\$511.90
	64492. Cervical facet, third level	\$94.65	\$1,023.80	,	\$511.90
	64493 Lumbar facet, single level	\$269.19	\$2,884.40		\$1,225.06
	64494 Lumbar facet, second level	\$94.65	\$1,023.80		\$511.90
	64495 Lumbar facet, third level	\$94.65	\$1,023.80	~	\$511.90
	64622 Lumbar RFA, initial level	\$453.88	\$4,775.60		\$1,225.00
	64623 Lumbar RFA, additional levels	\$269.19	\$2,959.80	-	\$1,225.00
	64626 Cervical RFA, Initial level	\$269.19	\$2,959.80		\$1,225.00
	64627 Cervical RFA, additional levels	\$94.65	\$1,564.40		\$782.20
-	64483 Lumbar transforaminal, initial level	\$269.19	\$2,959.80		\$1,225.00
	64484 Lumbar transforaminal, additional levels	\$137.72	\$1,914.80	•	\$957.40
	62311 Lumbar epidural	\$269.19	\$2,959.80		\$1,225.00
138	62310 Cervical epidural	\$269.19	\$2,959.80		\$1,225.00
3	63650 Spine stim, trial	\$3,394,54	\$34,959.60		\$1,225.00

Street FEET

ATTACHMENT-27E

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· Propertion

October 17, 2011

Ms. Courtney Avery, Administrator Illinois Health Facilities and Services Review Board 525 West Jefferson Street, Second Floor Springfield, Illinois 62761

Re: Ritacca Laser Center, Ltd. price commitment.

Dear Ms. Avery:

I hereby certify that the attached charge structure will be maintained for a minimum of two years following the approval by the Health Facilities and Services Review Board granting the above referenced project's request to change from a limited specialty to a multispecialty ambulatory surgical treatment center. This commitment is in accordance with the 77 Illinois Administrative Coade Chapter II, Section 1110.1540.g of Subchapter A).

Sincerely,

Daniel J. Ritacca, M.D.

Notarized

Date:

Subscribed and swom to before me, this day of Control of

in and for Ac

a Notary Public

_County,

(Signative) NOTARY PUBLIC

My Commission Expires Career

427,2015

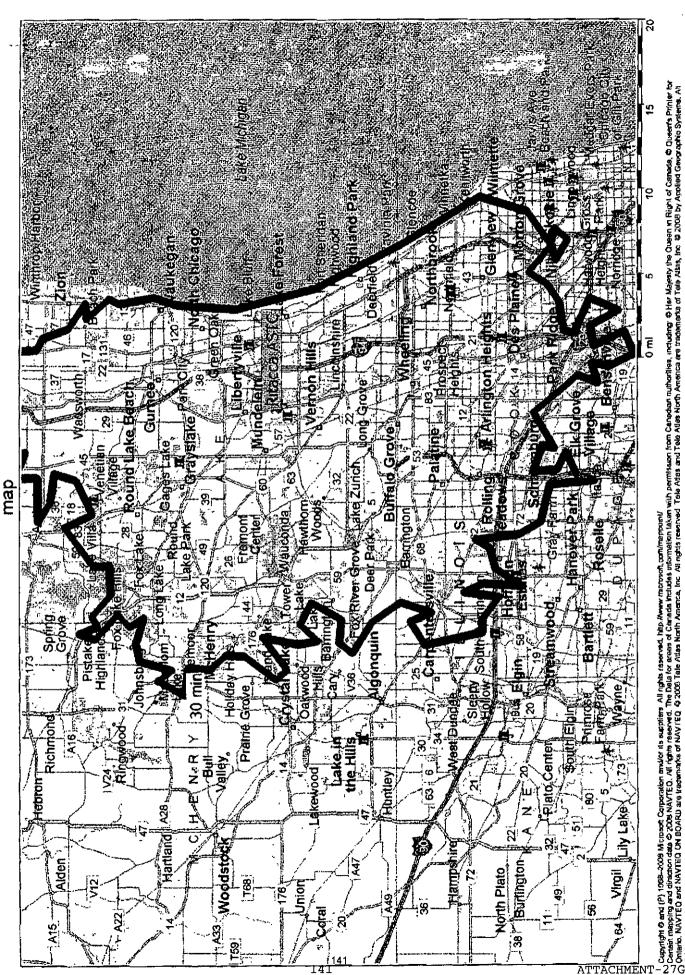
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ATTACHMENT-27F

Utilization Chart
ASTC and Hospital Facilities
in proximity to
Ritacca Laser Center

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DES PLAINES FOOT & ANKLE SURGICAL CENTER

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Reference Missbers Facility to Northsol
Haush Renice Area 007 Placent Science Area 037
FOOT & ARKLE BURGICAL CENTER 1465 GOLF ROAD DEB MUNIES, IL. 67018-1253

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AMBULATORY SURGICAL TREATMENT CENTER PROFILE 2010 FOUT & ANKLE SURGICAL CENTER

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NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE MAT. PAYMENT SOUNCE:
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Succes. Ambatabay Guyacal Treatment Center Questionnaire for 2019. Hinno a Department of Praint Health Systems Generalization

Page 147 of 2/70

DES PLAINES DIMEMBLONS NEDICAL CENTER, 1.TD
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Type of Ownership Corporation (RA required)

NUMBER OF PATIENTS HOSPITAL TRANSFER RELATIONSHIPS
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GOTtale Memorial Hospital

BAY'S AND HOLING DF OPERATION

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 Facility of TRUZZS)
 Number of Octobrang Rooms
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 BOST COLE (ROAD)
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HOSTITAL NAME
ADVOCATE LUTERRAY GENERAL HOBRITAL

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AMBULATORY SURGICAL TREATMENT CENTER PROFILE-2019 GOLF SURGICAL CENTER, LLC

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| HOUNDER OF PATENTS ST AGE GROUP | HOUNDER OF PATENTS BY PRENAME | TOTAL | PAYMENT SOUNCE | MALE | FEMALE | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | T

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CLENWEN HOSPITAL TRANSFER RELATIONSARPS
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Number of Recovery Bluchs Negs 1
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OPERATING ROOM UTA CATION FOR THE REPORTING YEAR

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CHATTACHER Control Treatment Certer Convolventions for 2010, Uthors Department of Public Fertit. Housh Systems Revelopment Page 183 H 230

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CHATTACHER CONTROL TREATMENT OF THE PUBLIC FERTIT HOUSE PRINTS OF TH

WEIWIEW

AMBULATORY BURGACAL TREATHERT CENTER PROPTE, LOUING WAY SURDERTY CENTER, LLC

HUMBACE Numbers

Fauly 1200000

Number of Open frog Recers

Hearth Survey Assets

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Number of Open frog Recers

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Number of Receiving Recers

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Ragisteren Agent Book Becker, Esquite Property Owner Genryow Rative Way, LLC Legal Owner

Type of Ownership Lineard Liability Company (RA required)

MARKER OF PATIENTS HOSPITAL TRANSFER RELATIONBHIPS HOSPITAL NAME NAMESHAYO Ulivansiy H3233 Systems

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AMBILLATORY SURGICAL IREATMINIT CENTER PROFILE-2010 FAVNE WAY SURGERY CENTER, LLC

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TOTALS 100.0% 12.928,781

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Medead 0.1% 44,734

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Complesed W1/2011 Registered Agent Robert X Neiman Property Gener Dariel Risoce Legal Oviers Administrator DAN RITAGGA

Type of Ownership Corporation (RA required)

NUMBER OF PATIENTS MOSPITAL, TRAMSFER RELATIONSHIPS HOSPITAL, NAME Advocate Condail Medical Fospital

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AMBILLATORY SURGECAL TREATMENT CENTER PROFILE 2010 RITACCA I ASER CENTER, LTD

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	PROCEDURE	TOTAL	THAE	TIME	SURGERY	200 C	
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REFERENCE FLUMBER
REFERENCE Number of Operating Rome Procedure Rooms Ortho Curcinistical 2228/2011 Reference tumbers Eadly!
Reference tumbers 600 Pary
HANTHORN RIDIGERY CENTER
1900 WALLISTER DRIVE, STE. 100
LIBRRYVLLE, IL, 600/8 Administrator Julis Dell, RN

Naparty Owner HOLLISTERALI BHERIDAN Registered Agent CT CORP

Type of Ownersho United Pathorsho (RA regued)

RealthBouth Corporation

Legal Owner Organia, LLC

HOSPITAL TRANSFER HELATORSHIPS
NUMBER OF PATIENTS
ANDOCATE CONVIEL HELDOL CENTER
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NORTHWESTERN LAFE POPEST ROSPITAL
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DAYS AND HOURS OF OPERATION

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AMBULATORY SURVICAL TREATMENT CENTER PROFILE-2010 KAWTHORN SURGBYY CENTER

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MUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE PAYMENT SOURCE MECLONEI Medicare Other Public Instrumos Provide Pay Charify Core 10174 415 NURBER OF PATIENTS BY AGE GROUP § 5 S X ≌ **ទទួក្**ន

Charly Care Expense as % of Total Net Reverse Charty Care Expense TOTALB 100,0% 7,104,404 Private Pay 32,7% 2,178,083 NET REVENUE BY PAYOR BOURCE FOR FISCAL YEAR Primase instancios RALEN A.SBO, INS CODEC Public 1,5% 108,503 M500.00 0.09k 3.3% 238,042

OPERATING ROOM UTILIZATION FOR TRE REPORTING YEAR

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TIVE PREP AND SURGERY CLEANAID TONE THE (HOURS) (HOURS) PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR PROCEDURE TOTAL ROOMS SURGERES BUKGERY AREA Cartio Calherina Gestrostranina Later Eye Pan Maragement TOTALS Source Ambostory Surgest Temment Carder Questionness for 2010, thinks Deputtment or Public Health, Health Systems Development Page 215 of 270

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nta Ambautory Gorgickel Trestment Gorbor Disvelormane for 2010, Observances of Public Hosto, Hastin Systems Gordischmen Page 215 of 270

AMBULATORY SURGE AL TREATMENT GENTER PROPILE 7010 THE LAKE BLUFF ILLINGS ENDOSCOPY ASO, LL LUNCE BLUFF

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AMBIVATORY SURGICAL TREATMENT CENTER PROFILE FORD THE LAKE BLUFF ILLINOIS ENDOGCOPY AGG, IL LAKE BLUFF

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	TOTAL	TIME		SURGERY	THE
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A braham Lincoln Memorial Hospital

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Advocate Lutheran General Hospital

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HOSPITAL PROFILE - CY 2010

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X. 1120.140 - Economic Feasibility

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.

 Calendar Year
 2013

 Labor: Salaries & Benefits
 \$229,497

 Supplies:
 \$327,229

 Total POC:
 \$556,726

Total Surgical Hours: 3,000 POC per Surgical Hour: \$ 185.58

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.

Calendar Year2013Depreciation & Amortization:\$75,000Supplies:\$7,000Total TEPOCC:\$82,500

Total Surgical Hours: 3,000 TEPOCC per Surgical Hour: \$ 27.50

RITACCA LASER CENTER - Current Trend Projected Statements of Revenue and Expenses Years One Through Five Of Operations

		Years	One	(hrough F	ive Of	Years One Through Five Of Operations							** • 6 5
	•		(i			Š	1	; st
	ACTUAL	,	Y. C.	PROJECTED		PROJECTED	,	Ξ	PROJECTED		- X	PROJECTED	
	Year 2010			Year 2011		Year 2012	2012		Year 2013	의		Year 2014	
Collections:	U)	%		₩	%	69	%		5/3	%		69	%
Facility fees - Cataracts	638,912	59.4%		670,858	59.4%	704,400	100 47.4%	1%	739,621	ਧ		776,602	47.4%
Facility fees - YAGs	52,705			55,340	4.9%	58,107		3.9%	61,013			64,063	3.9%
Facility fecs - Veins	77,444			81,316	7.2%	85,382		5.7%	89,651	5.7%	_	94,134	5.7%
Facility fees - Lids	149,509	_		156,984	13.9%	164,834		11.1%	173,075	_	_	181,729	11,1%
Facility fees - Reconstructive	•	0.0%			0.0%	•		0.0%	,	0.0%		. 1	0.0%
Facility fees - Plastics	157,039	14.6%		164,891	14.6%	173,135		11.7%	181,792	11.7%	_	190,882	11.7%
Facility fees - Pain Management	* 	0.0%			0.0%	300,000	00 20.2%	5%	315,000	20.2%		330,750	20.2%
Total collections	1,075,609	100.0%		1,129,389 100.0%	%0.00	1,485,859	329 100.0%	 %	1,560,15	1,560,152 100.0%		1,638,159	100.0%
Onerating expenses:													
- C-C-C-	206 903	%0.01		214 238	10 0%	321 736		14 9%	220 407	7017		227 520	795 Pt
Management (Dilling	70 504	•		73.064	705 7	CCA 27	•	7 1 6 K	990 86			775, (51	700 7
	. C.O.	•			9/00	7.7.		9 6	07.01 CC CC	•	_	000,100	0/6/2
S Surgical supplies/COOS	295,142	7			27.0%	310,103		21.3%	527,126	7	_	338,682	20.7%
	21,650			22,408	2.()%	23,192		1.6%	24,004			24,844	1.5%
Building rent	147,000	_		152,145	13.5%	157,470		10.6%	162,982	~		168,686	10.3%
Occupancy costs	31,123			32,212	2.9%	33,340		2.2%	34,507		_	35,714	2.2%
Administrative expenses	45,536			47,130	4.2%	48,779		3.3%	50,487		_	52,254	3.2%
Marketing expenses	5,509	ł			0.5%	5,6	_	0,4%	6,108	- [6,322	0.4%
Total operating expenses	823,546			ı	75.5%	882,203		59.4%	913,081	58.5%	_1	945.038	57.7%
EBITDA	252,063	N			24.5%	603,655		40.6%	647,071	41.5%	_	693,121	42.3%
Depreciation/Amortization	-100,262	Ţ.		-75,000	-6.6%	-75,000		-5.0%	-75,000		_	-75,000	-4.6%
Interest expense - equipment	-3,587			-5,000	-0.4%	-7,	Į	-0.5%	-7,500	_ {		-7,500	-0.5%
Earnings before income taxes	148,214	13.8%		197,019	17.4%	\$21,155	Ħ	35.1%	564,571	36.2%		610,621	37,3%
													334.0
Analysis of cash flow - Owners:	\$ 148 714	-	J	197 019		\$ 521.155	ý	Ĭ	125 475		U	610 621	
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H Less - principal working cap	(66,239)	6		-74,244		(79,612)	12)		(85,367)	_		(91,538)	
进 Less - principal equipment	(52,483)	3)		-55,998		(59,749)	<u>କ୍ର</u>	ļ	Ì	<u>_</u>		(68,020)	
Gash flow from operations	\$ 126,753		⇔	141,776		\$ 456,795	95	ال بي	\$ 490,454	. 4	مي	526,064	
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Projected financial information is subject to the occurrence of future events, many of which are uncertain and may not occur. Such future deviations, changes in assumptions or failure of events to occur as predicted may produce material deviations in the projected results.

Medical Consulting Graus, 1.C. 9/2/5/11