

ORIGINAL

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 19 2011

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

This Section must be completed for all projects.

11-098

Facility/Project Identification

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 Planning 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

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

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

APPEND DOCUMENTATION AS ATTACHMENTS IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

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

Name: 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 & jkniery@foleyandassociates.com
Fax Number: 217-544-3615

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.
Address: 230 Center Drive, Suite 101, Vernon Hills, Illinois 60061
Telephone Number: 847-367-8815
E-mail Address: dan@ritaccalasercenter.com
Fax Number:

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name: 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 SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Ritacca Laser Center, Ltd.
Address: 230 Center Drive, Suite 101, Vernon Hills, Illinois 60061
<input type="checkbox"/> Non-profit Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

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

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

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

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

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.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	0	0	0
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	0	0	0
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AS ATTACHMENTS IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 \$ <u>N/A</u>		

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:	
<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> 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):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	
APPEND DOCUMENTATION AS ATTACHMENTS IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM	

State Agency Submittals

Are the following submittals up to date as applicable:
<input type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

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

APPEND DOCUMENTATION AS ATTACHMENTS IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest Calendar Year for which the data are available. 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:			
REPORTING PERIOD DATES:		From:	to:		
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:					

CERTIFICATION

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

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

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

Daniel Ritacca
SIGNATURE
Daniel Ritacca
PRINTED NAME
President
PRINTED TITLE

Daniel Ritacca
SIGNATURE
DANIEL RITACCA
PRINTED NAME
President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 2ND day of JUNE, 2011

Shawn G. Badua
Signature of Notary

Seal

"OFFICIAL SEAL"
*Insert EXACT legal name of the applicant
DONNAVAN G. BADUA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 10/18/2011

Notarization:
Subscribed and sworn to before me
this 2ND day of JUNE, 2011

Shawn G. Badua
Signature of Notary

Seal

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

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

APPEND DOCUMENTATION AS ATTACHMENT 11 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options must include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

UNFINISHED OR SHELL SPACE: NOT APPLICABLE

Provide the following information:

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

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

ASSURANCES: NOT APPLICABLE

Submit the following:

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

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

H. Non-Hospital Based Ambulatory Surgery

This section is applicable to all projects proposing to establish or modernize a non-hospital based ambulatory surgical treatment center or to the addition of surgical specialties.

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

Read the criterion and complete the following:

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

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

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

2. Criterion 1110.1540(b), Target Population

Read the criterion and provide the following:

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

3. Criterion 1110.1540(c), Projected Patient Volume

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

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

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

Read the criterion and provide:

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

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

Read the criterion and provide:

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

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

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

Read the criterion and provide:

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

7. Criterion 1110.1540(g), Charge Commitment

Read the criterion and provide:

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

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

Read the criterion and, if applicable, document that existing programs do not currently provide the service proposed or are not accessible to the general population of the geographic area in which the facility is located.

APPEND DOCUMENTATION AS ATTACHMENT 27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

VIII. - 1120.120 - Availability of Funds

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

	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 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.; 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; 5) For any option to lease, a copy of the option, including all terms and conditions.
	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$0	TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT 32 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability ZERO COST THEREFORE NOT GERMANE

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:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. 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
4. 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 as:	Category A or Category B (last three years)			Category C (Projected)
Enter Historical and/or Projected Years				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
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.

2. Variance

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

APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERIC ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements 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:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing NOT GERMANE

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

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

C. Reasonableness of Project and Related Costs NOT GERMANE

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT 42 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

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

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

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

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
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	0	0	0

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

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

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3860/3) Charity Care **must** be provided at cost.

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

CHARITY CARE			
	Year 2010	Year 2009	Year 2008
Net Patient Revenue	0	0	0
Amount of Charity Care (charges)			
Cost of Charity Care			

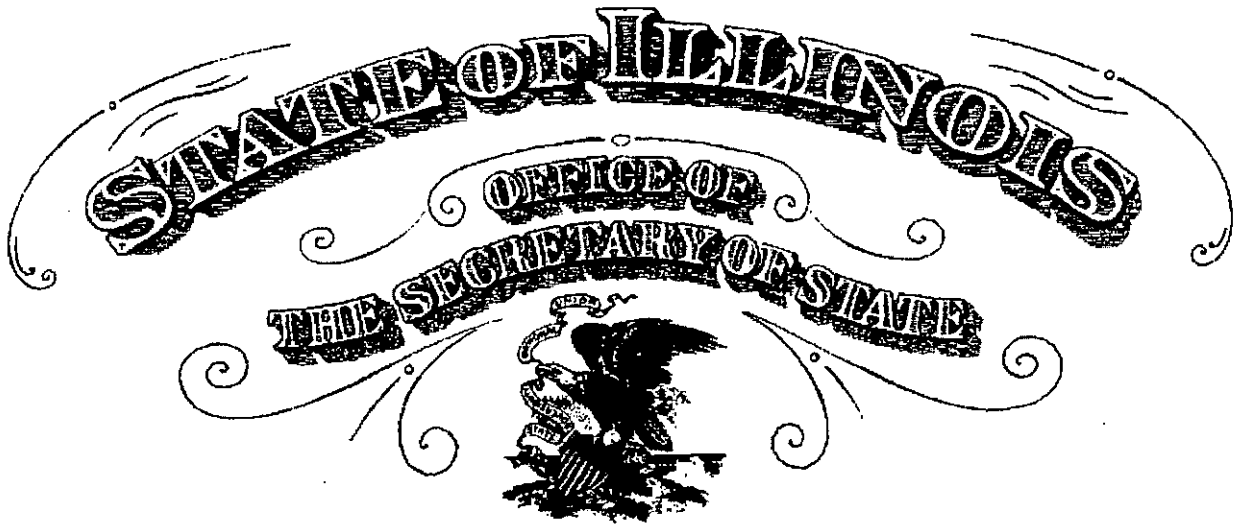
APPEND DOCUMENTATION AS ATTACHMENT 44 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	22-23
2	Site Ownership	24-34
3	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 Good Standing Etc.	36-37
5	Flood Plain Requirements	38
6	Historic Preservation Act Requirements	39
7	Project and Sources of Funds Itemization	
8	Obligation Document if required	
9	Cost Space Requirements	40
10	Discontinuation	
11	Background of the Applicant	41-45
12	Purpose of the Project	46-99
13	Alternatives to the Project	100-104
14	Size of the Project	105
15	Project Service Utilization	106
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	107-156
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
39	Availability of Funds	
40	Financial Waiver	
41	Financial Viability	
42	Economic Feasibility	157-158
43	Safety Net Impact Statement	
44	Charity Care Information	

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.



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.



Authentication #: 1127802138

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

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 5TH
day of OCTOBER A.D. 2011

Jesse White

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.



Lake County

PAYMENT COUPON
RETURN WITH PAYMENT

1

11-33-302-031

FROM THE OFFICE OF: ROBERT BRIDMORE, LAKE COUNTY COLLECTOR

Make Checks 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.

11-33-302-031



#101

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



14149.71

Taxes Due on or before 6/6/2011

\$14,149.71 DUE

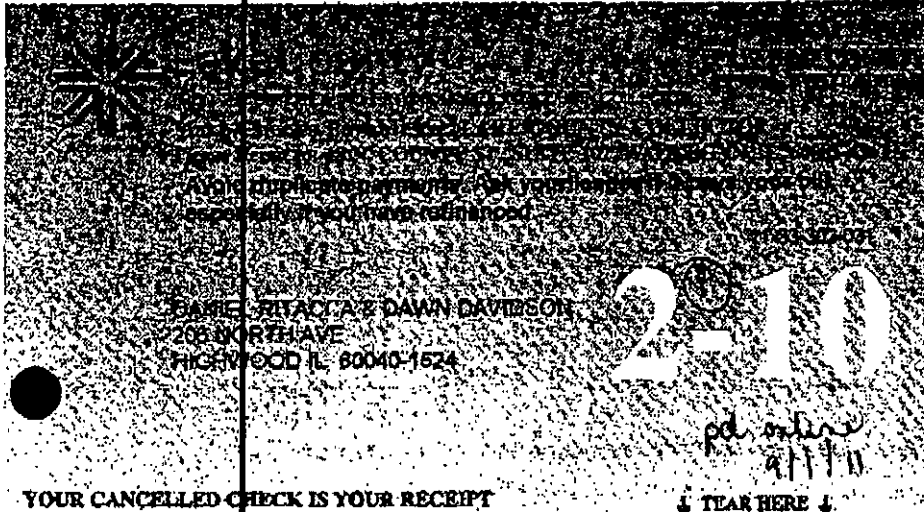
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pd online
6/10/11

YOUR CANCELLED CHECK IS YOUR RECEIPT

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2 Tax Year 2010
11-33-302-031



Taxes Due on or before 9/6/2011

\$14,149.72 DUE

113330203100000001414972201022

pd online
9/11/11

YOUR CANCELLED CHECK IS YOUR RECEIPT

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Property Location: 230 CENTER DR
VERNON HILLS

Pin Number
11-33-302-031

Tax Year
2010

Tax Code
11012

Acres
0.00

Legal Description: VERNON SQUARE SUB; UNIT #101 & 13.75% IN IN COMMON
ELEMENTS IN VERNON SQUARE CONDO PER DOC 4171429.

Taxing Body	Rate	Current Amount	Change From Prior Year
COUNTY OF LAKE	0.1980	\$1,493.00	122.77
COUNTY OF LAKE PENSION	0.1070	\$396.68	62.99
ROAD AND BRIDGE-LIBERTYVILLE	0.0460	\$176.65	17.09
ROAD AND BRIDGE-LIBERTYVILLE PENSION	0.0000	00.00	-3.68
COUNTRYSIDE FIRE PROT DIST	0.4090	\$1,523.98	119.42
COUNTRYSIDE FIRE PROT DIST PENSION	0.0440	\$163.95	24.20
COOK MEMORIAL PUBLIC LIBRARY DIST	0.2160	\$824.83	65.63
COOK MEMORIAL PUBLIC LIBRARY DIST PENSION	0.0230	\$81.88	1.08
VERNON HILLS PARK DIST	0.4270	\$1,591.03	423.23
HAWTHORNE COMM CONS SCHOOL DISTRICT #73	3.0180	\$11,245.24	793.41
HAWTHORNE COMM CONS SCHOOL DISTRICT #73 PENSION	0.0830	\$234.74	25.12
COLLEGE OF LAKE COUNTY #532	0.2180	\$812.29	79.75
LIBERTYVILLE COMM HIGH SCHOOL DIST #128	2.2780	\$8,467.85	621.51
LIBERTYVILLE COMM HIGH SCHOOL DIST #128 PENSION	0.0460	\$171.40	24.50
FOREST PRESERVE	0.1900	\$701.95	-1.63
FOREST PRESERVE PENSION	0.0080	\$29.80	4.68
CEN LK COUNTY JOINT ACTION WATER AGENCY	0.0430	\$167.67	13.21
TOWNSHIP OF LIBERTYVILLE	0.0510	\$196.03	-19.80
TOWNSHIP OF LIBERTYVILLE PENSION	0.0070	\$26.08	18.72
TOTALS	7.5950	\$28,299.43	\$2,375.82

Land Value	\$40,642
+ Building Value	\$324,694
x State Multiplier	1.0199
= Equalized Value	\$372,606
+ Farm Land and Bldg Value	
+ State Assessed Pollution Ctrl	
+ State Assessed Railroads	
= Total Assessed Value	\$372,606
- Fully Exempt	
- Senior Freeze	
- Home Improvement	
- General Homestead	
- Senior Homestead	
- Disabled / Veterans	
- Returning Veterans	
= Taxable Valuation	\$372,606
x Tax Rate	7.5950
= Real Estate Tax	\$28,299.43
+ Special Service Area	
+ Drainage	
= Total Current Year Tax	\$28,299.43
+ Omitted Tax	
+ Forfeited Tax	
= TOTAL TAX BILLED	\$28,299.43
Fair Market Value	\$1,117,818
1st Installment Due 6/6/2011	\$14,149.71
2nd Installment Due 9/6/2011	\$14,149.72

ATTACHMENT-IDEN-2A



Lake County

PAYMENT COUPON
RETURN WITH PAYMENT

1

11-33-302-032

FROM THE OFFICE OF: ROBERT SKIDMORE, LAKE COUNTY COLLECTOR

Make Checks 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.

11-33-302-032



DANIEL J RITACCA
230 CENTER DR STE 101
VERNON HILLS IL 60061-1584

Taxes Due on or before **6/6/2011**
\$8,814.60 DUE

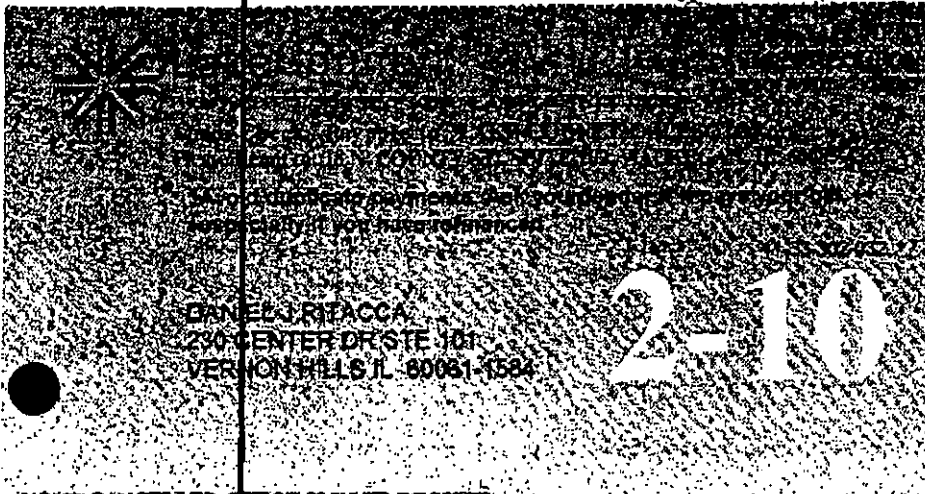
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DANIEL J RITACCA
230 CENTER DR STE 101
VERNON HILLS IL 60061-1584

2-10

2

Tax Year **2010**
11-33-302-032



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

11333020320000000000881461201024

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Property Location: 230 CENTER DR
VERNON HILLS

Pin Number: 11-33-302-032
Tax Year: 2010
Tax Code: 11012
Acres: 0.00

Legal Description: VERNON SQUARE SUBUNIT 8102 & 13.75% IN IN COMMON
ELEMENTS IN VERNON SQUARE CONDO PER DOC 4171429.41

Taxing Body	Rate	Current Amount	Change From Prior Year	Land Value	
COUNTY OF LAKE	0.5960	\$225.82	78.15		\$40,642
COUNTY OF LAKE PENSION	0.1070	\$248.57	33.01	+ Building Value	\$188,945
ROAD AND BRIDGE-LIBERTYVILLE	0.0480	\$117.82	10.62	X State Multiplier	1.0199
ROAD AND BRIDGE-LIBERTYVILLE PENSION	0.0000	\$0.00	-2.29	= Equalized Value	\$232,110
COUNTRYSIDE FIRE PRO DIST	0.0030	\$9.49	71.92	+ Farm Land and Bldg Value	
COUNTRYSIDE FIRE PRO DIST PENSION	0.0440	\$102.13	15.07	+ State Assessed Pollution Ctrl	
COOK MEMORIAL PUBLIC LIBRARY DIST	0.2180	\$501.37	40.88	+ State Assessed Railroads	
COOK MEMORIAL PUBLIC LIBRARY DIST PENSION	0.0220	\$51.00	0.66	= Total Assessed Value	\$232,116
VERNON HILLS PARK DIS	0.4270	\$981.19	264.89	- Fully Exempt	
HAWTHORNE COMM CONS SCHOOL DISTRICT #73	3.0180	\$7,005.29	494.28	- Senior Freeze	
HAWTHORNE COMM CONS SCHOOL DISTRICT #73 PENSION	0.0890	\$148.23	15.64	- Home Improvement	
COLLEGE OF LAKE COUNTY #532	0.2180	\$503.01	47.82	- General Homestead	
LIBERTYVILLE COMM HIGH SCHOOL DIST #128	2.2780	\$5,287.60	387.18	- Senior Homestead	
LIBERTYVILLE COMM HIGH SCHOOL DIST #128 PENSION	0.0480	\$108.78	15.14	- Disabled / Veterans	
FOREST PRESERVE	0.1900	\$441.02	-1.13	- Returning Veterans	
FOREST PRESERVE PENSION	0.0080	\$18.58	2.62	= Taxable Valuation	\$232,116
CEN LK COUNTY JOINT ACTION WATER AGENCY	0.0450	\$104.45	0.23	X Tax Rate	7.5650
TOWNSHIP OF LIBERTYVILLE	0.0510	\$118.85	-12.20	= Real Estate Tax	\$17,629.21
TOWNSHIP OF LIBERTYVILLE PENSION	0.0070	\$16.24	11.08	+ Special Service Area	
TOTALS					
	7.5650	\$17,629.21	\$1,480.05	+ Drainage	
				= Total Current Year Tax	\$17,629.21
				+ Omitted Tax	
				+ Forfeited Tax	
				= TOTAL TAX BILLED	\$17,629.21

ATTACHMENT-IDEN-2A

Fair Market Value \$996,348
1st Installment Due 6/5/2011 \$8,814.60
2nd Installment Due 9/5/2011 \$8,814.61



Lake County

PAYMENT COUPON
RETURN WITH PAYMENT

1

11-33-302-033

FROM THE OFFICE OF ROBERT SKIDMORE, LAKE COUNTY COLLECTOR

Make Checks 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.



11-33-302-033

(P)

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



pd online
6/10/11

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

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2

Tax Year 2010
11-33-302-033



Taxes Due on or before 9/8/2011
\$6,243.59 DUE

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Property Location: 230 CENTER DR VERNON HILLS Pin Number 11-33-302-033 Tax Year 2010 Tax Code 11012 Acres 0.00

Legal Description: VERNON SQUARE SUBUNIT 8201 & 11.25 % IN IN COMMON ELEMENTS IN VERNON SQUARE CONDO PER DOC 4171439,4

Taxing Body	Rate	Current Amount	Change From Prior Year	Land Value	
COUNTY OF LAKE	0.3880	\$654.34	53.53	\$33,253	
COUNTY OF LAKE PENSION	0.1070	\$175.02	25.38	+ Building Value	\$127,952
ROAD AND BRIDGE-LIBERTYVILLE	0.0480	\$78.82	-7.62	x State Multiplier	1.0169
ROAD AND BRIDGE-LIBERTYVILLE PENSION	0.0000	\$0.00	-1.82	= Equalized Value	\$184,413
COUNTRYSIDE FIRE PROT DIST	0.4080	\$672.45	80.80	+ Farm Land and Bldg Value	
COUNTRYSIDE FIRE PROT DIST PENSION	0.0440	\$72.34	10.69	+ State Assessed Pollution Ctr	
COOK MEMORIAL PUBLIC LIBRARY DIST	0.2180	\$355.13	28.86	+ State Assessed Railroads	
COOK MEMORIAL PUBLIC LIBRARY DIST PENSION	0.0220	\$36.18	0.48	= Total Assessed Value	\$104,413
VERNON HILLS PARK DIST	0.4270	\$702.05	187.84	- Fully Exempt	
HAWTHORNE COMM CONS SCHOOL DISTRICT #73	3.0180	\$4,982.00	890.12	- Senior Freeze	
HAWTHORNE COMM CONS SCHOOL DISTRICT #73 PENSION	0.0630	\$103.58	11.08	- Home Improvement	
COLLEGE OF LAKE COUNTY #532	0.2180	\$355.12	33.87	- General Homestead	
LIBERTYVILLE COMM HIGH SCHOOL DIST #128	2.2780	\$3,745.32	274.25	- Senior Homestead	
LIBERTYVILLE COMM HIGH SCHOOL DIST #128 PENSION	0.0480	\$78.82	-0.70	- Disabled / Veterans	
FOREST PRESERVE	0.1800	\$292.38	-0.81	- Returning Veterans	
FOREST PRESERVE PENSION	0.0280	\$45.15	1.80	= Taxable Valuation	\$164,413
GEN LK COUNTY JOINT ACTION WATER AGENCY	0.0450	\$73.89	5.83	x Tax Rate	7.5950
TOWNSHIP OF LIBERTYVILLE	0.0510	\$83.85	-8.65	= Real Estate Tax	\$12,487.17
TOWNSHIP OF LIBERTYVILLE PENSION	0.0070	\$11.51	1.27	+ Special Service Area	
TOTALS	7.6950	\$12,487.17	\$1,048.36	+ Drainage	
				= Total Current Year Tax	\$12,487.17
				+ Omitted Tax	
				+ Forfeited Tax	
				- TOTAL TAX BILLED	\$12,487.17
				Fair Market Value	\$493,239
				1st Installment Due 6/6/2011	\$6,243.58
				2nd Installment Due 9/8/2011	\$6,243.59

ATTACHMENT - IDEN - 2A



Lake County

PAYMENT COUPON
RETURN WITH PAYMENT

1

11-33-302-045

FROM THE OFFICE OF: ROBERT SACCOMORE, LAKE COUNTY COLLECTOR
Make Checks 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.

11-33-302-045



DANIEL J RITACCA
230 CENTER DR STE 8-202A
VERNON HILLS IL 60061-1584

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



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00130051

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2

Tax Year 2010

11-33-302-045



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

113330204500000000312295201026

YOUR CANCELLED CHECK IS YOUR RECEIPT

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Property Location: 230 CENTER DR UNIT 8202A
VERNON HILLS
Legal Description: VERNON SQUARE SUB UNIT 8202A & 82025 INT IN CONDO
N ELEMETS IN VERNON SQUARE OFFICE CONDO PER DOC 4
Pkt Number 11-33-302-045
Tax Year 2010
Tax Code 11012
Acres

Taxing Body	Rate	Current Amount	Change From Prior Year	Land Value	
COUNTY OF LAKE	0.5600	\$327.82	37.00		\$10,827
COUNTY OF LAKE PENSION	0.1070	\$67.99	11.63	+ Building Value	\$84,005
ROAD AND BRIDGE-LIBERTYVILLE	0.0980	\$38.87	3.76	x State Multiplier	1.0199
ROAD AND BRIDGE-LIBERTYVILLE PENSION	0.0000	\$0.00	-0.81	= Equalized Value	\$82,237
COUNTRYSIDE FIRE PROT DIST	0.4080	\$336.35	25.49	+ Farm Land and Bldg Value	
COUNTRYSIDE FIRE PROT DIST PENSION	0.0440	\$38.18	5.34	+ State Assessed Pollution Ctr	
COOK MEMORIAL PUBLIC LIBRARY DIST	0.2160	\$177.89	14.48	+ State Assessed Railroads	
COOK MEMORIAL PUBLIC LIBRARY DIST PENSION	0.0220	\$14.10	0.24	= Total Assessed Value	\$82,237
VERNON HILLS PARK DIST	0.4270	\$361.15	63.85	- Fully Exempt	
HAWTHORNE COMM CONS SCHOOL DISTRICT #73	3.0160	\$2,481.82	175.18	- Senior Freeze	
HAWTHORNE COMM CONS SCHOOL DISTRICT #73 PENSION	0.0830	\$51.81	5.55	- Home Improvement	
COLLEGE OF LAKE COUNTY #532	0.2180	\$178.27	18.94	- General Homestead	
LIBERTYVILLE COMM HIGH SCHOOL DIST #128	2.2790	\$1,873.36	187.18	- Senior Homestead	
LIBERTYVILLE COMM HIGH SCHOOL DIST #128 PENSION	0.0490	\$37.62	3.28	- Disabled / Veterans	
FOREST PRESERVE	0.1900	\$160.25	-6.41	- Returning Veterans	
FOREST PRESERVE PENSION	0.0080	\$6.58	0.90	= Taxable Valuation	\$82,237
CEN LK COUNTY JOINT ACTION WATER AGENCY	0.0450	\$37.01	2.52	x Tax Rate	7.6950
TOWNSHIP OF LIBERTYVILLE	0.0510	\$41.84	-4.32	= Road Estate Tax	\$8,245.90
TOWNSHIP OF LIBERTYVILLE PENSION	0.0070	\$5.76	4.14	+ Special Service Area	
TOTALS	7.5950	\$6,245.90	\$524.47	+ Drainage	
				= Total Current Year Tax	\$8,245.90
				+ Omitted Tax	
				+ Forfeited Tax	
				= TOTAL TAX BILLED	\$8,245.90

ATTACHMENT-IDEN-2A

Fair Market Value \$246,711
1st Installment Due 6/6/2011 \$3,122.95
2nd Installment Due 9/6/2011 \$3,122.95



Lake County

PAYMENT COUPON
RETURN WITH PAYMENT.

1

11-33-302-046

FROM THE OFFICE OF: ROBERT SKOZMORE, LAKE COUNTY COLLECTOR

Make Checks 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



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

pd online
6/10/11

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



(P)

113330204600000000312295201034

00221704

YOUR CANCELLED CHECK IS YOUR RECEIPT

↓ TEAR HERE ↓



2 Tax Year 2010
11-33-302-046



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

2-10
pd online
6/11/11

113330204600000000312295201023

YOUR CANCELLED CHECK IS YOUR RECEIPT

↓ TEAR HERE ↓

Property Location: 230 CENTER DR UNIT 82028
VERNON HILLS

Pin Number
11-33-302-046

Tax Year
2010

Tax Code
11012

Acres

Legal Description: VERNON SQUARE SUB UNIT 82028 & 5.625% INT IN COMMO
N ELEMENTS IN VERNON SQUARE OFFICE CONDO PER DOC 4

Taxing Body	Rate	Current Amount	Change From Prior Year	Land Value	
COUNTY OF LAKE	0.3980	\$327.92	27.00		\$15,827
COUNTY OF LAKE PENSION	0.1070	\$87.99	11.59	+ Building Value	\$64,005
ROAD AND BRIDGE-LIBERTYVILLE	0.0480	\$39.47	3.76	x State Multiplier	1.0189
ROAD AND BRIDGE-LIBERTYVILLE PENSION	0.0000	\$0.00	-0.91	= Equalized Value	\$82,237
COUNTRYSIDE FIRE PROT DIST	0.4000	\$339.36	25.49	+ Farm Land and Bldg Value	
COUNTRYSIDE FIRE PROT DIST PENSION	0.0440	\$36.18	5.34	+ State Assessed Pollution Ctrl	
COOK MEMORIAL PUBLIC LIBRARY DIST	0.2160	\$177.63	14.48	+ State Assessed Railroads	
COOK MEMORIAL PUBLIC LIBRARY DIST PENSION	0.0220	\$18.10	0.24	= Total Assessed Value	\$82,237
VERNON HILLS PARK DIST	0.4270	\$351.16	69.85	- Fully Exempt	
HAWTHORNE COMM CONS SCHOOL DISTRICT #73	3.0180	\$2,481.92	175.16	- Senior Freeze	
HAWTHORNE COMM CONS SCHOOL DISTRICT #73 PENSION	0.0830	\$68.81	5.56	- Home Improvement	
COLLEGE OF LAKE COUNTY DIST	0.2180	\$178.27	16.34	- General Homestead	
LIBERTYVILLE COMM HIGH SCHOOL DIST #12S	2.2700	\$1,875.35	137.19	- Senior Homestead	
LIBERTYVILLE COMM HIGH SCHOOL DIST #12S PENSION	0.0480	\$37.82	5.36	- Disabled / Veterans	
FOREST PRESERVE	0.1900	\$153.28	-0.41	- Returning Veterans	
FOREST PRESERVE PENSION	0.0080	\$6.58	0.80	= Taxable Valuation	\$82,237
CEN LA COUNTY JOINT ACTION WATER AGENCY	0.0460	\$37.01	2.92	x Tax Rate	7,595.0
TOWNSHIP OF LIBERTYVILLE	0.0510	\$41.84	-4.32	= Real Estate Tax	\$8,245.90
TOWNSHIP OF LIBERTYVILLE PENSION	0.0070	\$5.76	4.14	+ Special Service Area	
TOTALS	7.5950	\$8,245.90	\$524.47	+ Drainage	
				= Total Current Year Tax	\$8,245.90
				+ Omnibus Tax	
				+ Forfeited Tax	
				= TOTAL TAX BILLED	\$8,245.90
				Fair Market Value	\$246,711
				1st Installment Due 6/6/2011	\$3,122.95
				2nd Installment Due 9/6/2011	\$3,122.95

ATTACHMENT IDEN-2A

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.

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.

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

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

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

Daniel J Ritacca Trust

TENANT:

Theresa J Dwyer

Ritacca Laser Center

ATTACHMENT IDEN-2B

Operating Identity/Licensee

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

ATTACHMENT-3

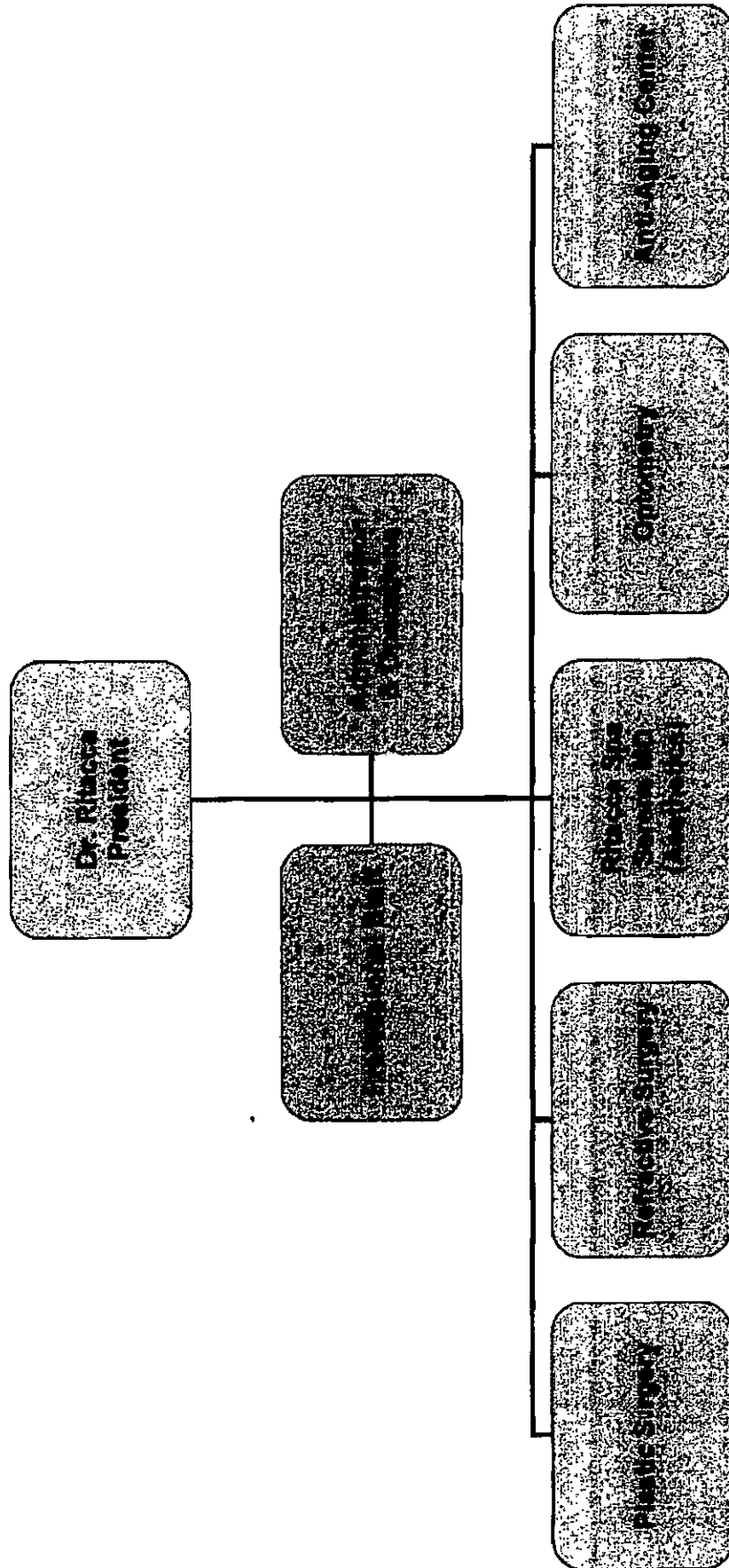
Organizational Relationships

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.

ATTACHMENT-4

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>).

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

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

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 **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Department/Area	Cost(\$)	Amount of Proposed Total GSF That Is:				
		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.

ATTACHMENT-11



State of Illinois 1999080

Department of Public Health

LICENSE PERMIT CERTIFICATION REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/26/11	0080	7003144

FULL LICENSE
AMBUL SURGICAL TREAT CNTR
EFFECTIVE: 07/27/10

BUSINESS ADDRESS

RITAGEA LASER CENTER, LTD.
230 CENTER DRIVE
VERNON HILLS IL 60061

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

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.

Illinois Business Authorization

RITACCA LASER CENTER LTD
230 CENTER DR STE 101
VERNON HILLS IL 60061-1584

Loc. Code: 049-0073-1-001
Vernon Hills
Lake County

Certificate of Registration

Expiration date:
12/31/12

Sales and use taxes and fees (3393-6188)

Director
DEPARTMENT OF REVENUE
Issue/CR Date: 12/19/07



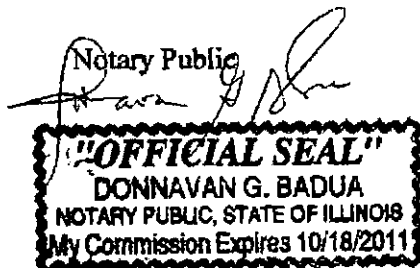
Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

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, *Daniel J Ritacca, M.D.*

Subscribed and sworn to me
this 2ND day of JUNE, 2011



ATTACHMENT-11B

Vision Center-Daniel Ritacca M.D., Alan Axelrod, M.D.
Plastic Surgery Center-Allan Parungao, M.D., Mitchell Grasseschi, M.D.
Vein Center-Board-Certified Vascular Surgeon

44

250 Center Drive
Vernon Hills, IL 60061
847.367-8815
Fax: 855-367-6319
www.RitaccaLaserCenter.com



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.

Sincerely,

A handwritten signature in black ink that reads 'Daniel Ritacca, M.D.' The signature is fluid and cursive, with the first name 'Daniel' being the most prominent part.

ATTACHMENT-11C

Vision Center-Daniel Ritacca M.D., Alan Axelrod, M.D.
Plastic Surgery Center-Allan Parungao, M.D., Mitchell Grasseschi, M.D.
Vein Center-Board-Certified Vascular Surgeon

45

230 Center Drive
Vernon Hills IL 60061
847-367-8815
Fax: 866-367-8319

www.RitaccaLaserCenter.com

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.

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

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.

ATTACHMENT-12

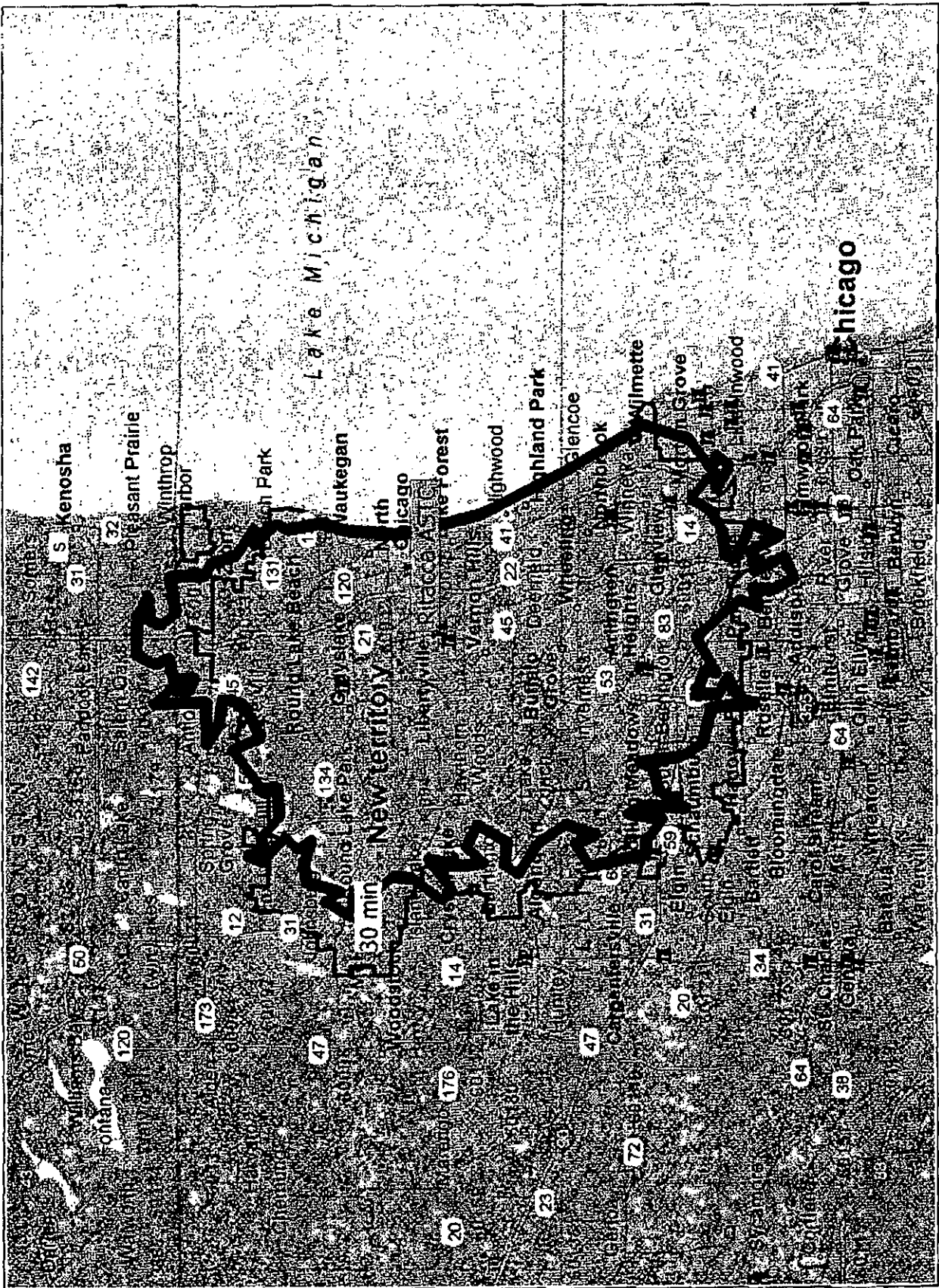
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

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	In	1	
60030	2	In	2	
60020	2	In	2	
60605	1	Out		1
60060	3	In	3	
60064	4	In	4	
60073	5	In	5	
60156	1	Out		1
60085	12	In	12	
60046	48	In	48	
60087	10	In	10	
	122		89	33
			73%	27%

map



- Area in Square Miles by ZIP Code
- 120,000
- 32.9
- 0.009
- Custom territories
- New territory
- Pushpins
- ASTC GIS
- My pushpins



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 Certain mapping and direction data © 2008 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian publishers, including © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario. NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ © 2008. All rights reserved. Telematics and Telematics are trademarks of Telematics, Inc. All rights reserved. Telematics and Telematics are trademarks of Telematics, Inc. All rights reserved.

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

Key	Name	Address	City	State	Zip	License	Travel Time**	Travel Distance
76	NORTHWEST SURGICARE HEALTHSOUTH	1100 WEST CENTRAL ROAD	ARLINGTON HEIGHTS	IL	60005-2493	7000920	34.5	15.13
75	NORTHWEST COMMUNITY DAY SURG.	675 WEST KIRCHOFF ROAD	ARLINGTON HEIGHTS	IL	60005-2392	7001209	33.35	15.04
42	FOOT & ANKLE SURGICAL CENTER	1455 GOLF ROAD	DES PLAINES	IL	60016-1253	7001803	29.9	18.28
28	DIMENSIONS MEDICAL CENTER, LTD.	1455 GOLF ROAD	DES PLAINES	IL	60016-2237	7001357	29.9	18.28
46	GOLF SURGICAL CENTER	8901 GOLF ROAD	DES PLAINES	IL	60016-4000	7002231	29.9	18.02
126	THE GLEN ENDOSCOPY CENTER	2551 COMPASS ROAD	GLENVIEW	IL	60026-	7002892	28.75	16.37
100	Ravine Way Surgery Center	2350 Ravine Way	Glenview	IL	60025	7003080	28.75	16.37
59	Illinois Sports Medicine & Orthopedic Surgery Center	9000 Waukegan Road	Morton Grove	IL	60053	7003118	37.95	15.38
138	Lake Forest Endoscopy Center	1475 East Belvidere Road	Grayslake	IL	60030	7003132	37.95	19.38
148	GRAYSLAKE OUTPATIENT CENTER	1475 EAST BELVIDERE ROAD	GRAYSLAKE	IL	60030		37.95	19.38
104	RITACCA LASER CENTER	230 Center Drive	VERNON HILLS	IL	60061	7003144	0	0
47	Grand Oaks Surgery Center	1800 Hollister Drive	Libertyville	IL	60048	8000020	3.45	1.12
51	HEALTHSOUTH SURG. CNTR OF HAWTHORNE	1800 HOLLISTER DRIVE	LIBERTYVILLE	IL	60048	7001795	3.45	1.34
136	VICTORY AMBULATORY SURGERY CENTER	1050 RED OAK LANE	LINDENHURST	IL	60046	7002322	31.05	14.81
72	NORTH SHORE ENDOSCOPY CENTER	988 Carriage Park Avenue	LAKE BLUFF	IL	60144	7002926	13.8	7.51

KEY	NAME	STREET	CITY	Travel Time**	Travel Distance
8	Alexian Brothers Medical Center	800 Biesterfeld Road	Elk Grove Villa	37.95	22.2
114	Northwest Community Hospital	800 West Central Road	Arlington Heights	33.35	14.98
88	Advocate Lutheran General Hospital	1800 Parkside Dr	Park Ridge	33.35	19.22
60	Holy Family Hospital	100 North River Road	Des Plaines	28.75	18.12
43	Glenbrook Hospital	2100 Pflingsten Road	Glenview	27.6	15.35
147	Skokie Hospital	9600 Gross Point Road	Skokie	33.35	19.97
5	Advocate Good Shepherd Hospital	100 Haverford Way	Barrington	25.3	12.89
24	Condell Medical Center	500 Valley Park Drive	Libertyville	5.75	2.65
81	Lake Forest Hospital	660 North Westmoreland	Lake Forest	11.5	6.03
56	Highland Park Hospital	718 Glenview Avenue	Highland Park	19.55	10.55
197	Vista Medical Center East	1324 North Sheridan Road	Waukegan	34.5	15.61

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



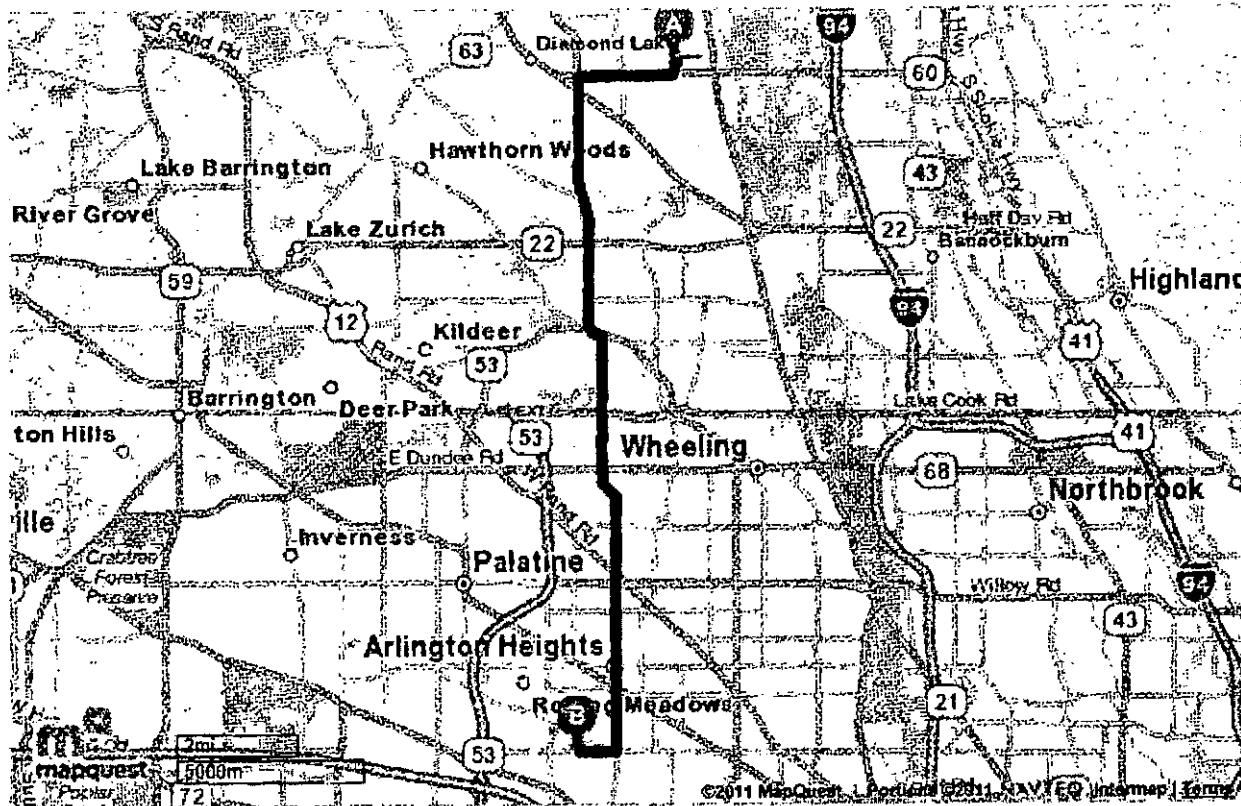
Trip to:
 1100 W Central Rd # West
 Arlington Heights, IL 60005-2402
 15.13 miles
 30 minutes

Notes

To NORTHWEST SURGICARE HEALTHSOUTH

	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
	2. Turn left onto Lakeview Pky. <i>Holiday Inn Express Chicago Nw-Vernon Hills is on the left</i>	Go 0.2 Mi	0.3 mi
	3. Take the 2nd right onto E Townline Rd / IL-60. <i>E Townline Rd is just past E Hawthorn Pky If you reach E Phillip Rd you've gone about 0.1 miles too far</i>	Go 1.8 Mi	2.1 mi
	4. Turn left onto S Lake St / US-45. <i>Mc Donald's is on the corner If you reach IL-83 you've gone about 0.3 miles too far</i>	Go 0.3 Mi	2.3 mi
	5. Stay straight to go onto IL-83 S.	Go 4.5 Mi	6.8 mi
	6. Turn slight right onto N Arlington Heights Rd. <i>N Arlington Heights Rd is 0.2 miles past IL-53</i>	Go 7.6 Mi	14.4 mi
	7. Turn right onto E Central Rd. <i>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</i>	Go 0.7 Mi	15.1 mi
	8. 1100 W CENTRAL RD # WEST is on the right. <i>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</i>	Go 0.7 Mi	15.1 mi
	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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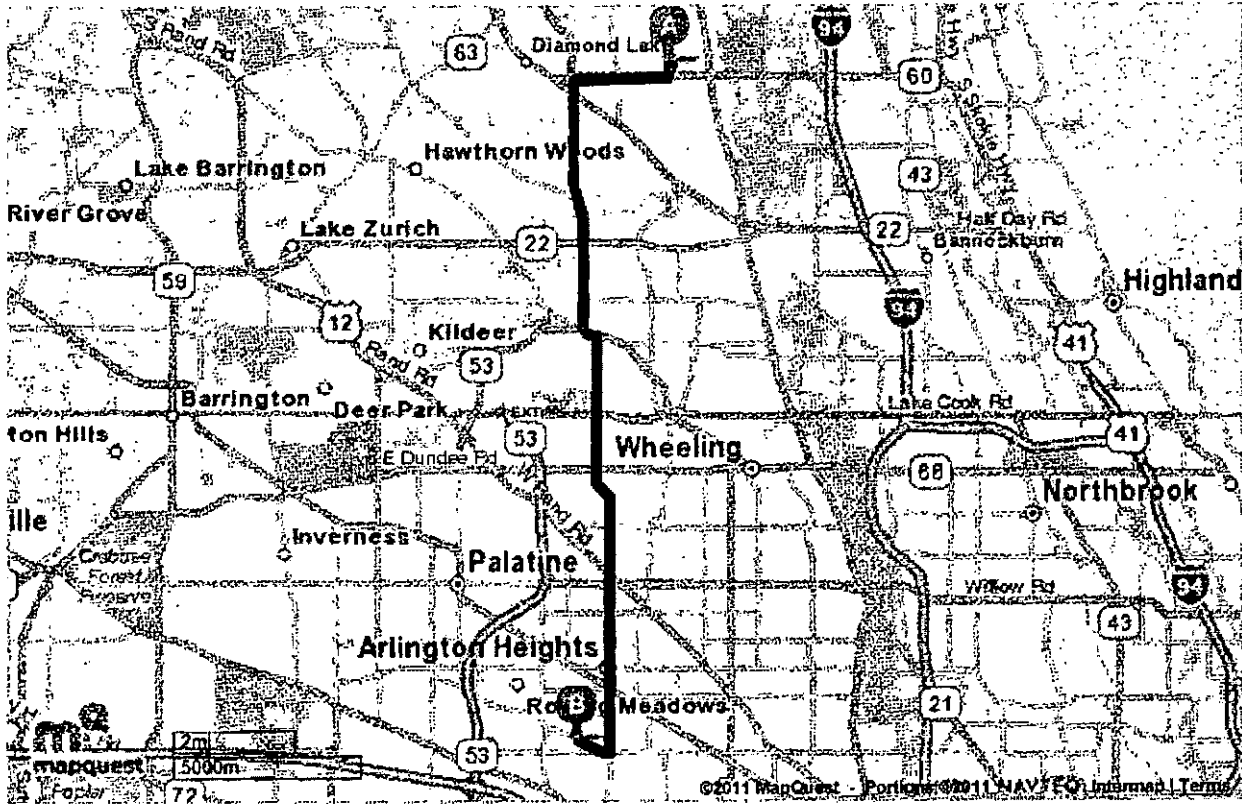
Trip to:
 675 W Kirchhoff Rd
 Arlington Heights, IL 60005-2371
 15.04 miles
 29 minutes

Notes

To NORTHWEST COMMUNITY DAY SURG.

		Miles Per Section	Miles Driven
	230 Center Dr Vernon Hills, IL 60061-1584		
	1. Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
	2. Turn left onto Lakeview Pky. <i>Holiday Inn Express Chicago Nw-Vernon Hills is on the left</i>	Go 0.2 Mi	0.3 mi
	3. Take the 2nd right onto E Townline Rd / IL-60. <i>E Townline Rd is just past E Hawthorn Pky</i> <i>If you reach E Phillip Rd you've gone about 0.1 miles too far</i>	Go 1.8 Mi	2.1 mi
	4. Turn left onto S Lake St / US-45. <i>Mc Donald's is on the corner</i> <i>If you reach IL-83 you've gone about 0.3 miles too far</i>	Go 0.3 Mi	2.3 mi
	5. Stay straight to go onto IL-83 S.	Go 4.5 Mi	6.8 mi
	6. Turn slight right onto N Arlington Heights Rd. <i>N Arlington Heights Rd is 0.2 miles past IL-53</i>	Go 7.6 Mi	14.4 mi
	7. Turn right onto E Central Rd. <i>E Central Rd is 0.1 miles past E Orchard St</i> <i>If you reach E Magnolia St you've gone about 0.1 miles too far</i>	Go 0.1 MI	14.5 mi
	8. Turn slight right onto W Kirchhoff Rd.	Go 0.5 Mi	15.0 mi
	9. 675 W KIRCHHOFF RD is on the left. <i>Your destination is just past S Ridge Ave</i> <i>If you reach S Fernandez Ave you've gone a little too far</i>		15.0 mi
	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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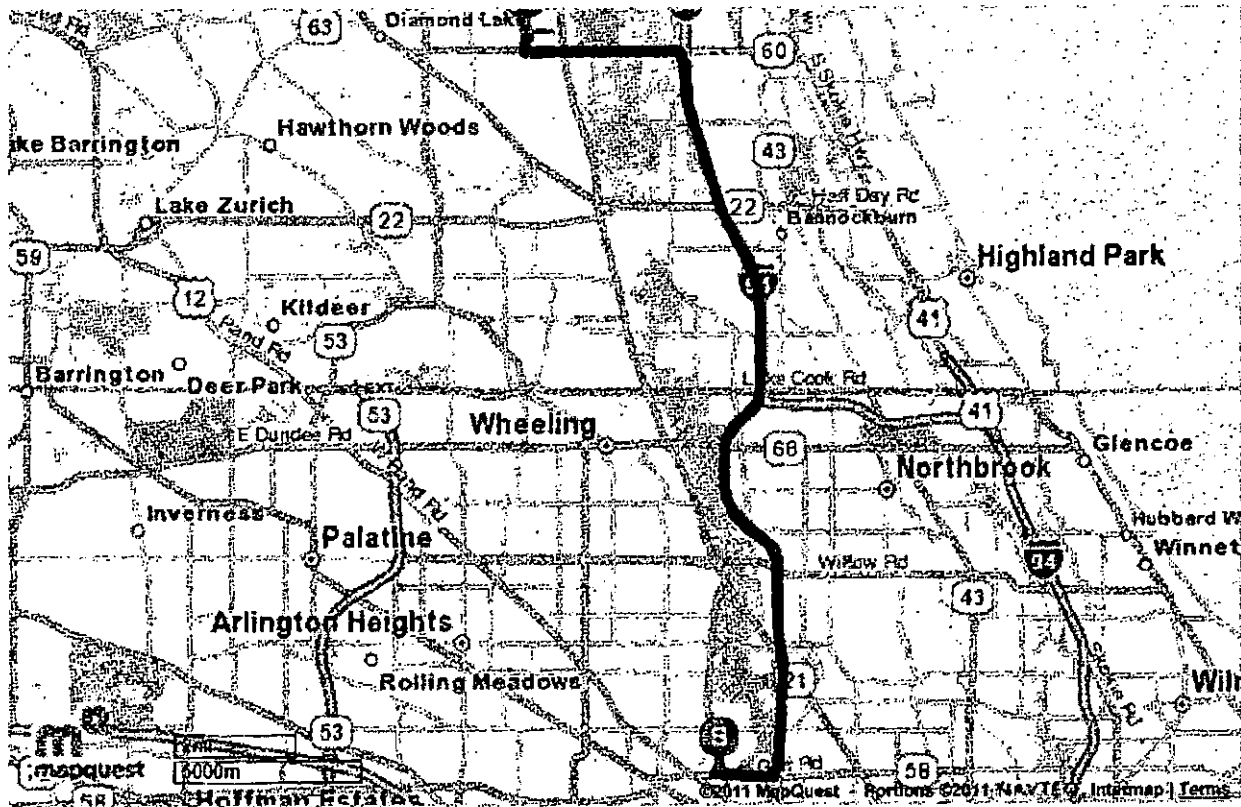
Trip to:
 1455 E Golf Rd
 Des Plaines, IL 60016-1250
 18.28 miles
 26 minutes

Notes

To: FOOT & ANKLE SURGICAL CENTER &
 DIMENSIONS MEDICAL CENTER, LTD.

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

Total Travel Estimate: 18.28 miles - about 29 minutes



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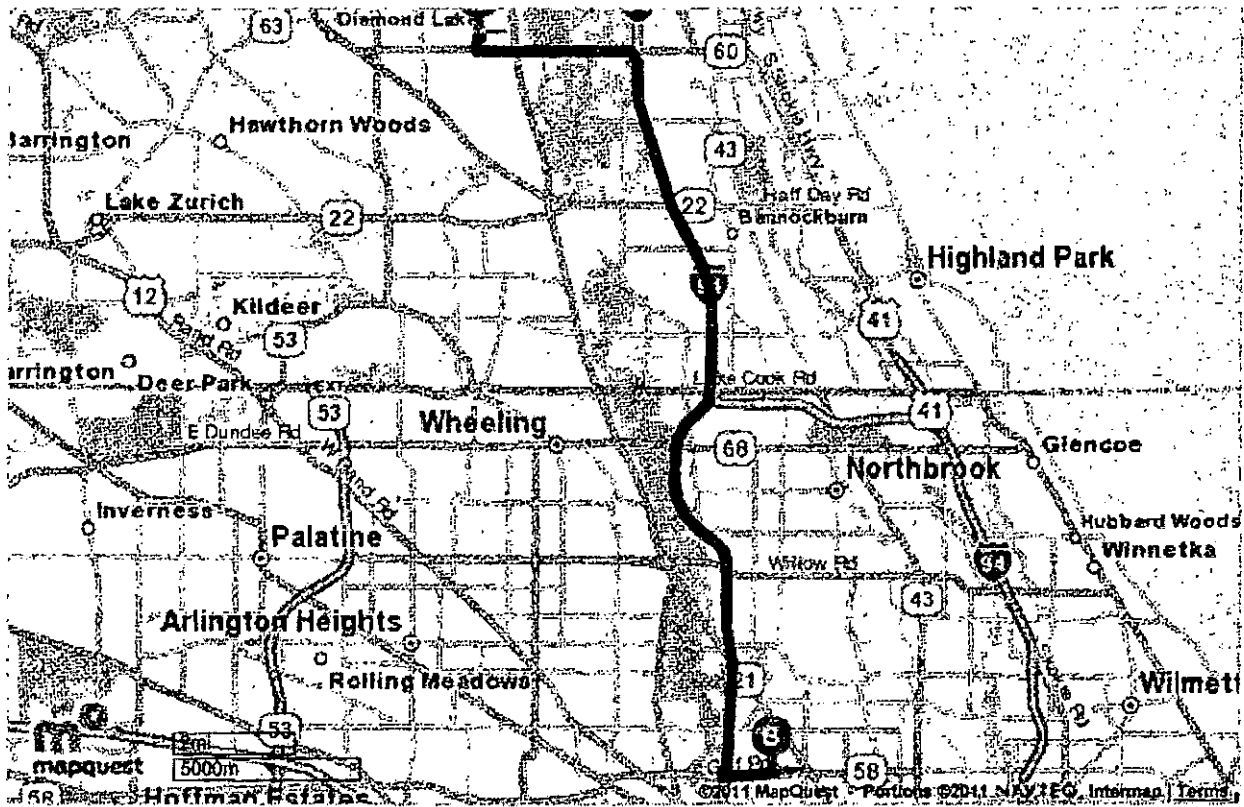
Trip to:
 [9001-9099] Golf Rd
 Des Plaines, IL 60016
 18.02 miles
 26 minutes

Notes

To: Golf Surgical Center

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

Total Travel Estimate: 18.02 miles - about 26 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

		Miles Per Section	Miles Driven
	230 Center Dr Vernon Hills, IL 60061-1584		
	1. Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
	2. Turn left onto Lakeview Pky. <i>Holiday Inn Express Chicago Nw-Vernon Hills is on the left</i>	Go 0.2 MI	0.3 mi
	3. Take the 2nd left onto E Townline Rd / IL-60. <i>E Townline Rd is just past Hawthorn Village Commons</i> <i>If you reach E Phillip Rd you've gone about 0.1 miles too far</i>	Go 2.9 Mi	3.2 mi
	4. Merge onto I-94 E toward Indiana (Portions toll). <i>If you reach IL-60 W you've gone about 0.1 miles too far</i>	Go 6.1 Mi	9.3 mi
	5. Keep right to take I-294 S toward Indiana-O'Hare (Portions toll).	Go 3.6 Mi	12.9 mi
	6. Take the Willow Rd exit.	Go 0.4 Mi	13.3 mi
	7. Turn slight left to take the ramp toward Northbrook / Glenview.	Go 0.03 Mi	13.3 mi
	8. Turn left onto Willow Rd.	Go 2.3 Mi	15.7 mi
	9. Turn right onto Patriot Blvd. <i>Patriot Blvd is 0.3 miles past Shermer Rd</i> <i>Lazboy Furniture is on the right</i> <i>If you reach Old Willow Rd you've gone about 0.4 miles too far</i>	Go 0.5 MI	16.2 mi
	10. Turn left onto Compass Rd. <i>Compass Rd is 0.3 miles past Lehigh Ave</i> <i>If you reach Mint Ln you've gone about 0.2 miles too far</i>	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

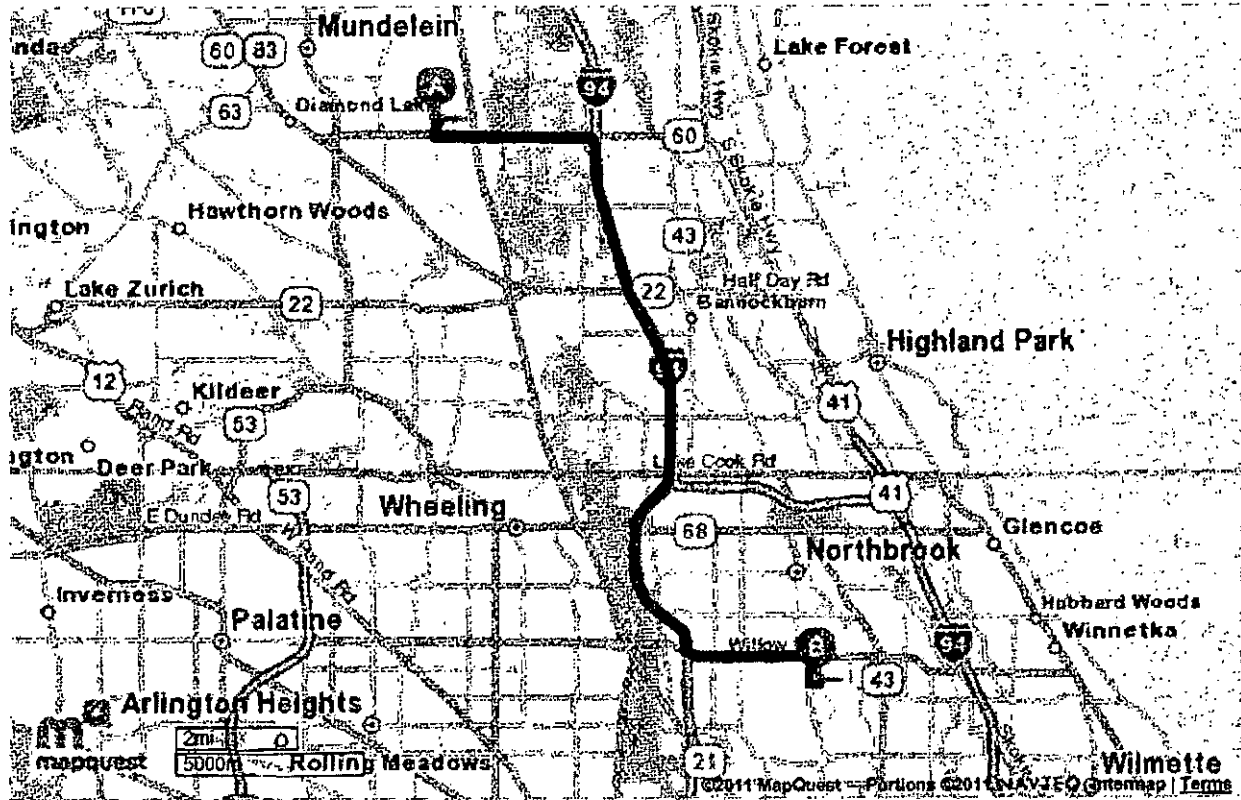


2551 Compass Rd
Glenview, IL 60026-8045

16.4 mi

16.4 mi

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

Notes

To: Ravine Way Surgery Center

		Miles Per Section	Miles Driven
	230 Center Dr Vernon Hills, IL 60061-1584		
	1. Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
	2. Turn left onto Lakeview Pky. <i>Holiday Inn Express Chicago Nw-Vernon Hills is on the left</i>	Go 0.2 Mi	0.3 mi
	3. Take the 2nd left onto E Townline Rd / IL-60. <i>E Townline Rd is just past Hawthorn Village Commons If you reach E Phillip Rd you've gone about 0.1 miles too far</i>	Go 2.9 Mi	3.2 mi
	4. Merge onto I-94 E toward Indiana (Portions toll). <i>If you reach IL-60 W you've gone about 0.1 miles too far</i>	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
	6. Take the IL-43 / Waukegan Rd exit.	Go 0.3 Mi	12.1 mi
	7. Turn slight right onto IL-43 / Waukegan Rd.	Go 3.1 Mi	15.2 mi
	8. Turn right onto Willow Rd. <i>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</i>	Go 0.6 Mi	15.8 mi
	9. Turn left onto Ravine Way. <i>Ravine Way is 0.2 miles past Westleigh Dr Steak 'n Shake is on the corner If you reach Old Willow Rd you've gone about 0.1 miles too far</i>	Go 0.6 Mi	16.4 mi
	10. 2350 RAVINE WAY is on the right. <i>Your destination is 0.1 miles past Ridge Dr If you reach Claire Ct you've gone a little too far</i>		16.4 mi

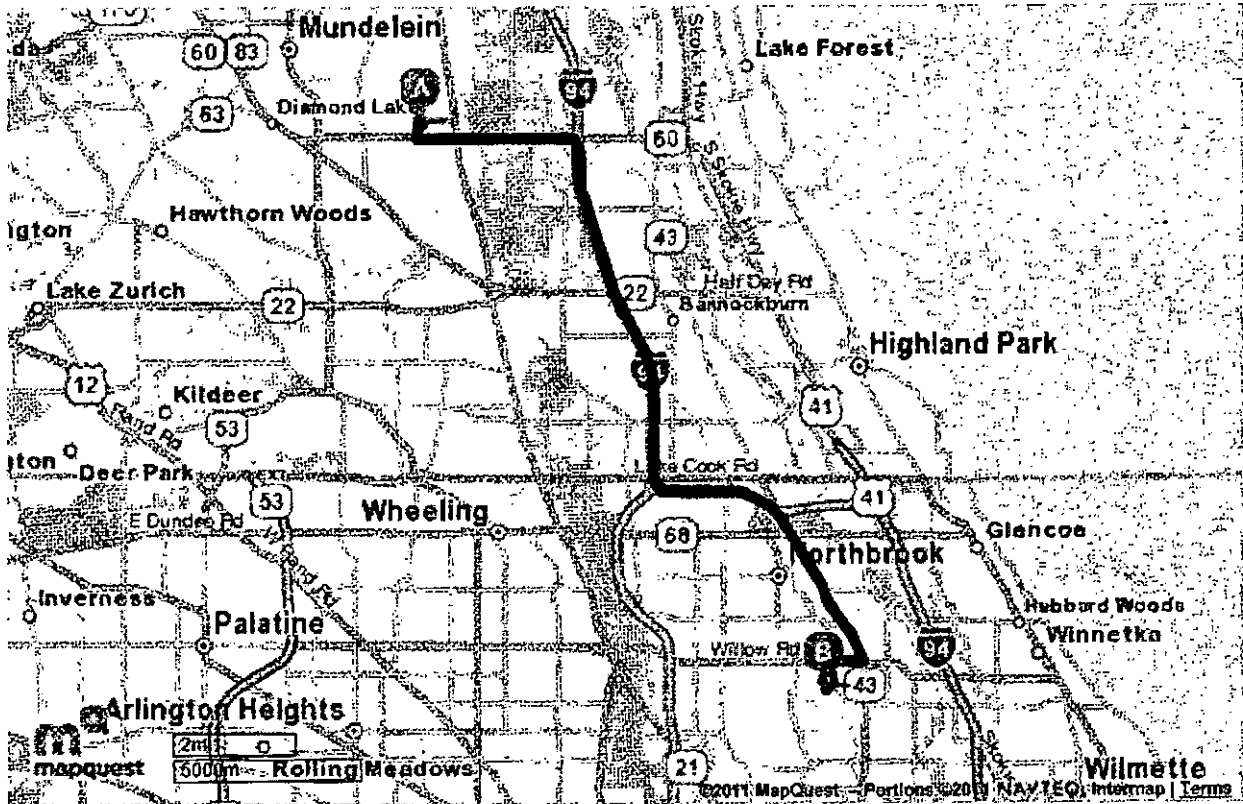


2350 Ravine Way
Glenview, IL 60025-7621

16.4 mi

16.4 mi

Total Travel Estimate: 16.37 miles - about 25 minutes



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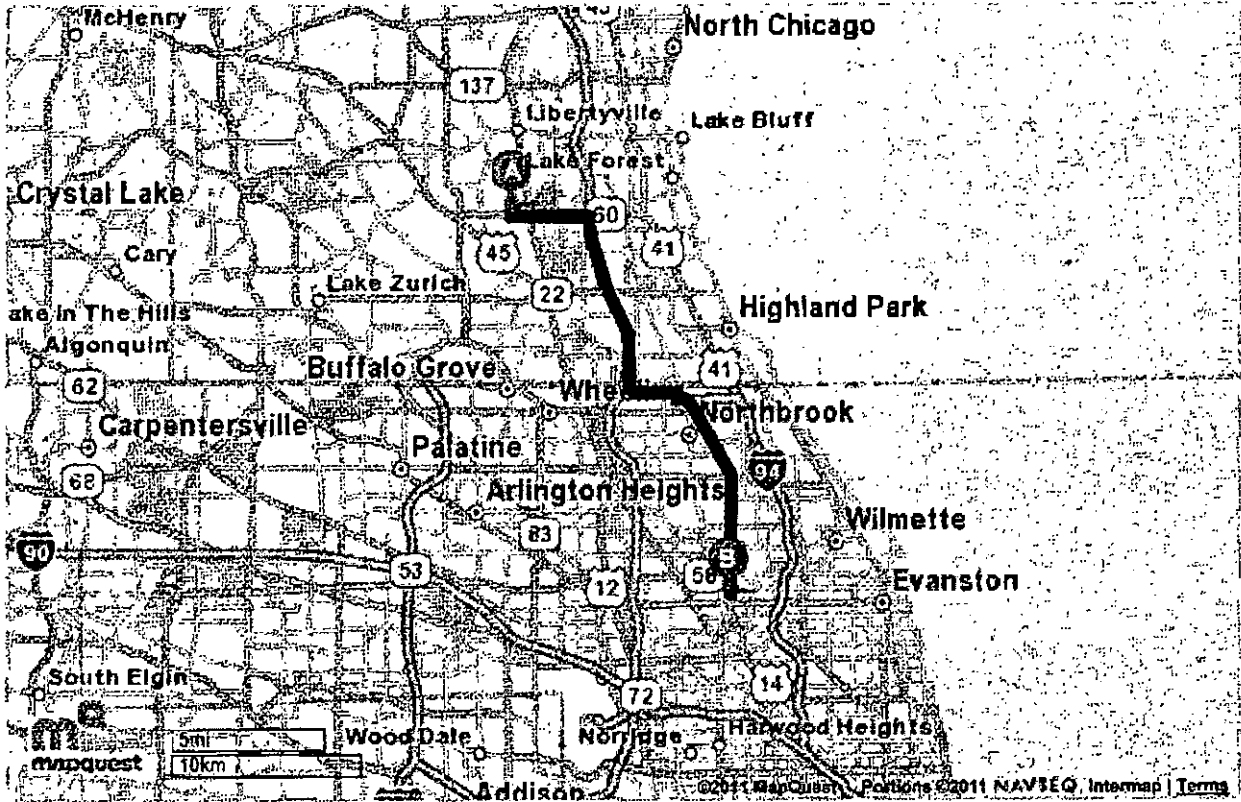
Trip to:
 9000 Waukegan Rd
 Morton Grove, IL 60053-2127
 19.38 miles
 33 minutes

Notes

To: Illinois Sports Medicine & Orthopedic Surgery Center

		Miles Per Section	Miles Driven
	230 Center Dr Vernon Hills, IL 60061-1584		
	1. Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
	2. Turn left onto Lakeview Pky. <i>Holiday Inn Express Chicago Nw-Vernon Hills is on the left</i>	Go 0.2 Mi	0.3 mi
	3. Take the 2nd left onto E Townline Rd / IL-60. <i>E Townline Rd is just past Hawthorn Village Commons If you reach E Phillip Rd you've gone about 0.1 miles too far</i>	Go 2.9 Mi	3.2 mi
	4. Merge onto I-94 E toward Indiana (Portions toll). <i>If you reach IL-60 W you've gone about 0.1 miles too far</i>	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
	6. Take the IL-43 / Waukegan Rd exit.	Go 0.3 Mi	12.1 mi
	7. Turn slight right onto IL-43 / Waukegan Rd.	Go 7.3 Mi	19.4 mi
	8. 9000 WAUKEGAN RD. <i>Your destination is 0.2 miles past Church St If you reach Churchill St you've gone about 0.1 miles too far</i>		19.4 mi
	9000 Waukegan Rd Morton Grove, IL 60053-2127	19.4 mi	19.4 mi

Total Travel Estimate: 19.38 miles - about 32 minutes



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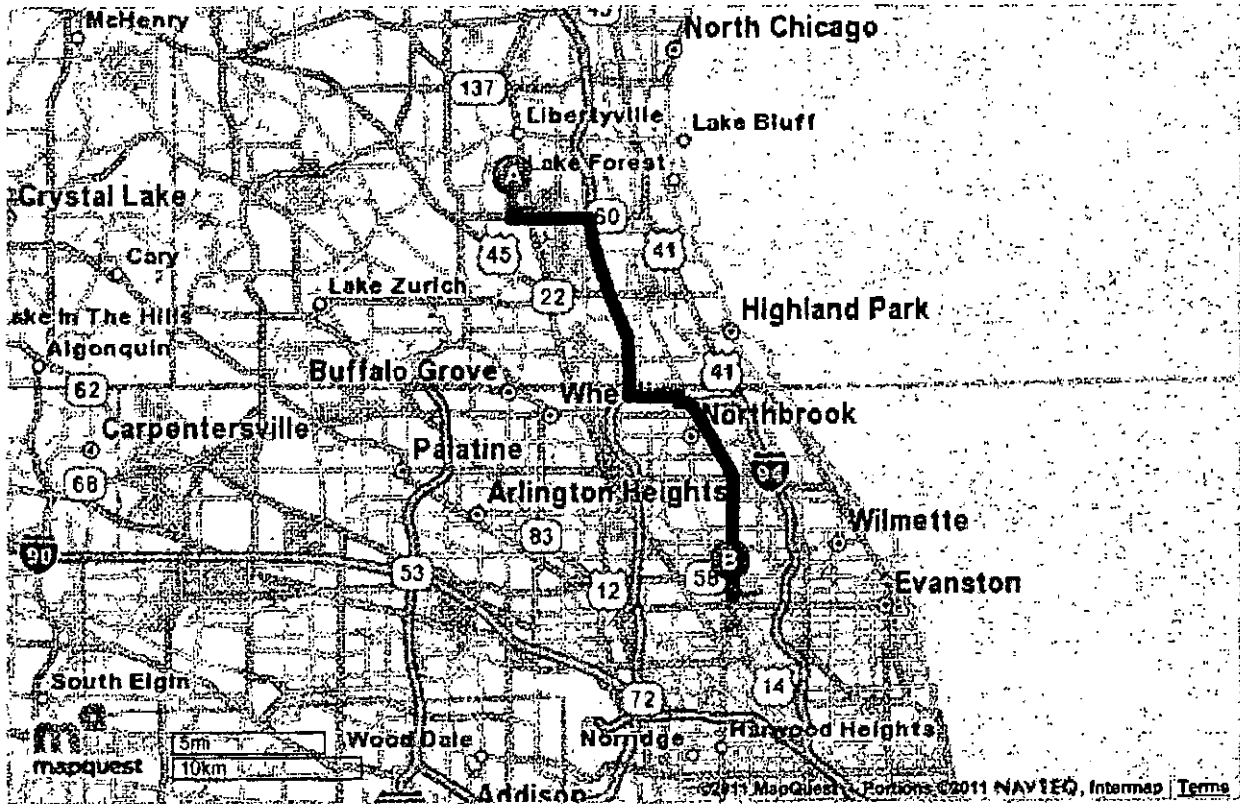
Trip to:
 9000 Waukegan Rd
 Morton Grove, IL 60053-2127
 19.38 miles
 33 minutes

Notes

To: Lake Forest Endoscopy Center &
 GRAYSLAKE OUTPATIENT CENTER

	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
	2. Turn left onto Lakeview Pky. <i>Holiday Inn Express Chicago Nw-Vernon Hills is on the left</i>	Go 0.2 Mi	0.3 mi
	3. Take the 2nd left onto E Townline Rd / IL-60. <i>E Townline Rd is just past Hawthorn Village Commons</i> <i>If you reach E Phillip Rd you've gone about 0.1 miles too far</i>	Go 2.9 Mi	3.2 mi
	4. Merge onto I-94 E toward Indiana (Portions toll). <i>If you reach IL-60 W you've gone about 0.1 miles too far</i>	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
	6. Take the IL-43 / Waukegan Rd exit.	Go 0.3 Mi	12.1 mi
	7. Turn slight right onto IL-43 / Waukegan Rd.	Go 7.3 Mi	19.4 mi
	8. 9000 WAUKEGAN RD. <i>Your destination is 0.2 miles past Church St</i> <i>If you reach Church!!! St you've gone about 0.1 miles too far</i>		19.4 mi
	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

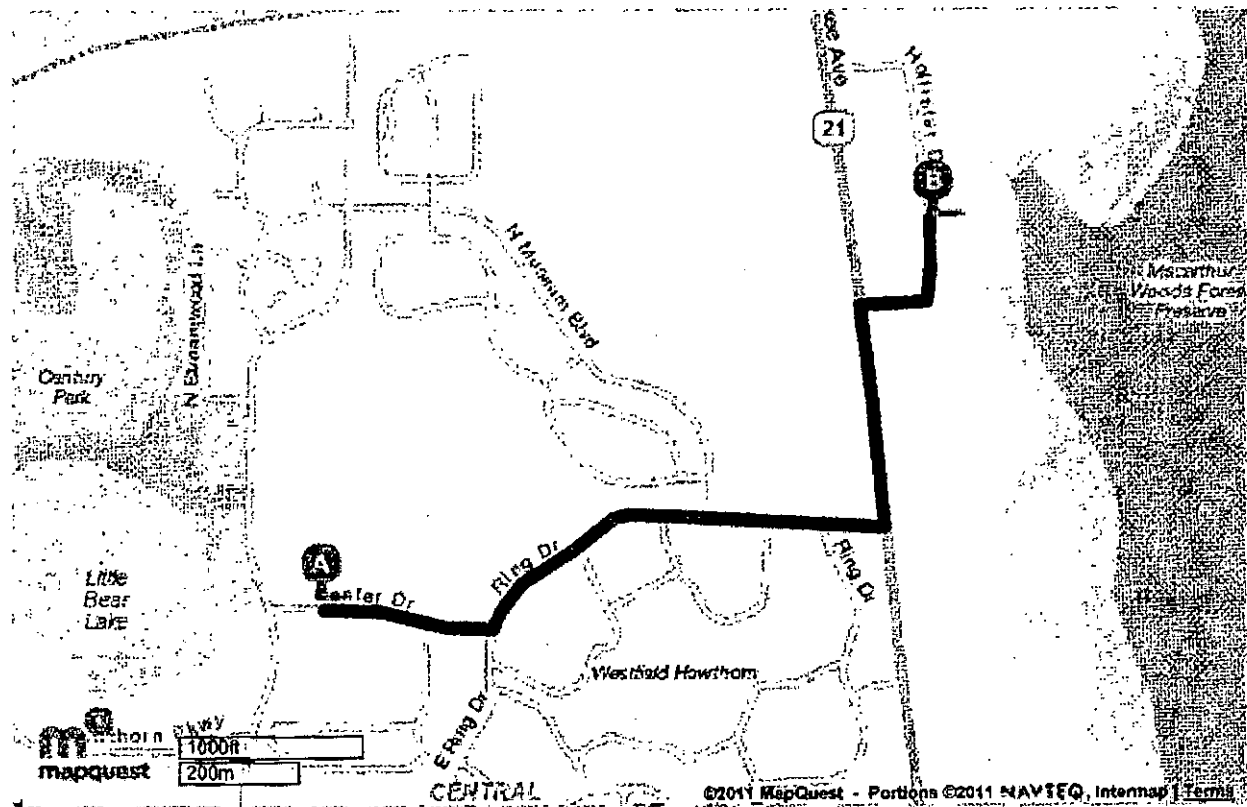
Notes

To: HEALTHSOUTH SURG. CNTR OF
 HAWTHORNE

Grand Oaks Surgery Center

	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
	2. Turn left onto Ring Dr.	Go 0.5 Mi	0.7 mi
	3. Turn left onto IL-21 / N Milwaukee Ave.	Go 0.2 Mi	0.9 mi
	4. Take the 1st right onto Hollister Dr. <i>If you are on S Milwaukee Ave and reach Artalus Pky you've gone about 0.4 miles too far</i>	Go 0.2 Mi	1.1 mi
	5. 1800 HOLLISTER DR is on the right. <i>If you reach IL-21 you've gone about 0.2 miles too far</i>		1.1 mi
	1800 Hollister Dr Libertyville, IL 60048-5263	1.1 mi	1.1 mi

Total Travel Estimate: 1.12 miles - about 3 minutes



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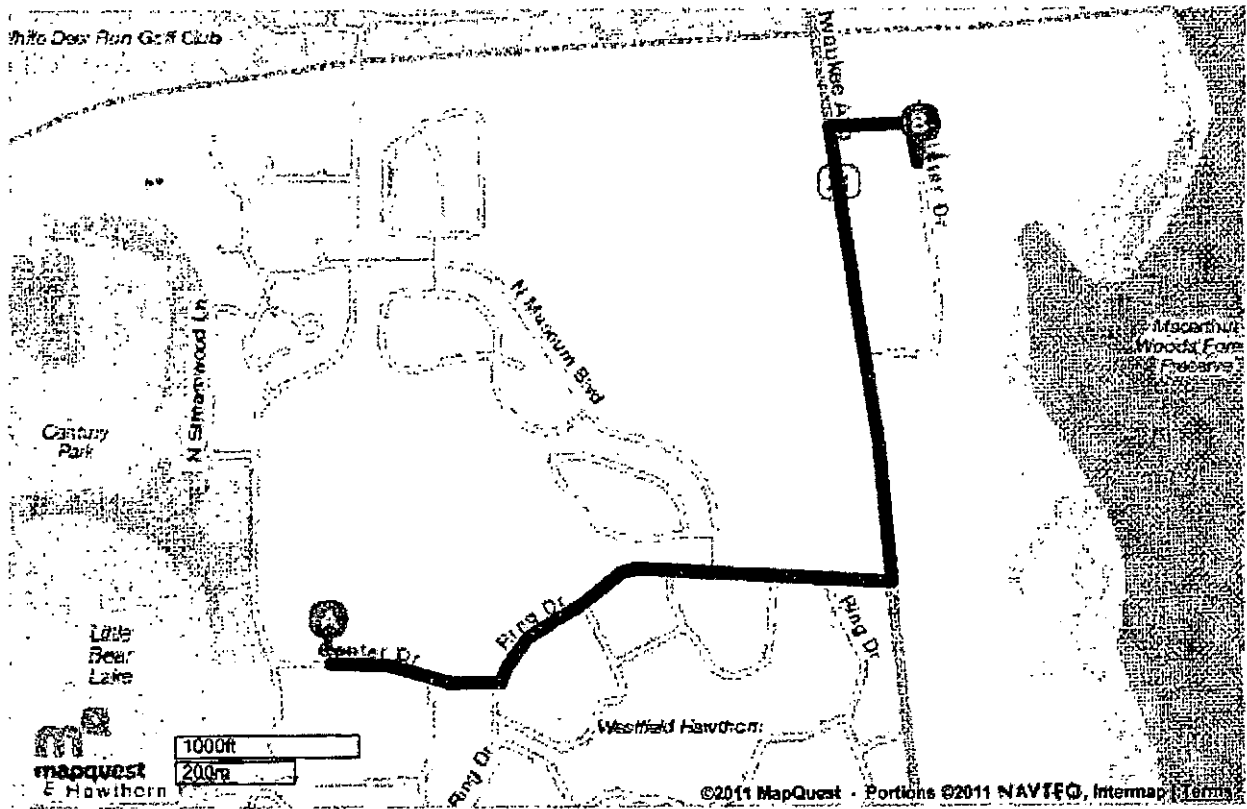


Trip to:
 1900 Hollister Dr
 Libertyville, IL 60048-5227
 1.34 miles
 3 minutes

Notes
 To: VICTORY AMBULATORY SURGERY CENTER
 HealthSouth Surg. CTR of Hawthorne

		Miles Per Section	Miles Driven
	230 Center Dr Vernon Hills, IL 60061-1584		
	1. Start out going east on Center Dr toward New Century St.	Go 0.2 Mi	0.2 mi
	2. Turn left onto Ring Dr.	Go 0.5 Mi	0.7 mi
	3. Turn left onto IL-21 / N Milwaukee Ave.	Go 0.5 Mi	1.2 mi
	4. Take the 2nd right onto Hollister Dr. <i>If you are on S Milwaukee Ave and reach Artaius Pky you've gone about 0.2 miles too far</i>	Go 0.1 Mi	1.3 mi
	5. 1900 HOLLISTER DR is on the left. <i>If you reach N Milwaukee Ave you've gone about 0.2 miles too far</i>		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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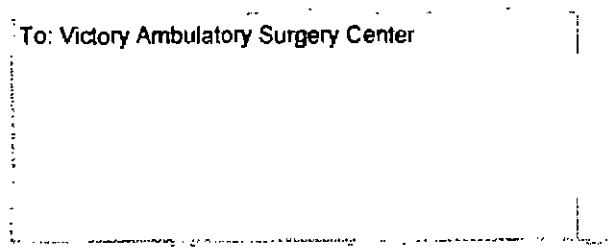
ATTACHMENT-12B



Trip to:
Lindenhurst, IL
14.81 miles
27 minutes

Notes

To: Victory Ambulatory Surgery Center



		Miles Per Section	Miles Driven
	230 Center Dr Vernon Hills, IL 60061-1584		
	1. Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
	2. Turn left onto Lakeview Pky. <i>Holiday Inn Express Chicago Nw-Vernon Hills is on the left</i>	Go 0.2 Mi	0.3 mi
	3. Take the 2nd right onto E Townline Rd / IL-60. <i>E Townline Rd is just past E Hawthorn Pky</i> <i>If you reach E Phillip Rd you've gone about 0.1 miles too far</i>	Go 0.9 Mi	1.2 mi
	4. Turn right onto S Butterfield Rd. <i>S Butterfield Rd is 0.3 miles past Aspen Dr</i> <i>R K Gas Wash Mobil is on the left</i> <i>If you are on Townline Rd and reach McCormick Ave you've gone about 0.2 miles too far</i>	Go 4.8 Mi	6.0 mi
	5. Turn left onto Peterson Rd / IL-137 W. Continue to follow IL-137 W. <i>IL-137 W is 0.1 miles past Old Barn Cir</i> <i>If you reach Braxton Rd you've gone a little too far</i>	Go 1.3 Mi	7.3 mi
	6. Merge onto US-45 N. <i>If you are on IL-137 and reach W Casey Rd you've gone about 0.8 miles too far</i>	Go 5.2 Mi	12.5 mi
	7. Turn left onto W Grand Ave / IL-132. <i>W Grand Ave is 0.1 miles past W Oak Ct</i> <i>Fogcutter is on the corner</i> <i>If you reach Highfield Dr W you've gone about 0.4 miles too far</i>	Go 2.0 Mi	14.5 mi
	8. Turn right onto E Sand Lake Rd. <i>E Sand Lake Rd is 0.1 miles past Hillcrest Ln</i> <i>Linden Union 76 is on the right</i> <i>If you reach Lindenhurst Dr you've gone about 0.2 miles too far</i>	Go 0.05 Mi	14.5 mi
	9. Take the 1st left onto Valley Dr. <i>7-ELEVEN is on the left</i> <i>If you reach S Thomwood Dr you've gone about 0.1 miles too far</i>	Go 0.08 Mi	14.6 mi
	10. Take the 1st right onto Briar Ln. <i>Briar Ln is just past Old Elm Rd</i>		

ATTACHMENT-12B



If you reach Woodlane Dr you've gone a little too far

Go 0.2 Mi 14.8 mi



11. Welcome to LINDENHURST, IL.

14.8 mi

Your destination is just past Sunset Ln

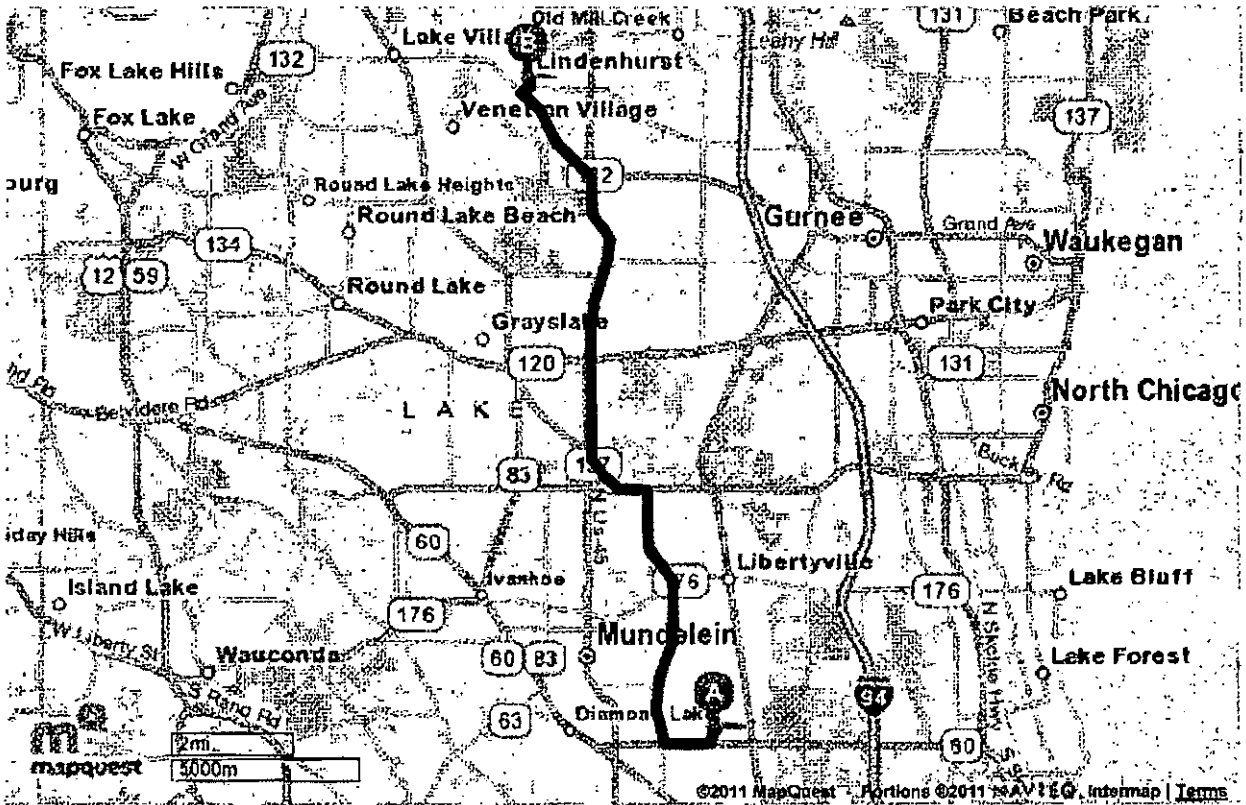
If you reach S Beck Rd you've gone about 0.1 miles too far



Lindenhurst, IL

14.8 mi 14.8 mi

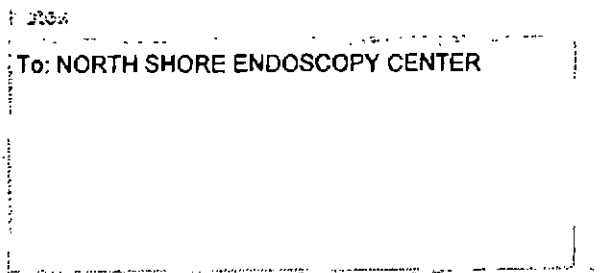
Total Travel Estimate: 14.81 miles · about 27 minutes



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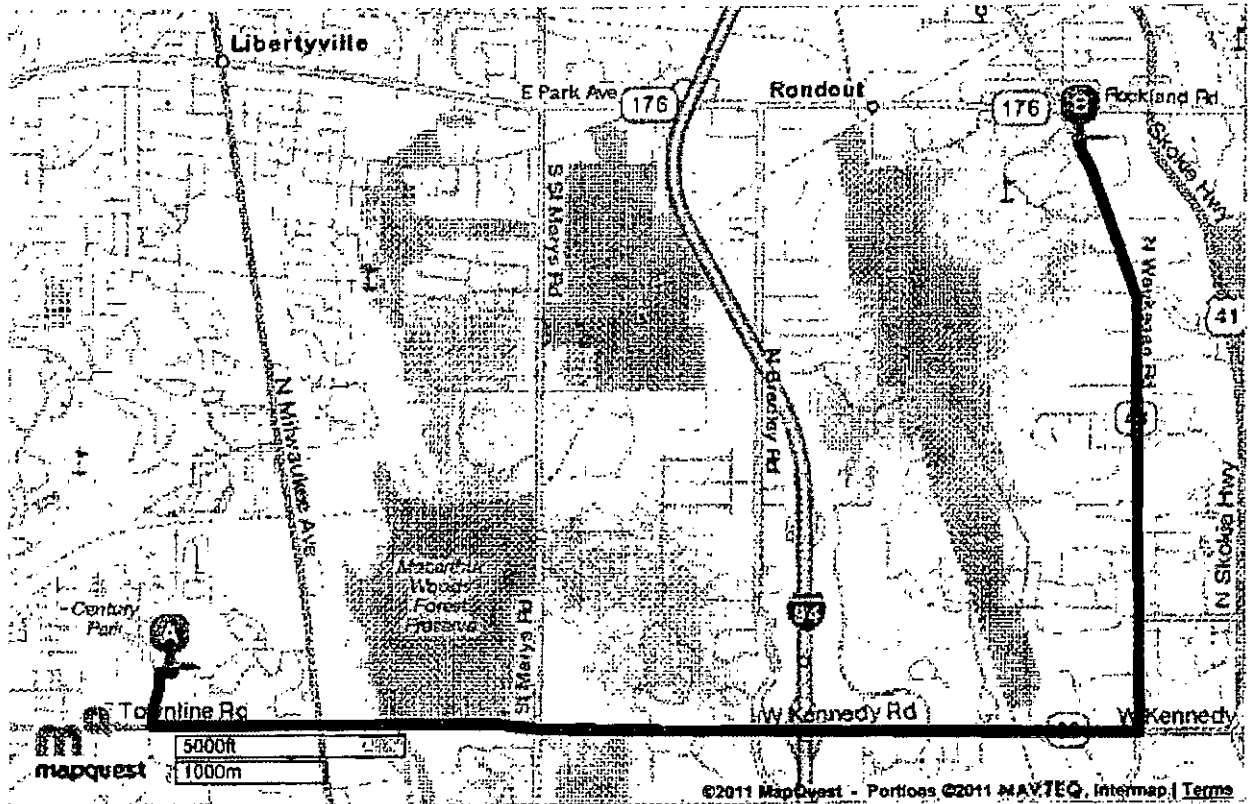


Trip to:
 988 Carriage Park Ln
 Lake Bluff, IL 60044-2215
 7.51 miles
 12 minutes



		Miles Per Section	Miles Driven
	230 Center Dr Vernon Hills, IL 60061-1584		
	1. Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
	2. Turn left onto Lakeview Pky. <i>Holiday Inn Express Chicago Nw-Vernon Hills is on the left</i>	Go 0.2 Mi	0.3 mi
	3. Take the 2nd left onto E Townline Rd / IL-60 E. <i>E Townline Rd is just past Hawthorn Village Commons</i> <i>If you reach E Phillip Rd you've gone about 0.1 miles too far</i>	Go 4.5 Mi	4.8 mi
	4. Turn left onto N Waukegan Rd / IL-43. <i>N Waukegan Rd is 0.7 miles past Academy Rd</i> <i>If you reach S Suffolk Ln you've gone about 0.2 miles too far</i>	Go 2.7 Mi	7.5 mi
	5. Turn right onto Carriage Park Ave. <i>Carriage Park Ave is 0.2 miles past Albrecht Dr</i> <i>Dominick's Finer Foods in Carriage Way Shopping Ctr is on the corner</i> <i>If you reach Knollwood Rd you've gone a little too far</i>	Go 0.02 Mi	7.5 mi
	6. 988 CARRIAGE PARK LN. <i>If you reach N Waukegan Rd you've gone about 0.5 miles too far</i>		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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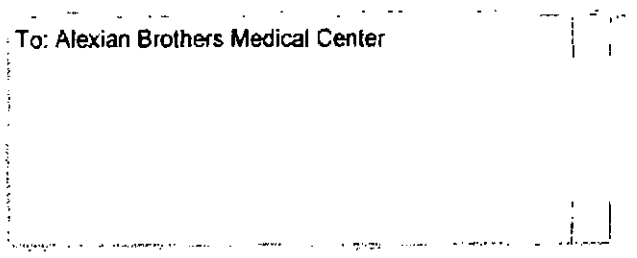
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Trip to:
 800 Biesterfield Rd
 Elk Grove Village, IL 60007-3361
 22.20 miles
 33 minutes

Notes

To: Alexian Brothers Medical Center



		Miles Per Section	Miles Driven
	230 Center Dr Vernon Hills, IL 60061-1584		
	1. Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
	2. Turn left onto Lakeview Pky. <i>Holiday Inn Express Chicago Nw-Vernon Hills is on the left</i>	Go 0.2 Mi	0.3 mi
	3. Take the 2nd right onto E Townline Rd / IL-60. <i>E Townline Rd is just past E Hawthorn Pky</i> <i>If you reach E Phillip Rd you've gone about 0.1 miles too far</i>	Go 1.8 Mi	2.1 mi
	4. Turn left onto S Lake St / US-45. <i>Mc Donald's is on the corner</i> <i>If you reach IL-83 you've gone about 0.3 miles too far</i>	Go 0.3 Mi	2.3 mi
	5. Stay straight to go onto IL-83 S.	Go 4.2 Mi	6.6 mi
	6. Turn slight right onto IL-53. <i>IL-53 is 0.1 miles past Fairfield Dr</i>	Go 3.1 Mi	9.6 mi
	7. Turn left onto Lake Cook Rd. <i>Convenient Food Mart is on the corner</i> <i>If you are on N Hicks Rd and reach E Pennsylvania Dr you've gone a little too far</i>	Go 0.4 Mi	10.0 mi
	8. Take the IL-53 S ramp toward West Suburbs.	Go 0.4 Mi	10.5 mi
	9. Merge onto IL-53-EXT S.	Go 1.2 Mi	11.7 mi
	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



12. Turn left onto Biesterfield Rd. Go 0.7 Mi 22.2 mi
If you reach I-290 E you've gone about 0.3 miles too far



13. Make a U-turn onto Biesterfield Rd. Go 0.02 Mi 22.2 mi

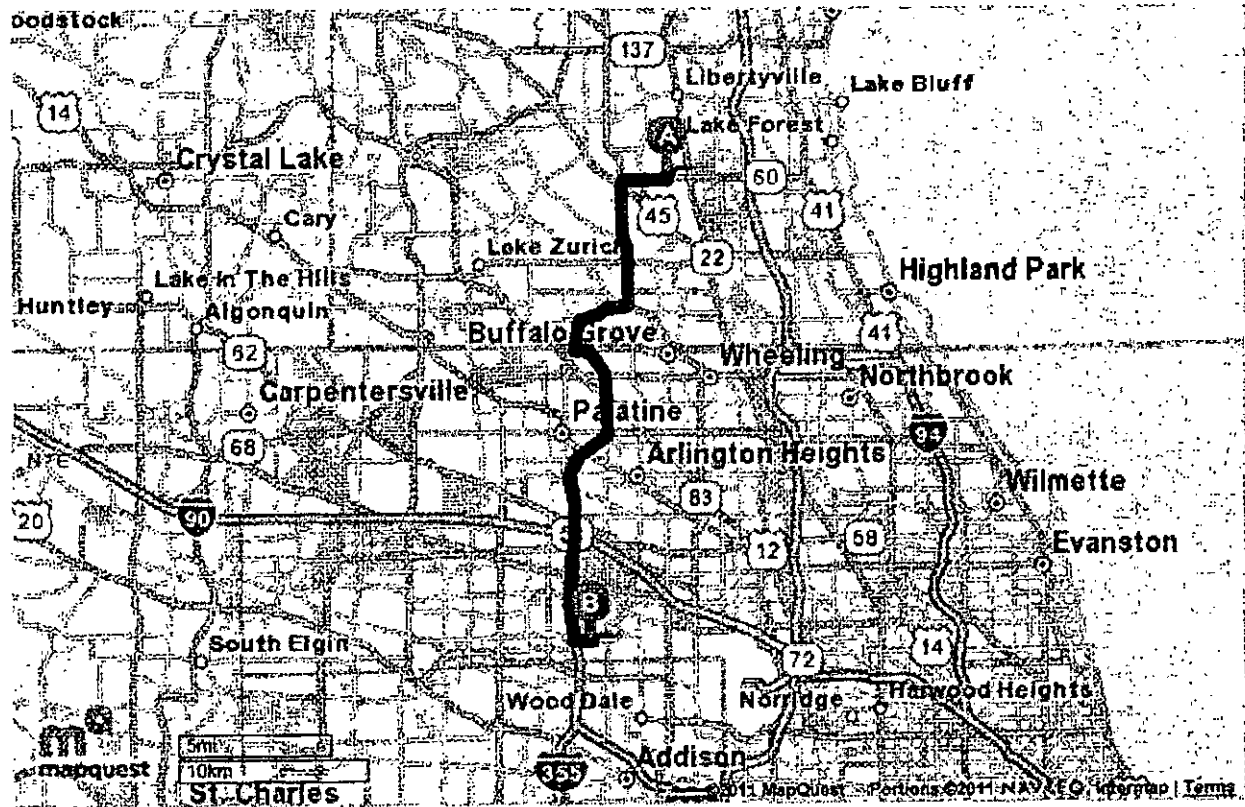


14. **800 BIESTERFIELD RD** is on the right. 22.2 mi
Your destination is just past Alexian Way
If you reach Beisner Rd you've gone about 0.1 miles too far



800 Biesterfield Rd 22.2 mi 22.2 mi
 Elk Grove Village, IL 60007-3361

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

	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
	2. Turn left onto Lakeview Pky. <i>Holiday Inn Express Chicago Nw-Vernon Hills is on the left</i>	Go 0.2 Mi	0.3 mi
	3. Take the 2nd right onto E Townline Rd / IL-60. <i>E Townline Rd is just past E Hawthorn Pky If you reach E Phillip Rd you've gone about 0.1 miles too far</i>	Go 1.8 Mi	2.1 mi
	4. Turn left onto S Lake St / US-45. <i>Mc Donald's is on the corner If you reach IL-83 you've gone about 0.3 miles too far</i>	Go 0.3 Mi	2.3 mi
	5. Stay straight to go onto IL-83 S.	Go 4.5 Mi	6.8 mi
	6. Turn slight right onto N Arlington Heights Rd. <i>N Arlington Heights Rd is 0.2 miles past IL-53</i>	Go 7.6 Mi	14.4 mi
	7. Turn right onto E Central Rd. <i>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</i>	Go 0.6 Mi	15.0 mi
	8. 800 W CENTRAL RD is on the right. <i>Your destination is just past S Ridge Ave If you reach S Dwyer Ave you've gone about 0.3 miles too far</i>		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

		Miles Per Section	Miles Driven
	230 Center Dr Vernon Hills, IL 60061-1584		
	1. Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
	2. Turn left onto Lakeview Pky. <i>Holiday Inn Express Chicago Nw-Vernon Hills is on the left</i>	Go 0.2 Mi	0.3 mi
	3. Take the 2nd left onto E Townline Rd / IL-60. <i>E Townline Rd is just past Hawthorn Village Commons If you reach E Phillip Rd you've gone about 0.1 miles too far</i>	Go 2.9 Mi	3.2 mi
	4. Merge onto I-94 E toward Indiana (Portions toll). <i>If you reach IL-60 W you've gone about 0.1 miles too far</i>	Go 6.1 Mi	9.3 mi
	5. Keep right to take I-294 S toward Indiana-O'Hare (Portions toll).	Go 7.2 Mi	16.5 mi
	6. Take the exit toward IL-58 / Golf Rd.	Go 0.5 Mi	17.0 mi
	7. Turn left onto E River Rd.	Go 0.1 Mi	17.1 mi
	8. Take the 1st left onto IL-58 / E Golf Rd. <i>If you are on Bender Rd and reach W Ballard Rd you've gone about 0.6 miles too far</i>	Go 0.5 Mi	17.6 mi
	9. Turn right onto Potter Rd. <i>Potter Rd is just past N Oak Ln Caruso's Pzza is on the right If you are on IL-58 and reach Elm Ter you've gone a little too far</i>	Go 1.0 Mi	18.6 mi
	10. Turn left onto Dempster St / US-14. <i>Dempster St is 0.1 miles past Prairie Ave If you reach Evergreen Ln you've gone a little too far</i>	Go 0.6 Mi	19.2 mi
	11. Turn left onto Parkside Dr.		

ATTACHMENT-12B



*Parkside 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
Park Ridge, IL 60068-1086

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

Notes

To: Holy Family Hospital

		Miles Per Section	Miles Driven
	230 Center Dr Vernon Hills, IL 60061-1584		
	1. Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
	2. Turn left onto Lakeview Pky. <i>Holiday Inn Express Chicago Nw-Vernon Hills is on the left</i>	Go 0.2 Mi	0.3 mi
	3. Take the 2nd left onto E Townline Rd / IL-60. <i>E Townline Rd is just past Hawthorn Village Commons If you reach E Phillip Rd you've gone about 0.1 miles too far</i>	Go 2.9 Mi	3.2 mi
	4. Merge onto I-94 E toward Indiana (Portions toll). <i>If you reach IL-60 W you've gone about 0.1 miles too far</i>	Go 6.1 Mi	9.3 mi
	5. Keep right to take I-294 S toward Indiana-O'Hare (Portions toll).	Go 7.2 Mi	16.5 mi
	6. Take the exit toward IL-58 / Golf Rd.	Go 0.5 Mi	17.0 mi
	7. Turn left onto E River Rd.	Go 0.1 Mi	17.1 mi
	8. Take the 1st right onto E Golf Rd / IL-58. <i>If you are on Bender Rd and reach W Ballard Rd you've gone about 0.6 miles too far</i>	Go 1.0 Mi	18.0 mi
	9. Take the 2nd right onto N Des Plaines River Rd / US-45 / N River Rd. <i>N Des Plaines River Rd is 0.1 miles past College Dr Golf River is on the corner If you are on E Golf Rd and reach Mary St you've gone about 0.1 miles too far</i>	Go 0.10 Mi	18.1 mi
	10. 100 N RIVER RD is on the left. <i>If you are on N River Rd and reach E Central Rd you've gone about 0.7 miles too far</i>		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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ATTACHMENT-12B



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

Notes

To: Glenbrook Hospital

		Miles Per Section	Miles Driven
	230 Center Dr Vernon Hills, IL 60061-1584		
	1. Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
	2. Turn left onto Lakeview Pky. <i>Holiday Inn Express Chicago Nw-Vernon Hills is on the left</i>	Go 0.2 Mi	0.3 mi
	3. Take the 2nd left onto E Townline Rd / IL-60. <i>E Townline Rd is just past Hawthorn Village Commons</i> <i>If you reach E Phillip Rd you've gone about 0.1 miles too far</i>	Go 2.9 Mi	3.2 mi
	4. Merge onto I-94 E toward Indiana (Portions toll). <i>If you reach IL-60 W you've gone about 0.1 miles too far</i>	Go 6.1 Mi	9.3 mi
	5. Keep right to take I-294 S toward Indiana-O'Hare (Portions toll).	Go 3.6 Mi	12.9 mi
	6. Take the Willow Rd exit.	Go 0.4 Mi	13.3 mi
	7. Turn slight left to take the ramp toward Northbrook / Glenview.	Go 0.03 Mi	13.3 mi
	8. Turn left onto Willow Rd.	Go 1.0 Mi	14.4 mi
	9. Turn right onto Pfingsten Rd. <i>Pfingsten Rd is 0.2 miles past Charlie Ct</i> <i>Einstein Brothers Bagels is on the corner</i> <i>If you reach Quail Ln you've gone about 0.2 miles too far</i>	Go 1.0 Mi	15.4 mi
	10. 2100 PFINGSTEN RD is on the right. <i>Your destination is 0.2 miles past Brett Ln</i> <i>If you reach W Lake Ave you've gone about 0.2 miles too far</i>		15.4 mi
	2100 Pfingsten Rd	15.4 mi	15.4 mi



Glenview, IL 60026-1301

Total Travel Estimate: 15.35 miles - about 24 minutes

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ATTACHMENT-12B



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

Notes

To: Skokie Hospital



Total Travel Estimate: **19.97 miles - about 29 minutes**

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ATTACHMENT-12B



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

Notes

To: Advocate Good Shepherd Hospital

		Miles Per Section	Miles Driven
	230 Center Dr Vernon Hills, IL 60061-1584		
	1. Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 MI	0.06 mi
	2. Turn left onto Lakeview Pky. <i>Holiday Inn Express Chicago Nw-Vernon Hills is on the left</i>	Go 0.2 Mi	0.3 mi
	3. Take the 2nd right onto E Townline Rd / IL-60. <i>E Townline Rd is just past E Hawthorn Pky</i> <i>If you reach E Phillip Rd you've gone about 0.1 miles too far</i>	Go 1.8 MI	2.1 mi
	4. Turn left onto S Lake St / US-45. <i>Mc Donald's is on the corner</i> <i>If you reach IL-83 you've gone about 0.3 miles too far</i>	Go 0.3 Mi	2.3 mi
	5. Stay straight to go onto IL-83 S.	Go 2.8 MI	5.1 mi
	6. Turn right onto IL-22 W. <i>IL-22 W is 0.3 miles past Royal Melbourne Dr</i> <i>If you reach Heather Knoll Ct you've gone about 0.1 miles too far</i>	Go 7.9 Mi	13.0 mi
	7. Turn left onto Haverton Way. <i>Haverton Way is 0.1 miles past IL-59</i> <i>If you reach Century Oaks Dr you've gone about 0.1 miles too far</i>	Go 0.02 Mi	13.0 mi
	8. 100 HAVERTON WAY is on the right.		13.0 mi
	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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Notes

To: Advocate Condell Medical Center

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



		Miles Per Section	Miles Driven
	230 Center Dr Vernon Hills, IL 60061-1584		
	1. Start out going east on Center Dr toward New Century St.	Go 0.2 Mi	0.2 mi
	2. Turn left onto Ring Dr.	Go 0.5 Mi	0.7 mi
	3. Turn left onto IL-21 / N Milwaukee Ave.	Go 2.0 Mi	2.7 mi
	4. Turn right onto Valley Park Dr. <i>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</i>		2.7 mi
	5. 500 VALLEY PARK DR is on the left. <i>If you reach Ardmore Ter you've gone about 0.1 miles too far</i>		2.7 mi
	500 Valley Park Dr Libertyville, IL 60048-3417	2.7 mi	2.7 mi

Total Travel Estimate: 2.65 miles - about 5 minutes

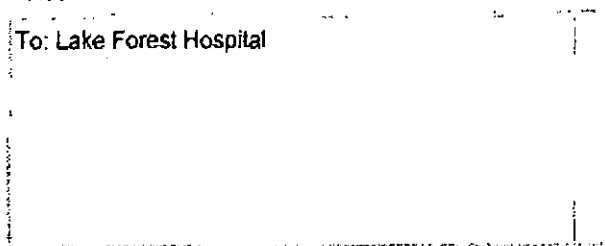
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Trip to:
 660 N Westmoreland Rd
 Lake Forest, IL 60045-1659
 6.03 miles
 10 minutes

Notes

To: Lake Forest Hospital



		Miles Per Section	Miles Driven
	230 Center Dr Vernon Hills, IL 60061-1584		
	1. Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
	2. Turn left onto Lakeview Pky. <i>Holiday Inn Express Chicago Nw-Vernon Hills is on the left</i>	Go 0.2 Mi	0.3 mi
	3. Take the 2nd left onto E Townline Rd / IL-60 E. <i>E Townline Rd is just past Hawthorn Village Commons</i> <i>If you reach E Phillip Rd you've gone about 0.1 miles too far</i>	Go 4.5 Mi	4.8 mi
	4. Turn left onto N Waukegan Rd / IL-43. <i>N Waukegan Rd is 0.7 miles past Academy Rd</i> <i>If you reach S Suffolk Ln you've gone about 0.2 miles too far</i>	Go 0.5 Mi	5.3 mi
	5. Take the 2nd right onto W Deerpath Rd. <i>W Deerpath Rd is 0.2 miles past Melody Rd</i> <i>If you reach Northcliffe Way you've gone about 0.1 miles too far</i>	Go 0.3 Mi	5.7 mi
	6. Take the 2nd left onto N Westmoreland Rd. <i>N Westmoreland Rd is just past Sussex Ln</i> <i>If you reach Deerpath Sq you've gone a little too far</i>	Go 0.4 Mi	6.0 mi
	7. 660 N WESTMORELAND RD is on the left.		6.0 mi
	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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Notes

To: Vista Medical Center East

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



		Miles Per Section	Miles Driven
	230 Center Dr Vernon Hills, IL 60061-1584		
	1. Start out going west on Center Dr toward Lakeview Pky.	Go 0.06 Mi	0.06 mi
	2. Turn left onto Lakeview Pky. <i>Holiday Inn Express Chicago Nw-Vernon Hills is on the left</i>	Go 0.2 Mi	0.3 mi
	3. Take the 2nd left onto E Townline Rd / IL-60 E. <i>E Townline Rd is just past Hawthorn Village Commons If you reach E Phillip Rd you've gone about 0.1 miles too far</i>	Go 5.0 Mi	5.3 mi
	4. Turn left onto US-41 N / N Skokie Hwy.	Go 4.9 Mi	10.2 mi
	5. Turn right onto IL-137 E / Buckley Rd. <i>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</i>	Go 1.5 MI	11.8 mi
	6. Turn left onto IL-137 N / Amstutz Expy. <i>IL-137 N is 0.1 miles past Illinois St If you reach Sheridan Rd you've gone about 0.2 miles too far</i>	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
	8. Take the ramp toward Grand Ave.	Go 0.3 Mi	15.9 mi
	9. Turn left onto Mathon Dr. <i>If you reach N Spring St you've gone about 0.3 miles too far</i>	Go 0.06 Mi	15.9 mi
	10. Turn right onto N Sheridan Rd. <i>Mc Donald's is on the corner If you are on Grand Ave and reach N Genesee St you've gone a little too far</i>	Go 1.0 Mi	17.0 mi
	11. 1324 N SHERIDAN RD is on the left. <i>Your destination is just past W Grove Ave</i>		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

Total Travel Estimate: 16.96 miles - about 30 minutes

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

	<u>Aug</u>	<u>Sept</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>
Pre op	3180	4096	1821	5644	6506	5393	3366	5408	7973	5839	5451	2607
OR			2288	2743	3854	2930	2657	4200	4373	3164	2891	1246
Post Op			725	1891	1766	1707	1268	2386	2898	1906	1829	917
	3180	4096	4834	10278	12126	10030	7291	12004	15244	10909	10171	4770
	53	68.3	80.6	171.3	202.1	167.2	121.5	200.1	254.1	181.8	169.5	79.5

PHYSICIAN REFERRAL

I am interested in utilizing Ritacco Surgery Center an Ambulatory Surgical Treatment Center in Vernon Hills, Illinois.

1a. Total number of surgeries performed:	<u>Aug 1500/yr</u>
1b. Total number within a hospital or licensed surgery center in the past year:	<u>Approx 100</u>
2. Of the total number of surgical procedures identified above, how many could be performed in the proposed surgical center:	<u>50-100%</u>
3. Percentage of my total patients who live within a (thirty) minute drive time of <u>Ritacco Surgery Center</u> in Vernon Hills:	<u>50%</u>

The above numbered procedures are now being performed at the following facilities (include hospitals and freestanding ASTC facilities):

- Alexian Brothers Medical Center _____
- Hoffman Estates Surgery Center _____
- Private Freestanding Office _____

It is estimated that I would refer 50 patients monthly based on my historical procedures and up to 100 patients monthly based on the growth of my practice.

Please indicate where your referrals are currently being performed:

- | | | |
|----|---|---------------------------------------|
| 1. | <u>Inpatient Hospital Procedures</u> | <u>(Percent)</u> |
| | Specify Hospital(s): | <u>ABMC</u> <u>100% of inpatients</u> |
| | | _____ |
| | | _____ |
| 2. | <u>Out Patient Procedures</u> | |
| | Specify Hospital(s)/Free-Standing facilities: | <u>HSC</u> <u>5%</u> |
| | | <u>Office</u> <u>79%</u> |
| | | _____ |
| | | _____ |

Please make a brief comment as to the difficulties in referring patients to the above-mentioned facilities: (Use additional sheets, if needed).

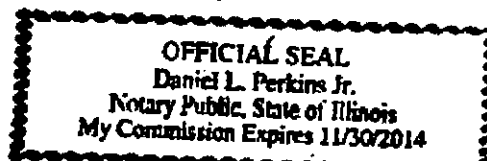
Distance, Facility Patient Flow issues

The undersigned certifies that the representations contained therein are true and accurate.

Physician's Signature [Signature] Date 2/14/11
 (Please Print/Type Name) Jay Joshi, MD

EACH FORM MUST BE NOTARIZED

Notary: [Signature]
February 25, 2011



801 S. Milwaukee Avenue
Libertyville, Illinois 60048-3199
Telephone 847.362.2900
www.advocatehealth.com/condell



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,

A handwritten signature in black ink, appearing to read "Ann Errichetti" with a stylized flourish at the end.

Ann Errichetti, MD MBA
President

ATTACHMENT-12E

John H. Stroger, Jr. Hospital of Cook County

Division of Dermatology



Cook County Bureau of Health Services

Warren W. Piette, M.D., Chairman

May 12, 2011

Health Facility 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,

Jerry Feldman
Jerry Feldman, MD

Director of Dermatologic Surgery
John H. Stroger, Jr. Hospital of Cook County

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

Senior Physicians:
Jerry Feldman, M.D.
Anjeli Isaac, M.D.
David Reid, M.D.

Consulting Physicians:
Sidney Barsky, M.D.
Bruce Bennin, M.D.
Marc Boddicker, M.D.
Daryl M. Bronson, M.D.
George Engel, M.D.

ALTERNATIVES

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

Alternative options must include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

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

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.

ATTACHMENT-13

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 Ritacca Surgery Center an Ambulatory Surgical Treatment Center in Vernon Hills, Illinois.

1a. Total number of surgeries performed:	<u>Avg 1500/yr</u>
1b. Total number within a hospital or licensed surgery center in the past year:	<u>Approx 100</u>
2. Of the total number of surgical procedures identified above, how many could be performed in the proposed surgical center:	<u>50-100%</u>
3. Percentage of my total patients who live within a (thirty) minute drive time of <u>Ritacca Surgery Center</u> in Vernon Hills:	<u>50%</u>

The above numbered procedures are now being performed at the following facilities (include hospitals and freestanding ASTC facilities):

- Alexian Brothers Medical Center _____
- Hoffman Estates Surgery Center _____
- Private Freestanding Office _____

It is estimated that I would refer 60 patients monthly based on my historical procedures and up to 100 patients monthly based on the growth of my practice.

Please indicate where your referrals are currently being performed:

- | | | |
|---|------------------|---------------------------|
| 1. <u>Inpatient Hospital Procedures</u> | <u>(Percent)</u> | |
| Specify Hospital(s): | <u>ABMC</u> | <u>100% of inpatients</u> |
| | _____ | _____ |
| | _____ | _____ |
| 2. <u>Out Patient Procedures</u> | | |
| Specify Hospital(s)/Free-Standing facilities: | <u>HSC</u> | <u>15%</u> |
| | <u>Office</u> | <u>79%</u> |
| | _____ | _____ |

Please make a brief comment as to the difficulties in referring patients to the above-mentioned facilities: (Use additional sheets, if needed).

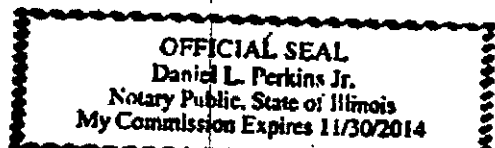
Distance, Facility Patient flow issues

The undersigned certifies that the representations contained therein are true and accurate.

Physician's Signature [Signature] Date 2/14/11
 (Please Print/Type Name) Jay Jeshi MD

EACH FORM MUST BE NOTARIZED

Notary: [Signature]
 February 25, 2011



ILLINOIS AMBULATORY SURGICAL TREATMENT CENTER SUMMARY CALENDAR YEAR 2009

Health Service Area 008

Health Service Area 008		NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
		PAYMENT SOURCE	MALE	FEMALE	TOTAL
Number of Ambulatory Surgical Treatment Centers	11	Medicaid	73	145	218
Number of Operating Rooms	31	Medicare	4,204	5,299	9,503
Number of Procedure Rooms	18	Other Public	940	1,727	2,667
Number of Recovery Stations Stage 1	59	Insurance	12,538	13,274	25,812
Number of Recovery Stations Stage 2	82	Private Pay	221	315	536
Number of Exam Rooms	5	Charity Care	15	28	43
Type of Ownership		TOTAL	17,991	20,788	38,779
For Profit	11				
Not For Profit	0				
Government	0				

NET REVENUE BY PAYOR SOURCE for Fiscal Year

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of 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	133,998	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES PERFORMED	SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)	TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	1	1	0.20	1.20	1.20
Dermatology	78	46	19.40	65.40	0.84
Gastroenterology	0	0	0.00	0.00	0.00
General	1,736	1,848	778.60	2,626.99	1.51
Laser Eye	0	0	0.00	0.00	0.00
Neurological	310	162	73.30	235.30	0.76
OB/Gynecology	1,270	1,307	388.75	1,695.57	1.34
Ophthalmology	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	9,613.96	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	16,814	6,179.45	21,993.84	1.13

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	9.00
Physicians	0.00
Nurse Anesthetists	3.60
Dir. of Nurses	10.00
Reg. Nurses	116.00
Certified Aides	6.00
Other Hlth. Profs.	37.95
Other Non-Hlth. Profs.	55.55
TOTAL	238.10

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)	TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0.00	0.00	0.00	0.00
Gastro-Intestinal	13	17,742	9,051.49	7,455.00	16,506.49	0.93
Laser Eye	3	257	28.72	9.00	37.72	0.15
Pain Management	2	1,354	341.34	9,424.75	9,766.09	7.21
TOTALS	18	19,353	9,421.55	16,888.75	26,310.30	1.36

ATTACHMENT-13B

Source: Ambulatory Surgical Treatment Center Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development

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.

UTILIZATION					
	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:

<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Obstetrics/Gynecology	<input checked="" type="checkbox"/> Pain Management (proposed)
<input type="checkbox"/> Dermatology	<input checked="" type="checkbox"/> Ophthalmology (existing)	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Oral/Maxillofacial	<input type="checkbox"/> Thoracic
<input type="checkbox"/> General/Other	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Neurology	<input checked="" type="checkbox"/> Plastic (existing)	<input type="checkbox"/> Urology

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

2. Criterion 1110.1540(b), Target Population

Read the criterion and provide the following:

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.

ATTACHMENT-27

- 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..

ATTACHMENT-27

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-27

map

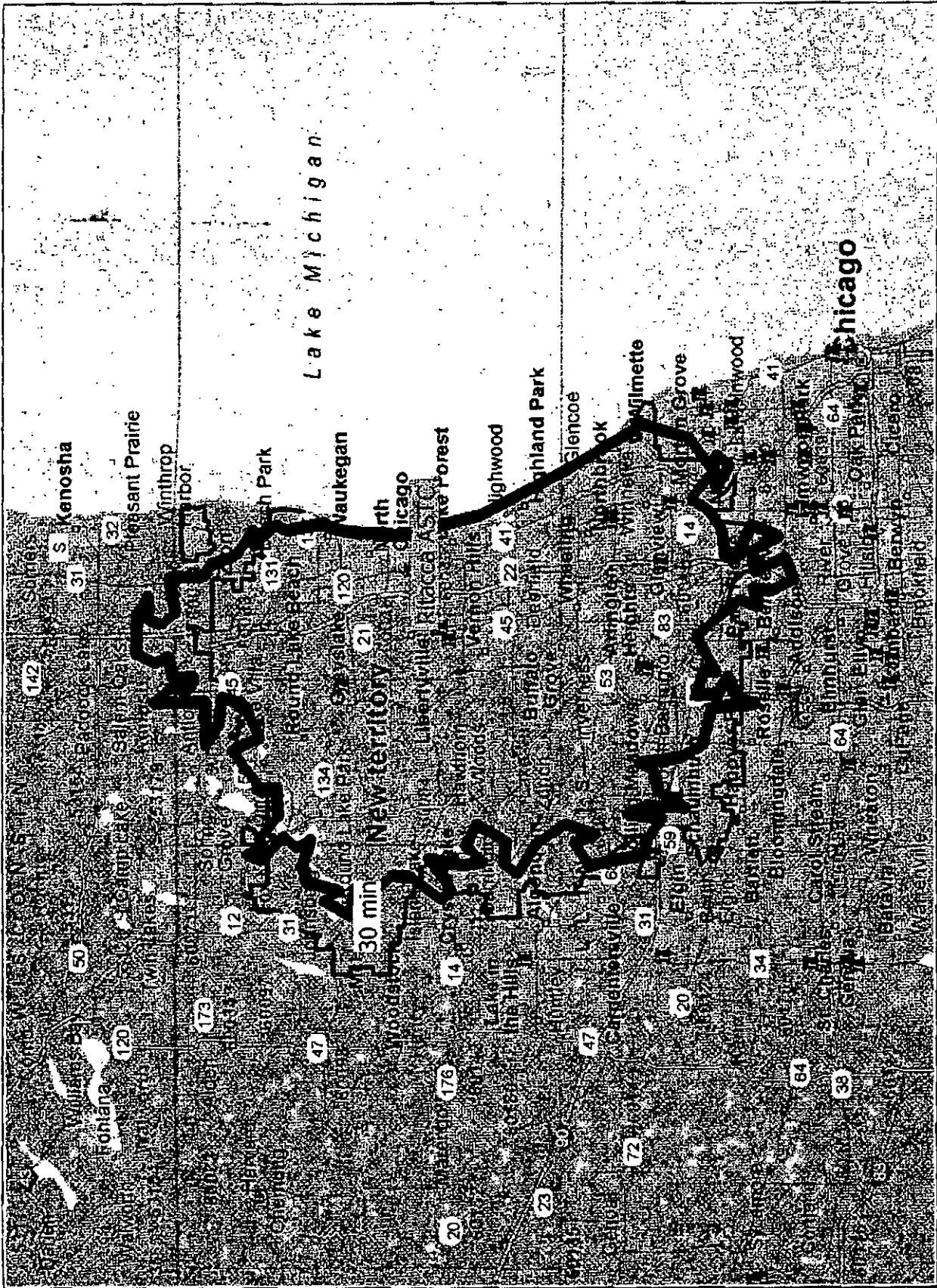
Area in Square Miles by ZIP Code

120,000

32.9

0.009

- Custom territories
- New territory
- Pushpins
- ASTC GIS
- My pushpins



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

<u>ZIP Code</u>	<u>Population</u>	<u>ZIP Code</u>	<u>Population</u>
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	n/a	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	41,366
60084	16,121	60192	1,775
60031	37,461	60107	35,638
60085	72,937	60193	41,099
60048	28,562		<u>1,543,711</u>
60030	32,340		
60088	13,319		
60044	15,516		
60073	39,115		
60041	9,286		
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		

CHARLES H. FOLEY & ASSOCIATES, INC.

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

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.

Thank you.

Sincerely,



John P. Kniery
Health Care Consultant



Health Care Consulting

CHARLES H. FOLEY & ASSOCIATES INC.

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

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

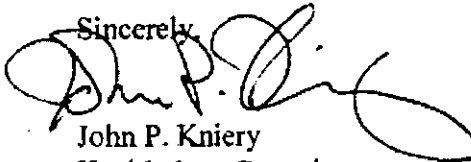
Re: Certificate of Need for the Additional of a
surgical specialty to Ritacca Laser Center.

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.

Sincerely,

John P. Kniery
Health Care Consultant



Health Care Consulting

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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

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.

Sincerely,



John P. Kriery
Health Care Consultant



Health Care Consulting

CHARLES H. FOLEY & ASSOCIATES INC.

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

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.

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.

Sincerely,



John P. Kniery
Health Care Consultant



Health Care Consulting

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217/544-1551 • Fax: 217/544-3815 • E-mail: foley.associates@sbcglobal.net

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.

Sincerely,



John P. Knierly
Health Care Consultant



Health Care Consulting

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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

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.

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.

Sincerely,

John P. Kniery
Health Care Consultant



Health Care Consulting

CHARLES H. FOLEY & ASSOCIATES INC.

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

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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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

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 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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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

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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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

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

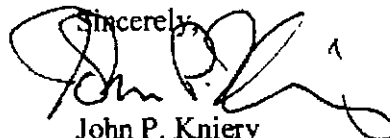
**Re: Certificate of Need for the Additional of a
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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

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, however, the addition of this third specialty requires a CON application.

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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.

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Health Care Consultant



Health Care Consulting

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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

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

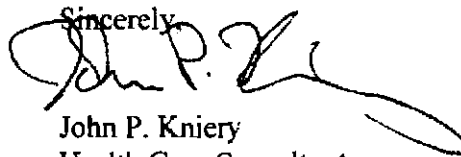
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217/544-1551 • Fax: 217/544-3815 • E-mail: foley.associates@sbcglobal.net

SENT VIA CERTIFIED U.S. MAIL

September 29, 2011

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

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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John P. Kniery
Health Care Consultant



Health Care Consulting

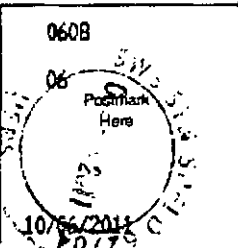
7010 2780 0000 8789 1446

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Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.59	10/06/2011



Sent To: **Advocate Condell Medical Center**
 Street, Apt. No., or PO Box No.: **501 South Milwaukee Avenue**
 City, State, ZIP+4: **Libertyville, IL 60048**

PS Form 3800, August 2005 See Reverse for Instructions

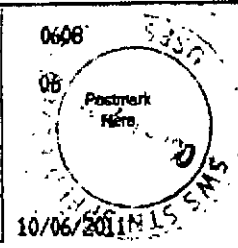
7010 3090 0001 8635 9824

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

DES PLAINES IL 60016 OFFICIAL USE

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Certified Fee	\$2.85	06
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.59	10/06/2011



Sent To: **DIMENSIONS MEDICAL CTR, LTD**
 Street, Apt. No., or PO Box No.: **1455 GOLF ROAD**
 City, State, ZIP+4: **Des Plaines, IL 60016-2237**

PS Form 3800, August 2005 See Reverse for Instructions

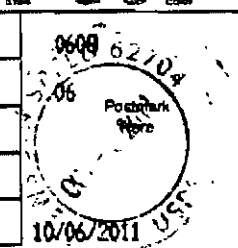
7010 3090 0001 8635 9756

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

GLENDVIEW IL 60026 OFFICIAL USE

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Certified Fee	\$2.85	06
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.59	10/06/2011



Sent To: **GLENBROOK HOSPITAL**
 Street, Apt. No., or PO Box No.: **2100 PTINGSTEN ROAD**
 City, State, ZIP+4: **GLENDVIEW, IL 60025**

PS Form 3800, Aug 05 2005 See Reverse for Instructions

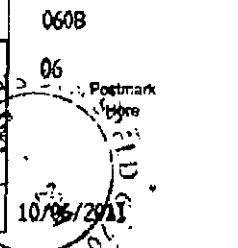
EST 1689 0000 8789 1453

U.S. Postal Service
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For delivery information visit our website at www.usps.com

HIGHLAND PARK IL 60035 OFFICIAL USE

Postage	\$ 0.44	0608
Certified Fee	\$2.85	06
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.59	10/06/2011



Sent To: **Highland Park Hospital**
 Street, Apt. No., or PO Box No.: **777 Park Avenue West**
 City, State, ZIP+4: **Highland Park, IL 60035**

PS Form 3800, August 2005 See Reverse for Instructions

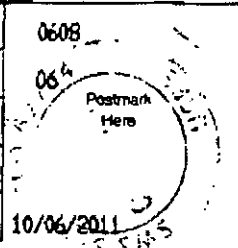
5225 3090 0001 8635 9725

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

BARRINGTON IL 60015 OFFICIAL USE

Postage	\$ 0.44	0608
Certified Fee	\$2.85	06
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.59	10/06/2011



Sent To: **Advocate Good Shepherd Hospital**
 Street, Apt. No., or PO Box No.: **100 HAVERTON WAY**
 City, State, ZIP+4: **BARRINGTON, IL 60015**

PS Form 3800, August 2005 See Reverse for Instructions

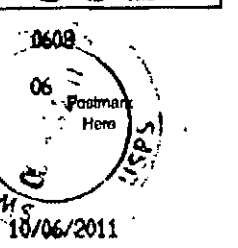
1289 5225 3090 0001 8635 9707

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DES PLAINES IL 60016 OFFICIAL USE

Postage	\$ 0.44	0608
Certified Fee	\$2.85	06
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.59	10/06/2011



Sent To: **Foot & Ankle Surgery Center**
 Street, Apt. No., or PO Box No.: **1455 GOLF ROAD**
 City, State, ZIP+4: **Des Plaines, IL 60016-1253**

PS Form 3800, August 2005 See Reverse for Instructions

7010 3090 0001 8635 9794
7010 3090 0001 8635 9800
7010 3090 0001 8635 9827
7010 3090 0001 8635 9827

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Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.59	

Sent To
RAVINE WAY SURGERY CTR
Street, Apt. No., or PO Box No. **2350 RAVINE WAY**
City, State, ZIP+4® **GLENVIEW, IL 60025**

PS Form 3800, August 2006 See Reverse for Instructions

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Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.59	

Sent To
The GLEN ENDOSCOPY CENTER
Street, Apt. No., or PO Box No. **2551 COMPASS ROAD**
City, State, ZIP+4® **GLENVIEW, IL 60026**

PS Form 3800, August 2006 See Reverse for Instructions

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Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.59	

Sent To
GOLF SURGICAL CENTER
Street, Apt. No., or PO Box No. **8901 GOLF ROAD**
City, State, ZIP+4® **DES PLAINES, IL 60016-4000**

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8635 9762
7010 3090 0001 8635 9770
7010 3090 0001 8635 9787
7010 3090 0001 8635 9787

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Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.59	

Sent To
HOLY FAMILY HOSPITAL
Street, Apt. No., or PO Box No. **100 NORTH RIVER ROAD**
City, State, ZIP+4® **DES PLAINES, IL 60016-1278**

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
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Postage	\$ 0.44	0608 06 Postmark Here 10/06/2011
Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.59	

Sent To
HEALTHSOUTH SURG. CTR of HAWTHORNE
Street, Apt. No., or PO Box No. **1900 HOLLISTER DRIVE**
City, State, ZIP+4® **LIBERTYVILLE, IL 60048**

PS Form 3800, August 2006 See Reverse for Instructions

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Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.59	

Sent To
GRAND PAKS SURGERY CENTER
Street, Apt. No., or PO Box No. **1800 HOLLISTER DR**
City, State, ZIP+4® **LIBERTYVILLE, IL 60048**

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8635 9695

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

Postage	\$ 0.44
Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.59

0608
06
Postmark Here
10/06/2011

Sent To Lake Forest Hospital
 Street, Apt. No. or PO Box No. 660 N Westmoreland
 City, State, ZIP+4 Lake Forest, IL 60045

PS Form 3800, August 2005 See Reverse for Instructions

7010 2780 0000 8789 3439

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$ 0.44
Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.59

0608
06
Postmark Here
10/06/2011

Sent To The Lake Bluff, Illinois
Endoscopy Center
 Street, Apt. No. or PO Box No. 101 So. Waukegan, Suite 980
 City, State, ZIP+4 Lake Bluff, IL 60044-1687

PS Form 3800, August 2005 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DIMENSIONS MEDICAL
CENTER, LTD.
455 Goff Road
Des Plaines, IL
60014-2237

2. Article Number

7010 3090 0001 8635 9824

(Transfer from service label)

Domestic Return Receipt

102595-02-44-1540

133

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ZAVINE WAY SURGERY
CENTER
1350 RAVINE WAY
ELEVATION, IL 60025

2. Article Number

7010 3090 0001 8635 9794

(Transfer from service label)

Domestic Return Receipt

102595-02-44-1540

COMPLETE THIS SECTION ON DELIVERY

- Signature Agent
- Received by (Printed Name) Address
- Date of Delivery Yes No
- Is delivery address different from item 1? Yes No

3. Service Type

Certified Mail
 Registered
 Insured Mail
 C.O.D.
 Restricted Delivery? (Extra Fee) Yes

Express Mail
Return Receipt for Merchandise
C.O.D.
Restricted Delivery? (Extra Fee) Yes

7010 3090 0001 8635 9824

Domestic Return Receipt

102595-02-44-1540

COMPLETE THIS SECTION ON DELIVERY

- Signature Agent
- Received by (Printed Name) Address
- Date of Delivery Yes No
- Is delivery address different from item 1? Yes No

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 Insured Mail
 C.O.D.
 Restricted Delivery? (Extra Fee) Yes

Express Mail
Return Receipt for Merchandise
C.O.D.
Restricted Delivery? (Extra Fee) Yes

7010 3090 0001 8635 9794

Domestic Return Receipt

102595-02-44-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Highland Park Hospital
777 Park Avenue West
Highland Park, IL
60035

2. Article Number

7010 2780 0000 8789 1453

(Transfer from service label)

Domestic Return Receipt

102595-02-44-154

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Laser Bluff Endoscopy
Center
101 South Waukegan,
Suite 980
Lake Bluff, IL 60044
1687

2. Article Number

7010 2780 0000 8789 1439

(Transfer from service label)

Domestic Return Receipt

102595-02-44-1540

COMPLETE THIS SECTION ON DELIVERY

- Signature Agent
- Received by (Printed Name) Address
- Date of Delivery Yes No
- Is delivery address different from item 1? Yes No

3. Service Type

Certified Mail
 Registered
 Insured Mail
 C.O.D.
 Restricted Delivery? (Extra Fee) Yes

Express Mail
Return Receipt for Merchandise
C.O.D.
Restricted Delivery? (Extra Fee) Yes

7010 2780 0000 8789 1453

Domestic Return Receipt

102595-02-44-154

COMPLETE THIS SECTION ON DELIVERY

- Signature Agent
- Received by (Printed Name) Address
- Date of Delivery Yes No
- Is delivery address different from item 1? Yes No

3. Service Type

Certified Mail
 Registered
 Insured Mail
 C.O.D.
 Restricted Delivery? (Extra Fee) Yes

Express Mail
Return Receipt for Merchandise
C.O.D.
Restricted Delivery? (Extra Fee) Yes

7010 2780 0000 8789 1439

Domestic Return Receipt

102595-02-44-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

HOLY FAMILY HOSPITAL
100 NORTH RIVER RD
DEER PLAINES, ILL.
60016-1878

2. Article Number

(Transfer from service label)

7010 3090 0001 8635 9763

PS Form 3811, February 2004

Domestic Return Receipt

10298-0

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GRAND OAKS
Surgery Center
1800 Hallister Dr.
Libertyville, IL 60048

2. Article Number

(Transfer from service label)

7010 3090 0001 8635 9787

PS Form 3811, February 2004

Domestic Return Receipt

10298-02-44-1040

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* Yes No
- B. Received by (Printed Name) *[Name]* No
- C. Date of Delivery 10-11-11
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

- 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
- 4. Restricted Delivery? (Extra Fee) Yes No

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* Yes No
- B. Received by (Printed Name) *[Name]* No
- C. Date of Delivery 10-11-11
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

- 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
- 4. Restricted Delivery? (Extra Fee) Yes No

10298-02-44-1040

TE96 5E99 T000 060E 0T02

Domestic Return Receipt

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* Yes No
- B. Received by (Printed Name) *[Name]* No
- C. Date of Delivery 10-11-11
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

- 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
- 4. Restricted Delivery? (Extra Fee) Yes No

10298-02-44-1040

0096 5E99 T000 060E 0T02

Domestic Return Receipt

PS Form 3811, February 2004

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Glen Endoscopy
Center
1551 COMPASS ROAD
SUNVIEW, FL 33026

2. Article Number

(Transfer from service label)

0096 5E99 T000 060E 0T02

PS Form 3811, February 2004

Domestic Return Receipt

10298-02-44-1040

SENDER: COMPLETE THIS SECTION

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

2. Article Number (Transfer from service label) **7010 3090 0001 8635 9756**

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

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed
 Received by (Printed Name) **Steve Nunez**

C. Date of Delivery **10-11-11**

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

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

2. Article Number (Transfer from service label) **7010 3090 0001 8635 9770**

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

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed
 Received by (Printed Name) **Steve Nunez**

C. Date of Delivery **10-11-11**

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

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

SENDER: COMPLETE THIS SECTION

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

2. Article Number (Transfer from service label) **7010 3090 0001 8635 9770**

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

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed
 Received by (Printed Name) **Steve Nunez**

C. Date of Delivery **10-11-11**

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

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

SENDER: COMPLETE THIS SECTION

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

2. Article Number (Transfer from service label) **7010 3090 0001 8635 9770**

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

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed
 Received by (Printed Name) **Steve Nunez**

C. Date of Delivery **10-11-11**

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

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

102595-02-M-1540 S. Form 3811, February 2004

102595-02-M-1540 S. Form 3811, February 2004

102595-02-M-1540 S. Form 3811, February 2004

102595-02-M-1540 S. Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Advocate Good
Shepherd Hospital
100 HAVERTON WAY
BARRINGTON, ILL 60010

2. Article Number
(Transfer from service label)

7010 3090 0001 8635 9725

PS Form 3811, February 2004

Domestic Return Receipt

102599-02-M-104

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X R. Keelin

Agent
 Addressee

B. Received by (Printed Name)

ROBERT KERRA

C. Date of Delivery

10-12-11

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GOLF SURGICAL CTR
8901 GOLF ROAD
DES PLAINES, ILL
60016-4000

2. Article Number
(Transfer from service label)

7010 3090 0001 8635 9817

PS Form 3811, February 2004

Domestic Return Receipt

102599-02-M-104

Pain Management Procedures
By CPT Codes

15-20 minutes 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
64421 Intercostal nerves, multiple
64470 Cervical/thoracic facet joint or jt nerve, single
64472 Cervical/thoracic face, each addt'l level
64475 Lumbar/sacral facet joint or jt nerve, single
64476 Lumbar/sacral, each addt'l level
64483 Lumbar/sacral transforaminal, single level
64484 Lumbar/sacral transforaminal, each addt'l level
64510 Stellate ganglion block

64520 Lumbar/Thoracic sympathetic block

30-40 minute 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

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

Pain Management Procedures
By CPT Codes and Charges

Top Procedures	Description	Current Local Medicare	Current Billed Charges	Anthem Reimbursement
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	\$1,225.00
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
62310	Cervical epidural	\$269.19	\$2,959.80	\$1,225.00
63650	Spine stim, trial	\$3,394.54	\$34,959.60	\$1,225.00

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 Code, Chapter II, Section 1110.1540.g of Subchapter A).

Sincerely,



Daniel J. Ritacca, M.D.

Notarized

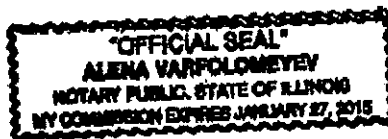
Date:

Subscribed and sworn to before me, this 18th
day of October, a Notary Public
in and for State County,
State of Illinois

Alena Varpolomeyev
(Signature)

NOTARY PUBLIC

My Commission Expires January 27, 2015



ATTACHMENT-27F

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

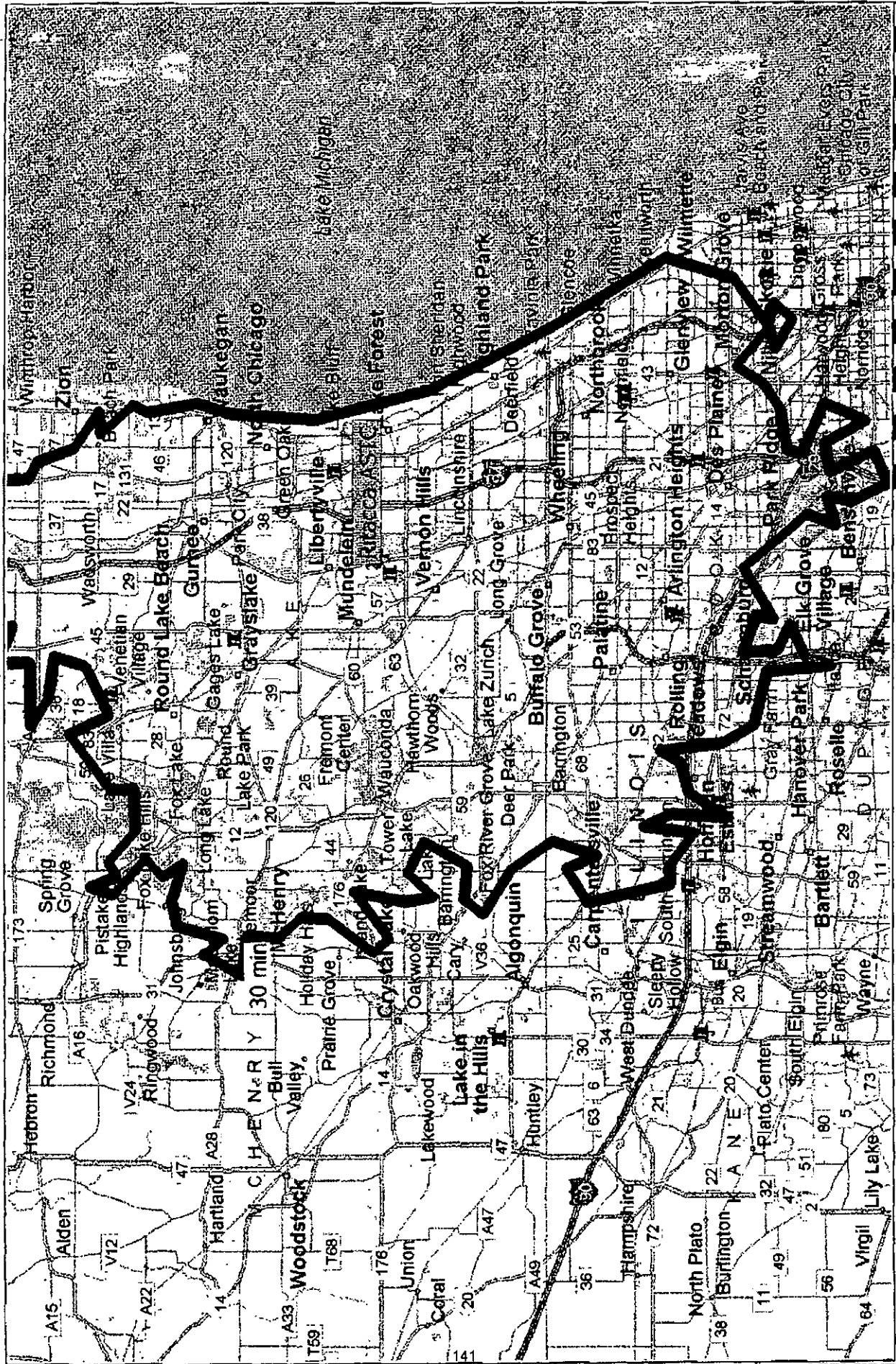
2009													
Key	Name	City	# of OR's	Total Surgeries	Surgery Time	Prep/Clean-up	Total Surg. Time	Utilization %	OR's Justified	# of Procedure Rms	Surg. & Prep/Clean-up Time	PR's Justified	Type of License
42	FOOT & ANKLE SURGICAL CENTER	DES PLAINES	3	1,014	588	422.5	1,018.5	28%	0.7	0	0	0	0.1 S
28	DIMENSIONS MEDICAL CENTER, LTD	DES PLAINES	2	2,058	1531	2058	3,587.0	96%	2.4	0	0	0	0.1 S
48	GOLF SURGICAL CENTER	DES PLAINES	5	5,597	3397	2808	6,003.0	89%	4.0	3	415.8	0	0.3 MS
128	THE GLEN ENDOSCOPY CENTER	GLENVIEW	0						0.0	3	2955	0	2.0 LS
100	Ravine Way Surgery Center	Glenview	3	1,570	1178	393	1,571.0	48%	1.0	1	0	0	0.1 S
104	RITACCA LASER CENTER	VERNON HILLS	2	122	82	28	110.0	5%	0.1	0	0	0	0.1 S
51	HEALTHSOUTH SURG. CNTR OF HAWTHORN/LIBERTYVILLE	LIBERTYVILLE	3	2,491	1578	498.7	2,074.7	72%	1.4	0	0	0	0 MS
72	NORTH SHORE ENDOSCOPY CENTER	LAKE BLUFF	0						0.0	2	351.6	0	2.3 LS
			18	12,850	8380	6004.2	14,364.2	43%	9.6	9	6885.6	4.6	
47	Grand Oaks Surgery Center*	Libertyville	1					0	0.0				LS
KEY	NAME	CITY	# of OR's	Total Surgeries	Surgery Time	Prep/Clean-up	Total Surg. Time	Utilization %	OR's Justified				
60	Holy Family Hospital	Des Plaines	2	1,814			1,817.0	51%	1.3				
43	Glenbrook Hospital	Glenview	9	8,303			11,848.0	70%	7.8				
5	Advocate Good Shepherd Hospital	Barrington	12	9,347			19,405.0	86%	12.9				
24	Condell Medical Center	Libertyville	12	9,930			20,335.0	90%	13.0				
81	Lake Forest Hospital	Lake Forest	7	8,491			13,565.0	103%	9.0				
58	Highland Park Hospital	Highland Park	11	8,363			11,328.0	55%	7.8				
			53	48,068			78,389.0	79%	82.3				

Sources: Ambulatory Surgical Treatment Center Profiles for Year 2009, Health Systems Development, Illinois Department of Public Health
* Certificate of Need applications on file with the Health Facilities Planning Board

2010													
Key	Name	City	# of OR's	Total Surgeries	Surgery Time	Prep/Clean-up	Total Surg. Time	Utilization %	OR's Justified	# of Procedure Rms	Surg. & Prep/Clean-up Time	PR's Justified	Type of License
42	FOOT & ANKLE SURGICAL CENTER	DES PLAINES	3	1,010	594.25	415.75	1,010.0	29%	0.7	0	0	0	0.1 S
28	DIMENSIONS MEDICAL CENTER, LTD.	DES PLAINES	2	1,785	1314.25	1765	3,079.3	82%	2.1	0	0	0	0.1 S
46	GOLF SURGICAL CENTER	DES PLAINES	5	4,124	3111.45	2062	6,173.5	77%	3.4	3	1193.5	0	0.8 MS
128	THE GLEN ENDOSCOPY CENTER	GLENVIEW	0							3	3028	0	2.0 LS
100	Ravine Way Surgery Center	Glenview	3	1,723	1292	414	1,706.0	54%	1.1	1	0	0	0.1 S
104	RITACCA LASER CENTER	VERNON HILLS	2	630	593	372.1	965.1	33%	0.6	0	0	0	0.1 S
51	HEALTHSOUTH SURG. CNTR OF HAWTHORN/LIBERTYVILLE	LIBERTYVILLE	3	2,721	1684	1380.5	3,024.5	78%	2.0	0	0	0	0 MS
72	NORTH SHORE ENDOSCOPY CENTER	LAKE BLUFF	0						0.0	2	341.3	0	2.3 LS
			18	11,973	8568.95	6380.35	14,958.3	44%	10.0	9	7632.5	6.1	
47	Grand Oaks Surgery Center*	Libertyville	1					0	0.0				LS
KEY	NAME	CITY	# of OR's	Total Surgeries	Surgery Time	Prep/Clean-up	Total Surg. Time	Utilization %	OR's Justified				
60	Holy Family Hospital	Des Plaines	2	1,802			1,778.0	47%	1.2				
43	Glenbrook Hospital	Glenview	9	6,717			12,455.0	74%	6.3				
5	Advocate Good Shepherd Hospital	Barrington	12	9,574			19,568.0	87%	13.0				
24	Condell Medical Center	Libertyville	12	10,257			22,831.0	101%	15.1				
81	Lake Forest Hospital	Lake Forest	8	8,089			13,084.0	87%	8.7				
58	Highland Park Hospital	Highland Park	11	8,789			12,008.0	58%	8.0				
			54	47,008			81,504.0	80%	54.3				

Sources: Ambulatory Surgical Treatment Center Profiles for Year 2010, Health Systems Development, Illinois Department of Public Health
* Certificate of Need applications on file with the Health Facilities Planning Board

map



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AMBULATORY SURGICAL TREATMENT CENTER PROFILE-2010 FOOT & ANKLE SURGICAL CENTER DES PLAINES

Reference Hospitals Facility # NO. Beds Number of Operating Rooms DES PLAINES 3
 Health Services Area 007 Planned Service Area D37 Procedure Rooms
 FOOT & ANKLE SURGICAL CENTER East Rooms
 1405 GOLF ROAD Number of Recovery Stations Stage 1 3
 DES PLAINES, IL 60018-1253 Number of Recovery Stations Stage 2 4

Admin/Chairman CHS Completed 3/1/2011
 LOWELL SCOTT WELLS, SR
 Registered Agent
 Lowell Scott Wells Sr
 Property Owner
 Mary Lemke
 Legal Officer
 Wendy Henken-Wel
 Lowell Wells Esq. DPM
 Lowell Scott Wells, DPM

Type of Ownership
 Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS
 HOSPITAL NAME NUMBER OF PATIENTS
 Northwestern Community Hospital, Arlington Heights 0
 0
 0
 0
 0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
ASST. Administrator	1.00
Administrators	7.00
Nurses Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Clinical Assist.	0.00
Other Hlth. Prof.	0.00
Other Non-Hlth. Prof.	4.00
TOTAL	8.00

DAYS AND HOURS OF OPERATION

DAY	HOURS
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	5
Sunday	0

AMBULATORY SURGICAL TREATMENT CENTER PROFILE-2010 FOOT & ANKLE SURGICAL CENTER DES PLAINES

AGE	NUMBER OF PATIENTS BY AGE GROUP		NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE				
	MALE	FEMALE	TOTAL	Medicaid	Medicare	Other	TOTAL
0-14	7	16	23	1	11	11	12
15-44	74	220	302	43	160	214	214
45-64	97	360	457	0	0	0	0
65-74	34	119	153	178	539	777	777
75+ Yr.	10	50	70	3	4	7	7
TOTAL	227	763	1,010	0	0	0	0

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Pkts	Private Insurance	Private Pay	TOTALS	Cherry Care	Cherry Care Expense as % of Total Net Revenue
14.0%	0.0%	0.0%	53.8%	1.0%	100.0%	0	0
972,327	11,503	0	1,608,672	30,453	1,613,950	0	0

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)		TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
			PREP	CLEAN-UP		
Chiropractic	0	0.00	0.00	0.00	0.00	0.00
ENT	0	0.00	0.00	0.00	0.00	0.00
Endocrinology	0	0.00	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00	0.00
Leads Eye Surgery	0	0.00	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00	0.00
Otolaryngology	89	46.78	43.50	110.23	1.24	1.24
Otolaryngology	0	0.00	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00	0.00
Podiatry	921	527.90	372.25	269.75	0.98	0.98
Thoracic	0	0.00	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00	0.00
TOTAL	1010	594.23	415.75	1010.00	1.00	1.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	TOTAL SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)		TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
			PREP	CLEAN-UP		
Chiropractic	0	0.00	0.00	0.00	0.00	0.00
ENT	0	0.00	0.00	0.00	0.00	0.00
Endocrinology	0	0.00	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00	0.00
Leads Eye Surgery	0	0.00	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00	0.00
Otolaryngology	89	46.78	43.50	110.23	1.24	1.24
Otolaryngology	0	0.00	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00	0.00
Podiatry	921	527.90	372.25	269.75	0.98	0.98
Thoracic	0	0.00	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00	0.00
TOTALS	3	0	0	0	0	0

AMBULATORY SURGICAL TREATMENT CENTER PROFILE 2010 DIMENSIONS MEDICAL CENTER, LTD DES PLAINES

AGE	MALE	FEMALE	TOTAL	NUMBER OF PATIENTS BY AGE GROUP	MALE	FEMALE	TOTAL	NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	2	2	Medicaid	0	0	0	Medicaid	0	0	0
15-44	59	1,681	1,740	Other Public	0	0	0	Medicare	0	0	0
45-64	7	16	23	Private Insurance	0	0	0	Medicare	0	0	0
65-74	0	0	0	Private Insurance	65	714	779	Other Public	0	0	0
75+	0	0	0	Private Pay	0	0	0	Private Pay	0	0	0
TOTAL	66	1,699	1,765	Charity Care	0	15	15	Charity Care	0	15	15
				TOTAL	66	1,699	1,765	TOTAL	66	1,699	1,765

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicaid	Medicaid	Other Public	Private Insurance	Private Pay	TOTAL	Charity Care	Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	76.8%	23.7%	100.0%	44,904	%
0	0	0	1,128,084	340,269	1,468,353		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEANUP TIME (HOURS)	AVERAGE CASE SURGERY TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00
General	0	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00
OB/GYN	1958	1,274.25	1,688.00	2973.25
Ophthalmology	0	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00
Plastic Reconstructive	0	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00
Urologic	0	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00
TOTAL	1765	1,314.25	1,758.00	3072.25

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEANUP TIME (HOURS)	AVERAGE CASE SURGERY TIME (HOURS)
Cardio Catheterization	0	0	0.00	0.00	0.00
Endovascular	0	0	0.00	0.00	0.00
Laser Eye	0	0	0.00	0.00	0.00
Plastic Reconstructive	0	0	0.00	0.00	0.00
TOTALS	0	0	0.00	0.00	0.00

AMBULATORY SURGICAL TREATMENT CENTER PROFILE 2010 DIMENSIONS MEDICAL CENTER, LTD DES PLAINES

Reference Numbers	Facility ID	700157	Number of Operating Rooms	DES PLAINES
Health Services Area	007	Planning Services Area	031	0
Procedure Rooms		Exam Rooms		1
Number of Recovery Stations Stage 1		Number of Recovery Stations Stage 2		0
Number of Recovery Stations Stage 2				0

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Grady Memorial Hospital	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS	DAYS AND HOURS OF OPERATION
Administrative	1.00	Monday 12
Physicians	1.00	Tuesday 10
Nurses	0.00	Wednesday 0
Other	0.00	Thursday 8
Reg. Nurse	2.00	Friday 10
Certified Aide	0.00	Saturday 7
Other Non-Phys. Perts	0.00	Sunday 0
TOTAL	20.00	

AMBULATORY SURGICAL TREATMENT CENTER PROFILE-2010 GOLF SURGICAL CENTER, LLC DEB PLANES

Reference Numbers	Facility ID (RUCZD)	Planning Service Area	021	Number of Operating Rooms	3	DEB PLANES
Health Service Area	027	Planning Service Area	021	Exam Rooms	0	
GOLF SURGICAL CENTER, LLC		Number of Recovery Stations	Stage 1	7	0	
8901 GOLF ROAD		Number of Recovery Stations	Stage 2	10	10	
DEB PLANES, IL 60016-1423		Code				
Administrative		Completet				
NICHOLAS LYDIZOS, MD		12/7/2011				

Type of Ownership
Limited Liability Partnership (PA, restricted)

REGISTRATION INFORMATION
INTRAGATE REGISTERED A
PROPERTY OWNER
ACC GOLF ROAD, LLC
Legal Order
AMIC BBS VICES, L.P.
ADVOCATE WESTWIND SERVICES

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	354	251	605
15-44	501	468	969
45-64	701	970	1,671
65-74	419	432	851
75+ Yrs	530	604	1,134
TOTAL	2,505	3,122	5,627

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Insured	Private Insurance	Private Pay	TOTALS	Churn	Case Expense	Estimate as % of Total Net Revenue
29.0%	0.0%	0.1%	69.9%	0.9%	100.0%	0	0	0%
2,465,146	68,644	579,341	6,360,303	65,275	9,500,000	0	0	0%

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicare	38	34	72
Medicaid	840	1,424	2,264
Other Public	89	27	116
Insurance	1,266	1,625	3,891
Private Pay	12	10	22
Charity Care	0	0	0
TOTAL	2,505	3,122	5,627

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP and CLEANUP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Cardiology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
General	75	84.20	31.20	115.40	1.54
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
Otorhinolaryngology	0	0.00	0.00	0.00	0.00
Ophthalmology	1931	1,192.80	265.50	1,458.30	0.75
Ophthalmology	89	83.00	34.50	117.50	1.32
Ophthalmology	910	628.00	425.00	1,053.00	1.16
Ophthalmology	87	784.00	497.50	1,281.50	1.47
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	18	20.75	8.00	28.75	1.60
Podiatry	122	154.75	61.00	215.75	1.77
Thoracic	0	0.00	0.00	0.00	0.00
Urology	28	17.75	13.00	30.75	1.10
TOTAL	4124	3,111.40	2,082.00	5,193.40	1.26

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP and CLEANUP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterization	1	390	160.5	550.5	1.65
Colon-Intestinal	1	650	114.25	764.25	0.34
Laser Eye	5	5	34.75	39.75	1.17
Plastic Surgery	0	0	0	0	0.00
TOTALS	2	1504	651.5	2155.5	0.78

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENT
Administrative	0.00
Physicians	0.00
Nurse Anesthetists	1.00
DR. or NURSE	17.51
Registered Nurses	0.00
Cardiac Nurse	4.75
Other Non-Nurse Prof	7.50
TOTAL	30.76

HOSPITAL NUMBER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ADVOCATE LUTHERAN GENERAL HOSPITAL	4
	0
	0
	0
	0

DAYS AND HOURS OF OPERATION

Day	Hours
Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

AMBULATORY SURGICAL TREATMENT CENTER PROFILE 2010 THE GLEN ENDOSCOPY CENTER GLENVIEW

AGE	MALE	FEMALE	TOTAL	NUMBER OF PATIENTS BY AGE GROUP	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	1	0	1	Medicaid	19	39	60	
15-44	215	304	519	Medicare	537	704	1,241	
45-64	974	1,182	2,156	Other Public	0	0	0	
65-74	368	481	847	Insurance	1,227	1,487	2,714	
75+ Years	245	287	532	Private Pay	18	24	42	
TOTAL	1,580	2,254	4,055	Charity Care	0	0	0	
				TOTAL	1,081	2,254	4,055	

AMBULATORY SURGICAL TREATMENT CENTER PROFILE 2010 THE GLEN ENDOSCOPY CENTER GLENVIEW

Reference Numbers	Facility #	Procedure Rooms	Number of Operating Rooms
Health Services Area 007	Flaming Service Area 001	Procedure Rooms	3
THE GLEN ENDOSCOPY CENTER		Exam Rooms	0
2651 COMPAGNE ROAD, SUITE 115		Number of Recovery Rooms Stage 1	0
GLENVIEW, IL 60028		Number of Recovery Rooms Stage 2	0

One Completed 2/19/2011
 RICHARD BLOOM, MD
 Registered Agent
 Jeffrey M. Jacobs, MD
 Practice Owner
 John Fong, L.P. CIO Titan

HOSPITAL NAME	NUMBER OF PATIENTS
Christie's Hospital (Chicago)	2
Lutheran General, Park Ridge	2
	0
	0
	0

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PERSONNEL	FULL-TIME EQUIVALENTS
Administrative	0.00
Physicians	0.00
Nurses Anesthetists	0.00
Dr. of Nurse	1.00
Reg. Nurses	3.00
Cardiac Techs	0.00
Other High Tech	3.00
Other Non-High Tech	2.00
TOTAL	6.00

STAFFING PATTERNS

DAYS AND HOURS OF OPERATION	NUMBER OF PATIENTS
Monday	0
Tuesday	0
Wednesday	0
Thursday	0
Friday	0
Saturday	0
Sunday	0

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS
32.4%	1.0%	0.0%	65.5%	0.0%	100.0%
1,155,218	56,916	0	2,337,335	26,685	3,699,044

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEANUP TIME (HOURS)	AVERAGE CASE SURGERY TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00
General	0	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00
Otorhinolaryngology	0	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00
Obstetrics/Gynecology	0	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEANUP TIME (HOURS)	AVERAGE CASE SURGERY TIME (HOURS)
Cardio-Catheterization	3	4035	2365	660	3028
Linear Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	3	4035	2365	660	3028

AMBULATORY SURGICAL TREATMENT CENTER PROFILE-2010 RAYNE WAY SURGERY CENTER, LLC GLENVIEW

FINANCE NUMBER	Facility Id	7000000	Q1
Health Service Area	007	Planning Service Area	001
RAYNE WAY SURGERY CENTER, LLC		Exam Rooms	0
2100 RAYNE WAY, SUITE 500		Number of Recovery Stations Stage 1	6
GLENVIEW, IL 60025		Number of Recovery Stations Stage 2	8
Administrators		Other	
MELODY GENTLER-JABROK		Completed	2/16/2011
Registration Agent		Type of Ownership	
Scott Becker, Esq.		Limited Liability Company (LLC, required)	
Property Owner			
Glennview Rmway, LLC			
Legal Officer			

NUMBER OF PATIENTS BY AGE GROUP	MALE	FEMALE	TOTAL
0-14	2	4	6
15-44	339	247	586
45-54	370	439	809
55-74	75	142	217
75+ Yrs	37	96	133
TOTAL	823	893	1,723

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	7	4	11
Medicare	87	170	257
Other Public	4	2	6
Insurance	723	715	1,438
Private Pay	7	3	10
Charity/Care	0	0	0
TOTAL	823	893	1,723

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense as % of Total Net Revenue
Medicaid	11.7%	0.3%	85.1%	0.7%	100.0%	0%
4,473,242	44,734	111,162	27,775,590	235,723	32,584,719	0

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR			
SURGERY AREA	TOTAL SURGERIES (HOURS)	SURGERY PREP and CLEAN-UP TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00
Ophthalmology	0	0.00	0.00
Otolaryngology	0	0.00	0.00
General	0	0.00	0.00
Lower Extremity Surgery	0	0.00	0.00
Neurology	0	0.00	0.00
Oncology	0	0.00	0.00
Orthopedic	0	0.00	0.00
Oral/Maxillofacial	1723	1,262.00	414.00
Orthognathic	0	0.00	0.00
Pain Management	0	0.00	0.00
Plastic Surgery	0	0.00	0.00
Podiatry	0	0.00	0.00
Thoracic	0	0.00	0.00
Urology	0	0.00	0.00
TOTAL	1723	1,262.00	414.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR			
SURGERY AREA	PROCEURE ROOMS	TOTAL SURGERIES (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheters	0	0	0.00
Gastro-Intestinal	0	0	0.00
Lower Extremity	0	0	0.00
Pain Management	1	0	0.00
TOTALS	1	0	0.00

AMBULATORY SURGICAL TREATMENT CENTER PROFILE-2010 RAYNE WAY SURGERY CENTER, LLC GLENVIEW

FINANCE NUMBER	Facility Id	7000000	Q1
Health Service Area	007	Planning Service Area	001
RAYNE WAY SURGERY CENTER, LLC		Exam Rooms	0
2100 RAYNE WAY, SUITE 500		Number of Recovery Stations Stage 1	6
GLENVIEW, IL 60025		Number of Recovery Stations Stage 2	8
Administrators		Other	
MELODY GENTLER-JABROK		Completed	2/16/2011
Registration Agent		Type of Ownership	
Scott Becker, Esq.		Limited Liability Company (LLC, required)	
Property Owner			
Glennview Rmway, LLC			
Legal Officer			

HOSPITAL TRANSFER RELATIONSHIPS		NUMBER OF PATIENTS
HOSPITAL NAME		4
Northshore University Health System		0
		0
		0
		0
		0

STAFFING PATTERNS		FULL TIME EQUIVALENTS
PERSONNEL		1.00
Anesthetist		0.00
Physicians		0.00
Nurse Anesthetists		1.00
Oral Nurses		8.50
Res. Nurses		0.00
Cardiac Techs		4.30
Other Non-RN Techs		4.02
TOTAL		20.81

DAYS AND HOURS OF OPERATION		NUMBER OF PATIENTS
Monday		10
Tuesday		10
Wednesday		10
Thursday		10
Friday		10
Saturday		0
Sunday		0

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR			
SURGERY AREA	PROCEURE ROOMS	TOTAL SURGERIES (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheters	0	0	0.00
Gastro-Intestinal	0	0	0.00
Lower Extremity	0	0	0.00
Pain Management	1	0	0.00
TOTALS	1	0	0.00

AMBILATORY SURGICAL TREATMENT CENTER PROFILE-2010 RIFACCA LASER CENTER, LTD VERNON HILLS

AMBILATORY SURGICAL TREATMENT CENTER PROFILE-2010 RIFACCA LASER CENTER, LTD VERNON HILLS

AGE	NUMBER OF PATIENTS BY AGE GROUP		NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE	
	MALE	FEMALE	MALE	FEMALE
0-14	0	0	11	17
15-44	31	83	85	131
45-64	10	172	4	8
65-74	83	112	145	231
75+ Year	89	68	0	2
TOTAL	243	365	245	385

PAYMENT SOURCE	NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE	
	MALE	FEMALE
Medicaid	11	17
Medicare	85	131
Other Payers	4	8
Insurance	145	231
Private Pay	0	2
Charity Care	0	0
TOTAL	245	385

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care	Expense as % of Total Net Revenue
24.7%	0.0%	0.0%	31.3%	44.5%	100.0%	4.00	1%
117,075	0	0	150,847	274,411	482,340		

HOSPITAL NAME	NUMBER OF PATIENTS
Novelle Central Medical Hospital	0
	0
	0
	0
	0

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES (HOURS)	SURGERY PREP and CLEAN-UP TIME (HOURS)		TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiothoracic	0	0.00	0.00	0.00	0.00
ENT/Otolaryngology	0	0.00	0.00	0.00	0.00
General	97	27.03	29.50	123.10	1.30
Lasik Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
Ophthalmology	11	0.00	0.00	0.00	0.00
Optometry	368	190.07	114.20	304.27	0.83
Orthopedics	0	0.00	0.00	0.00	0.00
Cardiovascular	0	0.00	0.00	0.00	0.00
Oncology	0	0.00	0.00	0.00	0.00
Plastic Surgery	153	309.00	229.20	538.20	3.52
Urology	0	0.00	0.00	0.00	0.00
TOTAL	636	593.00	372.10	965.10	1.53

SURGERY AREA	TOTAL SURGERIES (HOURS)	SURGERY PREP and CLEAN-UP TIME (HOURS)		TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiothoracic	0	0.00	0.00	0.00	0.00
ENT/Otolaryngology	0	0.00	0.00	0.00	0.00
General	97	27.03	29.50	123.10	1.30
Lasik Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
Ophthalmology	11	0.00	0.00	0.00	0.00
Optometry	368	190.07	114.20	304.27	0.83
Orthopedics	0	0.00	0.00	0.00	0.00
Cardiovascular	0	0.00	0.00	0.00	0.00
Oncology	0	0.00	0.00	0.00	0.00
Plastic Surgery	153	309.00	229.20	538.20	3.52
Urology	0	0.00	0.00	0.00	0.00
TOTAL	636	593.00	372.10	965.10	1.53

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES (HOURS)	SURGERY PREP and CLEAN-UP TIME (HOURS)		TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiothoracic	0	0.00	0.00	0.00	0.00
ENT/Otolaryngology	0	0.00	0.00	0.00	0.00
General	97	27.03	29.50	123.10	1.30
Lasik Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
Ophthalmology	11	0.00	0.00	0.00	0.00
Optometry	368	190.07	114.20	304.27	0.83
Orthopedics	0	0.00	0.00	0.00	0.00
Cardiovascular	0	0.00	0.00	0.00	0.00
Oncology	0	0.00	0.00	0.00	0.00
Plastic Surgery	153	309.00	229.20	538.20	3.52
Urology	0	0.00	0.00	0.00	0.00
TOTAL	636	593.00	372.10	965.10	1.53

SURGERY AREA	TOTAL SURGERIES (HOURS)	SURGERY PREP and CLEAN-UP TIME (HOURS)		TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiothoracic	0	0.00	0.00	0.00	0.00
ENT/Otolaryngology	0	0.00	0.00	0.00	0.00
General	97	27.03	29.50	123.10	1.30
Lasik Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
Ophthalmology	11	0.00	0.00	0.00	0.00
Optometry	368	190.07	114.20	304.27	0.83
Orthopedics	0	0.00	0.00	0.00	0.00
Cardiovascular	0	0.00	0.00	0.00	0.00
Oncology	0	0.00	0.00	0.00	0.00
Plastic Surgery	153	309.00	229.20	538.20	3.52
Urology	0	0.00	0.00	0.00	0.00
TOTAL	636	593.00	372.10	965.10	1.53

STAFFING PATTERNS

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.20
Dr. of Nurses	1.00
RN Nurse	4.00
Certified Nurse	0.00
Other Health Prof	6.00
Other Health Prof	0.20
TOTAL	11.00

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.20
Dr. of Nurses	1.00
RN Nurse	4.00
Certified Nurse	0.00
Other Health Prof	6.00
Other Health Prof	0.20
TOTAL	11.00

STAFFING PATTERNS

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.20
Dr. of Nurses	1.00
RN Nurse	4.00
Certified Nurse	0.00
Other Health Prof	6.00
Other Health Prof	0.20
TOTAL	11.00

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.20
Dr. of Nurses	1.00
RN Nurse	4.00
Certified Nurse	0.00
Other Health Prof	6.00
Other Health Prof	0.20
TOTAL	11.00

AMBULATORY SURGICAL TREATMENT CENTER PROFILES 2010 HAWTHORN SURGERY CENTER LIBERTYVILLE

AGE	NUMBER OF PATIENTS BY AGE GROUP		NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE	
	MALE	FEMALE	MALE	FEMALE
0-14	59	33	Medicaid	0
15-44	872	489	Medicare	71
45-64	634	710	Other Public	0
65-74	84	63	Private Pay	1,300
75+ Yes	44	32	Charity Care	6
TOTAL	1,383	1,338	TOTAL	1,338

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTAL	Charity Care	Charity Care Expense as % of Total Net Revenue
3.3%	0.0%	1.5%	84.2%	30.7%	100.0%	0	0%
238,902	0	108,903	4,590,099	2,176,083	7,104,404	0	0

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP and CLEANUP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Urology	1	1.00	0.50	1.50	1.50
Orthopedic	43	17.00	21.50	38.50	0.90
General	20	3.00	10.00	13.00	0.65
Neurology	402	132.00	201.00	333.00	0.83
Cardiovascular	6	2.00	3.00	5.00	0.83
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral Maxillofacial	26	21.00	12.56	33.56	1.34
Oncology	3,129	1,423.00	1,064.00	2,487.00	1.17
Pain Management	0	0.00	5.00	5.00	0.00
Public Safety	0	0.00	0.00	0.00	0.00
Podiatry	96	63.00	48.00	111.00	1.15
Thyroid	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2,723	1,864.00	1,362.50	3,226.50	1.11

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP and CLEANUP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
Cardiovascular	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral Maxillofacial	0	0.00	0.00	0.00	0.00
Oncology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Public Safety	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thyroid	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTALS	0	0.00	0.00	0.00	0.00

AMBULATORY SURGICAL TREATMENT CENTER PROFILES 2010 HAWTHORN SURGERY CENTER LIBERTYVILLE

Reference Numbers: Facility ID: 7001716
 Health Service Area: 000 Planning Service Area: 067
 HAWTHORN SURGERY CENTER
 1900 HOLLISTER DRIVE, STE. 100
 LIBERTYVILLE, IL 60068
 Administrative: JUDY BELL, RN Date: 02/28/2011
 Registered Agent: CT Corp/
 Property Owner: HULL/TERESA RHERIDAN
 Legal Owner: OneSouth, LLC
 Real Estate: OneSouth Corporation

Type of Ownership: Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS	NUMBER OF PATIENTS
HOSPITAL NAME: ADVOCATE CORNELL MEDICAL CENTER	2
HOSPITAL NAME: NORTHWESTERN LAKE FOREST HOSPITAL	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrators	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dr. of Nursing	1.00
Reg. Nurses	8.00
Certified Assistants	0.00
Other HSA Prof.	3.00
Other Non-HSA Prof.	4.00
TOTAL	18.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	0
Saturday	0
Sunday	0

AMBULATORY SURGICAL TREATMENT CENTER PROFILE 2010 THE LAKE BLUFF ILLINOIS ENDOSCOPY ASC, LL LAKE BLUFF

Administrative: Facility ID: T02278, Planning Service Area: 007, Health Services Area: 008, THE LAKE BLUFF ILLINOIS ENDOSCOPY ASC, LLC, 101 S. WALKER/COAN ROAD, STE 680, LAKE BLUFF, IL 60044-1887

DR. EVERT KIRCH, Dels: Completed 2/25/2011

Registered Agent: CSJ Corporation System

Property Owner: Centage Park Limited Partner

Legal Director: P-Jest, Urbana, MD

North Shore Suburban Associates, Inc. North Shore Endoscopy Centers, LLC

John Adelman, MD, Fred Rosenberg, MD, B.F. Kirch, MD

System Well, MD, A-MIIRO ILLINOIS, INC

Number of Operating Rooms: 2

Procedure Rooms: 6

Exam Rooms: 0

Number of Recovery Rooms Stage 1: 0

Number of Recovery Rooms Stage 2: 0

Type of Ownership: Limited Partnership (RA owned)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME: Life Force, 2

Candler Medical Center, 0

0

0

0

0

STAFFING PATTERNS

PERSONNEL FULL-TIME EQUIVALENTS

Administrative: 0.00

Physicians: 0.00

Nurse Anesthetist: 1.00

De of Nurse: 7.00

Reg Nurse: 3.00

Cardiac Axis: 0.00

Other Hlt: 3.00

Other Non-Hlt: 14.00

TOTAL: 14.00

DAYS AND HOURS OF OPERATION

Monday: 10

Tuesday: 9

Wednesday: 3

Thursday: 10

Friday: 9

Saturday: 0

Sunday: 0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	157	249	396
45-64	263	1,123	1,710
65-74	681	208	897
75+ Yrs	167	170	322
TOTAL	1,267	1,690	3,410

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	391	472	853
Other Public	0	0	0
Insurance	1,290	1,528	2,332
Private Pay	12	10	22
Charity Care	0	0	0
TOTAL	1,563	1,620	3,413

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care	Charity Expense as % of Total Net Revenue
7.6%	0.0%	0.0%	95.0%	2.4%	100.0%	0	0%
259,007	0	0	3,307,263	109,760	3,744,771	0	0










OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

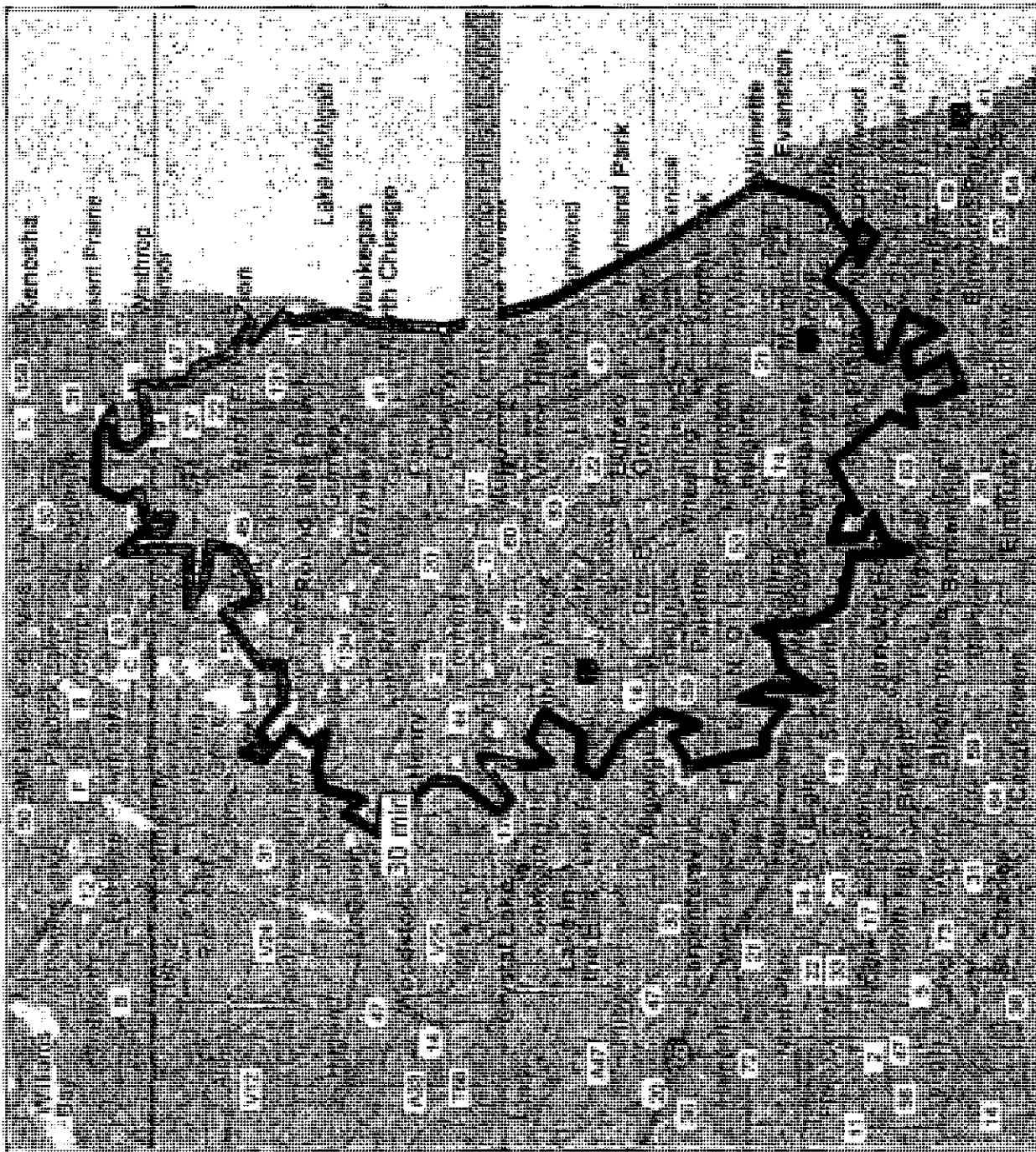
SURGERY AREA	SURGERY TIME (HOURS)		PREP AND CLEAN-UP TIME (HOURS)		TOTAL SURGERY TIME (HOURS)		AVERAGE CASE TIME (HOURS)
	TOTAL	CASES	TOTAL	CASES	TOTAL	CASES	
Cardiovascular	0	0.00	0.00	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00	0.00	0.00
Lower Ext Surgery	0	0.00	0.00	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00	0.00	0.00
Gynecology	0	0.00	0.00	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00	0.00	0.00
Pediatrics	0	0.00	0.00	0.00	0.00	0.00	0.00
Theatric	0	0.00	0.00	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEEDURE ROOMS	SURGERY TIME (HOURS)		PREP AND CLEAN-UP TIME (HOURS)		TOTAL SURGERY TIME (HOURS)		AVERAGE CASE TIME (HOURS)
		TOTAL	CASES	TOTAL	CASES	TOTAL	CASES	
Cardiac Catheterization	2	3413	1706.5	0	0	3413	1706.5	1.00
Cardiac Catheterization	0	0	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0	0	0.00
Pain Management	2	3413	1706.5	0	0	3413	1706.5	1.00
TOTALS	2	3413	1706.5	0	0	3413	1706.5	1.00

hosp map

- NAME by Street Address**
-  Abraham Lincoln Memorial Hospital
 -  Adventist Boilingbrook Hospital
 -  Adventist Hinsdale Hospital
 -  Advocate Christ Hospital and Medical Center
 -  Advocate Good Shepherd Hospital
 -  Advocate Illinois Masonic Medical Center
 -  Advocate Lutheran General Hospital
 -  Advocate South Suburban Hospital
 - Pushpins**
 -  My pushpins



Surgical Specialty	Surgical Cases				Surgical Hours				IMPLICATIONS
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Combined	Total	
Cardiovascular	0	0	0	0	0	0	0	0	0.0
Dermatology	0	0	0	0	0	0	0	0	0.0
General	0	1	1	2	47	115	162	324	1.0
Gastroenterology	0	0	0	0	59	114	173	346	0.7
Neurology	0	0	0	0	0	0	0	0	0.0
Orthopedics	0	0	0	0	0	0	0	0	0.0
Otolaryngology	0	0	0	0	0	0	0	0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0.0
Obstetrics	0	0	0	0	0	0	0	0	0.0
Oncology	0	0	0	0	0	0	0	0	0.0
Plastic Surgery	0	0	0	0	6	242	248	490	2.3
Podiatry	0	0	0	0	2	178	180	358	1.5
Thoracic	0	0	0	0	1	0	1	2	0.0
Urology	0	0	0	0	20	21	41	82	1.1
TOTAL	0	1	1	2	156	148	304	652	1.1

Surgical Specialty	Surgical Cases				Surgical Hours				IMPLICATIONS
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Combined	Total	
Cardiovascular	0	0	0	0	0	0	0	0	0.0
Dermatology	0	0	0	0	0	0	0	0	0.0
General	0	1	1	2	397	272	669	1338	1.0
Gastroenterology	0	0	0	0	160	0	160	320	0.0
Neurology	0	0	0	0	0	0	0	0	0.0
Orthopedics	0	0	0	0	0	0	0	0	0.0
Otolaryngology	0	0	0	0	0	0	0	0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0.0
Obstetrics	0	0	0	0	0	0	0	0	0.0
Oncology	0	0	0	0	0	0	0	0	0.0
Plastic Surgery	0	0	0	0	6	242	248	490	2.3
Podiatry	0	0	0	0	2	178	180	358	1.5
Thoracic	0	0	0	0	1	0	1	2	0.0
Urology	0	0	0	0	20	21	41	82	1.1
TOTAL	0	1	1	2	583	515	1098	2196	1.1

Source: 2010 Annual Hospital Questionnaire, Marop Corporation of Public Health, Health Systems Development

Surgical Specialty	Surgical Cases				Surgical Hours				IMPLICATIONS
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Combined	Total	
Cardiovascular	0	0	0	0	0	0	0	0	0.0
Dermatology	0	0	0	0	0	0	0	0	0.0
General	0	1	1	2	47	115	162	324	1.0
Gastroenterology	0	0	0	0	59	114	173	346	0.7
Neurology	0	0	0	0	0	0	0	0	0.0
Orthopedics	0	0	0	0	0	0	0	0	0.0
Otolaryngology	0	0	0	0	0	0	0	0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0.0
Obstetrics	0	0	0	0	0	0	0	0	0.0
Oncology	0	0	0	0	0	0	0	0	0.0
Plastic Surgery	0	0	0	0	6	242	248	490	2.3
Podiatry	0	0	0	0	2	178	180	358	1.5
Thoracic	0	0	0	0	1	0	1	2	0.0
Urology	0	0	0	0	20	21	41	82	1.1
TOTAL	0	1	1	2	156	148	304	652	1.1

Surgical Specialty	Surgical Cases				Surgical Hours				IMPLICATIONS
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Combined	Total	
Cardiovascular	0	0	0	0	0	0	0	0	0.0
Dermatology	0	0	0	0	0	0	0	0	0.0
General	0	1	1	2	397	272	669	1338	1.0
Gastroenterology	0	0	0	0	160	0	160	320	0.0
Neurology	0	0	0	0	0	0	0	0	0.0
Orthopedics	0	0	0	0	0	0	0	0	0.0
Otolaryngology	0	0	0	0	0	0	0	0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0.0
Obstetrics	0	0	0	0	0	0	0	0	0.0
Oncology	0	0	0	0	0	0	0	0	0.0
Plastic Surgery	0	0	0	0	6	242	248	490	2.3
Podiatry	0	0	0	0	2	178	180	358	1.5
Thoracic	0	0	0	0	1	0	1	2	0.0
Urology	0	0	0	0	20	21	41	82	1.1
TOTAL	0	1	1	2	583	515	1098	2196	1.1

Source: 2010 Annual Hospital Questionnaire, Marop Corporation of Public Health, Health Systems Development

Administrative Information

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HOSPITAL PROFILE - CY 2010 Glenbrook Hospital Overview

Table with columns: Surgical Specialty, Inpatient Discharge, Outpatient Discharge, Total Discharge, Inpatient Days, Outpatient Days, Total Days, Hospital Cost, Outpatient Cost, Total Cost.

SURGICAL RECOVERY STATIONS Scope 1 Recovery Stations 14 Scope 2 Recovery Stations 0

Table with columns: Procedure Type, Inpatient Discharge, Outpatient Discharge, Total Discharge, Inpatient Days, Outpatient Days, Total Days, Hospital Cost, Outpatient Cost, Total Cost.

Table with columns: Cardiac Catheterization Labs, Total Cases, Inpatient, Outpatient, Total.

Table with columns: Level 1, Level 2, Level 3, Level 4, Level 5, Level 6, Level 7, Level 8, Level 9, Level 10.

Table with columns: Radiology, Inpatient, Outpatient, Total, Hospital Cost, Outpatient Cost, Total Cost.

Table with columns: Radiology, Inpatient, Outpatient, Total, Hospital Cost, Outpatient Cost, Total Cost.

Table with columns: Radiology, Inpatient, Outpatient, Total, Hospital Cost, Outpatient Cost, Total Cost.

Table with columns: Radiology, Inpatient, Outpatient, Total, Hospital Cost, Outpatient Cost, Total Cost.

Table with columns: Radiology, Inpatient, Outpatient, Total, Hospital Cost, Outpatient Cost, Total Cost.

Table with columns: Radiology, Inpatient, Outpatient, Total, Hospital Cost, Outpatient Cost, Total Cost.

Table with columns: Radiology, Inpatient, Outpatient, Total, Hospital Cost, Outpatient Cost, Total Cost.

Source: 2010 Annual Hospital Operations Report, Department of Public Health, Health Status Development

Hospital Profile - CY 2010 Glenbrook Hospital Overview

Table with columns: Ethnicity, Total Discharge, Inpatient Discharge, Outpatient Discharge, Total Discharge, Inpatient Days, Outpatient Days, Total Days, Hospital Cost, Outpatient Cost, Total Cost.

Table with columns: Facility Utilization Data by Category of Service, Inpatient, Outpatient, Total.

Table with columns: Procedure Type, Inpatient Discharge, Outpatient Discharge, Total Discharge, Inpatient Days, Outpatient Days, Total Days, Hospital Cost, Outpatient Cost, Total Cost.

Table with columns: Cardiac Catheterization Labs, Total Cases, Inpatient, Outpatient, Total.

Table with columns: Level 1, Level 2, Level 3, Level 4, Level 5, Level 6, Level 7, Level 8, Level 9, Level 10.

Table with columns: Radiology, Inpatient, Outpatient, Total, Hospital Cost, Outpatient Cost, Total Cost.

Table with columns: Radiology, Inpatient, Outpatient, Total, Hospital Cost, Outpatient Cost, Total Cost.

Table with columns: Radiology, Inpatient, Outpatient, Total, Hospital Cost, Outpatient Cost, Total Cost.

Table with columns: Radiology, Inpatient, Outpatient, Total, Hospital Cost, Outpatient Cost, Total Cost.

Table with columns: Radiology, Inpatient, Outpatient, Total, Hospital Cost, Outpatient Cost, Total Cost.

Table with columns: Radiology, Inpatient, Outpatient, Total, Hospital Cost, Outpatient Cost, Total Cost.

Table with columns: Radiology, Inpatient, Outpatient, Total, Hospital Cost, Outpatient Cost, Total Cost.

*Note: According to Bed Change reported on 9/20/2010 Glenbrook Hospital, 19 beds were on an existing category of inpatient, but by now are used for 15: NGS beds, Glenbrook Hospital Level 1 and Level 2 inpatient. These inpatient are included in the total Level 1 and Level 2 inpatient counts.

Administrative Information
 HOSPITAL NAME: Good Shepherd Hospital
 ADDRESS: 450 West Highway 672, Berwyn, PA 19312
 COUNTY: Berks
 CITY: Berwyn
 STATE: PA
 ZIP: 19312

Family Utilization Data by Category of Service

Category	Peak	Average	GM	GM	GM
	Days	Days	Days	Days	Days
1-14 Years	113	3,477	2,027	4.0	92.2
15-64 Years	1,423	1,203	0	0	0
65-74 Years	1,509	1,063	0	0	0
75 Years +	2,395	10,068	2,490	6,993	0

Financial Performance

Category	Revenue	Expenses	Net Income
Total Revenue	11,307	43,382	3,923
Total Expenses	11,307	43,382	3,923
Net Income	0	0	0

Operational Metrics

Metric	Value
Admission Rate	11.307
Discharge Rate	11.307
Readmission Rate	11.307
Emergency Room Visits	11.307
Outpatient Visits	11.307

Staffing and Personnel

Category	Count
Physicians	11.307
Nurses	11.307
Administrative Staff	11.307
Support Staff	11.307

Quality of Care

Metric	Value
Patient Satisfaction	11.307
Healthcare-Related Complaints	11.307
Accreditation Status	11.307

Community and Outreach

Category	Value
Community Health Fairs	11.307
Outreach Programs	11.307
Public Health Initiatives	11.307

Financial Summary

Category	Revenue	Expenses	Net Income
Total Revenue	11,307	43,382	3,923
Total Expenses	11,307	43,382	3,923
Net Income	0	0	0

Operational Metrics

Category	Value
Emergency Room Visits	11.307
Outpatient Visits	11.307
Inpatient Admissions	11.307
Discharge Rate	11.307
Readmission Rate	11.307

Financial Performance

Category	Revenue	Expenses	Net Income
Total Revenue	11,307	43,382	3,923
Total Expenses	11,307	43,382	3,923
Net Income	0	0	0

Operational Metrics

Metric	Value
Admission Rate	11.307
Discharge Rate	11.307
Readmission Rate	11.307
Emergency Room Visits	11.307
Outpatient Visits	11.307

Staffing and Personnel

Category	Count
Physicians	11.307
Nurses	11.307
Administrative Staff	11.307
Support Staff	11.307

Quality of Care

Metric	Value
Patient Satisfaction	11.307
Healthcare-Related Complaints	11.307
Accreditation Status	11.307

Community and Outreach

Category	Value
Community Health Fairs	11.307
Outreach Programs	11.307
Public Health Initiatives	11.307

Financial Summary

Category	Revenue	Expenses	Net Income
Total Revenue	11,307	43,382	3,923
Total Expenses	11,307	43,382	3,923
Net Income	0	0	0

Specialty	Inpatient	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency
Cardiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Neurology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Orthopedics	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Obstetrics/Gynecology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Procedure Type	Inpatient	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency
Cardiac Catheterization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colonoscopy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Minor Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Procedure Type	Inpatient	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency
Cardiac Catheterization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colonoscopy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Minor Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Procedure Type	Inpatient	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency
Cardiac Catheterization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colonoscopy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Minor Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Procedure Type	Inpatient	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency
Cardiac Catheterization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colonoscopy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Minor Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Procedure Type	Inpatient	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency
Cardiac Catheterization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colonoscopy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Minor Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Procedure Type	Inpatient	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency	Admitted	Outpatient	Emergency
Cardiac Catheterization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colonoscopy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Minor Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Category	Value	Percentage
Cardiac Catheterization	0	0.0%
Colonoscopy	0	0.0%
Minor Surgery	0	0.0%
Total	0	0.0%

Category	Value	Percentage
Cardiac Catheterization	0	0.0%
Colonoscopy	0	0.0%
Minor Surgery	0	0.0%
Total	0	0.0%

Category	Value	Percentage
Cardiac Catheterization	0	0.0%
Colonoscopy	0	0.0%
Minor Surgery	0	0.0%
Total	0	0.0%

Category	Value	Percentage
Cardiac Catheterization	0	0.0%
Colonoscopy	0	0.0%
Minor Surgery	0	0.0%
Total	0	0.0%

Category	Value	Percentage
Cardiac Catheterization	0	0.0%
Colonoscopy	0	0.0%
Minor Surgery	0	0.0%
Total	0	0.0%

Category	Value	Percentage
Cardiac Catheterization	0	0.0%
Colonoscopy	0	0.0%
Minor Surgery	0	0.0%
Total	0	0.0%

Category	Value	Percentage
Cardiac Catheterization	0	0.0%
Colonoscopy	0	0.0%
Minor Surgery	0	0.0%
Total	0	0.0%

Category	Value	Percentage
Cardiac Catheterization	0	0.0%
Colonoscopy	0	0.0%
Minor Surgery	0	0.0%
Total	0	0.0%

Surgical Specialty	Surgical Rooms		Surgical Cases		Surgical Hours		Mileage	
	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
Cardiovascular	0	1	104	15	463	57	520	4.3
General	0	0	0	0	0	0	0	0.0
Neurology	0	1	972	140	1159	1539	2637	2.0
Orthopedic	0	0	68	37	109	70	265	0.9
Obstetrics	0	0	366	626	477	779	1553	1.8
Urology	0	0	27	53	105	129	234	2.9
Cardiothoracic	0	1	13	1730	21	1837	1563	1.0
Orthopedic	0	2	327	372	943	748	1691	1.8
Orthopedic	0	1	1	15	25	648	674	1.1
Plastic Surgery	0	1	129	1054	325	1973	2271	3.7
Urology	0	0	14	96	141	141	165	1.4
Urology	0	0	16	34	65	30	114	2.2
Urology	0	0	219	420	317	569	612	0.7
Totals	0	3	11	1009	4139	7873	13008	2.3

Surgical Specialty	Surgical Cases		Surgical Hours		Mileage	
	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
Cardiovascular	0	0	941	937	982	1018
General	0	0	0	0	0	0
Neurology	0	1	16	523	24	765
Orthopedic	0	0	0	0	0	0
Obstetrics	0	0	0	0	0	0
Urology	0	0	0	0	0	0
Totals	0	1	16	523	24	765

Surgical Specialty	Surgical Cases		Surgical Hours		Mileage	
	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
Cardiovascular	0	0	941	937	982	1018
General	0	0	0	0	0	0
Neurology	0	1	16	523	24	765
Orthopedic	0	0	0	0	0	0
Obstetrics	0	0	0	0	0	0
Urology	0	0	0	0	0	0
Totals	0	1	16	523	24	765

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	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
Cardiovascular	0	0	941	937	982	1018
General	0	0	0	0	0	0
Neurology	0	1	16	523	24	765
Orthopedic	0	0	0	0	0	0
Obstetrics	0	0	0	0	0	0
Urology	0	0	0	0	0	0
Totals	0	1	16	523	24	765

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Neurology	0	1	972	140	1159	1539
Orthopedic	0	0	68	37	109	70
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General	0	0	0	0	0	0
Neurology	0	1	16	523	24	765
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Obstetrics	0	0	0	0	0	0
Urology	0	0	0	0	0	0
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Neurology	0	1	16	523	24	765
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Obstetrics	0	0	0	0	0	0
Urology	0	0	0	0	0	0
Totals	0	1	16	523	24	765

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:	<u>\$327,229</u>
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 Year	2013
Depreciation & Amortization:	\$75,000
Supplies:	<u>\$ 7,000</u>
Total 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

	ACTUAL		PROJECTED		PROJECTED		PROJECTED		PROJECTED	
	Year 2010	Year 2011	Year 2012	Year 2013	Year 2014	%	%	%	%	%
Collections:										
Facility fees - Cataracts	\$ 638,912	\$ 670,858	\$ 704,400	\$ 739,621	\$ 776,602	59.4%	47.4%	47.4%	47.4%	47.4%
Facility fees - YAGs	52,705	55,340	58,107	61,013	64,063	4.9%	3.9%	3.9%	3.9%	3.9%
Facility fees - Veins	77,444	81,316	85,382	89,651	94,134	7.2%	5.7%	5.7%	5.7%	5.7%
Facility fees - Lids	149,509	156,984	164,834	173,075	181,729	13.9%	11.1%	11.1%	11.1%	11.1%
Facility fees - Reconstructive	-	-	-	-	-	0.0%	0.0%	0.0%	0.0%	0.0%
Facility fees - Plastics	157,039	164,891	173,135	181,792	190,882	14.6%	11.7%	11.7%	11.7%	11.7%
<i>Facility fees - Pain Management</i>	-	-	300,000	315,000	330,750	0.0%	20.2%	20.2%	20.2%	20.2%
Total collections	1,075,609	1,129,389	1,485,859	1,560,152	1,638,159	100.0%	100.0%	100.0%	100.0%	100.0%
Operating expenses:										
Labor	206,993	214,238	221,736	229,497	237,529	19.2%	14.9%	14.7%	14.7%	14.5%
Management/Billing	70,594	73,064	75,622	78,268	81,008	6.6%	5.1%	5.0%	5.0%	4.9%
Surgical supplies/COGS	295,142	305,472	316,163	327,229	338,682	27.4%	21.3%	21.0%	21.0%	20.7%
Other meds	21,650	22,408	23,192	24,004	24,844	2.0%	1.6%	1.5%	1.5%	1.5%
Building rent	147,000	152,145	157,470	162,982	168,686	13.7%	10.6%	10.4%	10.4%	10.3%
Occupancy costs	31,123	32,212	33,340	34,507	35,714	2.9%	2.2%	2.2%	2.2%	2.2%
Administrative expenses	45,536	47,130	48,779	50,487	52,254	4.2%	3.3%	3.2%	3.2%	3.2%
Marketing expenses	5,509	5,702	5,901	6,108	6,322	0.5%	0.4%	0.4%	0.4%	0.4%
Total operating expenses	823,546	852,370	882,203	913,081	945,038	76.6%	59.4%	58.5%	57.7%	57.7%
EBITDA	252,063	277,019	603,655	647,071	693,121	23.4%	40.6%	41.5%	42.3%	42.3%
Depreciation/Amortization	-100,262	-75,000	-75,000	-75,000	-75,000	-9.3%	-5.0%	-4.8%	-4.8%	-4.6%
Interest expense - equipment	-3,587	-5,000	-7,500	-7,500	-7,500	-0.3%	-0.5%	-0.5%	-0.5%	-0.5%
Earnings before income taxes	148,214	197,019	521,155	564,571	610,621	13.8%	35.1%	36.2%	36.2%	37.3%

Analysis of cash flow - Owners:

Earnings before taxes	\$ 148,214	\$ 197,019	\$ 521,155	\$ 564,571	\$ 610,621
Add - depreciation	100,262	75,000	75,000	75,000	75,000
Add - members' working cap contribution	-	-	-	-	-
Less - principal working cap	(69,239)	(74,244)	(79,612)	(85,367)	(91,538)
Less - principal equipment	(52,483)	(55,998)	(59,749)	(63,750)	(68,020)
Cash flow from operations	\$ 126,753	\$ 141,776	\$ 456,795	\$ 490,454	\$ 526,064

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.