

ORIGINAL

11-100

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

OCT 24 2011

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Oak Surgical Institute LLC		
Street Address: 403 South Kennedy Drive		
City and Zip Code: Bradley IL 60915		
County: Kankakee	Health Service Area 9	Health Planning Area: A-14

Applicant /Co-Applicant Identification

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

Exact Legal Name: Oak Surgical Institute LLC		
Address: 403 South Kennedy Drive		
Name of Registered Agent: Magaret Frogge		
Name of Chief Executive Officer: Michael Corcoran		
CEO Address: 403 South Kennedy Drive Bradley IL 60915		
Telephone Number: 815-928-9999		

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	
X <input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

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

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. Attachment 1 is certificates of good standing

Primary Contact

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

Name: Joy Moore
Title: Executive Director
Company Name: Oak Surgical Institute LLC
Address: 403 South Kennedy Drive Bradley, IL 60915
Telephone Number: 815-928-9999
E-mail Address: jmoore@oaksurgicalinstitute.com
Fax Number: 815-928-9916

Additional Contact

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

Name: Margaret Frogge
Title: Board Member
Company Name: Oak Surgical Institute LLC
Address: 403 South Kennedy Drive Bradley, IL 60915
Telephone Number: 815-928-9999
E-mail Address Margaret-Frogge@RiversideHealthcare.net
Fax Number: 815-928-9916

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: Joy Moore
Title: Executive Director
Company Name: Oak Surgical Institute LLC
Address: 403 South Kennedy Drive Bradley, IL 60915
Telephone Number: 815-928-9999
E-mail Address: jmoore@oaksurgicalinstitute.com
Fax Number: 815-928-9916

Site Ownership See Lease as attachment 2

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Oak Surgical Institute LLC
Address of Site Owner: 403 South Kennedy Drive Bradley IL 60468
Street Address or Legal Description of Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. See attachment 2 property tax statement

Operating Identity/Licensee See IL Cert Good Standing as attachment 3-1 and ownership information as attachment 3-2

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

Exact Legal Name: Oak Surgical Institute LLC
Address: 403 South Kennedy Drive Bradley, IL 60915
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. 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 See organizational chart as attachment 4

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.*none

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

Flood Plain Requirements *No cost or construction to project, therefore flood plain is not applicable.*

[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 *No cost or construction to project, therefore historic requirements are not applicable.*

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification:

Substantive

X Non-substantive

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

- Part 1120 Not Applicable
 Category A Project
 Category B Project
 DHS or DVA Project

2. Narrative Description

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

Oak Surgical Institute LLC proposes to add podiatry surgical procedures to its current limited specialty ambulatory surgical treatment center ("ASTC") located at 403 S. Kennedy Drive, Bradley IL 60915, thereby becoming a multi-specialty ASTC. The ASTC includes 2 operating rooms and 8 recovery bays in approximately 6,995 gross square feet of clinical space. No construction or alterations to the ASTC will be required in order to facilitate the provision of this additional category of surgery. There is no cost to accommodate these surgeries.

Surgeries currently performed at the ASTC include Orthopedics and Pain, previously approved by the Health Facilities Planning Board under Project Permit No. 01-069 are orthopedic and pain, the request is to add podiatry to the CON.

The facility will not perform abortion procedures or any other procedures that are not related to Orthopedics, pain or podiatry.

The facility agrees to come before the CON Board prior to adding any additional services.

As seen in (Attachment 44) annual Charity care has varied in the past due to individual applicants. The facility appreciates the opportunity to assist and agrees to continue to provide such charity on a case by case basis to individuals that are eligible for financial assistance.

The project constitutes a non-substantive, category A project because there is no cost and no construction involved to add the new service

Project Costs and Sources of Funds *Not applicable, no costs involved in project.*

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

Related Project Costs *No related costs involved in project.*

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

Land acquisition is related to project Yes No
 Purchase Price: \$ _____
 Fair Market Value: \$ _____

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

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

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

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): ~~On Board Approval~~ 3/31/12
gm

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

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

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

State Agency Submittals

Are the following submittals up to date as applicable:

Cancer Registry
 n/a APORS
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 n/a 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 *Not applicable, no construction or costs involved for project as seen on attachment 9.*

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 ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization *Not applicable, we are an ASTC.*

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. **Include observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

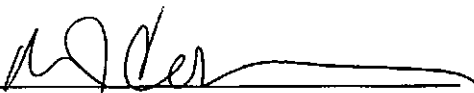
FACILITY NAME:		CITY:			
REPORTING PERIOD DATES:		From:	to:		
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:					

CERTIFICATION

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

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

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


SIGNATURE

Michael Corcoran
PRINTED NAME

President
PRINTED TITLE

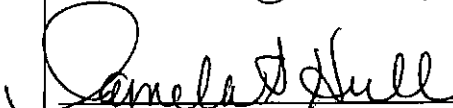

SIGNATURE

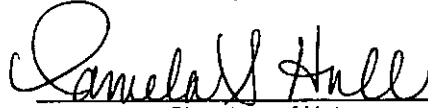
Bill Douglas
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 20 day of October 2011

Notarization:
Subscribed and sworn to before me
this 20 day of October 2011


Signature of Notary

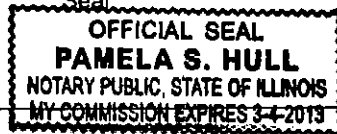

Signature of Notary

Seal

*Insert EX-107 (Reverse) in Date of Filing Applicant



Seal



SECTION II. DISCONTINUATION *Not Applicable, no discontinuation of any project.*

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

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

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

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

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11. Attachment 11 narrative; (11.1.a. IDPH license). Attachment 11.2 , 11.3 & 11.4 letter

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. Narrative-attachment 12; 12-2, map, patient satisfaction survey 12.6.

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. Narrative 13; Studies 13.1 & 13.2

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE *Not Applicable: NO COST OR CONSTRUCTION INVOLVED IN PROJECT*

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?

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.

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. Attachment 15 Narrative and table

UNFINISHED OR SHELL SPACE: *Not applicable, no construction involved in project.*

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, no construction involved in project.*

Submit the following:

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

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

H. Non-Hospital Based Ambulatory Surgery

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

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

Read the criterion and complete the following:

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

<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Obstetrics/Gynecology	<input type="checkbox"/> Pain Management
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Ophthalmology	<input checked="" 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 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 Not applicable, no new facilities involved in project.

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. Attachment 27 is narrative

2. Criterion 110/1540 Target population

a; 27.2.a.1., (zip codes past 2 yrs) 27.2.a.2 (GSA map), 27.2.a.3 (previously approved GSA).

b; 27.2.b , census data

c; 27.2.c. Map quest

3. Criterion 1110.1540(c) Projected patient volume

a. 27.3. letter with anticipated cases

b. addressed in narrative attachment 27

c. 27.3.a letter projected volume from proposed GSA

d. 27.3.a statement true and correct

4. Criterion 1110.1540(d) Treatment room need assessment

a. procedure room number no change

b. estimated procedure time

5. Criterion 1110.154(e) Impact on other facilities

a. 27.5.a letters sent to other facilities

b. 27.5.b proof of service-list of all facilities & mapquest

7. Criterion 1110.1540(g) Charge Commitment

a. 27.7.a proposed charge list

b. 27.7.b letter to maintain charges

8. Criterion 1110.1540(h) Change in scope of services

Attachment 27 narrative

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 *Not applicable, no cost to project.*

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:
	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:
	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.
	TOTAL FUNDS AVAILABLE

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

IX. 1120.130 - Financial Viability *Not applicable, no cost involved in project*

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. All of the projects capital expenditures are completely funded through internal sources
2. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
3. 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 B (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 NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility A,B,C Not applicable, no cost to project

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
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. Attachment 42.d and 42.e

XI. Safety Net Impact Statement *Not applicable, is non-substantive*

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

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

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

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

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

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

	Medicaid (revenue)			
	Inpatient			
	Outpatient			
	Total			

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

XII. Charity Care Information

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

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

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

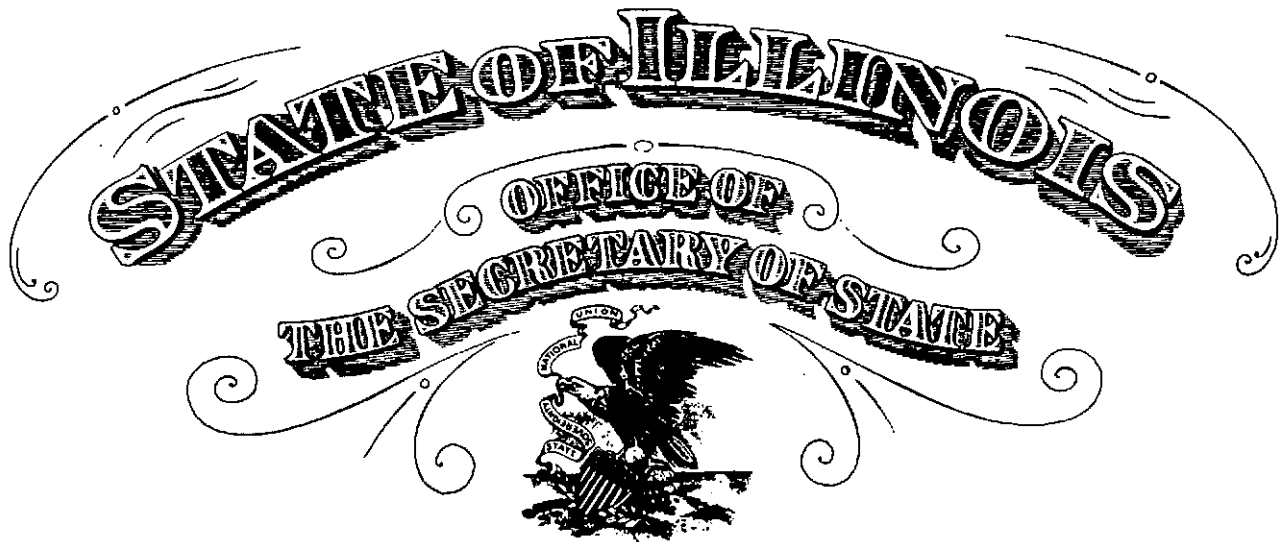
A table in the following format must be provided for all facilities as part of Attachment 44.

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

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Co applicant Identification including Certificate of Good Standing	22-25
2	Site Ownership	26 & 27
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	32
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	33
5	Flood Plain Requirements	NA
6	Historic Preservation Act Requirements	NA
7	Project and Sources of Funds Itemization	NA
8	Obligation Document if required	NA
9	Cost Space Requirements	NA
10	Discontinuation	NA
11	Background of the Applicant	35-37
12	Purpose of the Project	38-53
13	Alternatives to the Project	54-57
14	Size of the Project	NA
15	Project Service Utilization	58
16	Unfinished or Shell Space	NA
17	Assurances for Unfinished/Shell Space	NA
18	Master Design Project	NA
19	Mergers, Consolidations and Acquisitions	NA
	Service Specific:	NA
20	Medical Surgical Pediatrics, Obstetrics, ICU	NA
21	Comprehensive Physical Rehabilitation	NA
22	Acute Mental Illness	NA
23	Neonatal Intensive Care	NA
24	Open Heart Surgery	NA
25	Cardiac Catheterization	NA
26	In-Center Hemodialysis	NA
27	Non-Hospital Based Ambulatory Surgery	59-145
28	General Long Term Care	NA
29	Specialized Long Term Care	NA
30	Selected Organ Transplantation	NA
31	Kidney Transplantation	NA
32	Subacute Care Hospital Model	NA
33	Post Surgical Recovery Care Center	NA
34	Children's Community-Based Health Care Center	NA
35	Community-Based Residential Rehabilitation Center	NA
36	Long Term Acute Care Hospital	NA
37	Clinical Service Areas Other than Categories of Service	NA
38	Freestanding Emergency Center Medical Services	NA
	Financial and Economic Feasibility:	
39	Availability of Funds	NA
40	Financial Waiver	NA
41	Financial Viability	NA
42	Economic Feasibility	146
43	Safety Net Impact Statement	NA
44	Charity Care Information	147



To all to whom these Presents Shall Come, Greeting:

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

OAK SURGICAL INSTITUTE, L.L.C., A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JANUARY 07, 2000, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of SEPTEMBER A.D. 2011 .

Jesse White

SECRETARY OF STATE

Authentication #: 1124501504

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

22

Attachment 1

File Number 5265-327-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

OAKSIDE CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 19, 1982, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

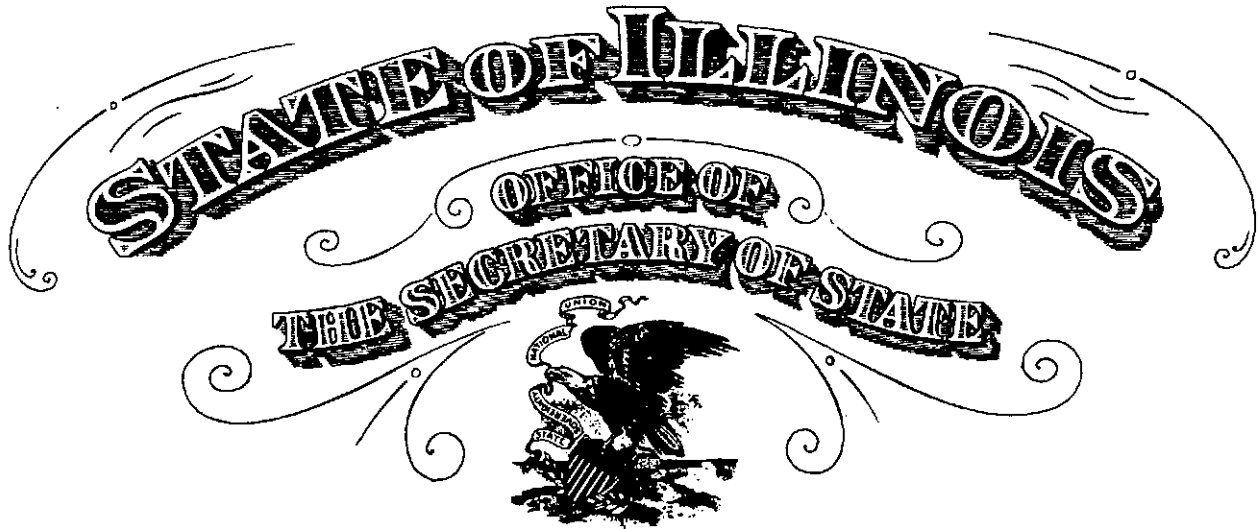


In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of OCTOBER A.D. 2011

Jesse White

SECRETARY OF STATE

Authentication #: 1129300889
Verify at www.cyberdriveillinois.com



To all to whom these Presents Shall Come, Greeting:

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

VALLEY INVESTMENTS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 22, 2001, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1128300804

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 10TH day of OCTOBER A.D. 2011 .

Jesse White

SECRETARY OF STATE

24

Attachment 1



To all to whom these Presents Shall Come, Greeting:

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

RIVERSIDE MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 20, 1959, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1126902324

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 26TH day of SEPTEMBER A.D. 2011 .

Jesse White

SECRETARY OF STATE

25 Attachment 1



Mark J. Frechette, Kankakee County Treasurer, 192 N. East Avenue, Kankakee, IL 60901, Phone: (815) 937-2960

Information for Parcel 17-09-30-406-022, Tax Year 2010 Payable 2011

< First << Prev

Property 40 of 41 (See All)

Next >> Last >

Property Information

Tax Year 2010	Township BOURBONNAIS	Property Class 0060-IMPROVED
Tax Status Active	Tax Code 17010 - BOURBONNAIS 10	Land Use
Net Taxable Value 729,757	Tax Rate 7.698000	Total Tax \$56,176.70
Site Address 408 S KENNEDY DR	Owner Name and Address RIVERSIDE MEDICAL CENTER 350 N WALL ST KANKAKEE, IL 60901-2901	Mailing Name and Address
Legal Description RIVERLANE SUB 1ST ADDN BLK 9 & BLK 1 755X300 EX TRJ NE COR LOT 10		
Lot Size 742.2X302.04X754.7X262.04X24		
Public Notes LOOK FOR IMP ONLY -025.		

I Want To...

- Start a New Search
- Go to the Treasurer Website
- Go to the County Website
- View:
 - Assessment Information
 - Billing & Collection Information
 - Exemption Information
 - Farm Land Information
 - Genealogy Information
 - Legal Information
 - Name Information
 - Sales Information
 - Site Address Information
 - Texting Body Information
 - Print this Parcel

Payments

Instalment	Date Due	Tax Billed	Penalty Billed	Cost Billed	Drainage Billed	Total Billed	Amount Paid	Total Unpaid
First	06/13/2011	\$28,088.35	\$0.00	\$0.00	\$0.00	\$28,088.35	\$0.00	\$28,088.35
Second	09/01/2011	\$28,088.35	\$0.00	\$0.00	\$0.00	\$28,088.35	\$0.00	\$28,088.35
Total		\$56,176.70	\$0.00	\$0.00	\$0.00	\$56,176.70	\$0.00	\$56,176.70

Payment Detail

Instalment	Receipt Number	Date Paid	Paid By	Amount
Total				\$0.00

Disclaimer

This website is for information purposes only. Information printed from this site should not be used in lieu of a tax bill. IF YOU USE THIS STATEMENT AS A TAX BILL YOU MUST ADD \$3.00 WITH STATEMENT OR PAYMENT WILL BE RETURNED!

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Cancel

26

Attachment 2



Oak Surgical Institute, L.L.C.

403 South Kennedy Drive • Bradley, Illinois 60915 • (815) 928-9999 • Fax (815) 928-8669

October 20, 2011

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

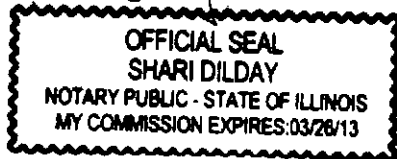
Dear Mr. Galassie,

I hereby attest that Valley Investments and Oakside Corporation are owners of Oak Surgical Institute, LLC located at 403 S. Kennedy Drive, Bradley, IL 60915. I declare that this statement is true and accurate to the best of my knowledge.

Sincerely,

Wesley Choy, M.D.
OSI Board Member

NOTARY: *Shari Dilday* 10-20-11





To all to whom these Presents Shall Come, Greeting:

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

RIVERSIDE MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 20, 1959, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



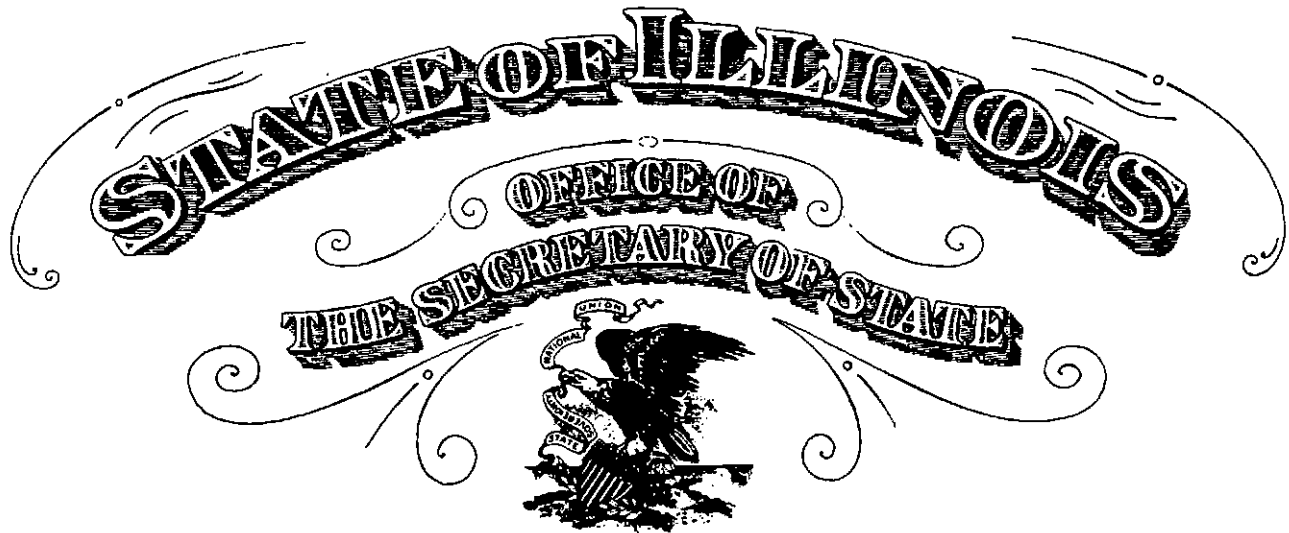
Authentication #: 1126902324

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

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 26TH day of SEPTEMBER A.D. 2011 .

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

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

OAK SURGICAL INSTITUTE, L.L.C., A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JANUARY 07, 2000, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1124501504

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 2ND day of SEPTEMBER A.D. 2011 .

Jesse White

SECRETARY OF STATE

File Number 5265-327-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

OAKSIDE CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 19, 1982, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH

day of OCTOBER A.D. 2011



Jesse White

SECRETARY OF STATE

Authentication #: 1129300889
Verify at www.cyberdriveillinois.com

30

Attachment 3-1



To all to whom these Presents Shall Come, Greeting:

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

VALLEY INVESTMENTS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 22, 2001, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of OCTOBER A.D. 2011 .

Jesse White

SECRETARY OF STATE

Authentication #: 1128300804

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

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Attachment 3-1

.OAK SURGICAL INSTITUTE, LLC is a Delaware Corporation.

The Corporation is owned and operated by:

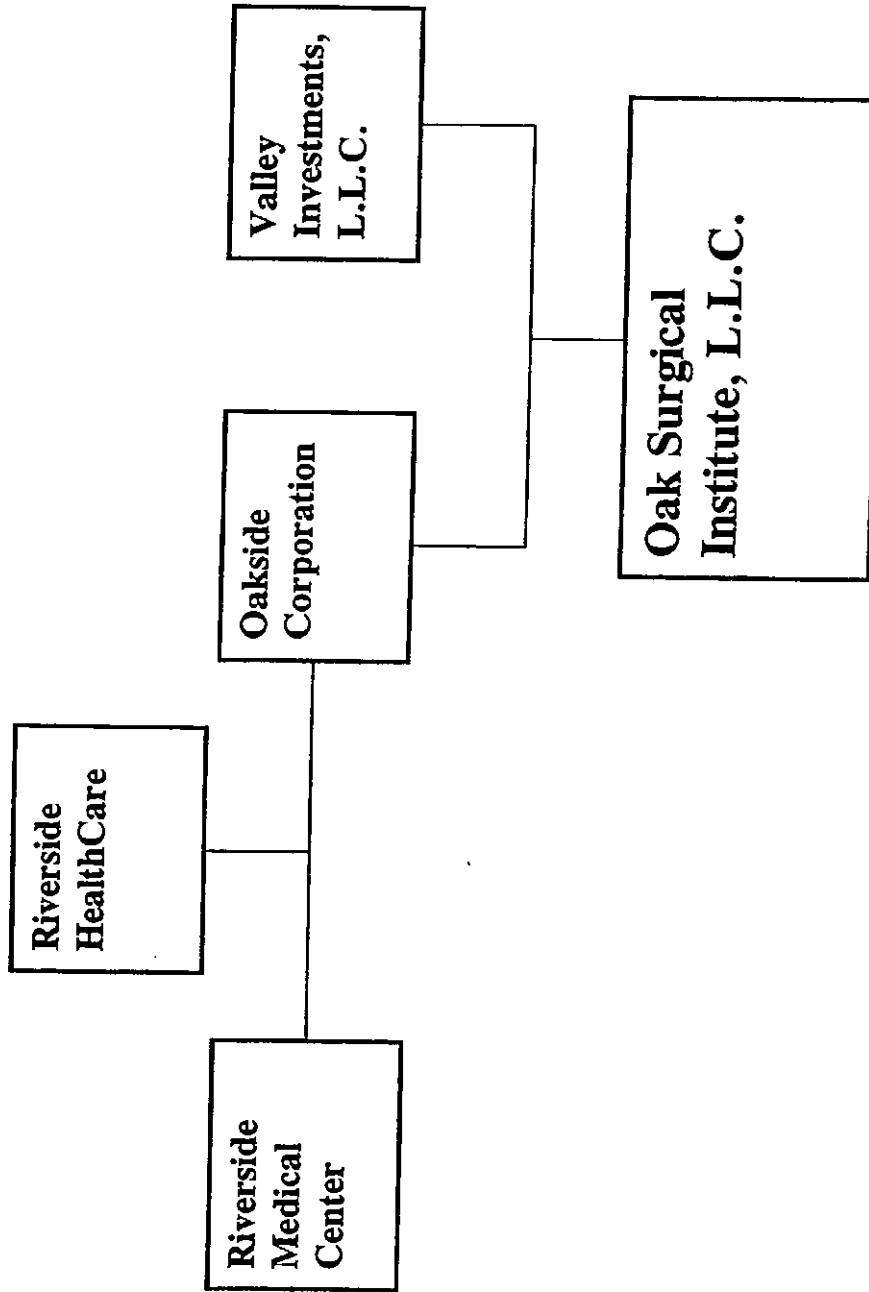
Valley Investments, LLC	55%
Oakside Corporation	45%

The above-named can be reached at:

VALLEY INVESTMENTS, LLC
Michael Corcoran/Chief Executive Officer
400 South Kennedy Drive Suite 100
Bradley, IL 60915

OAKSIDE CORPORATION
Bill Douglas/Chief Financial Officer
350 North Wall Street
Kankakee, IL 60901

Oak Surgical Institute, L. L. C.



Cost Space Requirements-Not applicable, there is no cost and no construction involved for this project.

Oak Surgical Institute LLC facility space requirements consist of the following:

Department/Area	Cost	Gross Square Feet		Amount of Proposed	Total Gross Square Feet
		Existing	Proposed		
ASTC	0	6,995	0	0	6,995

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

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

1. The only health care facility owned or operated by the applicant is: Oak Surgical Institute LLC, located at 403 S. Kennedy Drive, Bradley IL 60915. Attachment (11-1-a) is a copy of State of Illinois Department of Public Health License.
2. A letter from Dr. Michael Corcoran, President certifying no adverse action has been taken against any facility owned and/or operated by applicant during the three years prior to filing of this application is attached. (Attachment 11-2).
3. A letter from Dr. Michael Corcoran, President includes an authorization permitting HFSRB and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached. (Attachment 11-3).
4. A letter from Dr. Michael Corcoran, President states The Applicant has not previously submitted an application for permit during this calendar year. Accordingly, this criterion is not applicable. (Attachment 11-4).

Attachment 11



State of Illinois 2037919
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.

LARRY T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE 05/13/12	CATEGORY PCED	ID NUMBER 7002702
FULL LICENSE		
AMBI SURGICAL TREAT CNTR		
EFFECTIVE: 05/14/11		

BUSINESS ADDRESS

CAR SURGICAL INSTITUTE, L.L.C.
 405 CUBIN KENNEDY BLVD
 BRADLEY
 IL 60915

The face of this license has a colored background. Printed by Authority of the State of Illinois • 2097 •

36

Attachment 11.1.a

October, 2011

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


Dear MR. Galassie,

I hereby certify under penalty of perjury as provided in the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action has been taken against any facility owned or operated by Oak Surgical Institute LLC during the three years prior to filing this application for permit.

Additionally, pursuant to 77 IAC1110.23A3C, I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HRSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

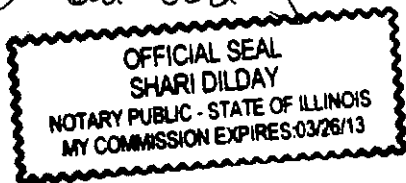
The Applicant has not submitted any other application for this permit.

Sincerely



Michael Corcoran, M.D.
President
Oak Surgical Institute LLC

Notary here *Shari Dilday 10-20-11*



Paragraph 1: Attachment 11.2
Paragraph 2: Attachment 11.3
Paragraph 3: Attachment 11.4

Section III - Purpose of Project, and Alternatives-Information Requirements
Criterion 1110.230(b), Project purpose, Background and Alternatives

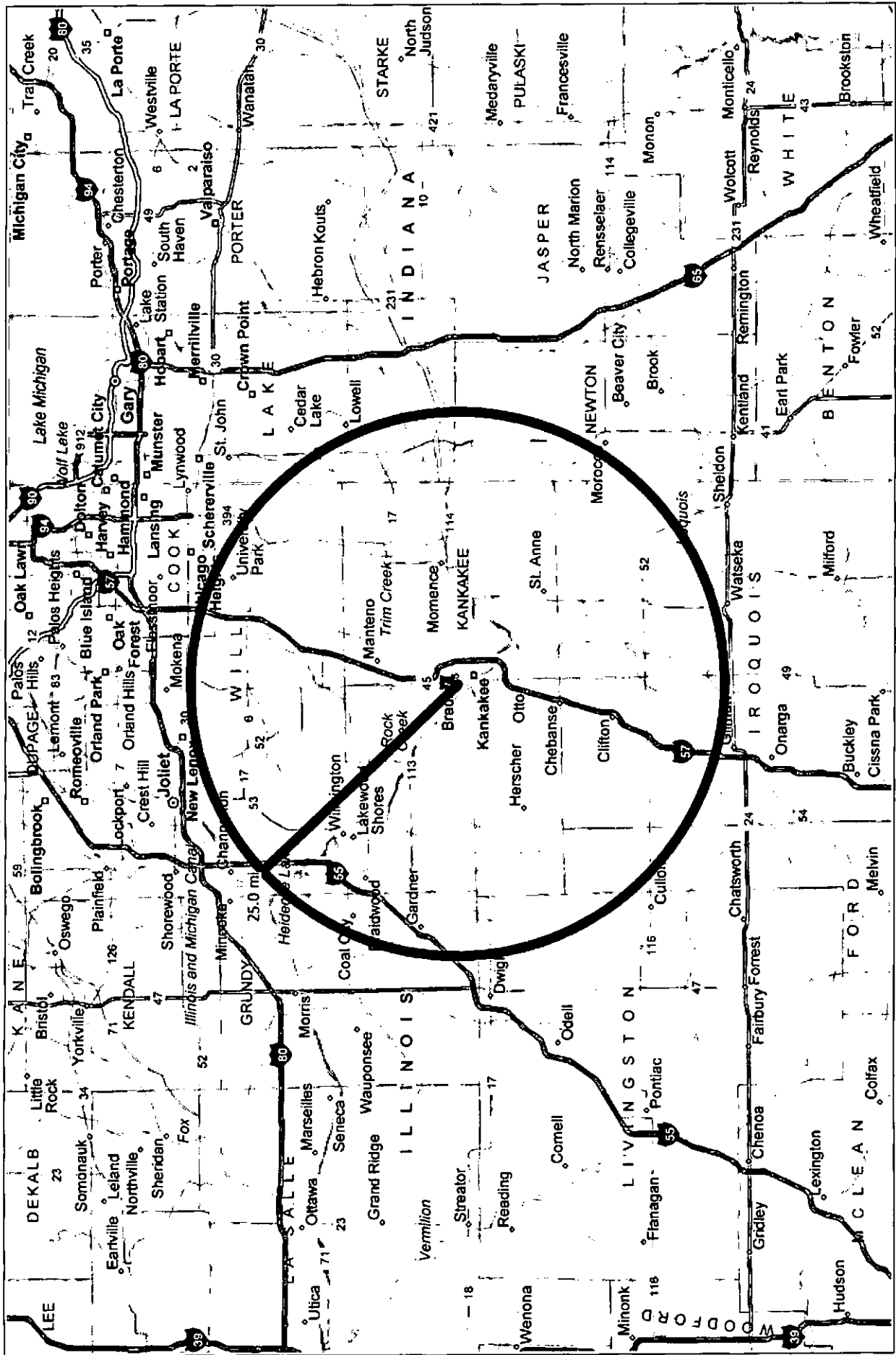
Purpose of Project

1. The primary purpose of this project is to enhance the scope of services available to the patients residing in the service area of the surgery center. By adding podiatry to the services provided by OSI, patients seeking podiatry services will be able to receive these services in a cost effective, efficient, AAAHC accredited facility.
2. Oak Surgical Institute services the Kankakee and surrounding community areas. This includes communities within approximately 30 minute travel time from Bradley, IL. See Attachment 12-2
3. Patients in the area requiring podiatric surgery are generally required to have their surgeries performed in the hospital setting. This is a more costly alternative for the patient. In addition, timeliness and efficiency in the hospital setting is also an issue. The hospital surgery schedule is at risk for being interrupted by an emergent case, or for being delayed due to complex surgical procedures. A patient may experience a 4-6 hour delay due to these occurrences. The Applicant rarely encounters delays. The Applicant does have excess capacity, and the addition of podiatry will improve the overall utilization of existing space. Other surgery centers that do not specialize in orthopedics will not have all the equipment without additional expense. There is no cost or construction involved to add podiatry to the Applicants services.
4. The sources for information include ASC Outcome Benchmarking project indicators.
5. By adding podiatry to the services provided at OSI, the cost of podiatry procedures will be less than hospital costs, the patients will have access to an efficient ambulatory facility and the risk of infection will be reduced. The physician's surgery schedule will not be interrupted by emergent cases, and the patients will receive timely, high quality services from an accredited ambulatory surgery center.

6. GOALS:

- a. Patients who receive podiatry services at OSI will be provided with timely and efficient services as measured by being admitted within 15 minutes of arrival, and discharged within 30 minutes of anticipated discharge time.
- b. Podiatry Surgery services will be charged at a lower rate than services provided in the hospital setting as measured by final billings.
- c. Patients who receive podiatry services at OSI will report good to excellent patient satisfaction ratings of services received within 6 months of the onset of this service and will be measured and recorded using the patient satisfaction survey. (Attachment 12.6).

Illinois, United States, North America



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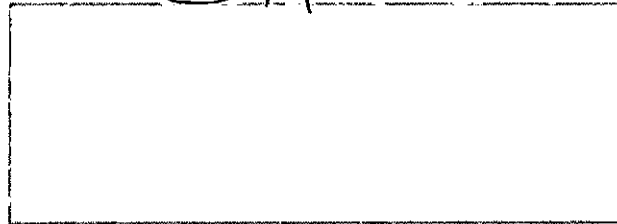
Attachment 12-2



Notes






EAST

Trip to:
 [3500-3598] N County Road 18000 E
 Momence, IL 60954
 21.45 miles
 36 minutes



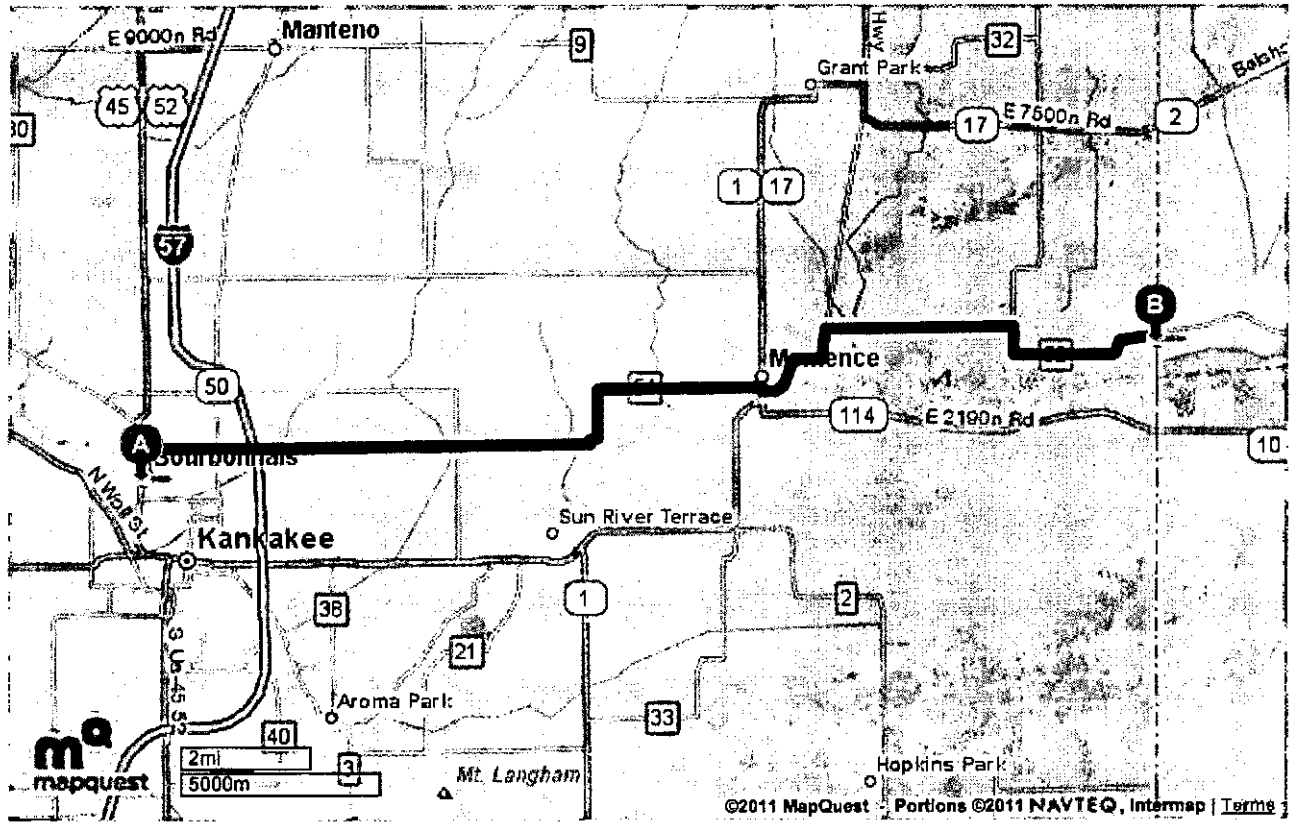
	403 S Kennedy Dr Bradley, IL 60915-2152	Miles Per Section	Miles Driven
	1. Start out going north on S Kennedy Dr / US-45 / US-52 toward Superior St.	Go 0.6 Mi	0.6 mi
	2. Turn right onto W North St. <i>W North St is 0.1 miles past Grove St If you are on S Main St and reach W Ray St you've gone a little too far</i>	Go 2.1 Mi	2.7 mi
	3. W North St becomes E 2000N Rd.	Go 5.8 Mi	8.5 mi
	4. Turn left onto N 8000E Rd / CR-54. Continue to follow CR-54.	Go 1.2 Mi	9.7 mi
	5. Turn right onto E 3000N Rd / CR-54. Continue to follow CR-54. <i>CR-54 is 0.5 miles past E River North Rd If you reach E 3500N Rd you've gone about 0.5 miles too far</i>	Go 3.0 Mi	12.7 mi
	6. Turn right onto IL-1 / Dixie Hwy / IL-17. <i>IL-1 is just past N Pine St Church of Good Shepherd is on the corner If you are on E 2nd St and reach N Locust St you've gone a little too far</i>	Go 0.08 Mi	12.8 mi
	7. Take the 1st left onto E Washington St / CR-13. Continue to follow CR-13. <i>H&R Block is on the left If you are on Dixie Hwy and reach W River St you've gone a little too far</i>	Go 0.9 Mi	13.7 mi
	8. Turn right onto E 3500N Rd / CR-13.	Go 0.5 Mi	14.2 mi
	9. Turn left onto N Vincennes Trl / CR-13 / N 12410E Rd.	Go 0.5 Mi	14.7 mi
	10. Take the 1st right onto E 4000N Rd / CR-13. Continue to follow E 4000N Rd. <i>If you reach E 5500N Rd you've gone about 1.5 miles too far</i>	Go 3.4 Mi	18.1 mi

41

	11. Turn right onto CR-52 / E 3800N Rd / N 15500E Rd. Continue to follow CR-52 / N 15500E Rd.	Go 0.5 Mi	18.6 mi
	12. Turn slight left onto CR-52.	Go 2.7 Mi	21.3 mi
	13. Turn right onto N County Road 18000 E / State Line Rd. <i>N County Road 18000 E is 0.9 miles past N 17240E Rd If you are on W 241st Ave and reach White Oak Ave you've gone about 2.1 miles too far</i>	Go 0.1 Mi	21.5 mi
	14. [3500-3598] N COUNTY ROAD 18000 E. <i>If you reach W 245th Ave you've gone about 0.1 miles too far</i>		21.5 mi
	[3500-3598] N County Road 18000 E Momence, IL 60954	21.5 mi	21.5 mi

42

Total Travel Estimate: 21.45 miles - about 36 minutes



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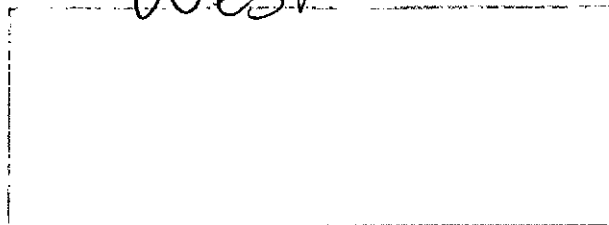
43





Trip to:
 Braidwood, IL
 22.07 miles
 31 minutes

Notes

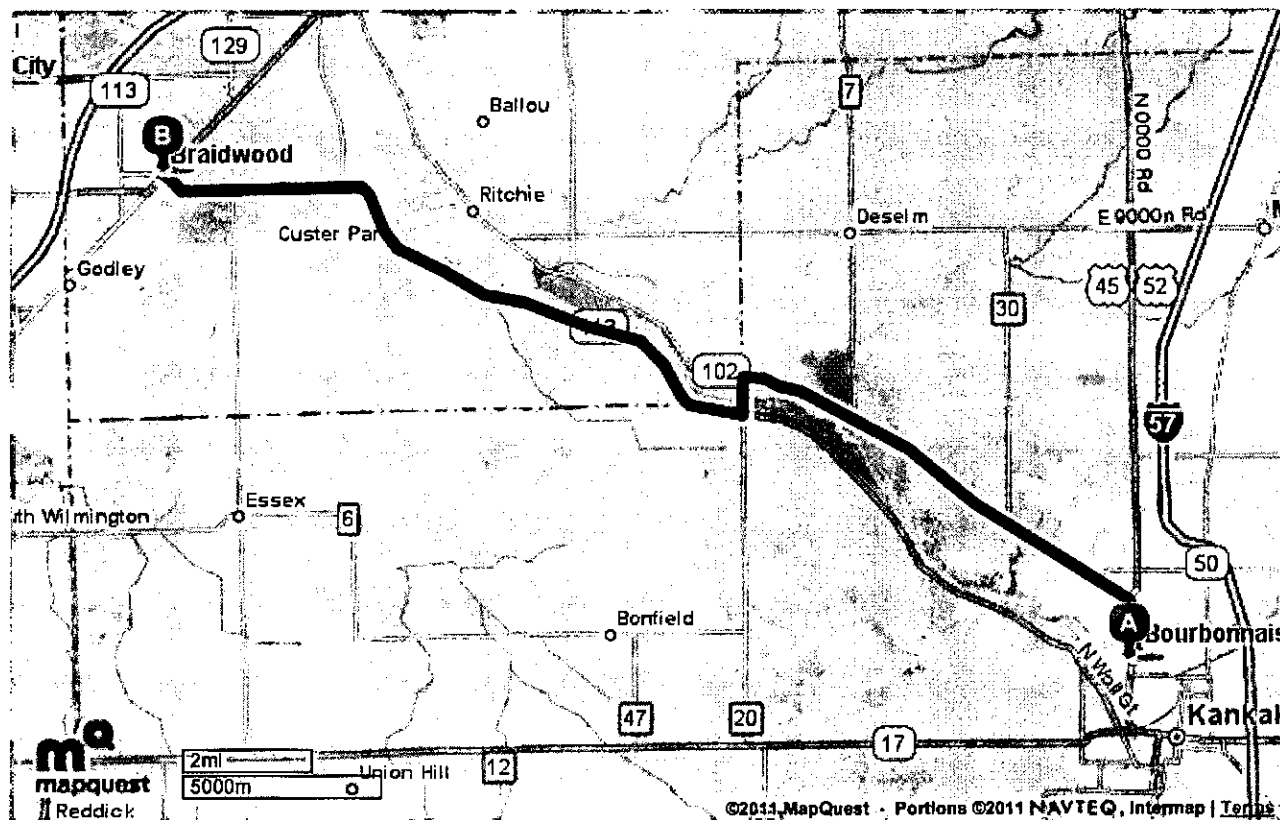
West



	403 S Kennedy Dr Bradley, IL 60915-2152	Miles Per Section	Miles Driven
	1. Start out going north on S Kennedy Dr / US-45 / US-52 toward Superior St. Continue to follow US-45 / US-52.	Go 1.1 Mi	1.1 mi
	 2. Turn left onto IL-102 / Main St NW. Continue to follow IL-102. <i>IL-102 is just past W River St Dairy Queen is on the left If you are on E Marsile St and reach Kelley St you've gone a little too far</i>	Go 8.1 Mi	9.2 mi
	3. Turn left onto Warner Bridge Rd / N 7000W Rd. <i>If you reach S Mary Byron Rd you've gone about 1.0 mile too far</i>	Go 0.7 Mi	9.9 mi
	 4. Turn right onto IL-113. <i>If you reach W 4750N Rd you've gone about 1.0 mile too far</i>	Go 12.1 Mi	22.0 mi
	5. Turn slight right onto N Mitchell St. <i>N Mitchell St is just past N Washington St Corner Kitchen is on the corner</i>	Go 0.03 Mi	22.1 mi
	6. Welcome to BRAIDWOOD, IL. <i>If you reach North St you've gone a little too far</i>		22.1 mi
	Braidwood, IL	22.1 mi	22.1 mi

44

Total Travel Estimate: 22.07 miles - about 31 minutes



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45



Trip to:
 Gilman, IL
 31.30 miles
 39 minutes

Notes

South

		Miles Per Section	Miles Driven
	403 S Kennedy Dr Bradley, IL 60915-2152		
	1. Start out going south on S Kennedy Dr / US-45 / US-52 toward W South St . Continue to follow US-45 / US-52 .	Go 1.3 Mi	1.3 mi
	2. Turn left onto US-45 / US-52 / IL-17 .	Go 0.4 Mi	1.8 mi
	3. Turn right onto US-45 / US-52 / S US-45 52 / S Washington Ave . Continue to follow US-45 / US-52 / S US-45 52 . <i>US-45 is just past S 3rd Ave Graham's Home Furnishing is on the corner If you are on W Court St and reach S West Ave you've gone a little too far</i>	Go 0.6 Mi	2.4 mi
	4. Turn left onto W Water St / US-45 / US-52 . <i>W Water St is 0.1 miles past W River St Brando's Bar Inc is on the left If you are on MC Mullen Dr and reach W Charles St you've gone about 0.1 miles too far</i>	Go 0.10 Mi	2.5 mi
	5. Turn right onto S East Ave / E Water St / US-45 / US-52 . Continue to follow S East Ave / US-45 / US-52 .	Go 0.6 Mi	3.0 mi
	6. Turn right onto S Schuyler Ave / US-45 / US-52 . Continue to follow US-45 S / US-52 S .	Go 1.8 Mi	4.8 mi
	7. Merge onto I-57 S toward Champaign .	Go 24.4 Mi	29.2 mi
	8. Take the US-24 exit, EXIT 283 , toward Gilman / Chatsworth .	Go 0.3 Mi	29.5 mi
	9. Turn left onto CR-1700 N / US-24 E . <i>If you reach I-57 S you've gone about 0.2 miles too far</i>	Go 0.6 Mi	30.2 mi
	10. Turn left onto S Crescent St / US-45 / US-24 . <i>Heavens Creations Floral is on the corner If you reach N 850 East Rd you've gone about 1.5 miles too far</i>	Go 1.1 Mi	31.3 mi

46



11. Welcome to **GILMAN, IL.**

31.3 mi

*Your destination is just past S Central St
If you reach S Main St you've gone a little too far*



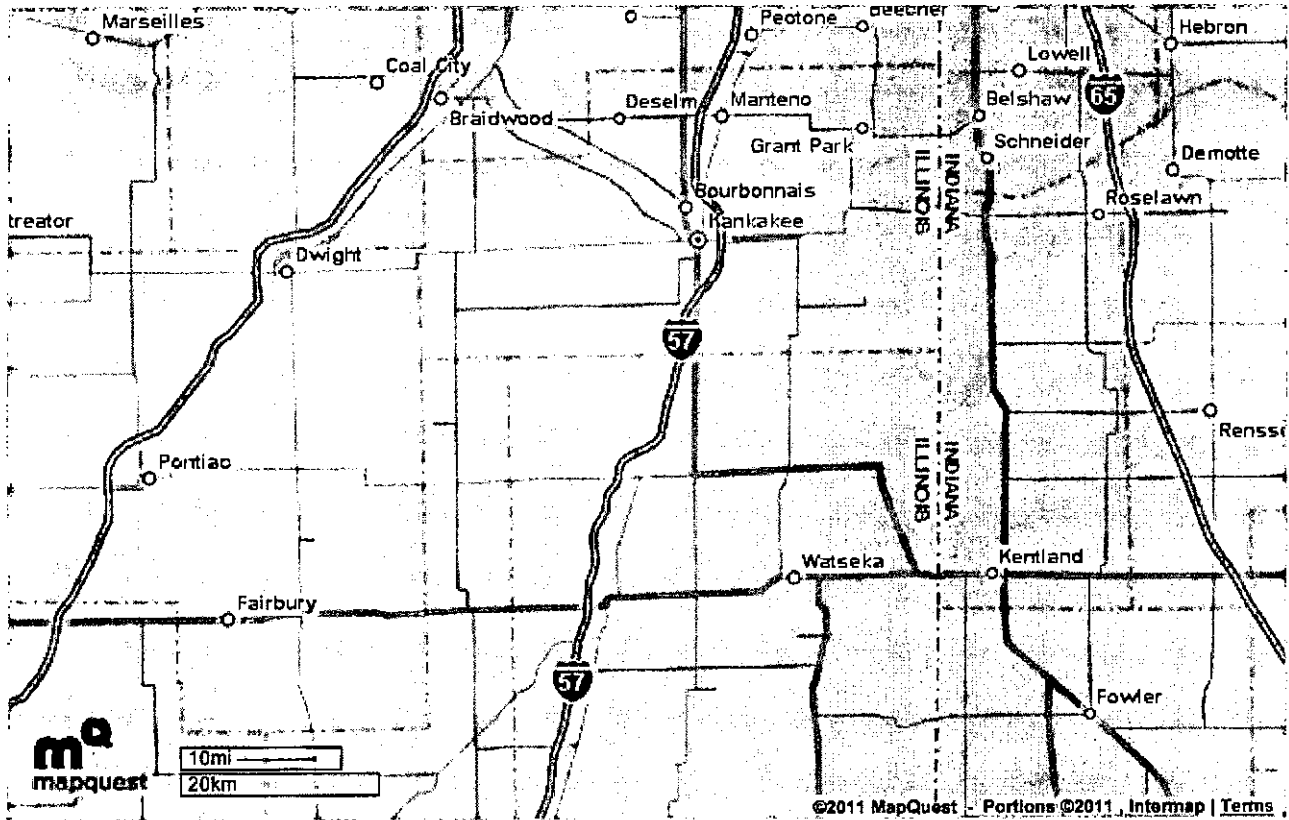
Gilman, IL

31.3 mi

31.3 mi

47

Total Travel Estimate: 31.30 miles - about 39 minutes



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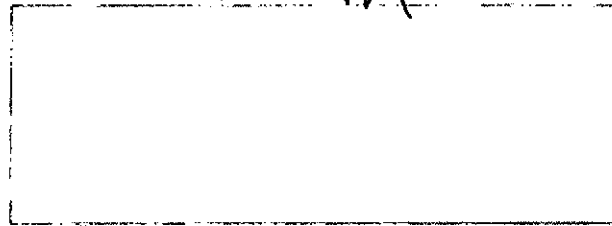
48



Trip to:
Chicago Heights, IL
34.29 miles
45 minutes

Notes

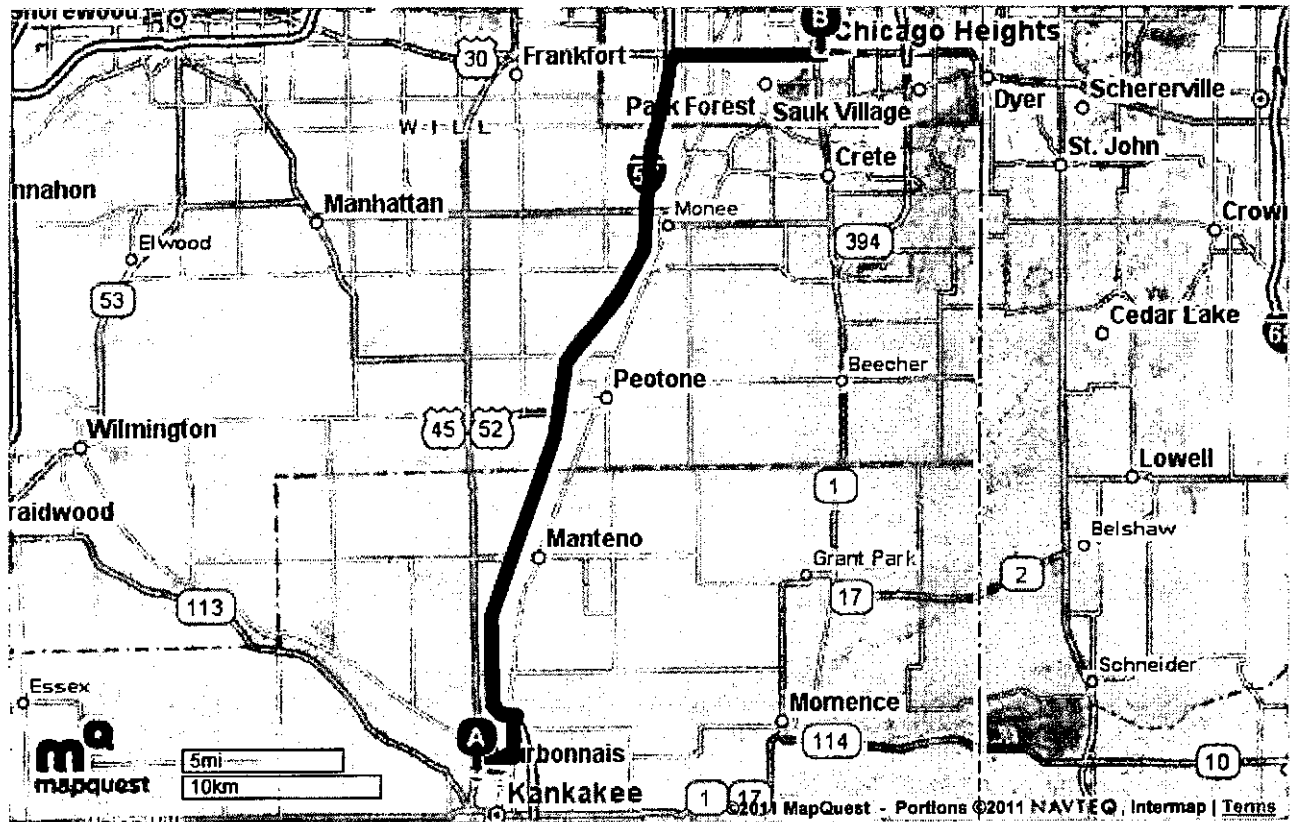
NORTH



A	403 S Kennedy Dr Bradley, IL 60915-2152	Miles Per Section	Miles Driven
●	1. Start out going north on S Kennedy Dr / US-45 / US-52 toward Superior St.	Go 0.6 Mi	0.6 mi
➡	2. Turn right onto W North St. <i>W North St is 0.1 miles past Grove St If you are on S Main St and reach W Ray St you've gone a little too far</i>	Go 1.3 Mi	1.8 mi
⬅	3. Turn left onto N Kinzie Ave / IL-50 N. Continue to follow IL-50 N. <i>IL-50 N is just past N La Salle Ave Pnc Bank is on the left If you reach N Quincy Ave you've gone a little too far</i>	Go 1.5 Mi	3.3 mi
⬆	4. Merge onto I-57 N toward Chicago.	Go 25.3 Mi	28.6 mi
EXIT	5. Merge onto US-30 E via EXIT 340.	Go 5.7 Mi	34.3 mi
➡	6. Turn right onto S Halsted St. <i>S Halsted St is just past Park Ave Uptown Florist & Greenhouse is on the corner If you reach W End Ave you've gone a little too far</i>	Go 0.01 Mi	34.3 mi
■	7. Welcome to CHICAGO HEIGHTS, IL. <i>If you reach E 15th St you've gone about 0.1 miles too far</i>		34.3 mi
B	Chicago Heights, IL	34.3 mi	34.3 mi

49

Total Travel Estimate: 34.29 miles - about 45 minutes



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Oak Surgical Institute, L.L.C.

403 South Kennedy Drive • Bradley, IL 60915 • (815)928-9999 • Fax (815) 928-8669

Patient Satisfaction Survey

At OAK Surgical Institute, maintaining high quality patient comfort and customer satisfaction are our primary goals. Your input is vital in meeting those standards. We would appreciate it if you would take a moment to complete this brief questionnaire.

Thank You!

Date of Surgery/Procedure: _____ Doctor's Name: _____

Were you treated courteously at all times?

Excellent Very Good Good Fair Poor

Was the environment comfortable and organized?

Excellent Very Good Good Fair Poor

How long was your waiting period from your scheduled arrival at OSI until you went into the Operating Room for your Surgery/Procedure?

0-1 ½ hours 1 ½ -2 ½ hours 2 ½ -3 ½ hours 3 ½ -4 hours >4 hours

Were your discharge instructions clear?

Excellent Very Good Good Fair Poor

How would you rate the surgeon's explanation of the Surgery/Procedure in the office prior to it being performed?

Excellent Very Good Good Fair Poor

How would you rate the office staff's willingness to work with your insurance and payment situation?

Excellent Very Good Good Fair Poor

Were there any problems you didn't anticipate? Yes No

If yes, please explain: _____

How could we have made your visit more pleasant? _____

If you would like a representative from OAK Surgical to call you and discuss your experience, please give us your:

Name: _____

Telephone Number: _____

Convenient Time to Call: _____

**Patient Satisfaction Survey QA Tally
2010 Total for Surgical Patients**

	2010 Total
1- Were you treated courteously at all times?	4.92
2- Was the environment comfortable and organized?	4.87
3- How long was your waiting period from your scheduled arrival at OSI until you went into the OR for your Surgery/Procedure?	4.78
4- Were your discharge instructions clear?	4.81
5- How would you rate the surgeon's explanation of the Surgery/Procedure in the office prior to it being performed?	4.7
6- How would you rate the office staff's willingness to work with your insurance and payment situation?	4.78
7- Were there problems you didn't anticipate?	4.8

These results are based on a 5 point scale

- 5 = Excellent
- 4 = Very Good
- 3 = Good
- 2 = Fair
- 1 = Poor

52

Attachment 12.6.

Patient Satisfaction Survey QA Tally
2011 Total for Surgical Patients
 January through August

	2011 Total
1- Were you treated courteously at all times?	4.87
2- Was the environment comfortable and organized?	4.82
3- How long was your waiting period from your scheduled arrival at OSI until you went into the OR for your Surgery/Procedure?	4.75
4- Were your discharge instructions clear?	4.75
5- How would you rate the surgeon's explanation of the Surgery/Procedure in the office prior to it being performed?	4.59
6- How would you rate the office staff's willingness to work with your insurance and payment situation?	4.78
7- Were there problems you didn't anticipate?	4.82

These results are based on a 5 point scale
 5 = Excellent
 4 = Very Good
 3 = Good
 2 = Fair
 1 = Poor

Criterion 1110.230 Alternatives

The proposed project to expand the scope of services of Oak Surgical Institute (OSI) by adding podiatry has no cost and provides many benefits. The existing two surgery suites in Oak Surgical Institute, equipment and support space will be better utilized, patient care will be timely and efficient, and the cost of podiatry surgery vs. at the hospital, will be reduced.

1. Alternative approaches are as follows:
 - a. *Greater cost-Build a new surgery center dedicated to podiatry.* This would be a very costly project, most likely in excess of three million dollars, and would result in the continued underutilization of existing facilities. The Applicant has capacity, and can accommodate this service with no additional cost or construction.
 - b. *Pursue a Joint venture* – The Applicant is a joint venture.
 - c. *Utilizing other health care resources.* The applicant considered performing podiatry surgery at area hospital; however it is more expensive to the patient to have minor ambulatory podiatry surgeries in the hospital setting.
 - d. All alternative approaches were discussed in great detail and it was decided that the addition of podiatry services to the Applicant was the most practical, efficient and cost effective solution.

2. In comparing the alternative approaches to the proposed project, the issues of cost, patient access, quality and financial benefits in both short term and long term are as follows:
 - a. *Cost:* a) The cost for the applicant to build a new ambulatory surgery center that could be in excess of three million dollars. b) There is no cost as Applicant is already a joint venture, but surgery done in the hospital would be more costly. c) Joint venture-The Applicant currently is a joint venture. d) No cost involved in project for the Applicant.
 - b. *Patient Access:* a) and c) would result in improved access similar to the proposed project. b) The Applicant is a joint venture. d) The proposed project will greatly improve patient access by including podiatry surgery to its services in an ASTC setting.
 - c. *Quality:* a) and c) would be similar to d. in providing a quality, efficient and relaxed atmosphere, but is more costly. b) Applicant is a joint venture. d) Proposed project would improve quality by providing podiatry in an efficient, private, relaxed atmosphere, without emergent interruptions in a cost efficient manner.
 - d. *Financial Benefits:* Building a new facility, a) or modifying an existing facility, (b. or c.) would add to the cost by spending healthcare dollars on construction and equipment. d) Proposed project will lower overall costs to the patient and provider by increasing efficiency, and will likely keep the costs of providing this service down over time.

3. Empirical evidence including quantified outcome data that verifies improved quality of care. The quality of care can be measured in numerous ways:
 - a. Practitioners' performing the new podiatry services will first be credentialed and privileged to assure providing appropriate quality care.
 - b. Any infections will be tracked and reported to Quality Assessment and Performance Improvement Committee which in turn reports to the Governing Board.
 - c. Peer Review will be performed quarterly with focus any outcomes that may deviate from the norm.
 - d. Various studies will be done to benefit and improve the services at OSI as seen in the project summary Unplanned Hypothermia study (attachment 13-1) and Hand Washing non-compliance study (attachment 13-2).
 - e. Patient satisfaction results will be tracked and reported to the Quality Assessment and Performance Improvement Committee which in turn reports to the Governing Board.

Attachment 13

QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT STUDY
UNPLANNED HYPOTHERMIA

PROJECT SUMMARY

Opportunity for Improvement:

It is our goal to prevent hypothermia in patients undergoing surgery at OSI. Hypothermia is defined as a core temperature less than 36 degrees (96.8°F) per ASPAN standards. Unplanned hypothermia can cause significant adverse consequences such as impaired wound healing, cardiac events, altered drug metabolism, and increased discomfort.

Findings/Conclusion:

The population assessed was all patients that had surgery during the second quarter of 2011 for a total of 250. There was improvement of patients arriving postoperatively in a hypothermic state. There was a decrease from 2% to 1%. Pre-op results indicated no hypothermic patients. Phase II also showed no patients were hypothermic which was a decrease from the one patient last quarter. We will conclude this study since the below 3% has been met for two consecutive quarters.

Actions and Recommendations:

Data was reviewed by the PACU Team Leader and Executive Director. It was decided to conclude this study. We will continue to use bair huggers and warm blankets as well as assess for other signs and symptoms of hypothermia such as shivering, piloerection and/or cold extremities during all stages of patient care. If patient is hypothermic in phase I, temperature will be monitored at a minimum of every 30 minutes until normothermia is achieved and again prior to discharge. Re-measurement will evaluate whether the corrective actions have maintained demonstrable improvement. Results will be discussed at the next QAPI meeting and reported to the Governing Board.

Outcomes Achieved:

1. Improvement in the patient care process, patient and physician satisfaction
2. Risk management-decrease risk and liability

saved as: hypothermia study 2011 second quarter

QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT STUDY

Hand Washing Non-Compliance

PROJECT SUMMARY

Opportunity for Improvement:

It is our goal to prevent noncompliance of team members and hand washing. Team members will be evaluated on a quarterly basis to make sure they are meeting all CDC guidelines for hand washing. Infections from poor hand washing techniques add dramatically to satisfaction of patients and all team members.

Findings/Conclusion:

The population assessed was five team members during the second quarter of 2011.

1. One team member did not scrub all surfaces of their hands.
2. It was recorded that one case did not rinse well with fingers pointing down.
3. Two team members did not use a paper towel to turn off the faucet.

Actions and Recommendations:

Data was reviewed by the PACU Team Leader and Executive Director. It was decided to repeat this study during the third quarter of 2011 using techniques such as educational hand washing signs, in-service, appropriate hand cleansing agent. The findings the third quarter will also indicate if the team member was RN, MD, Anes, tech, clerical, or assistant. Re-measurement will evaluate whether the corrective actions have achieved demonstrable improvement. Results will be discussed at the next QAPI meeting and reported to the Governing Board.

Outcomes Achieved:

1. Improvement in the patient care process.
2. Improve patient and physician satisfaction.
3. Risk management-decrease risk and liability from increased infections.

Saved as: hand washing study 2011 second quarter

Criterion 1110.234 –Project Services Utilization

Surgical hours for The Applicant in 2010 at were 1,281 hours. By adding podiatric surgery, by the second year of operation, the annual utilization shall meet or exceed the HFSRB’s utilization standards. Pursuant to Section 1110, Appendix B, this is based upon 1,500 hours of surgery hours per room. The Applicant projects that it will perform approximately 120 total podiatric surgical procedures within the first year after completion of the project. Based upon the current experience of referring physicians, the estimated procedure time, including prep and clean-up, is approximately 1-2 hours. The Applicant projects to add an additional 240 podiatric surgical hours for the first year after project approval.

Based upon projected growth (2%), 123 surgical procedures or approximately 246 hours of surgery will be performed at the ASTC by the end of the second year after project completion. Accordingly, the projected utilization is sufficient to justify addition of podiatric surgery by the second year after project completion.

	Dept./Service	Historical Utilization (patient Days) (Treatments) ETC.	Projected Utilization	State Standard	Met Standard
Year 1	ASTC	N/A	240 hours	1,500 hours per procedure room	
Year 2	ASTC	N/A	246 hours	1,500 hours per procedure room	

Attachment 15

H. Non-Hospital Based Ambulatory Surgery

2. Criterion 1110/1540(b), Target Population

a. Attached (Attachment 27 2.a.1) are the patient's zip codes for the past 2 years that have had surgery at OSI. Also (Attachment 27.2.a.2) is an outline of the intended geographic services area (GSA). The previously approved outlined intended GSA area is (attachment 27.2.a.3)

b. The population within the GSA area is approximately 638,558. This number was obtained by current census data 2010 from Department of Commerce and Economic Opportunity to identify population in that service area. (Attachment 27.2.b)

c. The travel time was determined using Mapquest with a 30 minute travel time in all directions. (Attachment 27.2.c)

**Illinois Department of Public Health
AMBULATORY SURGICAL TREATMENT CENTER QUESTIONNAIRE FOR 2010
Part I - Facility Data**

**7. Patients by Place of Origin - Calendar Year 2010
Preferred Reporting Method:**

For your ease of reporting, we have supplied a Microsoft Excel worksheet for the entry of Patient Origin Data:

1. CLICK HERE to ACCESS THE WORKSHEET.
2. Save the worksheet to your computer.
3. Follow the directions on the worksheet to enter your data.
4. Email the completed spreadsheet to DPH.FacilitySurvey@Illinois.gov.
5. Retain a copy of the worksheet in case follow-up is required.

If you do not wish to use the Patient Origin worksheet, please use the spaces below to report the places of origin of the patients seen at your ASTC during Calendar Year 2010, and the number of patients from each area. 5-digit Zip Code areas are preferred; if Zip Code information is not available, please report counties of origin. If you need more spaces, click 'More Patients' at the bottom of this page, otherwise click 'Finished' to go on to the next question.

	Zip Code Area	County Name	Number of Patients
1	35763		1
2	45694		1
3	46303		1
4	46310		3
5	46311		1
6	46324		1
7	46341		1
8	46349		1
9	46356		2
10	46375		1
11	46377		2
12	46845		1
13	47943		1
14	47963		1
15	47978		1
16	48439		1
17	60022		1
18	60046		1
19	60056		1
20	60089		1
21	60143		1
22	60148		1
23	60164		1
24	60401		6
25	60402		1

	Zip Code Area	County Name	Number of Patients
26	60403		1
27	60408		14
28	60411		4
29	40616		6
30	60417		3
31	60420		7
32	60421		3
33	60422		1
34	60423		30
35	60424		4
36	60429		2
37	60430		2
38	60435		1
39	60438		1
40	60440		1
41	60441		1
42	60442		8
43	60443		3
44	60445		1
45	60447		1
46	60448		18
47	60449		7
48	60450		1
49	60451		14
50	60452		2

More Patients

Finished

Attachment 27.2.a.1

60

02/28/2011

**Illinois Department of Public Health
AMBULATORY SURGICAL TREATMENT CENTER QUESTIONNAIRE FOR 2010
Part I - Facility Data**

Page 7a

7. Patients by Place of Origin (Page 2)

Please report the places of origin of the patients seen at your ASTC during Calendar Year 2010, and the number of patients from each area. 5-digit Zip Code areas are preferred; if Zip Code information is not available, please report counties of origin. If you need more spaces, click on 'More Patients', otherwise click 'Finished' to go on to the next question.

	Zip Code Area	County Name	Number of Patients
51	60453		1
52	60456		1
53	60462		1
54	60463		1
55	60464		1
56	60466		4
57	60467		3
58	60468		26
59	60470		1
60	60471		1
61	60474		2
62	60475		2
63	60477		6
64	60477		1
65	60480		1
66	60481		39
67	60484		1
68	60487		5
69	60491		1
70	60516		1
71	60538		1
72	60561		1
73	60565		1
74	60616		1
75	60617		1

	Zip Code Area	County Name	Number of Patients
76	60649		1
77	60901		225
78	60910		3
79	60911		11
80	60912		2
81	60913		15
82	60914		226
83	60915		71
84	60917		3
85	60919		1
86	60920		1
87	60921		1
88	60922		8
89	60924		2
90	60927		23
91	60928		3
92	60929		2
93	60930		3
94	60931		1
95	60935		3
96	60936		1
97	60938		5
98	60940		10
99	60941		14
100	60944		1

More Patients

Finished

inquisite

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Attachment 27.2.a.1

**Illinois Department of Public Health
AMBULATORY SURGICAL TREATMENT CENTER QUESTIONNAIRE FOR 2010
Part I - Facility Data**

7. Patients by Place of Origin (Page 3)

Please report the places of origin of the patients seen at your ASTC during Calendar Year 2010, and the number of patients from each area. 5-digit Zip Code areas are preferred; if Zip Code information is not available, please report counties of origin. If you need more spaces, click on 'More Patients', otherwise click 'Finished' to go on to the next question.

	Zip Code Area	County Name	Number of Patients
101	60946		4
102	60948		1
103	60950		60
104	60951		5
105	60952		1
106	60953		4
107	60954		33
108	60955		9
109	60956		2
110	60957		2
111	60958		3
112	60959		1
113	60960		1
114	60961		5
115	60964		30
116	60966		1
117	60970		11
118	60973		1
119	60974		1
120	61265		1
121	61310		1
122	61571		1
123	61615		1
124	61801		3
125	61802		1

	Zip Code Area	County Name	Number of Patients
126	61813		1
127	61817		1
128	61821		3
129	61822		1
130	51932		1
131	61847		2
132	61849		1
133	61853		2
134	61874		1
135	61929		1
136	61943		1
137			0
138			0
139			0
140			0
141			0
142			0
143			0
144			0
145			0
146			0
147			0
148			0
149			0
150			0

More Patients

Finished

inquisite

62.3

Attachment 27.2.a.4

**Illinois Department of Public Health
AMBULATORY SURGICAL TREATMENT CENTER QUESTIONNAIRE FOR 2009
Part I - Facility Data**

7. Patients by Place of Origin

Please report the places of origin of the patients seen at your ASTC during Calendar Year 2009, and the number of patients from each area. 5-digit Zip Code areas are preferred; if Zip Code information is not available, please report counties of origin. If you need more spaces, click on 'More Patients', otherwise click 'Finished' to go on to the next question.

Optional Reporting Method:

You may submit a spreadsheet (preferably Microsoft Excel) via Email. If you choose to do so, do the following:

1. Follow the same reporting format as below; clearly identify the facility and the individual submitting the data.
2. Send the spreadsheet via Email to DPH.FacilitySurvey@illinois.gov and put 'Patient Zip Codes' in the subject of the Email.
3. Note in the Comments section on page 14 that you are submitting a spreadsheet with this information.
4. Retain a copy of the spreadsheet in case follow-up is required.

	Zip Code Area	County Name	Number of Patients
1	31324		1
2	31523		1
3	42240		1
4	46310		1
5	46311		3
6	46321		1
7	46349		2
8	46356		6
9	46366		1
10	46373		2
11	46375		1
12	46410		1
13	47942		1
14	47963		1
15	47978		1
16	48876		1
17	60098		1
18	60101		1
19	60164		1
20	60187		1
21	60401		13
22	60407		2
23	60408		8
24	60410		1
25	60411		4

	Zip Code Area	County Name	Number of Patients
26	60415		1
27	60416		8
28	60417		6
29	60420		6
30	60421		1
31	60423		13
32	60424		1
33	60425		1
34	60426		1
35	60432		1
36	60435		1
37	60440		1
38	60441		1
39	60442		10
40	60443		2
41	60444		1
42	60446		1
43	60448		10
44	60449		6
45	60451		14
46	60452		2
47	60453		1
48	60460		1
49	60462		2
50	60466		2

More Patients

Finished

inquisite

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Attachment 27.2.a.1

Illinois Department of Public Health
AMBULATORY SURGICAL TREATMENT CENTER QUESTIONNAIRE FOR 2009
Part I - Facility Data

7. Patients by Place of Origin (Page 2)

Please report the places of origin of the patients seen at your ASTC during Calendar Year 2009, and the number of patients from each area. 5-digit Zip Code areas are preferred; if Zip Code information is not available, please report counties of origin. If you need more spaces, click on 'More Patients', otherwise click 'Finished' to go on to the next question.

	Zip Code Area	County Name	Number of Patients
51	60467		2
52	60468		26
53	60471		1
54	60475		3
55	60476		1
56	60477		3
57	60478		1
58	60481		25
59	60482		2
60	60487		12
61	60491		1
62	60526		1
63	60544		1
64	60616		1
65	60625		1
66	60628		2
67	60629		1
68	60632		1
69	60641		1
70	60643		1
71	60805		1
72	60901		214
73	60910		2
74	60911		5
75	60912		1

	Zip Code Area	County Name	Number of Patients
76	60913		12
77	60914		237
78	60915		88
79	60917		2
80	60918		1
81	60919		1
82	60920		1
83	60922		11
84	60924		1
85	60927		18
86	60928		4
87	60929		1
88	60930		5
89	60931		2
90	60935		3
91	60938		3
92	60940		17
93	60941		16
94	60944		1
95	60946		3
96	60950		53
97	60951		9
98	60953		4
99	60954		42
100	60955		3

More Patients

Finished

< Back

Next >

Save

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Attachment 27.2.a.1

**Illinois Department of Public Health
AMBULATORY SURGICAL TREATMENT CENTER QUESTIONNAIRE FOR 2009
Part I - Facility Data**

7. Patients by Place of Origin (Page 3)

Please report the places of origin of the patients seen at your ASTC during Calendar Year 2009, and the number of patients from each area. 5-digit Zip Code areas are preferred; if Zip Code information is not available, please report counties of origin. If you need more spaces, click on 'More Patients', otherwise click 'Finished' to go on to the next question.

	Zip Code Area	County Name	Number of Patients
101	60956		1
102	60959		2
103	60961		9
104	60963		1
105	60964		32
106	60966		3
107	60967		1
108	60970		11
109	60974		1
110	61356		1
111	61571		1
112	61701		1
113	61761		1
114	61802		1
115	61817		1
116	61820		4
117	61821		4
118	61822		3
119	61832		2
120	61834		1
121	61847		1
122	61849		1
123	61853		2
124	61856		1
125	61865		1

	Zip Code Area	County Name	Number of Patients
126	61870		1
127	61873		1
128	61874		1
129	62539		1
130	83642		1
131	98335		1
132			0
133			0
134			0
135			0
136			0
137			0
138			0
139			0
140			0
141			0
142			0
143			0
144			0
145			0
146			0
147			0
148			0
149			0
150			0

More Patients

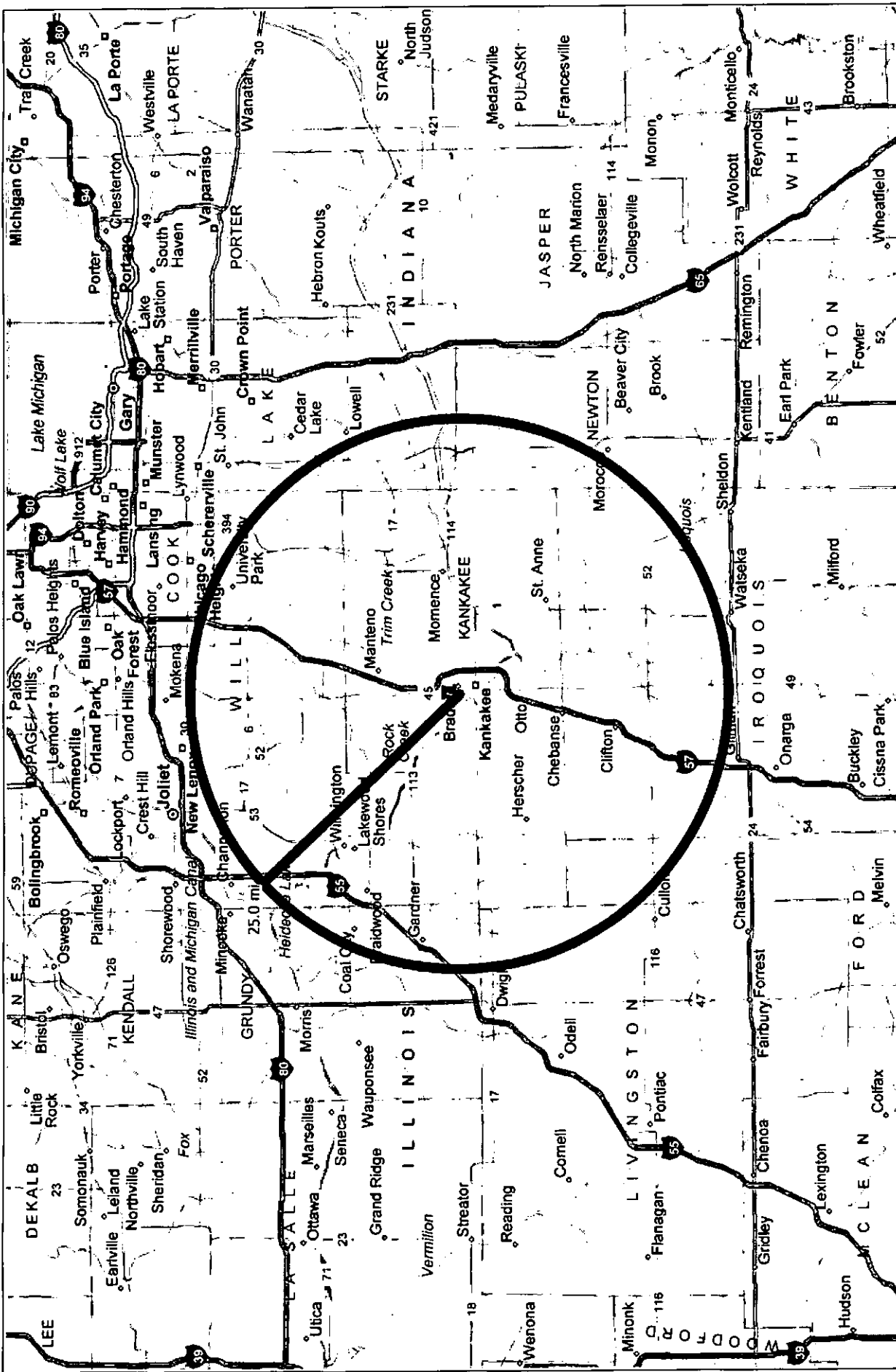
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Attachment 27.2.a.1

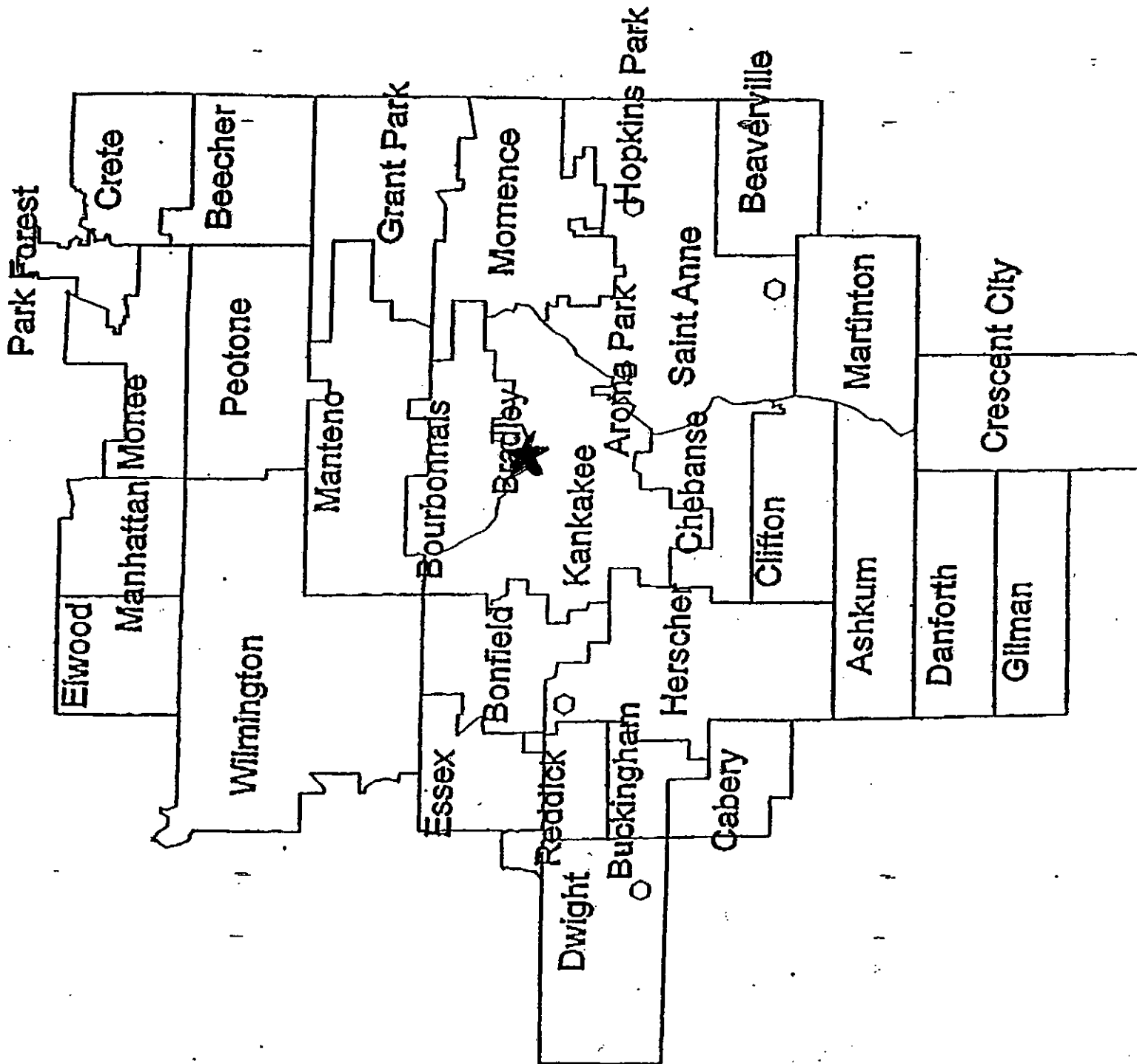
Illinois, United States, North America



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27292

Oak Surgical Institute, L. L. C.
Criterion 1110.231.a, Location
Proposed Target Population Area



State/County	Race	Age Group	Sex	2000	2005	2010	2015
Illinois	All	All	Both Sexes	12,440,846	12,875,035	13,279,091	13,748,695
Adams	All	All	Both Sexes	68,390	69,656	70,212	73,370
Alexander	All	All	Both Sexes	9,590	9,521	9,501	9,627
Bond	All	All	Both Sexes	17,664	17,583	17,804	18,386
Boone	All	All	Both Sexes	41,852	44,016	45,484	46,773
Brown	All	All	Both Sexes	6,951	6,906	7,015	7,191
Bureau	All	All	Both Sexes	35,561	35,641	36,427	37,426
Calhoun	All	All	Both Sexes	5,084	4,992	5,018	5,127
Carroll	All	All	Both Sexes	16,705	16,477	16,368	16,610
Cass	All	All	Both Sexes	13,723	14,209	14,722	15,154
Champaign	All	All	Both Sexes	179,981	187,020	194,234	201,770
Christian	All	All	Both Sexes	35,431	36,254	38,094	38,708
Clark	All	All	Both Sexes	17,041	17,886	18,612	19,272
Clay	All	All	Both Sexes	14,592	14,684	14,827	15,218
Clinton	All	All	Both Sexes	35,593	37,278	40,058	41,359
Coles	All	All	Both Sexes	53,285	53,896	54,878	56,317
Cook	All	All	Both Sexes	5,386,673	5,453,899	5,472,429	5,562,950
Crawford	All	All	Both Sexes	20,485	20,837	21,363	21,977
Cumberland	All	All	Both Sexes	11,275	11,429	11,687	12,006
DeKalb	All	All	Both Sexes	89,118	95,427	101,735	108,233
DeWitt	All	All	Both Sexes	16,829	17,333	17,885	18,406
Douglas	All	All	Both Sexes	19,955	20,713	21,823	22,750
DuPage	All	All	Both Sexes	905,764	930,482	948,549	958,778
Edgar	All	All	Both Sexes	19,738	19,560	19,363	19,417
Edwards	All	All	Both Sexes	6,971	7,095	7,219	7,400
Effingham	All	All	Both Sexes	34,322	35,980	38,374	40,335
Fayette	All	All	Both Sexes	21,837	21,807	21,865	22,061
Ford	All	All	Both Sexes	14,272	14,340	14,706	15,108
Franklin	All	All	Both Sexes	39,084	39,840	41,148	42,905
Fulton	All	All	Both Sexes	38,315	37,818	38,140	38,822
Gallatin	All	All	Both Sexes	6,445	6,474	6,421	6,429
Greene	All	All	Both Sexes	14,791	14,746	14,641	14,735
Grundy	All	All	Both Sexes	37,599	39,514	41,650	43,839
Hamilton	All	All	Both Sexes	8,632	8,690	8,931	9,163
Hancock	All	All	Both Sexes	20,155	20,613	21,662	22,346
Hardin	All	All	Both Sexes	4,800	4,744	4,805	4,951
Henderson	All	All	Both Sexes	8,221	8,164	8,337	8,559
Henry	All	All	Both Sexes	51,107	50,217	50,707	51,525
Iroquois	All	All	Both Sexes	31,386	31,803	32,524	33,486
Jackson	All	All	Both Sexes	59,710	60,704	61,574	62,561
Jasper	All	All	Both Sexes	10,135	10,137	10,080	10,101
Jefferson	All	All	Both Sexes	40,106	40,264	40,772	42,036
Jersey	All	All	Both Sexes	21,706	22,874	24,334	26,129
Jo Daviess	All	All	Both Sexes	22,324	23,906	25,472	26,721
Johnson	All	All	Both Sexes	12,905	13,383	13,965	14,735
Kane	All	All	Both Sexes	404,834	459,164	516,914	572,277
Kankakee	All	All	Both Sexes	104,010	107,657	110,659	114,547
Kendall	All	All	Both Sexes	54,633	61,418	68,588	73,748
Knox	All	All	Both Sexes	55,928	55,418	55,666	56,493
La Salle	All	All	Both Sexes	111,700	114,493	118,385	124,277
Lake	All	All	Both Sexes	645,503	703,760	762,918	794,851

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Attachment 27.2. b

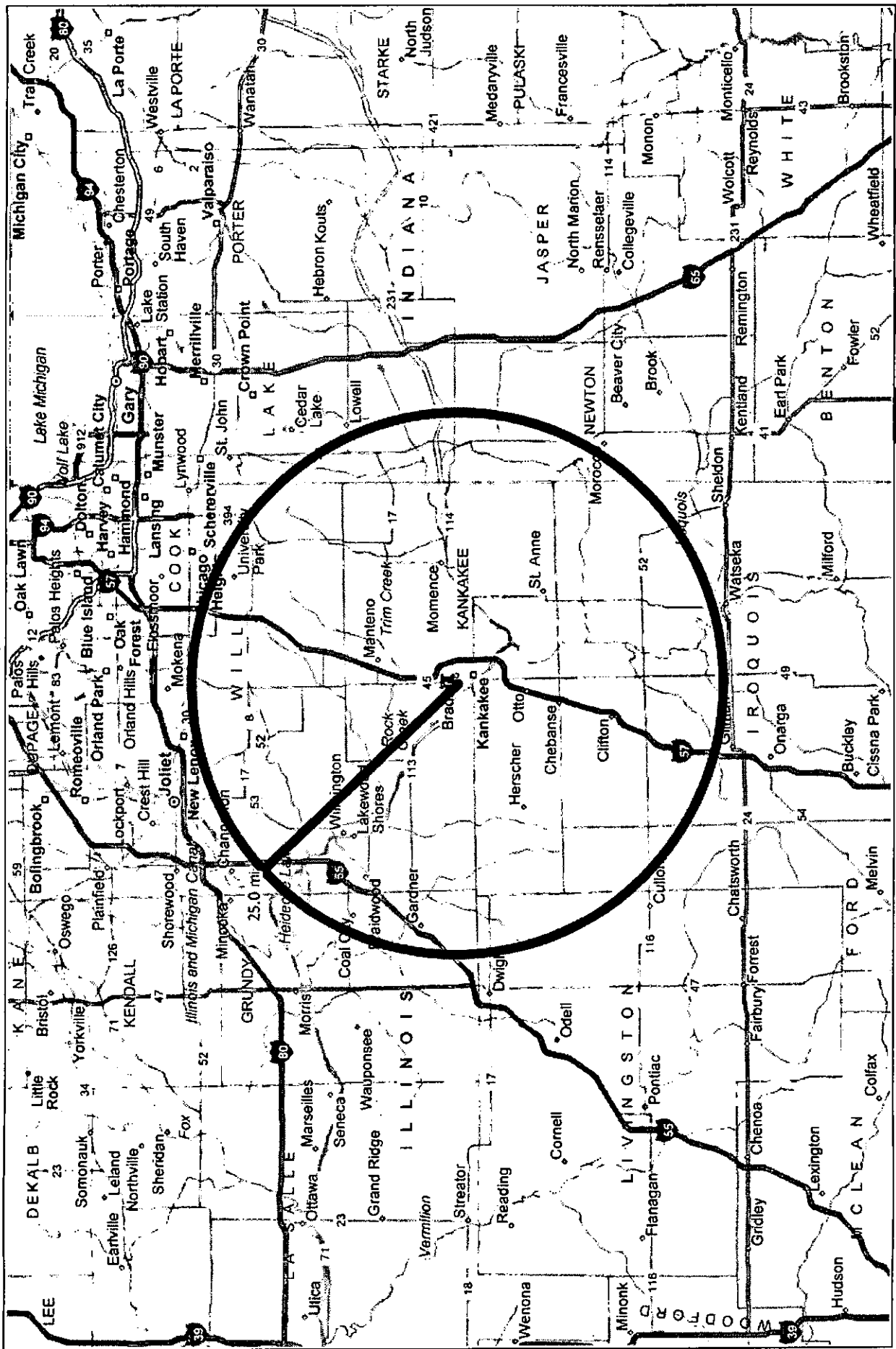
Lawrence	All	All	Both Sexes	15,484	15,378	15,351	15,466
Lee	All	All	Both Sexes	36,118	36,268	36,554	37,222
Livingston	All	All	Both Sexes	39,743	39,939	40,838	42,028
Logan	All	All	Both Sexes	31,235	31,226	31,353	31,766
Macon	All	All	Both Sexes	114,906	112,450	111,957	113,207
Macoupin	All	All	Both Sexes	49,103	49,622	51,161	53,426
Madison	All	All	Both Sexes	259,391	261,758	267,588	276,185
Marion	All	All	Both Sexes	41,762	42,566	43,324	44,523
Marshall	All	All	Both Sexes	13,209	13,261	13,370	13,633
Mason	All	All	Both Sexes	16,069	16,097	16,615	17,080
Massac	All	All	Both Sexes	15,191	16,106	17,164	17,439
McDonough	All	All	Both Sexes	32,967	33,373	33,710	34,346
McHenry	All	All	Both Sexes	260,528	297,935	337,034	377,315
McLean	All	All	Both Sexes	150,696	159,705	168,611	177,700
Menard	All	All	Both Sexes	12,509	12,991	13,598	14,153
Mercer	All	All	Both Sexes	16,988	17,288	17,586	17,943
Monroe	All	All	Both Sexes	27,667	30,162	32,920	35,692
Montgomery	All	All	Both Sexes	30,704	30,573	30,729	31,171
Morgan	All	All	Both Sexes	36,676	36,910	37,696	38,624
Moultrie	All	All	Both Sexes	14,317	15,129	15,770	16,370
Ogle	All	All	Both Sexes	51,119	52,880	54,704	56,627
Peoria	All	All	Both Sexes	183,751	185,245	187,876	190,903
Perry	All	All	Both Sexes	23,130	22,901	23,065	23,401
Piatt	All	All	Both Sexes	16,396	16,573	17,023	17,396
Pike	All	All	Both Sexes	17,418	17,098	17,221	17,603
Pope	All	All	Both Sexes	4,413	4,580	4,774	4,949
Pulaski	All	All	Both Sexes	7,348	7,373	7,437	7,608
Putnam	All	All	Both Sexes	6,086	6,113	6,221	6,361
Randolph	All	All	Both Sexes	33,951	34,129	34,432	35,090
Richland	All	All	Both Sexes	16,181	16,220	16,401	16,789
Rock Island	All	All	Both Sexes	149,637	150,256	151,651	153,296
Saline	All	All	Both Sexes	26,776	27,082	27,477	27,885
Sangamon	All	All	Both Sexes	189,278	193,345	195,115	202,158
Schuyler	All	All	Both Sexes	7,190	7,336	7,442	7,496
Scott	All	All	Both Sexes	5,537	5,672	5,847	5,975
Shelby	All	All	Both Sexes	22,931	23,080	23,274	23,633
St. Clair	All	All	Both Sexes	256,532	254,993	254,235	253,993
Stark	All	All	Both Sexes	6,332	6,370	6,455	6,596
Stephenson	All	All	Both Sexes	49,058	48,152	47,812	48,136
Tazewell	All	All	Both Sexes	128,175	133,240	139,616	146,850
Union	All	All	Both Sexes	18,326	18,554	18,809	19,488
Vermilion	All	All	Both Sexes	84,062	80,467	78,181	77,295
Wabash	All	All	Both Sexes	12,964	12,680	12,699	12,892
Warren	All	All	Both Sexes	18,767	19,227	20,113	21,008
Washington	All	All	Both Sexes	15,178	15,314	15,805	16,234
Wayne	All	All	Both Sexes	17,184	16,815	16,635	16,579
White	All	All	Both Sexes	15,405	15,747	16,019	16,402
Whiteside	All	All	Both Sexes	60,755	61,448	62,431	63,927
Will	All	All	Both Sexes	503,162	610,155	706,639	808,846
Williamson	All	All	Both Sexes	61,399	62,802	65,497	68,791
Winnebago	All	All	Both Sexes	278,902	292,714	307,349	320,683
Woodford	All	All	Both Sexes	35,529	37,015	39,362	41,551

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1.

Attachment 27.2.b.

Illinois, United States, North America



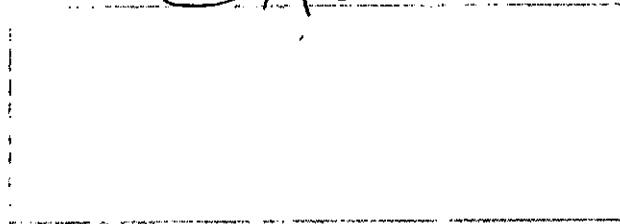
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Attachment 27.2.c.








Notes

EAST

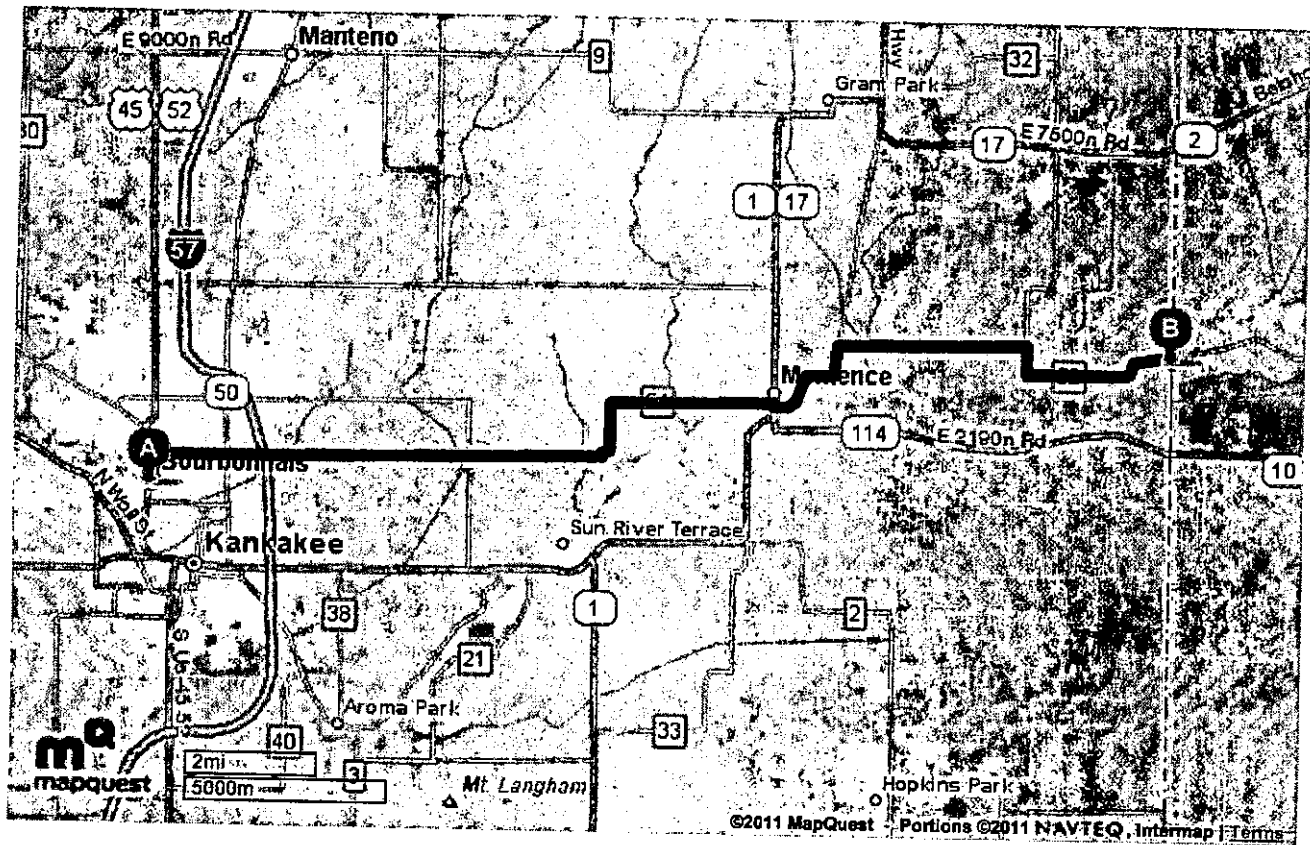


Trip to:
 [3500-3598] N County Road 18000 E
 Momence, IL 60954
 21.45 miles
 36 minutes

	403 S Kennedy Dr Bradley, IL 60915-2152	Miles Per Section	Miles Driven	
	1. Start out going north on S Kennedy Dr / US-45 / US-52 toward Superior St.	Go 0.6 Mi	0.6 mi	
	2. Turn right onto W North St. <i>W North St is 0.1 miles past Grove St If you are on S Main St and reach W Ray St you've gone a little too far</i>	Go 2.1 Mi	2.7 mi	
	3. W North St becomes E 2000N Rd.	Go 5.8 Mi	8.5 mi	
	4. Turn left onto N 8000E Rd / CR-54. Continue to follow CR-54.	Go 1.2 Mi	9.7 mi	
	5. Turn right onto E 3000N Rd / CR-54. Continue to follow CR-54. <i>CR-54 is 0.5 miles past E River North Rd If you reach E 3500N Rd you've gone about 0.5 miles too far</i>	Go 3.0 Mi	12.7 mi	
		6. Turn right onto IL-1 / Dixie Hwy / IL-17. <i>IL-1 is just past N Pine St Church of Good Shepherd is on the corner If you are on E 2nd St and reach N Locust St you've gone a little too far</i>	Go 0.08 Mi	12.8 mi
	7. Take the 1st left onto E Washington St / CR-13. Continue to follow CR-13. <i>H&r Block is on the left If you are on Dixie Hwy and reach W River St you've gone a little too far</i>	Go 0.9 Mi	13.7 mi	
	8. Turn right onto E 3500N Rd / CR-13.	Go 0.5 Mi	14.2 mi	
	9. Turn left onto N Vincennes Trl / CR-13 / N 12410E Rd.	Go 0.5 Mi	14.7 mi	
	10. Take the 1st right onto E 4000N Rd / CR-13. Continue to follow E 4000N Rd. <i>If you reach E 5500N Rd you've gone about 1.5 miles too far</i>	Go 3.4 Mi	18.1 mi	

	<p>11. Turn right onto CR-52 / E 3800N Rd / N 15500E Rd. Continue to follow CR-52 / N 15500E Rd.</p>	Go 0.5 Mi	18.6 mi
	<p>12. Turn slight left onto CR-52.</p>	Go 2.7 Mi	21.3 mi
	<p>13. Turn right onto N County Road 18000 E / State Line Rd. <i>N County Road 18000 E is 0.9 miles past N 17240E Rd If you are on W 241st Ave and reach White Oak Ave you've gone about 2.1 miles too far</i></p>	Go 0.1 Mi	21.5 mi
	<p>14. [3500-3598] N COUNTY ROAD 18000 E. <i>If you reach W 245th Ave you've gone about 0.1 miles too far</i></p>		21.5 mi
	<p>[3500-3598] N County Road 18000 E Momence, IL 60954</p>	21.5 mi	21.5 mi

Total Travel Estimate: 21.45 miles - about 36 minutes



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Trip to:
 Braidwood, IL
 22.07 miles
 31 minutes

Notes

West



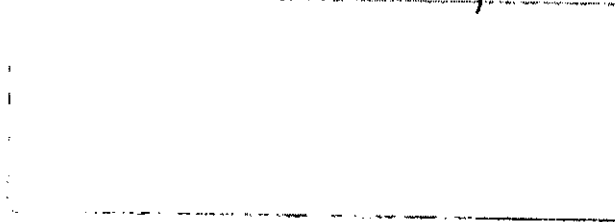
A	403 S Kennedy Dr Bradley, IL 60915-2152	Miles Per Section	Miles Driven
●	1. Start out going north on S Kennedy Dr / US-45 / US-52 toward Superior St. Continue to follow US-45 / US-52.	Go 1.1 Mi	1.1 mi
↩	2. Turn left onto IL-102 / Main St NW. Continue to follow IL-102. <i>IL-102 is just past W River St Dairy Queen is on the left If you are on E Marsile St and reach Kelley St you've gone a little too far</i>	Go 8.1 Mi	9.2 mi
↩	3. Turn left onto Warner Bridge Rd / N 7000W Rd. <i>If you reach S Mary Byron Rd you've gone about 1.0 mile too far</i>	Go 0.7 Mi	9.9 mi
➔	4. Turn right onto IL-113. <i>If you reach W 4750N Rd you've gone about 1.0 mile too far</i>	Go 12.1 Mi	22.0 mi
↗	5. Turn slight right onto N Mitchell St. <i>N Mitchell St is just past N Washington St Corner Kitchen is on the corner</i>	Go 0.03 Mi	22.1 mi
■	6. Welcome to BRAIDWOOD, IL. <i>If you reach North St you've gone a little too far</i>		22.1 mi
B	Braidwood, IL	22.1 mi	22.1 mi

mapquest m^a

Notes

South

Trip to:
 Gilman, IL
 31.30 miles
 39 minutes



		Miles Per Section	Miles Driven
	403 S Kennedy Dr Bradley, IL 60915-2152		
	1. Start out going south on S Kennedy Dr / US-45 / US-52 toward W South St. Continue to follow US-45 / US-52.	Go 1.3 Mi	1.3 mi
	2. Turn left onto US-45 / US-52 / IL-17.	Go 0.4 Mi	1.8 mi
	3. Turn right onto US-45 / US-52 / S US-45 52 / S Washington Ave. Continue to follow US-45 / US-52 / S US-45 52. <i>US-45 is just past S 3rd Ave Graham's Home Furnishing is on the corner If you are on W Court St and reach S West Ave you've gone a little too far</i>	Go 0.6 Mi	2.4 mi
	4. Turn left onto W Water St / US-45 / US-52. <i>W Water St is 0.1 miles past W River St Brando's Bar Inc is on the left If you are on MC Mullen Dr and reach W Charles St you've gone about 0.1 miles too far</i>	Go 0.10 Mi	2.5 mi
	5. Turn right onto S East Ave / E Water St / US-45 / US-52. Continue to follow S East Ave / US-45 / US-52.	Go 0.6 Mi	3.0 mi
	6. Turn right onto S Schuyler Ave / US-45 / US-52. Continue to follow US-45 S / US-52 S.	Go 1.8 Mi	4.8 mi
	7. Merge onto I-57 S toward Champaign.	Go 24.4 Mi	29.2 mi
	8. Take the US-24 exit, EXIT 283, toward Gilman / Chatsworth.	Go 0.3 Mi	29.5 mi
	9. Turn left onto CR-1700 N / US-24 E. <i>If you reach I-57 S you've gone about 0.2 miles too far</i>	Go 0.6 Mi	30.2 mi
	10. Turn left onto S Crescent St / US-45 / US-24. <i>Heavens Creations Floral is on the corner If you reach N 850 East Rd you've gone about 1.5 miles too far</i>	Go 1.1 Mi	31.3 mi



11. Welcome to **GILMAN, IL**.
*Your destination is just past S Central St
If you reach S Main St you've gone a little too far*

31.3 mi

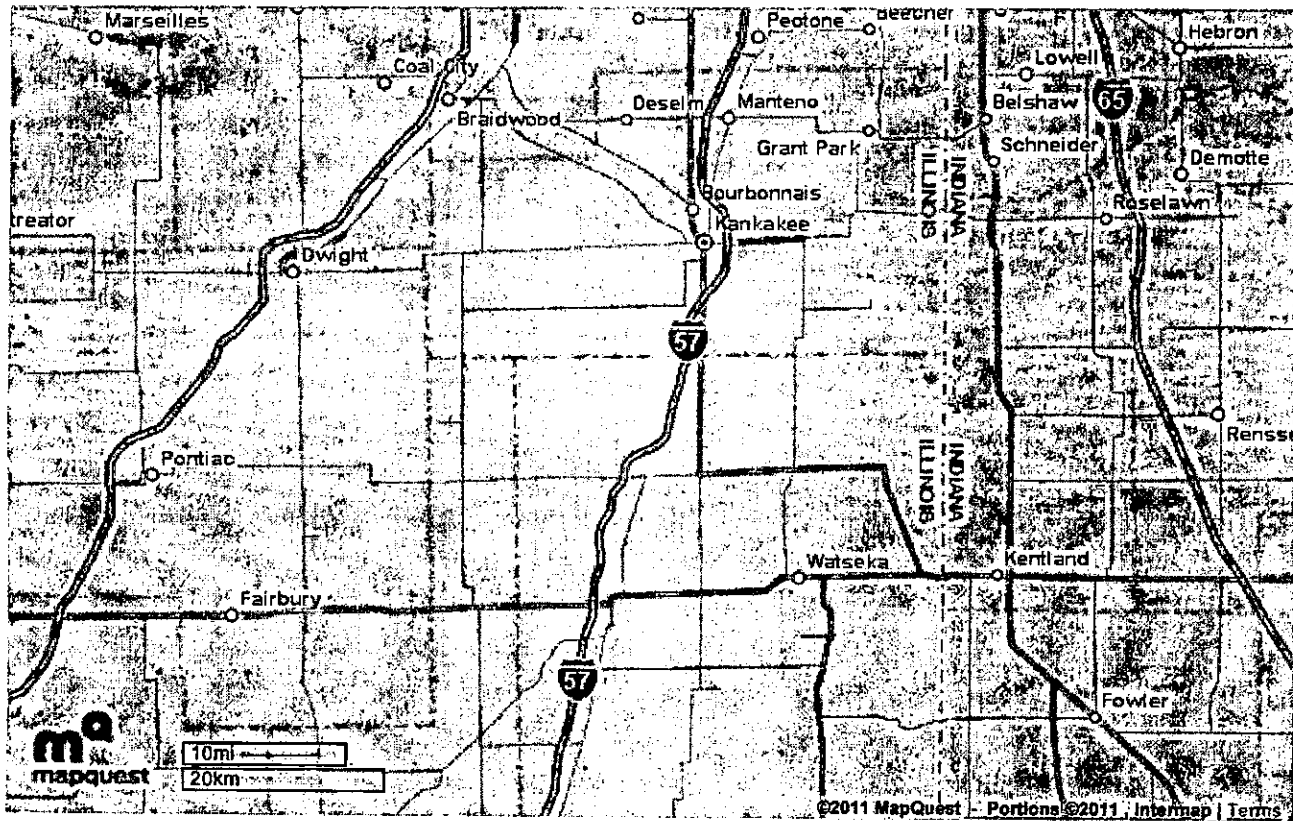


Gilman, IL

31.3 mi

31.3 mi

Total Travel Estimate: 31.30 miles - about 39 minutes



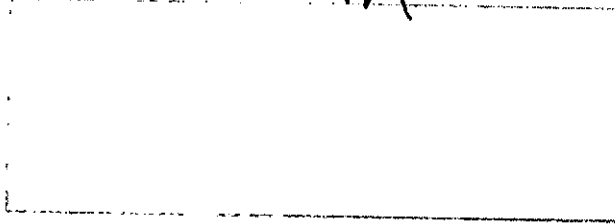
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Notes

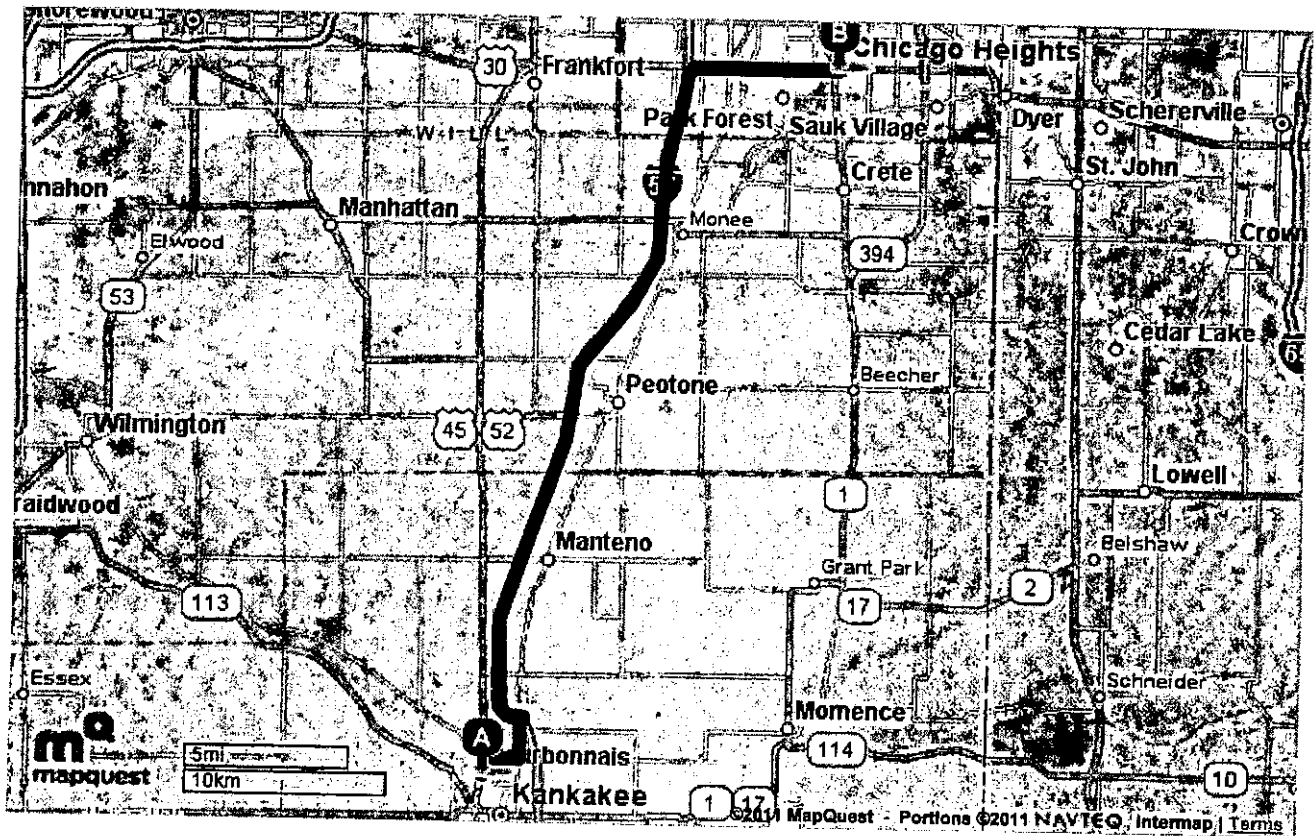
NORTH



Trip to:
Chicago Heights, IL
34.29 miles
45 minutes

A	403 S Kennedy Dr Bradley, IL 60915-2152	Miles Per Section	Miles Driven
●	1. Start out going north on S Kennedy Dr / US-45 / US-52 toward Superior St.	Go 0.6 Mi	0.6 mi
↪	2. Turn right onto W North St. <i>W North St is 0.1 miles past Grove St If you are on S Main St and reach W Ray St you've gone a little too far</i>	Go 1.3 Mi	1.8 mi
↶	 3. Turn left onto N Kinzie Ave / IL-50 N. Continue to follow IL-50 N. <i>IL-50 N is just past N La Salle Ave Pnc Bank is on the left If you reach N Quincy Ave you've gone a little too far</i>	Go 1.5 Mi	3.3 mi
↗	 4. Merge onto I-57 N toward Chicago.	Go 25.3 Mi	28.6 mi
	 5. Merge onto US-30 E via EXIT 340.	Go 5.7 Mi	34.3 mi
↪	6. Turn right onto S Halsted St. <i>S Halsted St is just past Park Ave Uptown Florist & Greenhouse is on the corner If you reach W End Ave you've gone a little too far</i>	Go 0.01 Mi	34.3 mi
■	7. Welcome to CHICAGO HEIGHTS, IL. <i>If you reach E 15th St you've gone about 0.1 miles too far</i>		34.3 mi
B	Chicago Heights, IL	34.3 mi	34.3 mi

Total Travel Estimate: 34.29 miles - about 45 minutes



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3. Criterion 1110.1540(c), Projected Patient Volume

- a. A letter attached from Tim Friedrich, DPM stating anticipated annual podiatry cases he will do at OSI, (attachment 27.3.a).
- b. For the past 12 months, The physicians have been performing the podiatry cases at Riverside Medical Center and St. Mary's Hospital, both located in Kankakee Illinois. After project approval, referrals for podiatry will be directed to Dr. Friedrich, thereby allowing orthopedic physicians to focus on other orthopedic specialties. That number is anticipated to increase due to the fact that a marketing person has been hired and plans to market the podiatric specialty in its line of services. In addition, services will expand with Dr. Friedrich providing podiatric services at nursing homes. See attachment 27.3.b for Clinical Report by Resident for surgeries performed by Dr. Friedrich during residency.
- c. The projected patient volume will come from within the proposed GSA as stated in (attachment 27.3.a)
- d. A statement from Dr. Friedrich attesting to true and correct to best of his belief in (attachment 27.3.a).

October 2011

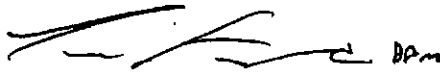
Dale Galassie
Chairman of IHFSRB
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie,

I am a podiatric surgeon. Over the past twelve months, I was a resident at Loyola University Medical Center located in Maywood Illinois. I was operating under various surgeons and performed a total of approximately 500 outpatient surgery cases, see attached list. Since I was a resident, this would not be a realistic number that I would be bringing to OSI. As a resident, I did not refer cases to any hospitals or surgery centers. With the addition of the proposed podiatry surgeries added to Oak Surgical Institute, I expect to perform approximately 10 surgeries per month. The projected patient volume will come from within the proposed geographic services area.

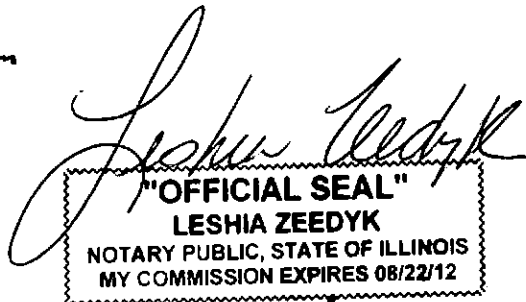
These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct tot the best of my knowledge. I support the proposed addition of podiatry services to Oak Surgical Institute, LLC.

Sincerely,



Timothy Friedrich, DPM
address

NOTARY:



Attachment 27.3.a



Clinical Report by Resident

Resident: Friedrich, Timothy
View: All
Category: Surgical
Date Range: July 1, 2008 - June 30, 2011

Verified	Case ID	Date	Hospital	Patient ID	Age	Tn	Role	Cat	Procedure Description	Loc	Faculty	Degree	
	7/22/2011	001607	6/30/2011	Loyola Ambulatory Surgery Center of Oakbrook	2102493	68	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy	R	Rotlier	DPM
	7/22/2011	001607	6/30/2011	Loyola Ambulatory Surgery Center of Oakbrook	2102493	68	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammer toe correction	R2	Rotlier	DPM
	7/22/2011	001607	6/30/2011	Loyola Ambulatory Surgery Center of Oakbrook	2102493	68	No	C	4	Metatarsal Head Resection (Single Or Multiple) Procedure Notes: partial 2nd met resection	R	Rotlier	DPM
	7/22/2011	001606	6/28/2011	Loyola Ambulatory Surgery Center of Oakbrook	0474729	55	No	C	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: mau bunionectomy	R	Schinka	DPM
	7/22/2011	001609	6/28/2011	Loyola University Medical Center	1905466	5	Yes	C	3	Removal of Deep Foreign Body (Excluding Hardware Removal) Procedure Notes: excision of foreign body, nail avulsion	R1	Harris	MD
	7/22/2011	001608	6/27/2011	Loyola University Medical Center	2092247	38	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammer toe correction	R5	Stuck	
	7/22/2011	001604	6/24/2011	Loyola Ambulatory Surgery Center of Oakbrook	0222868	39	Yes	C	4	Open Management Of Lesser Metatarsal Fractures Procedure Notes: ORIF 5th met fx	L	Napolitano	MD
	7/22/2011	001605	6/24/2011	Loyola Ambulatory Surgery Center of Oakbrook	1539644	53	No	C	3	Excision of Soft Tissue Tumor/Mass of the Foot (Without Reconstructive Surgery) Procedure Notes: excision of ST mass	R2	Napolitano	MD
	7/22/2011	001600	6/21/2011	Loyola Ambulatory Surgery Center of Oakbrook	1055414	50	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kailish bunionectomy	L	Napolitano	MD
	7/22/2011	001601	6/21/2011	Loyola Ambulatory Surgery Center of Oakbrook	1030670	68	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammer toe correction	L2	Napolitano	MD
	7/22/2011	001601	6/21/2011	Loyola Ambulatory Surgery Center of Oakbrook	1030670	68	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kailish bunionectomy	L	Napolitano	MD
	7/22/2011	001602	6/21/2011	Loyola Ambulatory Surgery Center of Oakbrook	1352798	67	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammer toe correction	R2	Napolitano	MD
	7/22/2011	001602	6/21/2011	Loyola Ambulatory Surgery Center of Oakbrook	1352798	67	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kailish bunionectomy	R	Napolitano	MD
	7/22/2011	001603	6/21/2011	Loyola Ambulatory Surgery Center of Oakbrook	2092728	59	No	C	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: ludloff bunionectomy	R	Stuck	

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Verified	CaseID	Date	Hospital	PatientID	Age	Tx	Role	Cat	Procedure Description	Loc	Faculty	Degree
7/22/2011	001598	6/16/2011	Loyola University Medical Center	0686265	72	No	C	2	Bunioneclomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunioneclomy	R	Rotter	DPM
7/22/2011	001598	6/16/2011	Loyola University Medical Center	0686265	72	No	C	1	Arthroplasty (intra-phalangeal joint (IPJ)) Procedure Notes: hammer toe correction	R2	Rotter	DPM
7/22/2011	001599	6/16/2011	Loyola University Medical Center	1721934	36	No	C	1	Amputation Procedure Notes: toe gangrene	R1	Rotter	DPM
7/22/2011	001599	6/16/2011	Loyola University Medical Center	1721934	36	No	C	1	Amputation Procedure Notes: toe gangrene	R2	Rotter	DPM
7/22/2011	001599	6/16/2011	Loyola University Medical Center	1721934	36	No	C	1	Amputation Procedure Notes: toe gangrene	R3	Rotter	DPM
7/22/2011	001599	6/16/2011	Loyola University Medical Center	1721934	36	No	C	1	Amputation Procedure Notes: toe gangrene	R4	Rotter	DPM
7/22/2011	001599	6/16/2011	Loyola University Medical Center	1721934	36	No	C	1	Amputation Procedure Notes: toe gangrene	R5	Rotter	DPM
7/22/2011	001595	6/14/2011	Loyola University Medical Center	1898414	9	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: flexor to extensor tendon transfer	R2	Harris	MD
7/22/2011	001595	6/14/2011	Loyola University Medical Center	1898414	9	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: flexor to extensor tendon transfer	R3	Harris	MD
7/22/2011	001595	6/14/2011	Loyola University Medical Center	1898414	9	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: flexor to extensor tendon transfer	R4	Harris	MD
7/22/2011	001596	6/14/2011	Loyola University Medical Center	2106395	11	No	C	5	Management Of Bone/Joint Infection (With Or Without Bone Graft) Procedure Notes: calcaneal bone biopsy and marrow aspiration	L	Harris	MD
7/22/2011	001597	6/14/2011	Loyola Ambulatory Surgery Center of Oakbrook	0590964	51	No	C	4	Harvesting Of Bone Graft Distal To The Ankle Procedure Notes: calcaneal trephine bone graft	R	Stuck	
7/22/2011	001597	6/14/2011	Loyola Ambulatory Surgery Center of Oakbrook	0590964	51	No	C	2	Revision/Repair of Surgical Outcome (e.g. Non-union, Hallux Varus) Procedure Notes: 1st MPJ fusion non-union repair	R	Stuck	
7/22/2011	001593	6/10/2011	Loyola Ambulatory Surgery Center of Oakbrook	2106140	41	Yes	C	4	Open Management Of Lesser Metatarsal Fractures Procedure Notes: 4th metatarsal fracture	L	Napolitano	MD
7/22/2011	001594	6/10/2011	Loyola Ambulatory Surgery Center of Oakbrook	2106073	42	Yes	C	1	Open Management of Digital Fracture/Dislocation Procedure Notes: distal phalanx fracture	R1	Napolitano	MD

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Verified	CaseID	Date	Hospital	PatientID	Age	Tn	Role	Cat	Procedure Description	Loc	Facility	Degree
7/22/2011	001591	6/9/2011	Loyola Ambulatory Surgery Center of Oakbrook	1916675	39	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunionectomy	L	Rotter	DPM
7/22/2011	001591	6/9/2011	Loyola Ambulatory Surgery Center of Oakbrook	1916675	39	No	C	1	Arthroplasty (interphalangeal joint (IPJ)) Procedure Notes: hammer toe correction	L4	Rotter	DPM
7/22/2011	001592	6/9/2011	Loyola Ambulatory Surgery Center of Oakbrook	35476	2	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: abductor hallucis tendon transfer	L	Harris	MD
7/22/2011	001592	6/9/2011	Loyola Ambulatory Surgery Center of Oakbrook	35476	2	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: abductor hallucis tendon transfer	R	Harris	MD
7/22/2011	001589	6/7/2011	Loyola Ambulatory Surgery Center of Oakbrook	1114761	70	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunionectomy	L	Napolitano	MD
7/22/2011	001589	6/7/2011	Loyola Ambulatory Surgery Center of Oakbrook	1114761	70	No	C	1	Arthroplasty (interphalangeal joint (IPJ)) Procedure Notes: hammer toe correction	L2	Napolitano	MD
7/22/2011	001590	6/7/2011	Loyola Ambulatory Surgery Center of Oakbrook	0332960	57	No	C	2	MPJ Fusion Procedure Notes: ARTHRODESIS	R	Napolitano	MD
7/22/2011	001590	6/7/2011	Loyola Ambulatory Surgery Center of Oakbrook	0332960	57	No	C	1	Fusion (IPJ) Procedure Notes: hammer toe correction	R2	Napolitano	MD
7/22/2011	001590	6/7/2011	Loyola Ambulatory Surgery Center of Oakbrook	0332960	57	No	C	3	Lesser MPJ Capsulotendon Balancing Procedure Notes: capsulotendon balancing	R	Napolitano	MD
7/22/2011	001588	6/3/2011	Loyola Ambulatory Surgery Center of Oakbrook	0695179	20	Yes	C	3	Removal of Deep Foreign Body (Excluding Hardware Removal) Procedure Notes: removal of wood	R	Napolitano	MD
7/22/2011	001585	6/2/2011	Loyola Ambulatory Surgery Center of Oakbrook	35460	2	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: flexor to extensor tendon transfer	L4	Harris	MD
7/22/2011	001586	6/2/2011	Loyola Ambulatory Surgery Center of Oakbrook	34112	3	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: flexor to extensor tendon transfer	L4	Harris	MD
7/22/2011	001586	6/2/2011	Loyola Ambulatory Surgery Center of Oakbrook	34112	3	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: flexor to extensor tendon transfer	L4	Harris	MD
7/22/2011	001587	6/2/2011	Loyola Ambulatory Surgery Center of Oakbrook	1921142	3	Yes	C	3	Removal of Deep Foreign Body (Excluding Hardware Removal) Procedure Notes: excision of glass	R	Harris	MD
7/22/2011	001582	5/31/2011	Loyola Ambulatory Surgery Center of Oakbrook	0229395	43	No	C	1	Phalangeal Osteotomy Procedure Notes: proximal phalanx osteotomy	L1	Stuck	

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Verified	Case ID	Date	Hospital	Patient ID	Age	Tx	Role	Cat	Procedure Description	Loc	Facility	Degree
7/22/2011	001582	5/31/2011	Loyola Ambulatory Surgery Center of Oakbrook	0229395	43	No	C	1	Arthroplasty (interphalangeal joint (IPJ)) Procedure Notes: hammer toe correction	L2	Stuck	
7/22/2011	001583	5/31/2011	Loyola Ambulatory Surgery Center of Oakbrook	1377685	18	No	C	1	Other Osseous Digital Procedure not listed above Procedure Notes: excision of boney mass	L3	Stuck	
7/22/2011	001581	5/25/2011	Loyola University Medical Center	0660708	42	No	C	1	Management of Bone/Joint Infection Procedure Notes: debridement of bone, distal phalanx	L1	Stuck	
7/22/2011	001580	5/24/2011	Loyola University Medical Center	0746528	16	No	C	1	Arthroplasty (interphalangeal joint (IPJ)) Procedure Notes: hammer toe correction	L3	Harris	MD
7/22/2011	001580	5/24/2011	Loyola University Medical Center	0746528	16	No	C	1	Arthroplasty (interphalangeal joint (IPJ)) Procedure Notes: hammer toe correction	L4	Harris	MD
7/22/2011	001580	5/24/2011	Loyola University Medical Center	0746528	16	No	C	1	Arthroplasty (interphalangeal joint (IPJ)) Procedure Notes: hammer toe correction	R3	Harris	MD
7/22/2011	001580	5/24/2011	Loyola University Medical Center	0746528	16	No	C	1	Arthroplasty (interphalangeal joint (IPJ)) Procedure Notes: hammer toe correction	R4	Harris	MD
7/22/2011	001580	5/24/2011	Loyola University Medical Center	0746528	16	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: extensor tendon z lengthening	R	Harris	MD
7/22/2011	001579	5/19/2011	Loyola Ambulatory Surgery Center of Oakbrook	35442	5	No	C	1	Other Osseous Digital Procedure not listed above Procedure Notes: curly toe repair	R3	Harris	MD
7/22/2011	001576	5/17/2011	Loyola Ambulatory Surgery Center of Oakbrook	1016009	34	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish bunionectomy	L	Napolitano	MD
7/22/2011	001577	5/17/2011	Loyola Ambulatory Surgery Center of Oakbrook	1546404	51	No	B	3	Excision of Soft Tissue Tumor/Mass of the Foot (Without Reconstructive Surgery) Procedure Notes: excision of ganglion	L	Napolitano	MD
7/22/2011	001578	5/17/2011	Loyola Ambulatory Surgery Center of Oakbrook	2095310	53	No	B	2	Bunionectomy with Capsulotendon Balancing Procedure Procedure Notes: modified midbride bunionectomy		Napolitano	MD
5/24/2011	001573	5/12/2011	Loyola Ambulatory Surgery Center of Oakbrook	1493342	38	No	C	3	Plantar Fasciotomy Procedure Notes: open plantar fascia release	L	Roller	DPM
5/24/2011	001574	5/12/2011	Loyola Ambulatory Surgery Center of Oakbrook	2102756	7	Yes	C	3	Removal of Deep Foreign Body (Excluding Hardware Removal) Procedure Notes: Removal of needle	R	Harris	MD
5/24/2011	001570	5/10/2011	Loyola Ambulatory Surgery Center of Oakbrook	0539300	52	Yes	C	4	Open Management of Tarsometatarsal Fracture/Dislocation Procedure Notes: ORIF Ilisfranc fx/dislocation	R	Napolitano	MD

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Verified	Case ID	Date	Hospital	Patient ID	Age	Tp	Role	Cat	Procedure Description	Loc	Faculty	Degree
	001571	5/10/2011	Edward Hines Jr. Veterans Administration Hospital	J9303	62	No	C	3	Incision and Drainage/Wide Debridement of Soft Tissue Infection (Including Planter Space) Procedure Notes: I&D gas gangrene, 4th interspace	R	Schimka	DPM
5/24/2011	001572	5/10/2011	Loyola University Medical Center	1364332	61	No	C	3	Incision and Drainage/Wide Debridement of Soft Tissue Infection (Including Planter Space) Procedure Notes: I&D, 1st interspace	R	Schimka	DPM
5/24/2011	001566	5/6/2011	Edward Hines Jr. Veterans Administration Hospital	D7584	54	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: gastroc recession	L	Stuck	
5/24/2011	001567	5/6/2011	Edward Hines Jr. Veterans Administration Hospital	R1436	68	No	C	1	Amputation Procedure Notes: amputation	L3	Stuck	
5/24/2011	001568	5/6/2011	Edward Hines Jr. Veterans Administration Hospital	H7741	69	No	C	1	Amputation Procedure Notes: amputation	L3	Napolitano	MD
5/24/2011	001563	5/5/2011	Loyola Ambulatory Surgery Center of Oakbrook	1140287	55	No	C	2	MPJ Fusion Procedure Notes: ARTHRODESIS	R	Sage	DPM
5/24/2011	001564	5/5/2011	Loyola Ambulatory Surgery Center of Oakbrook	0035936	61	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunionectomy	R	Sage	DPM
5/24/2011	001564	5/5/2011	Loyola Ambulatory Surgery Center of Oakbrook	0035936	61	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammer toe correction	R2	Sage	DPM
5/24/2011	001564	5/5/2011	Loyola Ambulatory Surgery Center of Oakbrook	0035936	61	No	C	3	Lesser MPJ Capsulolendon Balancing Procedure Notes: capsulolendon balancing	R	Sage	DPM
5/24/2011	001569	5/5/2011	Loyola Ambulatory Surgery Center of Oakbrook	35465	3	No	C	1	Other Osseous Digital Procedure not listed above Procedure Notes: hammer toe correction	R3	Harris	MD
5/24/2011	001560	5/4/2011	Loyola Ambulatory Surgery Center of Oakbrook	2086549	49	No	C	2	Joint Salvage with Distal Metatarsal Osteotomy Procedure Notes: youngswick	R	Schimka	DPM
5/24/2011	001560	5/4/2011	Loyola Ambulatory Surgery Center of Oakbrook	2086549	49	No	C	2	Other Soft Tissue Procedures not listed above (limited to the Foot) Procedure Notes: capsular interposition	R	Schimka	DPM
5/24/2011	001561	5/4/2011	Loyola Ambulatory Surgery Center of Oakbrook	0728680	17	Yes	C	4	Open Management Of Lesser Metatarsal Fractures Procedure Notes: ORIF 2nd metatarsal fracture	R	Schimka	DPM
5/24/2011	001562	5/4/2011	Loyola Ambulatory Surgery Center of Oakbrook	2015517	51	No	C	3	Excision of Soft Tissue Tumor/Mass of the Foot (Without Reconstructive Surgery) Procedure Notes: excision of ganglion	L	Schimka	DPM
5/24/2011	001565	5/4/2011	Loyola University Medical Center	2081323	52	No	C	3	Incision and Drainage/Wide Debridement of Soft Tissue Infection (Including Planter Space) Procedure Notes: I&D of abscess, debridement	R	Napolitano	MD

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Verified	Case ID	Date	Hospital	Patient ID	Age	Tra	Role	Cat	Procedure Description	Loc	Facility	Degree
5/24/2011	001555	5/3/2011	Loyola Ambulatory Surgery Center of Oakbrook	2082567	31	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunionectomy	R	Napoliitano	MD
5/24/2011	001555	5/3/2011	Loyola Ambulatory Surgery Center of Oakbrook	2082567	31	No	C	1	Fusion (IPJ) Procedure Notes: hammer toe correction	R2	Napoliitano	MD
5/24/2011	001555	5/3/2011	Loyola Ambulatory Surgery Center of Oakbrook	2082567	31	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: extensor tenotomy	R	Napoliitano	MD
5/24/2011	001556	5/3/2011	Loyola Ambulatory Surgery Center of Oakbrook	2083289	71	No	C	1	Arthroplasty (interphalangeal joint (IPJ)) Procedure Notes: hammer toe correction	R5	Napoliitano	MD
5/24/2011	001557	5/3/2011	Loyola Ambulatory Surgery Center of Oakbrook	0261752	60	No	C	3	Excision of Soft Tissue Tumor/Mass of the Foot (Without Reconstructive Surgery) Procedure Notes: excision of ganglion	L	Napoliitano	MD
5/24/2011	001558	5/3/2011	Loyola Ambulatory Surgery Center of Oakbrook	1083163	48	No	C	3	Plantar Fasciectomy Procedure Notes: open plantar fasciectomy	R	Stuck	
5/24/2011	001559	5/3/2011	Loyola Ambulatory Surgery Center of Oakbrook	1208651	40	Yes	C	4	Open Management Of Lesser Metatarsal Fractures Procedure Notes: ORIF 5th metatarsal fracture	L	Stuck	
5/24/2011	001554	4/29/2011	Edward Hines Jr. Veterans Administration Hospital	K8184	65	No	C	4	Metatarsal Head Resection (Single Or Multiple) Procedure Notes: 4th metatarsal	L	Stuck	
5/24/2011	001554	4/29/2011	Edward Hines Jr. Veterans Administration Hospital	K8184	65	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: gastroc recession	L	Stuck	
5/24/2011	001552	4/28/2011	Loyola Ambulatory Surgery Center of Oakbrook	1569588	49	No	C	2	Chellectomy Procedure Notes: chellectomy for hallux limitus	R	Sage	DPM
5/24/2011	001553	4/28/2011	Loyola Ambulatory Surgery Center of Oakbrook	1569588	49	No	C	2	Chellectomy Procedure Notes: chellectomy for hallux limitus	R	Sage	DPM
5/24/2011	001548	4/26/2011	Loyola University Medical Center	2031779	14	No	C	3	Excision of Soft Tissue Tumor/Mass of the Foot (Without Reconstructive Surgery) Procedure Notes: excision of ganglion	L	Harris	MD
5/24/2011	001549	4/26/2011	Loyola Ambulatory Surgery Center of Oakbrook	1140421	59	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunionectomy	L	Stuck	
5/24/2011	001550	4/26/2011	Loyola Ambulatory Surgery Center of Oakbrook	2064617	34	No	C	5	Ligament Or Tendon Augmentation/Supplementation/Restoration Procedure Notes: modified brostrum lateral ankle stabilization	L	Stuck	
4/26/2011	001545	4/22/2011	Edward Hines Jr. Veterans Administration Hospital	b1734	63	No	C	1	Amputation Procedure Notes: partial amputation	R4	Stuck	

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4/26/2011	001546	4/22/2011	Edward Hines Jr. Veterans Administration Hospital	K8495	69	No	C	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: TMA	L	Stuck	DPM
4/26/2011	001543	4/21/2011	Loyola Ambulatory Surgery Center of Oakbrook	0366509	33	No	C	2	Revision/Repair of Surgical Outcome (e.g. Non-union, Hallux Varus) Procedure Notes: hallux varus repair with osteotomy	R	Rotter	DPM
4/26/2011	001543	4/21/2011	Loyola Ambulatory Surgery Center of Oakbrook	0366509	33	No	C	1	Phalangal Osteotomy Procedure Notes: reverse akin	R	Rotter	DPM
4/26/2011	001542	4/20/2011	Loyola Ambulatory Surgery Center of Oakbrook	0238020	59	No	C	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: offset v osteotomy	L	Schimka	DPM
4/26/2011	001544	4/20/2011	Edward Hines Jr. Veterans Administration Hospital	m8544	33	Yes	C	5	Repair Of Acute Tendon Injury Procedure Notes: achilles tendon rupture repair	L	Stuck	DPM
4/26/2011	001539	4/19/2011	Loyola Ambulatory Surgery Center of Oakbrook	1359708	79	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: arthroplasty	R4	Napolitano	MD
4/26/2011	001539	4/19/2011	Loyola Ambulatory Surgery Center of Oakbrook	1359708	79	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: arthroplasty	R5	Napolitano	MD
4/26/2011	001540	4/19/2011	Loyola Ambulatory Surgery Center of Oakbrook	1153703	51	No	C	3	Excision of Neuroma Procedure Notes: 2nd interspace neuroma excision	R	Stuck	DPM
4/26/2011	001541	4/19/2011	Loyola Ambulatory Surgery Center of Oakbrook	0264202	61	No	C	2	MPJ Fusion Procedure Notes: ARTHRODESIS	R	Stuck	DPM
4/26/2011	001538	4/18/2011	Loyola University Medical Center	1933615	3	Yes	C	3	Removal of Deep Foreign Body (Excluding Hardware Removal) Procedure Notes: removal of foreign body, wood	L	Harris	MD
4/26/2011	001535	4/15/2011	Edward Hines Jr. Veterans Administration Hospital	s2495	61	No	C	3	Incision and Drainage/Wide Debridement of Soft Tissue Infection (Including Planar Space) Procedure Notes: I&D of abscess, debridement	R	Abraham	DPM
4/26/2011	001536	4/15/2011	Edward Hines Jr. Veterans Administration Hospital	g2518	61	No	C	5	Ligament Of Tendon Augmentation/Supplementation/Restoration Procedure Notes: achilles tendon debridement/repair	R	Stuck	DPM
4/26/2011	001537	4/15/2011	Edward Hines Jr. Veterans Administration Hospital	p5976	60	No	C	1	Amputation Procedure Notes: osteomyelitis	R3	Stuck	DPM
4/26/2011	001534	4/14/2011	Loyola Ambulatory Surgery Center of Oakbrook	2098489	1	No	C	1	Other Osseous Digital Procedure not listed above Procedure Notes: deletion of post axial polydactyly	L	Harris	MD
4/26/2011	001534	4/14/2011	Loyola Ambulatory Surgery Center of Oakbrook	2098489	1	No	C	1	Other Osseous Digital Procedure not listed above Procedure Notes: deletion of post axial polydactyly	R	Harris	MD

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4/26/2011	001547	4/14/2011	Loyola Ambulatory Surgery Center of Oakbrook	1222337	65	No	C	2	Bunlonectomy with Capsulotendon Balancing Procedure Procedure Notes: modified mchbnde	R	Sage	DPM
4/26/2011	001547	4/14/2011	Loyola Ambulatory Surgery Center of Oakbrook	1222337	65	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: arthroplasty	2	Sage	DPM
4/26/2011	001547	4/14/2011	Loyola Ambulatory Surgery Center of Oakbrook	1222337	65	No	C	3	Lesser MPJ Capsulotendon Balancing Procedure Notes: capsulotomy, extensor release	R	Sage	DPM
4/26/2011	001531	4/12/2011	Loyola Ambulatory Surgery Center of Oakbrook	1620084	22	No	C	1	Implant (IPJ) Procedure Notes: smart toe	L3	Stuck	
4/26/2011	001532	4/12/2011	Loyola Ambulatory Surgery Center of Oakbrook	159238	64	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hallux malleus	R1	Stuck	
4/26/2011	001533	4/12/2011	Loyola Ambulatory Surgery Center of Oakbrook	1398695	23	Yes	C	4	Open Management Of Lesser Metatarsal Fractures Procedure Notes: 5th metatarsal tension banding	R	Stuck	
4/26/2011	001530	4/11/2011	Loyola University Medical Center	2089590	14	No	C	3	Plantar Fasciectomy Procedure Notes: plantar fascia release	L	Harris	MD
4/26/2011	001530	4/11/2011	Loyola University Medical Center	2089590	14	No	C	2	Osteotomy (e.g. Dorsiflexory) Procedure Notes: Dorsiflexory osteotomy	L	Harris	MD
4/26/2011	001530	4/11/2011	Loyola University Medical Center	2089590	14	No	C	5	Tendon Transfer Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: tibialis posterior tendon transfer	L	Harris	MD
4/26/2011	001527	4/7/2011	Loyola Ambulatory Surgery Center of Oakbrook	1918048	50	Yes	C	4	Other Osseous Procedure Not Listed Above (distal to tarsometatarsal Joint) Procedure Notes: tibial sesamoidectomy	R	Rotter	DPM
4/26/2011	001528	4/7/2011	Loyola Ambulatory Surgery Center of Oakbrook	2011244	37	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammertoe correction	L2	Sage	DPM
4/26/2011	001528	4/7/2011	Loyola Ambulatory Surgery Center of Oakbrook	2011244	37	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammertoe correction	L3	Sage	DPM
4/26/2011	001528	4/7/2011	Loyola Ambulatory Surgery Center of Oakbrook	2011244	37	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammertoe correction	L5	Sage	DPM
4/26/2011	001529	4/7/2011	Loyola Ambulatory Surgery Center of Oakbrook	2091223	74	No	C	1	Management of Bone/Joint Infection Procedure Notes: partial resection of distal phalanx	L1	Sage	DPM
4/26/2011	001516	4/6/2011	Loyola University Medical Center	0616863	56	No	C	4	Management Of Bone/Joint Infection Distal To The Tarsometatarsal Joints (With Or Without Bone Graft) Procedure Notes: 5th metatarsal osteomyelitis, bone debridment.	L	Stuck	
4/26/2011	001525	4/6/2011	Loyola Ambulatory Surgery Center of Oakbrook	1528584	39	No	C	2	Cheilectomy Procedure Notes: hallux limitus	R	Schirinka	DPM

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4/26/2011	001526	4/6/2011	Loyola Ambulatory Surgery Center of Oakbrook	1555660	63	No	C	2	MPJ Fusion Procedure Notes: hallux rigidus	R	Schinka	DPM
4/26/2011	001521	4/5/2011	Loyola Ambulatory Surgery Center of Oakbrook	1501371	28	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunionectomy		Napolitano	MD
4/26/2011	001522	4/5/2011	Loyola Ambulatory Surgery Center of Oakbrook	2095941	69	Yes	C	4	Open Management Of Lesser Metatarsal Fractures Procedure Notes: ORIF 2nd metatarsal fracture	L	Napolitano	MD
4/26/2011	001523	4/5/2011	Loyola Ambulatory Surgery Center of Oakbrook	1862238	42	No	C	2	Revision/Repair of Surgical Outcome (e.g. Non-union, Hallux Varus) Procedure Notes: repair of 1st metatarsal non-union	R	Stuck	
4/26/2011	001523	4/5/2011	Loyola Ambulatory Surgery Center of Oakbrook	1862238	42	No	C	4	Harvesting Of Bone Graft Distal To The Ankle Procedure Notes: calcaneal trephine bone graft	R	Stuck	
4/26/2011	001524	4/5/2011	Loyola Ambulatory Surgery Center of Oakbrook	1382905	48	No	C	1	Arthroplasty (interphalangeal joint (IPJ)) Procedure Notes: hammer toe correction	L2	Stuck	
4/26/2011	001524	4/5/2011	Loyola Ambulatory Surgery Center of Oakbrook	1382905	48	No	C	4	Central Metatarsal Osteotomy Procedure Notes: weil osteotomy	L	Stuck	
4/26/2011	001524	4/5/2011	Loyola Ambulatory Surgery Center of Oakbrook	1382905	48	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunionectomy	L	Stuck	
4/26/2011	001515	4/4/2011	Loyola University Medical Center	1542420	46	No	C	4	Management Of Bone/Joint Infection Distal To The Tarsometatarsal Joints (With Or Without Bone Graft) Procedure Notes: forefoot and midfoot osteomyelitis, bone removal	R	Schinka	DPM
4/26/2011	001517	4/1/2011	Edward Hines Jr. Veterans Administration Hospital	h2533	48	No	C	2	Cheilectomy Procedure Notes: hallux limitus	R	Stuck	
4/26/2011	001519	4/1/2011	Edward Hines Jr. Veterans Administration Hospital	a3469	68	No	C	1	Amputation Procedure Notes: gangrene	R4	Stuck	
4/26/2011	001519	4/1/2011	Edward Hines Jr. Veterans Administration Hospital	a3469	68	No	C	1	Amputation Procedure Notes: gangrene	R5	Stuck	
4/26/2011	001520	4/1/2011	Edward Hines Jr. Veterans Administration Hospital	m0723	63	No	C	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: open iliofemoral disarticulation	R	Stuck	
4/26/2011	001489	3/31/2011	Loyola University Medical Center	1987771	54	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: ankle fusion	R	Pinzur	MD
4/26/2011	001489	3/31/2011	Loyola University Medical Center	1987771	54	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: achilles tendon lengthening	R	Pinzur	MD

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	001490	3/31/2011	Loyola University Medical Center	1773082	59	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: charcot reconstruction, midfoot osteotomy, application of external ring fixator	R	Pinzur	MD
	001490	3/31/2011	Loyola University Medical Center	1773082	59	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: achilles tendon lengthening	R	Pinzur	MD
	001510	3/30/2011	Loyola University Medical Center	1911155	56	No	C	1	Amputation Procedure Notes: amputation	L3	Pinzur	MD
	001511	3/30/2011	Loyola University Medical Center	2066713	51	No	C	3	Incision and Drainage/Wide Debridement of Soft Tissue Infection (Including Planar Space) Procedure Notes: debridement of arch	L	Pinzur	MD
	001512	3/30/2011	Loyola University Medical Center	2063308	42	No	C	5	Ligament Or Tendon Augmentation/Supplementation/Restoration Procedure Notes: lateral ankle stabilization with fascia lata graft	R	Pinzur	MD
	001513	3/30/2011	Loyola University Medical Center	1738470	83	No	C	2	MPI Fusion Procedure Notes: first mpi fusion	L	Pinzur	MD
	001513	3/30/2011	Loyola University Medical Center	1738470	83	No	C	4	Metatarsal Head Resection (Single Or Multiple) Procedure Notes: 2-5 metatarsal head resection	L	Pinzur	MD
	001513	3/30/2011	Loyola University Medical Center	1738470	83	No	C	1	Arthroplasty (Interphalangeal joint [IPJ]) Procedure Notes: hammer toe correction	R2	Pinzur	MD
	001513	3/30/2011	Loyola University Medical Center	1738470	83	No	C	3	Lesser MPI Capsulotendon Balancing Procedure Notes: capsulotendon balancing procedure	R	Pinzur	MD
	001507	3/28/2011	Loyola University Medical Center	0460063	49	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: revision triple arthrodesis	R	Pinzur	MD
	001508	3/28/2011	Loyola University Medical Center	2042299	51	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: ankle fusion with application of external fixator	L	Pinzur	MD
	001508	3/28/2011	Loyola University Medical Center	2042299	51	No	C	5	Management Of Bone/Joint Infection (With Or Without Bone Graft) Procedure Notes: ankle debridement	L	Pinzur	MD
	001509	3/28/2011	Loyola University Medical Center	0051138	56	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: midfoot osteotomy	L	Pinzur	MD
	001509	3/28/2011	Loyola University Medical Center	0051138	56	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: calcaneal osteotomy with application of external fixator	L	Pinzur	MD

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4/26/2011	001509	3/28/2011	Loyola University Medical Center	0051138	56	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: achilles tendon lengthening	L	Pinzur	MD
4/26/2011	001504	3/23/2011	Loyola Ambulatory Surgery Center of Oakbrook	1070113	76	No	C	4	Partial Osteotomy (Distal To And Including The Talus) Procedure Notes: 4th metatarsal osteotomy	L	Pinzur	MD
4/26/2011	001506	3/23/2011	Loyola Ambulatory Surgery Center of Oakbrook	2068463	64	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: tibial anterior repair	L	Pinzur	MD
4/26/2011	001506	3/23/2011	Loyola Ambulatory Surgery Center of Oakbrook	2068463	64	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: extensor hallucis longus repair	L	Pinzur	MD
4/26/2011	001501	3/21/2011	Loyola University Medical Center	2082149	70	No	C	5	Ankle Implant Procedure Notes: STAR	R	Pinzur	MD
4/26/2011	001502	3/21/2011	Loyola University Medical Center	1478875	64	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: charcot reconstruction, tibial osteotomy, application of external ring fixator	L	Pinzur	MD
4/26/2011	001503	3/21/2011	Loyola University Medical Center	2069817	75	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: charcot reconstruction, rearfoot osteotomy, application of external ring fixator	L	Pinzur	MD
4/26/2011	001500	3/17/2011	Loyola University Medical Center	2085960	64	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: ankle fusion with application of external fixator	R	Pinzur	MD
4/26/2011	001496	3/16/2011	Loyola Ambulatory Surgery Center of Oakbrook	2085701	48	Yes	C	5	Repair Of Acute Tendon Injury Procedure Notes: achilles tendon repair	R	Pinzur	MD
4/26/2011	001498	3/16/2011	Loyola Ambulatory Surgery Center of Oakbrook	1963990	27	No	C	5	Operative Arthroscopy Procedure Notes: Ankle arthroscopy	L	Pinzur	MD
4/26/2011	001498	3/16/2011	Loyola Ambulatory Surgery Center of Oakbrook	1963990	27	No	C	5	Ligament Or Tendon Augmentation/Supplementation/Restoration Procedure Notes: lateral ankle ligament stabilization	L	Pinzur	MD
4/26/2011	001499	3/16/2011	Loyola Ambulatory Surgery Center of Oakbrook	2073778	39	No	C	1	Management of Bone/Joint Infection Procedure Notes: terminal synes amputation	L1	Pinzur	MD
4/26/2011	001492	3/14/2011	Loyola University Medical Center	2091849	61	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: charcot reconstruction, midfoot osteotomy, application of external ring fixator	L	Pinzur	MD
4/26/2011	001493	3/14/2011	Loyola University Medical Center	2075322	53	No	C	5	Amputation Proximal To The Tarsometatarsal Joints Procedure Notes: Symes amputation	R	Pinzur	MD

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	4/26/2011	001491	3/7/2011	Loyola University Medical Center	2043268	18	No	C	5	Other Elective Rearfoot Reconstruction/Ankle Osseous Surgery Not Listed Above Procedure Notes: exchange taylor spatial frame	L	Pinzur	MD
	4/26/2011	001488	3/3/2011	Loyola University Medical Center	1957222	66	No	C	5	Management Of Bone/Joint Infection (With Or Without Bone Graft) Procedure Notes: debridement of intramedullary osteomyelitis	R	Pinzur	MD
	3/29/2011	001484	2/23/2011	Loyola Ambulatory Surgery Center of Oakbrook	1732783	41	No	C	5	Operative Arthroscopy Procedure Notes: Ankle arthroscopy with debridement of talar OCD	L	Pinzur	MD
	3/29/2011	001484	2/23/2011	Loyola Ambulatory Surgery Center of Oakbrook	1732783	41	No	C	5	Ligament Or Tendon Augmentation/Supplementation/Restoration Procedure Notes: lateral ankle ligament stabilization	L	Pinzur	MD
	3/29/2011	001485	2/23/2011	Loyola Ambulatory Surgery Center of Oakbrook	2067511	18	No	C	5	Management Of Bone/Joint Infection (With Or Without Bone Graft) Procedure Notes: ankle debridement	R	Pinzur	MD
	3/29/2011	001477	2/21/2011	Loyola University Medical Center	2082392	66	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: charcoal reconstruction, midfoot osteotomy, application of external ring fixator	L	Pinzur	MD
	3/29/2011	001477	2/21/2011	Loyola University Medical Center	2082392	66	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: achilles tendon lengthening	L	Pinzur	MD
	3/29/2011	001479	2/21/2011	Loyola University Medical Center	1950957	42	Yes	C	5	Open Repair Of Adult Ankle Fracture Procedure Notes: ORIF ankle fracture	R	Pinzur	MD
	3/29/2011	001480	2/21/2011	Loyola University Medical Center	1489902	49	No	C	5	Management Of Bone/Joint Infection (With Or Without Bone Graft) Procedure Notes: left ankle debridement	L	Pinzur	MD
	3/29/2011	001481	2/21/2011	Loyola University Medical Center	206099	55	No	C	5	Management Of Bone/Joint Infection (With Or Without Bone Graft) Procedure Notes: Debridement of ankle	R	Pinzur	MD
	3/29/2011	001482	2/21/2011	Loyola University Medical Center	2066713	51	No	C	5	Management Of Bone/Joint Infection (With Or Without Bone Graft) Procedure Notes: rearfoot I&D, debridement	L	Pinzur	MD
	3/29/2011	001475	2/11/2011	Loyola University Medical Center	0300498	72	No	C	2	Chellectomy Procedure Notes: chellectomy	L	Pinzur	MD
	3/29/2011	001471	2/9/2011	Loyola Ambulatory Surgery Center of Oakbrook	1897310	48	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: ankle fusion with tomier plate	R	Pinzur	MD

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3/29/2011	001472	2/9/2011	Loyola Ambulatory Surgery Center of Oakbrook	1954598	17	No	C	5	Ligament Or Tendon Augmentation/Supplementation/Restoration Procedure Notes: lateral ankle stabilization	L	Pinzur	MD
3/29/2011	001472	2/9/2011	Loyola Ambulatory Surgery Center of Oakbrook	1954598	17	No	C	5	Operative Arthroscopy Procedure Notes: ankle arthroscopy	L	Pinzur	MD
3/29/2011	001473	2/9/2011	Loyola Ambulatory Surgery Center of Oakbrook	1112587	73	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: STJ fusion	R	Pinzur	MD
3/29/2011	001473	2/9/2011	Loyola Ambulatory Surgery Center of Oakbrook	1112587	73	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: Talonavicular joint fusion	R	Pinzur	MD
3/29/2011	001469	2/7/2011	Loyola University Medical Center	1420226	67	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: charcot reconstruction, midfoot osteotomy, application of external ring fixator		Pinzur	MD
3/29/2011	001469	2/7/2011	Loyola University Medical Center	1420226	67	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: achilles tendon lengthening		Pinzur	MD
3/29/2011	001466	1/19/2011	Loyola Ambulatory Surgery Center of Oakbrook	1959686	43	No	C	5	Ligament Or Tendon Augmentation/Supplementation/Restoration Procedure Notes: peroneus longus repair	L	Pinzur	MD
3/29/2011	001466	1/19/2011	Loyola Ambulatory Surgery Center of Oakbrook	1959686	43	No	C	5	Ligament Or Tendon Augmentation/Supplementation/Restoration Procedure Notes: peroneus brevis tenosynovectomy	L	Pinzur	MD
3/29/2011	001467	1/19/2011	Loyola Ambulatory Surgery Center of Oakbrook	1170652	57	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: talonavicular fusion	L	Pinzur	MD
3/29/2011	001467	1/19/2011	Loyola Ambulatory Surgery Center of Oakbrook	1170652	57	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: Subtalar joint fusion	L	Pinzur	MD
3/29/2011	001467	1/19/2011	Loyola Ambulatory Surgery Center of Oakbrook	1170652	57	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: Gastroc recession	L	Pinzur	MD
3/29/2011	001461	1/17/2011	Loyola University Medical Center	2075371	53	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: charcot reconstruction, Ex-Fix	L	Pinzur	MD
3/29/2011	001461	1/17/2011	Loyola University Medical Center	2075371	53	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: Achilles tendon lengthening	L	Pinzur	MD
3/29/2011	001462	1/17/2011	Loyola University Medical Center	2005307	57	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: Pantalar fusion with syntheses IM rod	L	Pinzur	MD

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3/29/2011	001463	1/17/2011	Loyola University Medical Center	2075730	60	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: charcot reconstruction, Ex-Fix	L	Pinzur	MD
3/29/2011	001463	1/17/2011	Loyola University Medical Center	2075730	60	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: achilles tendon lengthening	L	Pinzur	MD
3/29/2011	001455	1/12/2011	Loyola Ambulatory Surgery Center of Oakbrook	0610649	59	No	C	5	Ankle Arthrolyomy With Removal Of Loose Body Or Other Osteochondral Debridement Procedure Notes: Talus OCD drilling	L	Pinzur	MD
3/29/2011	001455	1/12/2011	Loyola Ambulatory Surgery Center of Oakbrook	0610649	59	No	C	5	Operative Arthroscopy Procedure Notes: Ankle arthroscopy, synovectomy	L	Pinzur	MD
3/29/2011	001452	1/10/2011	Loyola University Medical Center	2066713	51	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: calcaneal osteotomy	L	Pinzur	MD
3/29/2011	001452	1/10/2011	Loyola University Medical Center	2066713	51	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: talus osteotomy	L	Pinzur	MD
3/29/2011	001452	1/10/2011	Loyola University Medical Center	2066713	51	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: achilles lengthening	L	Pinzur	MD
3/29/2011	001452	1/10/2011	Loyola University Medical Center	2066713	51	No	C	5	Tendon Transfer Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: Tibialis anterior tendon transfer	L	Pinzur	MD
3/29/2011	001453	1/10/2011	Loyola University Medical Center	2077183	63	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: Rearfoot osteotomy, Ex-Fix application	R	Pinzur	MD
3/29/2011	001453	1/10/2011	Loyola University Medical Center	2077183	63	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: achilles tendon lengthening	R	Pinzur	MD
3/29/2011	001454	1/10/2011	Loyola University Medical Center	2078175	64	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: Ankle fusion with synthes IM nail	L	Pinzur	MD
3/29/2011	001449	1/5/2011	Loyola University Medical Center	2079690	54	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: Ankle fusion, Ex Fix	L	Pinzur	MD
3/29/2011	001450	1/5/2011	Loyola University Medical Center	2076008	76	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: Achilles lengthening	L	Pinzur	MD
3/29/2011	001450	1/5/2011	Loyola University Medical Center	2076008	76	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: charcot recon with Midfoot osteotomy, Ex-Fix	L	Pinzur	MD

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3/29/2011	001451	1/5/2011	Loyola University Medical Center	1617194	63	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: Pantalar fusion, IM nail	L	Pinzur	MD
1/25/2011	001446	12/30/2010	Loyola Ambulatory Surgery Center of Oakbrook	0755270	13	Yes	C	1	Other Osseous Digital Procedure not listed above Procedure Notes: reduction and percutaneous pinning of hallux fracture/dislocation	R1	Harris	MD
1/25/2011	001447	12/30/2010	Loyola Ambulatory Surgery Center of Oakbrook	2073069	18	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunionectomy	R	Sage	DPM
1/25/2011	001448	12/30/2010	Loyola Ambulatory Surgery Center of Oakbrook	2077623	19	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunionectomy	L	Sage	DPM
1/25/2011	001444	12/28/2010	Loyola Ambulatory Surgery Center of Oakbrook	1307200	68	No	C	2	MPJ Fusion Procedure Notes: ARTHRODESIS	R	Napolitano	MD
1/25/2011	001445	12/28/2010	Loyola Ambulatory Surgery Center of Oakbrook	2074127	55	No	C	1	Fusion (IPJ) Procedure Notes: hallux fusion	R1	Napolitano	MD
1/25/2011	001443	12/27/2010	Loyola Ambulatory Surgery Center of Oakbrook	2072501	32	No	C	2	Bunionectomy with Capsulotendon Balancing Procedure Procedure Notes: modified mcbride	L	Schirka	DPM
1/25/2011	001440	12/21/2010	Loyola Ambulatory Surgery Center of Oakbrook	1737431	40	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish	L	Napolitano	MD
1/25/2011	001440	12/21/2010	Loyola Ambulatory Surgery Center of Oakbrook	1737431	40	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: EHL tendon lengthening	L	Napolitano	MD
1/25/2011	001441	12/21/2010	Loyola Ambulatory Surgery Center of Oakbrook	1435982	51	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish	L	Napolitano	MD
1/25/2011	001442	12/21/2010	Loyola Ambulatory Surgery Center of Oakbrook	1971704	21	No	C	2	Chellectomy Procedure Notes: Hallux limitus	R	Napolitano	MD
1/25/2011	001439	12/17/2010	Edward Hines Jr. Veterans Administration Hospital	d7584	50	No	C	4	Metatarsal Head Resection (Single Or Multiple) Procedure Notes: metatarsal head resection 2-5	R	Stuck	
1/25/2011	001437	12/16/2010	Loyola Ambulatory Surgery Center of Oakbrook	1933979	67	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunionectomy	R	Sage	DPM
1/25/2011	001437	12/16/2010	Loyola Ambulatory Surgery Center of Oakbrook	1933979	67	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunionectomy	L	Sage	DPM
1/25/2011	001438	12/16/2010	Loyola Ambulatory Surgery Center of Oakbrook	158314	31	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunionectomy	L	Sage	DPM
1/25/2011	001434	12/15/2010	Loyola Ambulatory Surgery Center of Oakbrook	0690863	20	No	C	4	Partial Osteotomy (Distal To And Including The Talus) Procedure Notes: exostectomy 5th metatarsal	L	Schirka	DPM

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1/25/2011	001435	12/15/2010	Loyola University Medical Center	1905203	78	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunionectomy	L	Stuck	
1/25/2011	001435	12/15/2010	Loyola University Medical Center	1905203	78	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammer toe correction	L2	Stuck	
1/25/2011	001432	12/14/2010	Loyola Ambulatory Surgery Center of Oakbrook	0588838	25	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish	L	Stuck	
1/25/2011	001432	12/14/2010	Loyola Ambulatory Surgery Center of Oakbrook	0588838	25	No	C	4	Bunionectomy Of The Fifth Metatarsal With Osteotomy Procedure Notes: taliers bunion, inverted L	L	Stuck	
1/25/2011	001433	12/14/2010	Loyola Ambulatory Surgery Center of Oakbrook	0505159	60	No	C	2	Chellectomy Procedure Notes: hallux limitus	R	Stuck	
1/25/2011	001429	12/10/2010	Edward Hines Jr. Veterans Administration Hospital	11503	51	No	C	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: offset v osteotomy	R	Abraham	DPM
1/25/2011	001430	12/10/2010	Edward Hines Jr. Veterans Administration Hospital	c3313	62	No	B	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: gastroc recession	R	Stuck	
1/25/2011	001430	12/10/2010	Edward Hines Jr. Veterans Administration Hospital	c3313	62	No	C	5	Tarsal Tunnel Decompression Procedure Notes: tarsal tunnel release	R	Stuck	
1/25/2011	001430	12/10/2010	Edward Hines Jr. Veterans Administration Hospital	c3313	62	No	C	3	Plantar Fasciotomy Procedure Notes: open plantar fasciotomy	R	Stuck	
1/25/2011	001431	12/10/2010	Edward Hines Jr. Veterans Administration Hospital	m8835	56	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammer toe correction	R2	Napolitano	MD
1/25/2011	001431	12/10/2010	Edward Hines Jr. Veterans Administration Hospital	m8835	56	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammer toe correction	R3	Napolitano	MD
1/25/2011	001431	12/10/2010	Edward Hines Jr. Veterans Administration Hospital	m8835	56	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: flexor tenotomy for hammer toe correction	R4	Napolitano	MD
1/25/2011	001427	12/9/2010	Loyola Ambulatory Surgery Center of Oakbrook	1428735	45	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunionectomy	R	Sage	DPM
1/25/2011	001427	12/9/2010	Loyola Ambulatory Surgery Center of Oakbrook	1428735	45	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammer toe correction	R2	Sage	DPM
1/25/2011	001428	12/9/2010	Loyola Ambulatory Surgery Center of Oakbrook	1272637	65	No	C	2	Chellectomy Procedure Notes: hallux limitus	L	Sage	DPM
1/25/2011	001428	12/9/2010	Loyola Ambulatory Surgery Center of Oakbrook	1272637	65	No	C	2	Chellectomy Procedure Notes: hallux limitus	R	Sage	DPM

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	001425	12/8/2010	Loyola University Medical Center	2011192	61	No	B	4	Management Of Bone/Joint Infection Distal To The Tarsometatarsal Joints (With Or Without Bone Graft) Procedure Notes: wound debridement, bone debridement	R	Schinka	DPM
1/25/2011	001426	12/8/2010	Loyola University Medical Center	0200388	65	No	C	3	Incision and Drainage/Wide Debridement of Soft Tissue Infection (Including Planar Space) Procedure Notes: midfoot I&D, debridement	R	Stuck	
12/21/2010	001422	12/7/2010	Loyola Ambulatory Surgery Center of Oakbrook	2030760	45	No	C	2	Joint Salvage with Distal Metatarsal Osteotomy Procedure Notes: waterman-green	L	Stuck	
12/21/2010	001423	12/7/2010	Loyola Ambulatory Surgery Center of Oakbrook	1661842	49	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: calcaneal slide osteotomy	R	Stuck	
12/21/2010	001423	12/7/2010	Loyola Ambulatory Surgery Center of Oakbrook	1661842	49	No	C	3	Excision of Osicle/Sesamoid Procedure Notes: excision of os tibiale externum	R	Stuck	
12/21/2010	001423	12/7/2010	Loyola Ambulatory Surgery Center of Oakbrook	1661842	49	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: gastroc recession	R	Stuck	
12/21/2010	001424	12/7/2010	Loyola Ambulatory Surgery Center of Oakbrook	1498596	59	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammer toe correction	R5	Napolitano	MD
12/21/2010	001420	12/6/2010	Loyola University Medical Center	1698868	76	No	B	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: 5th ray amputation	R	Stuck	
12/21/2010	001421	12/6/2010	Loyola University Medical Center	1132261	63	Yes	C	1	Amputation Procedure Notes: crush injury	R1	Stuck	
12/21/2010	001419	12/3/2010	Edward Hines Jr. Veterans Administration Hospital	16705	59	No	C	1	Fusion (IPJ) Procedure Notes: fusion	L1	Abraham	DPM
12/21/2010	001417	12/2/2010	Loyola Ambulatory Surgery Center of Oakbrook	1275024	55	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish	R	Sage	DPM
12/21/2010	001417	12/2/2010	Loyola Ambulatory Surgery Center of Oakbrook	1275024	55	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammer toe correction	R2	Sage	DPM
12/21/2010	001418	12/2/2010	Loyola Ambulatory Surgery Center of Oakbrook	0539360	64	No	C	2	MPJ Fusion Procedure Notes: Arthrodesis	R	Sage	DPM
12/21/2010	001416	12/1/2010	Loyola Ambulatory Surgery Center of Oakbrook	1116031	61	No	C	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: offset v osteotomy	R	Schinka	DPM
12/21/2010	001416	12/1/2010	Loyola Ambulatory Surgery Center of Oakbrook	1116031	61	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: second hammer toe	R	Schinka	DPM
12/21/2010	001416	12/1/2010	Loyola Ambulatory Surgery Center of Oakbrook	1116031	61	No	C	3	Lesser MPJ Capsulotendon Balancing Procedure Notes: capsulotendon balance	R	Schinka	DPM

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12/21/2010	001413	11/30/2010	Loyola Ambulatory Surgery Center of Oakbrook	1102378	46	No	C	1	Management of Osseous Tumor/Neoplasm Procedure Notes: Osteochondroma	R1	Napolitano	MD
12/21/2010	001414	11/30/2010	Loyola Ambulatory Surgery Center of Oakbrook	2067979	43	No	C	2	Chellectomy Procedure Notes: Hallux limitus	L	Napolitano	MD
12/21/2010	001415	11/30/2010	Loyola Ambulatory Surgery Center of Oakbrook	1445443	40	No	C	3	Excision of Neuroma Procedure Notes: Morton's Neuroma excision	L	Stuck	
12/21/2010	001412	11/23/2010	Loyola Ambulatory Surgery Center of Oakbrook	1251187	38	No	C	1	Other Osseous Digital Procedure not listed above Procedure Notes: DIPJ arthroplasty	L4	Napolitano	MD
12/21/2010	001409	11/19/2010	Loyola University Medical Center	0733853	39	No	C	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: TMA	R	Stuck	
12/21/2010	001409	11/19/2010	Loyola University Medical Center	0733853	39	No	C	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: TMA	R	Stuck	
12/21/2010	001409	11/19/2010	Loyola University Medical Center	0733853	39	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: Hoke achilles lengthening	R	Stuck	
12/21/2010	001410	11/19/2010	Loyola University Medical Center	0365647	60	No	C	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: 3-5 ray amputation		Stuck	
12/21/2010	001410	11/19/2010	Loyola University Medical Center	0365647	60	No	C	3	Incision and Drainage/Wide Debridement of Soft Tissue Infection (Including Planter Space) Procedure Notes: Midfoot I&D, Debridement		Stuck	
12/21/2010	001411	11/19/2010	Loyola Ambulatory Surgery Center of Oakbrook	2065490	39	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish bunionectomy	L	Napolitano	MD
12/21/2010	001407	11/18/2010	Loyola University Medical Center	1421875	59	No	C	5	Tarsal Tunnel Decompression Procedure Notes: Tarsal tunnel Release	L	Rotter	DPM
12/21/2010	001408	11/18/2010	Loyola University Medical Center	1500081	51	No	C	5	Detachment/Reattachment Of Achilles Tendon With Partial Osteotomy Procedure Notes: Parial achilles detachment, calcaneal exostectomy	L	Rotter	DPM
12/21/2010	001408	11/18/2010	Loyola University Medical Center	1500081	51	No	C	5	Ligament Or Tendon Augmentation/Supplementation/Restoration Procedure Notes: Achilles debridement, Topaz	L	Rotter	DPM
12/21/2010	001403	11/16/2010	Loyola Ambulatory Surgery Center of Oakbrook	0148094	58	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish bunionectomy	R	Napolitano	MD
12/21/2010	001403	11/16/2010	Loyola Ambulatory Surgery Center of Oakbrook	0148094	58	No	C	1	Arthroplasty (interphalangeal joint (IPJ)) Procedure Notes: hammer toe correction	R2	Napolitano	MD
12/21/2010	001404	11/16/2010	Loyola Ambulatory Surgery Center of Oakbrook	1559724	46	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish bunionectomy	R	Napolitano	MD
12/21/2010	001404	11/16/2010	Loyola Ambulatory Surgery Center of Oakbrook	1559724	46	No	C	1	Arthroplasty (interphalangeal joint (IPJ)) Procedure Notes: hammer toe correction	R2	Napolitano	MD

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	12/21/2010	001405	11/16/2010	Loyola Ambulatory Surgery Center of Oakbrook	1209970	53	No	C	2	Bunionectiony with Distal First Metatarsal Osteotomy	L	Napolitano	MD
	12/21/2010	001406	11/16/2010	Loyola Ambulatory Surgery Center of Oakbrook	1308920	64	No	C	2	MPJ Fusion Procedure Notes: Kalish bunionectiony	R	Stuck	
	12/21/2010	001406	11/16/2010	Loyola Ambulatory Surgery Center of Oakbrook	1308920	64	No	C	4	Harvesting Of Bone Graft Distal To The Ankle Procedure Notes: calcaneal bone graft harvest Procedure Notes: 1st MPJ arthrodesis	R	Stuck	
	12/21/2010	001406	11/16/2010	Loyola Ambulatory Surgery Center of Oakbrook	1308920	64	No	C	3	Excision of Soft Tissue Tumor/Mass of the Foot (Without Reconstructive Surgery) Procedure Notes: excision of rheumatoid nodule	R	Stuck	
	12/21/2010	001402	11/15/2010	Loyola University Medical Center	2075428	3	Yes	C	3	Other Soft Tissue Procedures not listed above (Limited to the Foot) Procedure Notes: Irrigation, debridement, flap repair	L	Harris	MD
	11/16/2010	001400	11/12/2010	Edward Hines Jr. Veterans Administration Hospital	G3009	41	No	C	5	Ligament Or Tendon Augmentation/Supplementation/Restoration Procedure Notes: modified brostrom lateral ankle stabilization	R	Stuck	
	11/16/2010	001401	11/12/2010	Edward Hines Jr. Veterans Administration Hospital	W2834	73	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: gastroc recession	R	Napolitano	MD
	11/16/2010	001397	11/11/2010	Loyola Ambulatory Surgery Center of Oakbrook	2010393	66	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammer toe correction	R2	Rotter	DPM
	11/16/2010	001397	11/11/2010	Loyola Ambulatory Surgery Center of Oakbrook	2010393	66	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammer toe correction	R3	Rotter	DPM
	11/16/2010	001398	11/11/2010	Loyola Ambulatory Surgery Center of Oakbrook	0662300	49	No	C	4	Management Of Bone/Joint Infection Distal To The Tarsometatarsal Joints (With Or Without Bone Graft) Procedure Notes: 2nd MPJ resection	L	Rotter	DPM
	11/16/2010	001399	11/11/2010	Loyola University Medical Center	2012913	55	No	C	1	Amputation Procedure Notes: gangrene	L5	Rotter	DPM
	11/16/2010	001399	11/11/2010	Loyola University Medical Center	2012913	55	No	C	2	Bunionectiony with Phalangal Osteotomy Procedure Notes: Keller	R	Rotter	DPM
	11/16/2010	001396	11/10/2010	Loyola Ambulatory Surgery Center of Oakbrook	2067350	50	No	C	3	Excision of Neuroma Procedure Notes: morns neuroma excision	L	Schimka	DPM
	11/16/2010	001395	11/8/2010	Loyola Ambulatory Surgery Center of Oakbrook	0131098	65	No	C	2	Cheilectomy Procedure Notes: hallux limitus	R	Napolitano	MD

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	11/16/2010	001392	11/4/2010	Loyola Ambulatory Surgery Center of Oakbrook	0536163	48	No	C	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: offset v osteotomy	R	Rotter	DPM
	11/16/2010	001393	11/4/2010	Loyola Ambulatory Surgery Center of Oakbrook	1990753	59	No	C	3	Planter Fasciectomy Procedure Notes: Endoscopic planter fasciectomy	L	Sage	DPM
	11/16/2010	001394	11/4/2010	Loyola Ambulatory Surgery Center of Oakbrook	2062216	59	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunionectomy	L	Sage	DPM
	11/16/2010	001394	11/4/2010	Loyola Ambulatory Surgery Center of Oakbrook	2062216	59	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunionectomy	R	Sage	DPM
	11/16/2010	001391	10/29/2010	Edward Hines Jr. Veterans Administration Hospital	11528	54	No	C	2	MPJ Fusion Procedure Notes: orthohelix, fusion	R	Stuck	
	11/16/2010	001387	10/28/2010	Loyola Ambulatory Surgery Center of Oakbrook	2062099	49	No	C	3	Planter Fasciectomy Procedure Notes: open planter fascia release	R	Stuck	
	11/16/2010	001388	10/28/2010	Loyola Ambulatory Surgery Center of Oakbrook	1426221	56	No	C	4	Partial Osteotomy (Distal To And Including The Talus) Procedure Notes: exostectomy of 1st metatarsal	L	Sage	DPM
	11/16/2010	001388	10/28/2010	Loyola Ambulatory Surgery Center of Oakbrook	1426221	56	No	C	4	Partial Osteotomy (Distal To And Including The Talus) Procedure Notes: exostectomy of 1st metatarsal	L	Sage	DPM
	11/16/2010	001389	10/28/2010	Loyola Ambulatory Surgery Center of Oakbrook	05722085	51	No	C	2	Chellectomy Procedure Notes: hallux limitus	L	Sage	DPM
	11/16/2010	001390	10/28/2010	Loyola Ambulatory Surgery Center of Oakbrook	0134621	69	No	C	2	MPJ Fusion Procedure Notes: modular hand set, fusion	L	Sage	DPM
	11/16/2010	001383	10/26/2010	Loyola University Medical Center	1703161	11	No	C	5	Coalition Resection Procedure Notes: calcaneal navicular joint coalition excision	L	Harris	MD
	11/16/2010	001384	10/26/2010	Loyola Ambulatory Surgery Center of Oakbrook	0866277	63	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish	R	Stuck	
	11/16/2010	001384	10/26/2010	Loyola Ambulatory Surgery Center of Oakbrook	0866277	63	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish	R	Stuck	
	11/16/2010	001384	10/26/2010	Loyola Ambulatory Surgery Center of Oakbrook	0866277	63	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish	R	Stuck	
	11/16/2010	001385	10/26/2010	Loyola Ambulatory Surgery Center of Oakbrook	0361417	75	No	C	4	Partial Osteotomy (Distal To And Including The Talus) Procedure Notes: Exostectomy of 1st metatarsal cuneiform joint	R	Stuck	
	11/16/2010	001386	10/26/2010	Loyola Ambulatory Surgery Center of Oakbrook	0121838	64	No	B	4	Bunionectomy Of The Fifth Metatarsal With Osteotomy Procedure Notes: mau osteotomy	R	Stuck	
	11/16/2010	001380	10/25/2010	Loyola Ambulatory Surgery Center of Oakbrook	1990178	57	No	C	5	Tarsal Tunnel Decompression Procedure Notes: tarsal tunnel decompression	R	Schlinka	DPM
	11/16/2010	001381	10/25/2010	Loyola Ambulatory Surgery Center of Oakbrook	1727955	38	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish	R	Schlinka	DPM

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11/16/2010	001382	10/25/2010	Loyola Ambulatory Surgery Center of Oakbrook	0022998	52	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish	R	Schinika	DPM
11/16/2010	001382	10/25/2010	Loyola Ambulatory Surgery Center of Oakbrook	0022998	52	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammertoe correction	R2	Schinika	DPM
11/16/2010	001376	10/22/2010	Edward Hines Jr. Veterans Administration Hospital	m0960	50	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: arthroplasty	R3	Stuck	
11/16/2010	001376	10/22/2010	Edward Hines Jr. Veterans Administration Hospital	m0960	50	No	C	3	Excision of Soft Tissue Tumor/Mass of the Foot (Without Reconstructive Surgery) Procedure Notes: mucoid cyst excision		Stuck	
11/16/2010	001374	10/21/2010	Loyola University Medical Center	0733853	39	No	C	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: 3-5 ray amputation	R	Stuck	
11/16/2010	001375	10/21/2010	Loyola University Medical Center	0660708	41	No	C	1	Amputation Procedure Notes: Partial hallux amputation	R1	Stuck	
11/16/2010	001377	10/21/2010	Loyola University Medical Center	2065015	32	Yes	C	1	Amputation Procedure Notes: partial hallux amputation	L1	Rotter	DPM
11/16/2010	001377	10/21/2010	Loyola University Medical Center	2065015	32	Yes	C	1	Amputation Procedure Notes: second toe amputation	L2	Rotter	DPM
11/16/2010	001378	10/21/2010	Loyola University Medical Center	1035889	69	No	C	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: offset v osteotomy	R	Rotter	DPM
11/16/2010	001378	10/21/2010	Loyola University Medical Center	1035889	69	No	C	4	Central Metatarsal Osteotomy Procedure Notes: metatarsalgia	R	Rotter	DPM
11/16/2010	001378	10/21/2010	Loyola University Medical Center	1035889	69	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammertoe correction	R2	Rotter	DPM
11/16/2010	001379	10/21/2010	Loyola University Medical Center	1035889	63	No	C	3	Excision of Soft Tissue Tumor/Mass of the Foot (Without Reconstructive Surgery) Procedure Notes: lipoma excision	R	Rotter	DPM
11/16/2010	001372	10/20/2010	Loyola Ambulatory Surgery Center of Oakbrook	1327981	58	No	C	2	Amputation Procedure Notes: 1st ray amputation	R	Rotter	DPM
11/16/2010	001372	10/20/2010	Loyola Ambulatory Surgery Center of Oakbrook	1327981	58	No	C	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: 2nd ray amputation	R	Rotter	DPM
11/16/2010	001373	10/20/2010	Loyola Ambulatory Surgery Center of Oakbrook	2069365	25	Yes	C	4	Open Management Of Lesser Metatarsal Fractures Procedure Notes: ORIF 5th metatarsal fracture	R	Rotter	DPM
11/16/2010	001369	10/19/2010	Loyola Ambulatory Surgery Center of Oakbrook	0668974	49	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish	R	Napolitano	MD
11/16/2010	001369	10/19/2010	Loyola Ambulatory Surgery Center of Oakbrook	0668974	49	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: hammertoe correction	2	Napolitano	MD

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	11/16/2010	001369	10/19/2010	Loyola Ambulatory Surgery Center of Oakbrook	0688974	49	No	C	3	Lesser MPJ Capsulotendon Balancing Procedure Notes: capsulotomy, extensor release	R	Napollitano	MD
	11/16/2010	001370	10/19/2010	Loyola Ambulatory Surgery Center of Oakbrook	0384177	76	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: arthroplasty	L2	Stuck	
	11/16/2010	001370	10/19/2010	Loyola Ambulatory Surgery Center of Oakbrook	0384177	76	No	C	4	Central Metatarsal Osteotomy Procedure Notes: well osteotomy	L	Stuck	
	11/16/2010	001371	10/19/2010	Loyola Ambulatory Surgery Center of Oakbrook	1545119	52	No	C	2	Bunionectomy with First Metatarsocuneiform Fusion Procedure Notes: lapidus bunionectomy	L	Stuck	
	11/16/2010	001371	10/19/2010	Loyola Ambulatory Surgery Center of Oakbrook	1545119	52	No	C	4	Tarsometatarsal Fusion Procedure Notes: second metatarsal cuneiform joint fusion	L	Stuck	
	11/16/2010	001371	10/19/2010	Loyola Ambulatory Surgery Center of Oakbrook	1545119	52	No	C	3	Excision of Soft Tissue Tumor/Mass of the Foot (Without Reconstructive Surgery) Procedure Notes: lipoma excision #1	L	Stuck	
	11/16/2010	001371	10/19/2010	Loyola Ambulatory Surgery Center of Oakbrook	1545119	52	No	C	3	Excision of Soft Tissue Tumor/Mass of the Foot (Without Reconstructive Surgery) Procedure Notes: lipoma excision #2	L	Stuck	
	11/16/2010	001371	10/19/2010	Loyola Ambulatory Surgery Center of Oakbrook	1545119	52	No	C	5	Open Synovectomy Of The Rearfoot/Ankle Procedure Notes: STJ synovectomy	L	Stuck	
	11/16/2010	001371	10/19/2010	Loyola Ambulatory Surgery Center of Oakbrook	1545119	52	No	C	5	Ligament Of Tendon Augmentation/Supplementation/Restoration Procedure Notes: gastroc recession	L	Stuck	
	10/26/2010	001366	10/15/2010	Edward Hines Jr. Veterans Administration Hospital	61988	59	No	C	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: bunionectomy with OBW osteotomy	R	Stuck	
	10/26/2010	001367	10/15/2010	Edward Hines Jr. Veterans Administration Hospital	62583	64	No	C	1	Amputation Procedure Notes: partial toe amputation	L1	Napollitano	MD
	10/26/2010	001367	10/15/2010	Edward Hines Jr. Veterans Administration Hospital	62583	64	No	C	1	Amputation Procedure Notes: partial toe amputation	L2	Napollitano	MD
	10/26/2010	001367	10/15/2010	Edward Hines Jr. Veterans Administration Hospital	62583	64	No	C	1	Amputation Procedure Notes: partial toe amputation	L3	Napollitano	MD
	10/26/2010	001367	10/15/2010	Edward Hines Jr. Veterans Administration Hospital	62583	64	No	C	1	Amputation Procedure Notes: partial toe amputation	L4	Napollitano	MD
	10/26/2010	001367	10/15/2010	Edward Hines Jr. Veterans Administration Hospital	62583	64	No	C	1	Amputation Procedure Notes: partial toe amputation	L5	Napollitano	MD

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10/26/2010	001367	10/15/2010	Edward Hines Jr. Veterans Administration Hospital	d2583	64	No	C	1	Amputation Procedure Notes: partial toe amputation	R1	Napoliitano	MD
10/26/2010	001367	10/15/2010	Edward Hines Jr. Veterans Administration Hospital	d2583	64	No	C	1	Amputation Procedure Notes: partial toe amputation	R2	Napoliitano	MD
10/26/2010	001367	10/15/2010	Edward Hines Jr. Veterans Administration Hospital	d2583	64	No	C	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: 4th ray amputation	R	Napoliitano	MD
10/26/2010	001367	10/15/2010	Edward Hines Jr. Veterans Administration Hospital	d2583	64	No	C	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: 5th ray amputation	R	Napoliitano	MD
10/26/2010	001367	10/15/2010	Edward Hines Jr. Veterans Administration Hospital	d2583	64	No	C	1	Amputation Procedure Notes: amputation	R3	Napoliitano	MD
10/26/2010	001368	10/15/2010	Loyola Ambulatory Surgery Center of Oakbrook	1299857	53	Yes	C	4	Open Management of Tarsometatarsal Fracture/Dislocation Procedure Notes: ORIF Ilstrances fracture/dislocation	L	Stuck	
10/26/2010	001362	10/14/2010	Loyola Ambulatory Surgery Center of Oakbrook	36934	9	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: flexor tendon transfer	R5	Harris	MD
10/26/2010	001362	10/14/2010	Loyola Ambulatory Surgery Center of Oakbrook	36934	9	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: flexor tendon transfer	L5	Harris	MD
10/26/2010	001363	10/14/2010	Loyola Ambulatory Surgery Center of Oakbrook	2061120	4	Yes	C	3	Removal of Deep Foreign Body (Excluding Hardware Removal) Procedure Notes: removal of foreign body, toothpick	L	Harris	MD
10/26/2010	001365	10/14/2010	Loyola Ambulatory Surgery Center of Oakbrook	0539360	64	No	C	2	MPJ Fusion Procedure Notes: arthrodesis	L	Sage	DPM
10/26/2010	001360	10/12/2010	Loyola Ambulatory Surgery Center of Oakbrook	1456419	61	No	C	5	Open Synovectomy Of The Rearfoot/Ankle Procedure Notes: posterior tibial tendon synovectomy	R	Stuck	
10/26/2010	001360	10/12/2010	Loyola Ambulatory Surgery Center of Oakbrook	1456419	61	No	C	4	Partial Osteotomy (Distal To And Including The Talus) Procedure Notes: 5th metatarsal exostectomy	R	Stuck	
10/26/2010	001360	10/12/2010	Loyola Ambulatory Surgery Center of Oakbrook	1456419	61	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: calcaneal slide osteotomy	R	Stuck	
10/26/2010	001360	10/12/2010	Loyola Ambulatory Surgery Center of Oakbrook	1456419	61	No	C	1	Fusion (IPJ) Procedure Notes: hammer toe fusion	R2	Stuck	
10/26/2010	001360	10/12/2010	Loyola Ambulatory Surgery Center of Oakbrook	1456419	61	No	C	1	Fusion (PJ) Procedure Notes: hammer toe fusion	R3	Stuck	

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10/26/2010	001361	10/12/2010	Loyola Ambulatory Surgery Center of Oakbrook	1977571	48	No	C	4	Central Metatarsal Osteotomy Procedure Notes: well osteotomy	L	Stuck	
7/22/2011	001584	10/11/2010	Loyola University Medical Center	1297374	16	No	C	4	Management Of Bone/Joint Infection Distal To The Tarsometatarsal Joints (With Or Without Bone Graft) Procedure Notes: resection of 5th metatarsal and proximal phalanx base of 5th toe	R	Harris	MD
10/26/2010	001359	10/9/2010	Loyola University Medical Center	0040546	39	No	C	5	Amputation Proximal To The Tarsometatarsal Joints Procedure Notes: choparts amputation	R	Napolitano	MD
10/26/2010	001356	10/8/2010	Edward Hines Jr. Veterans Administration Hospital	c0748	50	No	C	2	MPJ Fusion Procedure Notes: arthrodesis	L	Abraham	DPM
10/26/2010	001357	10/8/2010	Edward Hines Jr. Veterans Administration Hospital	j0919	36	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: calcaneal slide osteotomy	L	Stuck	
10/26/2010	001357	10/8/2010	Edward Hines Jr. Veterans Administration Hospital	j0919	36	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: evans calcaneal osteotomy	L	Stuck	
10/26/2010	001358	10/8/2010	Edward Hines Jr. Veterans Administration Hospital	w3378	50	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: arthroplasty	R2	Stuck	
10/26/2010	001354	10/7/2010	Loyola Ambulatory Surgery Center of Oakbrook	0450493	54	No	C	2	Bunionectomy with Phalangal Osteotomy Procedure Notes: Keller bunionectomy	R	Sage	DPM
10/26/2010	001354	10/7/2010	Loyola Ambulatory Surgery Center of Oakbrook	0450493	54	No	C	4	Metatarsal Head Resection (Single Or Multiple) Procedure Notes: metatarsal head resection 2-5	R	Sage	DPM
10/26/2010	001355	10/7/2010	Loyola Ambulatory Surgery Center of Oakbrook	1274668	62	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: kalish bunionectomy	R	Sage	DPM
10/26/2010	001353	10/6/2010	Loyola Ambulatory Surgery Center of Oakbrook	0739819	57	No	C	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: offset v osteotomy	R	Schimka	DPM
10/26/2010	001353	10/6/2010	Loyola Ambulatory Surgery Center of Oakbrook	0739819	57	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: arthroplasty	R2	Schimka	DPM
10/26/2010	001353	10/6/2010	Loyola Ambulatory Surgery Center of Oakbrook	0739819	57	No	C	3	Lesser MPJ Capsulotendon Balancing Procedure Notes: capsulotomy, extensor release	R	Schimka	DPM
10/26/2010	001350	10/4/2010	Loyola University Medical Center	1264163	38	No	C	2	Bunionectomy with Capsulotendon Balancing Procedure Procedure Notes: modified mcbride	R	Schimka	DPM
10/26/2010	001351	10/4/2010	Loyola Ambulatory Surgery Center of Oakbrook	0094204	60	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: arthroplasty	L4	Stuck	
10/26/2010	001352	10/4/2010	Loyola Ambulatory Surgery Center of Oakbrook	1399666	53	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: talonavicular joint arthrodesis	L	Stuck	

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10/26/2010	001352	10/4/2010	Loyola Ambulatory Surgery Center of Oakbrook	1399666	53	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: posterior tibial tendon repair	L	Stuck	
10/26/2010	001352	10/4/2010	Loyola Ambulatory Surgery Center of Oakbrook	1399666	53	No	B	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: calcaneal osteotomy	L	Stuck	
10/26/2010	001352	10/4/2010	Loyola Ambulatory Surgery Center of Oakbrook	1399666	53	No	B	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: gastroc recession	L	Stuck	
10/26/2010	001346	10/1/2010	Edward Hines Jr. Veterans Administration Hospital	s5762	38	No	C	5	Ligament Or Tendon Augmentation/Supplementation/Restoration Procedure Notes: lateral ankle stabilization	R	Abraham	DPM
10/26/2010	001346	10/1/2010	Edward Hines Jr. Veterans Administration Hospital	s5762	38	No	C	5	Open Synovectomy Of The Rearfoot/Ankle Procedure Notes: peroneal tendon synovectomy	R	Abraham	DPM
10/26/2010	001347	10/1/2010	Edward Hines Jr. Veterans Administration Hospital	n1457	68	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: arthroplasty	R3	Abraham	DPM
10/26/2010	001348	10/1/2010	Edward Hines Jr. Veterans Administration Hospital	fs241	83	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: gastroc recession	L	Stuck	
10/26/2010	001348	10/1/2010	Edward Hines Jr. Veterans Administration Hospital	fs241	83	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: arthroplasty	L5	Stuck	
10/26/2010	001349	10/1/2010	Edward Hines Jr. Veterans Administration Hospital	b4849	68	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: gastroc recession	R	Napolianno	MD
9/28/2010	001332	9/15/2010	Loyola Ambulatory Surgery Center of Oakbrook	1361334	68	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: Arthroplasty	L2	Pinzur	MD
9/28/2010	001332	9/15/2010	Loyola Ambulatory Surgery Center of Oakbrook	1361334	68	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: Arthroplasty	L3	Pinzur	MD
9/28/2010	001332	9/15/2010	Loyola Ambulatory Surgery Center of Oakbrook	1361334	68	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: Arthroplasty	L4	Pinzur	MD
9/28/2010	001332	9/15/2010	Loyola Ambulatory Surgery Center of Oakbrook	1361334	68	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: Arthroplasty	R2	Pinzur	MD
9/28/2010	001332	9/15/2010	Loyola Ambulatory Surgery Center of Oakbrook	1361334	68	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: Arthroplasty	R3	Pinzur	MD
9/28/2010	001332	9/15/2010	Loyola Ambulatory Surgery Center of Oakbrook	1361334	68	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: Arthroplasty	R4	Pinzur	MD
9/28/2010	001332	9/15/2010	Loyola Ambulatory Surgery Center of Oakbrook	1361334	68	No	C	3	Lesser MPJ Capsulolendon Balancing Procedure Notes: capsulolendon balance	L2	Pinzur	MD

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9/28/2010	001332	9/15/2010	Loyola Ambulatory Surgery Center of Oakbrook	1361334	68	No	C	3	Lesser MPJ Capsuloligament Balancing Procedure Notes: capsuloligament balance	R2	Pinzur	MD
9/28/2010	001334	9/15/2010	Loyola Ambulatory Surgery Center of Oakbrook	1478952	40	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: Dwyer calcaneal osteotomy	R	Pinzur	MD
9/28/2010	001334	9/15/2010	Loyola Ambulatory Surgery Center of Oakbrook	1478952	40	No	C	2	Osteotomy (e.g. Dorsiflexory) Procedure Notes: Dorsiflexory osteotomy	R	Pinzur	MD
9/28/2010	001334	9/15/2010	Loyola Ambulatory Surgery Center of Oakbrook	1478952	40	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: Peroneous longus tendon repair	R	Pinzur	MD
9/28/2010	001334	9/15/2010	Loyola Ambulatory Surgery Center of Oakbrook	1478952	40	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: Peroneous brevis tendon repair	R	Pinzur	MD
9/28/2010	001336	9/15/2010	Loyola Ambulatory Surgery Center of Oakbrook	2060650	30	No	C	5	Open Synovectomy Of The Rearfoot/Ankle Procedure Notes: peroneal tenosynovectomy	R	Pinzur	MD
9/28/2010	001337	9/15/2010	Loyola Ambulatory Surgery Center of Oakbrook	2058508	58	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: Hindfoot fusion, TN and STJ	R	Pinzur	MD
9/28/2010	001331	9/13/2010	Loyola University Medical Center	2027395	48	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: revision pantalar fusion	R	Pinzur	MD
9/28/2010	001326	9/8/2010	Loyola Ambulatory Surgery Center of Oakbrook	1934712	61	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: Midfoot exostectomy	R	Pinzur	MD
9/28/2010	001327	9/8/2010	Loyola Ambulatory Surgery Center of Oakbrook	2000747	30	Yes	C	5	Operative Arthroscopy Procedure Notes: ankle arthroscopy	R	Pinzur	MD
9/28/2010	001328	9/8/2010	Loyola Ambulatory Surgery Center of Oakbrook	2061141	26	No	C	5	Ligament Or Tendon Augmentation/Supplementation/Restoration Procedure Notes: Peroneal retinaculum repair, tendon repair	R	Pinzur	MD
9/28/2010	001329	9/8/2010	Loyola Ambulatory Surgery Center of Oakbrook	1663909	61	No	B	5	Detachment/Reattachment Of Achilles Tendon With Partial Osteotomy Procedure Notes: Schinika: achilles tendon debridement, calcaneal exostectomy	L		
9/28/2010	001322	9/1/2010	Loyola University Medical Center	2006093	60	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: revision talonavicular fusion	R	Pinzur	MD
9/28/2010	001323	9/1/2010	Loyola University Medical Center	0479757	41	Yes	C	5	Open Repair Of Adult Ankle Fracture Procedure Notes: ORIF ankle fracture	R	Pinzur	MD
9/28/2010	001319	8/25/2010	Loyola Ambulatory Surgery Center of Oakbrook	1346311	57	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: Peroneous longus tendon repair	L	Pinzur	MD

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Verified	Case ID	Date	Hospital	Patient ID	Age	Tr.	Role	Cat.	Procedure Description	Loc.	Facility	Degree
9/28/2010	001320	8/25/2010	Loyola Ambulatory Surgery Center of Oakbrook	2052554	29	Yes	C	5	Operative Arthroscopy Procedure Notes: Ankle arthroscopy with debridement of talar OCD		Pinzur	MD
9/28/2010	001321	8/25/2010	Loyola Ambulatory Surgery Center of Oakbrook	1999219	41	Yes	C	5	Other Elective Rearfoot Reconstructive/Ankle Osseous Surgery Not Listed Above Procedure Notes: sheppards fracture excision	L	Pinzur	MD
9/28/2010	001315	8/23/2010	Loyola University Medical Center	2059863	49	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: Panlalar fusion with application of Ex-fix	R	Pinzur	MD
9/28/2010	001312	8/19/2010	Loyola University Medical Center	1510744	47	No	C	5	Ankle Arthrology With Removal Of Loose Body Or Other Osteochondral Debridement Procedure Notes: Ankle arthroscopy with debridement on talar osteochondral lesion	R	Pinzur	MD
9/28/2010	001308	8/18/2010	Loyola Ambulatory Surgery Center of Oakbrook	1707126	67	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: Dwyer calcaneal osteotomy		Pinzur	MD
9/28/2010	001308	8/18/2010	Loyola Ambulatory Surgery Center of Oakbrook	1707126	67	No	C	2	Osteotomy (e.g. Dorsiflexory) Procedure Notes: dorsiflexing 1st metatarsal base osteotomy		Pinzur	MD
9/28/2010	001308	8/18/2010	Loyola Ambulatory Surgery Center of Oakbrook	1707126	67	No	C	4	Open Management Of Lesser Metatarsal Fractures Procedure Notes: 5th metatarsal fracture non-union ORIF		Pinzur	MD
9/28/2010	001309	8/18/2010	Loyola Ambulatory Surgery Center of Oakbrook	1898252	19	No	C	3	Excision of Soft Tissue Tumor/Mass of the Foot (Without Reconstructive Surgery) Procedure Notes: Excision of ganglion cyst	R	Pinzur	MD
9/28/2010	001310	8/18/2010	Loyola Ambulatory Surgery Center of Oakbrook	1146068	17	No	C	5	Coalition Resection Procedure Notes: Calcaneal Navicular coalition excision	L	Pinzur	MD
9/28/2010	001311	8/18/2010	Loyola Ambulatory Surgery Center of Oakbrook	1903177	64	No	C	5	Management Of Bone/Joint Infection (With Or Without Bone Graft) Procedure Notes: calcaneal osteomyelitis debridement	L	Pinzur	MD
9/28/2010	001305	8/16/2010	Loyola University Medical Center	2051907	47	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: charcot reconstruction with midfoot osteotomy, application of external fixator	R	Pinzur	MD
9/28/2010	001305	8/16/2010	Loyola University Medical Center	2051907	47	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: tendo-achilles lengthening	R	Pinzur	MD

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Verified	Case ID	Date	Hospital	Patient ID	Age	Tx	Role	Cat	Procedure Description	Loc	Faculty	Degree
	001291	8/11/2010	Loyola Ambulatory Surgery Center of Oakbrook	1118168	49	No	C	5	Tarsal Tunnel Decompression Procedure Notes: posterior tibial nerve neurolysis		Pinzur	MD
	001296	8/11/2010	Loyola Ambulatory Surgery Center of Oakbrook	2055836	26	No	C	5	Operative Arthroscopy Procedure Notes: ankle arthroscopy	R	Pinzur	MD
	001296	8/11/2010	Loyola Ambulatory Surgery Center of Oakbrook	2055836	26	No	C	5	Delayed Repair Of Ligamentous Structures Procedure Notes: modified brostrom lateral ankle ligament reconstruction with conexa	R	Pinzur	MD
	001288	8/9/2010	Loyola University Medical Center	2051831	35	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: Ankle fusion, external fixator	R	Pinzur	MD
	001289	8/9/2010	Loyola University Medical Center	2049245	45	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: charcot reconstruction, midfoot osteotomy, application of external ring fixator	L	Pinzur	MD
	001289	8/9/2010	Loyola University Medical Center	2049245	45	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: charcot reconstruction, midfoot osteotomy, application of external fixator	R	Pinzur	MD
	001289	8/9/2010	Loyola University Medical Center	2049245	45	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: percutaneous tendo-achilles lengthening	L	Pinzur	MD
	001289	8/9/2010	Loyola University Medical Center	2049245	45	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: percutaneous tendo-achilles lengthening	R	Pinzur	MD
	001287	8/6/2010	Loyola University Medical Center	1109368	17	Yes	C	5	Operative Arthroscopy Procedure Notes: Ankle arthroscopy with debridement of OCD of talus	L	Pinzur	MD
	001274	8/4/2010	Loyola University Medical Center	1724256	72	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: ankle fusion with synthes fusion nail	R	Pinzur	MD
	001275	8/4/2010	Loyola University Medical Center	126850	69	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: ankle fusion with synthes nail and femoral head allograft	L	Pinzur	MD
	001276	8/4/2010	Loyola University Medical Center	2047585	56	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: subtalar joint fusion, application of external fixator	R	Pinzur	MD

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	9/28/2010	001272	8/2/2010	Loyola University Medical Center	1985789	62	No	C	5	Management Of Bone/Joint Infection (With Or Without Bone Graft) Procedure Notes: debridement of ankle osteomyelitis and tibial reaming	R	Pinzur	MD
	9/28/2010	001273	8/2/2010	Loyola University Medical Center	2042765	43	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: charcot reconstruction, midfoot osteotomy, application of external ring fixator	L	Pinzur	MD
	9/28/2010	001268	7/28/2010	Loyola Ambulatory Surgery Center of Oakbrook	1768022	22	No	C	4	Partial Osteotomy (Distal To And Including The Talus) Procedure Notes: 5th metatarsal base osteotomy	R	Pinzur	MD
	9/28/2010	001269	7/28/2010	Loyola Ambulatory Surgery Center of Oakbrook	2012559	32	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: distal tibial fibular fusion	L	Pinzur	MD
	9/28/2010	001270	7/28/2010	Loyola Ambulatory Surgery Center of Oakbrook	2052848	19	No	C	5	Excision Of Soft Tissue Tumor/Mass Of The Ankle (With Or Without Reconstructive Surgery) Procedure Notes: excision of soft tissue mass	R	Pinzur	MD
	9/28/2010	001264	7/26/2010	Loyola University Medical Center	2049106	48	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: charcot reconstruction, midfoot osteotomy, application of external ring fixator	R	Pinzur	MD
	9/28/2010	001264	7/26/2010	Loyola University Medical Center	2049106	48	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: tendo-achilles lengthening	R	Pinzur	MD
	9/28/2010	001265	7/26/2010	Loyola University Medical Center	2055711	39	No	C	5	Amputation Proximal To The Tarsometatarsal Joints Procedure Notes: synes amputation	R	Pinzur	MD
	7/27/2010	001237	7/14/2010	Loyola Ambulatory Surgery Center of Oakbrook	1533511	39	No	C	5	Ligament Or Tendon Augmentation/Supplementation/Restoration Procedure Notes: Repair of Peroneus longus rupture	L	Pinzur	MD
	7/27/2010	001237	7/14/2010	Loyola Ambulatory Surgery Center of Oakbrook	1533511	39	No	C	5	Open Synovectomy Of The Rearfoot/Ankle Procedure Notes: Tenosynovectomy of Peroneal tendon sheath	L	Pinzur	MD
	7/27/2010	001239	7/14/2010	Loyola Ambulatory Surgery Center of Oakbrook	2027498	49	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: Revision of left ankle fusion with iliac crest bone graft	L	Pinzur	MD
	9/28/2010	001263	7/14/2010	Loyola Ambulatory Surgery Center of Oakbrook	2027498	49	No	C	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: revision ankle fusion	L	Pinzur	MD
	7/27/2010	001234	7/12/2010	Loyola University Medical Center	1155651	55	No	C	5	Ankle Implant Procedure Notes: Total ankle arthroplasty, INBONE	L	Pinzur	MD

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7/27/2010	001234	7/12/2010	Loyola University Medical Center	1155651	55	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: Gastroc Recession	L	Pinzur	MD
7/27/2010	001235	7/12/2010	Loyola University Medical Center	1934073	53	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: Charcot reconstruction with application of external frame fixator	L	Pinzur	MD
7/27/2010	001235	7/12/2010	Loyola University Medical Center	1934073	53	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: Tendo-achilles lengthening	L	Pinzur	MD
7/27/2010	001233	7/7/2010	Loyola University Medical Center	2042299	50	No	C	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: charcot reconstruction with application of external frame fixator	L	Pinzur	MD
7/27/2010	001233	7/7/2010	Loyola University Medical Center	2042299	50	No	C	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: 5th ray amputation	R	Pinzur	MD
7/27/2010	001233	7/7/2010	Loyola University Medical Center	2042299	50	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: Tendo-achilles lengthening	L	Pinzur	MD
7/27/2010	001233	7/7/2010	Loyola University Medical Center	2042299	50	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: Tendo-Achilles lengthening	R	Pinzur	MD
7/27/2010	001232	6/11/2010	Loyola University Medical Center	2046378	47	Yes	C	5	Open Repair Of Adult Rearfoot Fracture Procedure Notes: ORIF calcaneal fracture	R	Summers	MD
7/27/2010	001230	6/9/2010	Loyola University Medical Center	1905952	16	Yes	C	5	Open Repair Of Pediatric Rearfoot/Ankle Fractures Or Dislocations Procedure Notes: ORIF right ankle fracture	R	Summers	MD
7/27/2010	001231	6/9/2010	Loyola University Medical Center	2048972	24	Yes	C	5	Open Repair Of Adult Ankle Fracture Procedure Notes: ORIF right ankle fracture	R	Summers	MD
7/27/2010	001231	6/9/2010	Loyola University Medical Center	2048972	24	Yes	C	5	Open Repair Of Adult Rearfoot Fracture Procedure Notes: ORIF right comminuted talar fracture	R	Summers	MD
7/27/2010	001229	6/8/2010	Loyola University Medical Center	2048953	20	Yes	C	4	Other Osseous Procedure Not Listed Above (distal to tarsometatarsal Joint) Procedure Notes: Closed reduction, Percutaneous pinning of 5th metatarsal fracture	R	Stover	MD
7/27/2010	001228	6/7/2010	Loyola University Medical Center	2046378	47	Yes	C	5	Open Repair Of Adult Rearfoot Fracture Procedure Notes: ORIF calcaneal fracture	L	Summers	MD

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6/22/2010	001227	5/27/2010	Loyola Ambulatory Surgery Center of Oakbrook	1127757	53	No	C	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: offset v osteotomy	R	Rotter	DPM
6/22/2010	001226	5/24/2010	Loyola University Medical Center	2047229	2	No	C	3	Incision and Drainage/Wide Debridement of Soft Tissue Infection (Including Plantar Space) Procedure Notes: 1&D of abscess	L	Harris	MD
6/22/2010	001220	5/18/2010	Loyola Ambulatory Surgery Center of Oakbrook	1991670	43	No	B	5	Tarsal Tunnel Decompression Procedure Notes: tarsal tunnel	R	Stuck	
6/22/2010	001221	5/18/2010	Loyola Ambulatory Surgery Center of Oakbrook	2042960	71	No	B	1	Amputation Procedure Notes: Partial hallux amputation	R1	Napolitano	MD
6/22/2010	001221	5/18/2010	Loyola Ambulatory Surgery Center of Oakbrook	2042960	71	No	B	1	Amputation Procedure Notes: partial 3rd toe amputation	R3	Napolitano	MD
6/22/2010	001221	5/18/2010	Loyola Ambulatory Surgery Center of Oakbrook	2042960	71	No	B	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: partial 4th ray amputation	R	Napolitano	MD
6/22/2010	001218	5/13/2010	Loyola Ambulatory Surgery Center of Oakbrook	2033298	20	No	C	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: kalish	L	Sage	DPM
6/22/2010	001218	5/13/2010	Loyola Ambulatory Surgery Center of Oakbrook	2033298	20	No	C	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: kalish	R	Sage	DPM
6/22/2010	001219	5/13/2010	Loyola Ambulatory Surgery Center of Oakbrook	1088441	68	No	B	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: kalish	R	Sage	DPM
6/22/2010	001216	5/11/2010	Loyola Ambulatory Surgery Center of Oakbrook	1988872	3	No	B	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: flexor to extensor tendon transfer	L3	Harris	MD
6/22/2010	001216	5/11/2010	Loyola Ambulatory Surgery Center of Oakbrook	1988872	3	No	B	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: flexor to extensor tendon transfer	R3	Harris	MD
6/22/2010	001213	5/6/2010	Loyola Ambulatory Surgery Center of Oakbrook	1010525	71	No	B	2	MPJ Fusion Procedure Notes: fusion	L	Sage	DPM
6/22/2010	001213	5/6/2010	Loyola Ambulatory Surgery Center of Oakbrook	1010525	71	No	B	1	Arthroplasty (interphalangeal joint (IPJ)) Procedure Notes: hammer toe correction	L2	Sage	DPM
6/22/2010	001214	5/6/2010	Loyola Ambulatory Surgery Center of Oakbrook	1696737	74	No	B	2	Bunionectomy with Capsulotendon Balancing Procedure Procedure Notes: modified mubnde		Sage	DPM

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	001178	4/6/2010	Loyola Ambulatory Surgery Center of Oakbrook	2027772	61	No	B	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: Offset V osteotomy	R	Stuck	
4/27/2010	001174	3/30/2010	Edward Hines Jr. Veterans Administration Hospital	S8832	25	Yes	C	4	Open Management Of Lesser Metatarsal Fractures Procedure Notes: ORIF 2nd metatarsal fracture		Sage	DPM
4/27/2010	001174	3/30/2010	Edward Hines Jr. Veterans Administration Hospital	S8832	25	Yes	C	4	Open Management Of Lesser Metatarsal Fractures Procedure Notes: ORIF 3rd metatarsal fracture		Sage	DPM
4/27/2010	001175	3/30/2010	Edward Hines Jr. Veterans Administration Hospital	K7335	61	No	B	3	Incision and Drainage/Wide Debridement of Soft Tissue Infection (Including Planter Space) Procedure Notes: Incision and Drainage	R	Sage	DPM
4/27/2010	001173	3/26/2010	Edward Hines Jr. Veterans Administration Hospital	S3826	70	No	B	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: 5th ray amputation	L	Stuck	
4/27/2010	001176	3/21/2010	Loyola University Medical Center	1917546	5	Yes	C	3	Removal of Deep Foreign Body (Excluding Hardware Removal) Procedure Notes: Removal of Saw blade	R	Harris	MD
4/27/2010	001176	3/21/2010	Loyola University Medical Center	1917546	5	Yes	C	3	Incision and Drainage/Wide Debridement of Soft Tissue Infection (Including Planter Space) Procedure Notes: Incision and Drainage	R	Harris	MD
4/27/2010	001172	3/19/2010	Edward Hines Jr. Veterans Administration Hospital	K7335	61	No	B	2	MPJ Arthroplasty Procedure Notes: Keller arthroplasty	R	Abraham	DPM
4/27/2010	001171	3/16/2010	Edward Hines Jr. Veterans Administration Hospital	B2199	81	No	B	2	Amputation Procedure Notes: 1st ray amputation		Sage	DPM
4/27/2010	001168	3/5/2010	Edward Hines Jr. Veterans Administration Hospital	J1703	61	No	B	2	Management of Bone/Joint Infection (With or Without Bone Graft) Procedure Notes: Mayo Keller for Osteomyelitis	L	Napolitano	MD
4/27/2010	001169	3/5/2010	Edward Hines Jr. Veterans Administration Hospital	G8148	52	No	B	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: 3rd ray amputation	R	Napolitano	MD
4/27/2010	001170	3/5/2010	Edward Hines Jr. Veterans Administration Hospital	T8420	78	No	B	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: 5th ray amputation	L	Napolitano	MD
3/16/2010	001136	2/26/2010	Edward Hines Jr. Veterans Administration Hospital	S7568	51	No	C	1	Amputation Procedure Notes: dorsally deformed toe	L5	Stuck	
3/16/2010	001135	2/23/2010	Edward Hines Jr. Veterans Administration Hospital	S0444	60	No	C	1	Arthroplasty (interphalangeal joint (IPJ)) Procedure Notes: curlytoe correction	L5	Sage	DPM
3/16/2010	001135	2/23/2010	Edward Hines Jr. Veterans Administration Hospital	S0444	60	No	C	1	Arthroplasty (interphalangeal joint (IPJ)) Procedure Notes: hammer toe correction	R3	Sage	DPM

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3/16/2010	001133	2/19/2010	Edward Hines Jr. Veterans Administration Hospital	Q2522	34	No	B	5	Open Management Of Talar Dome Lesion (With Or Without Osteotomy) Procedure Notes: curettage and drilling	L	Abraham	DPM
3/16/2010	001133	2/19/2010	Edward Hines Jr. Veterans Administration Hospital	Q2522	34	No	B	5	Ligament Or Tendon Augmentation/Supplementation/Restoration Procedure Notes: lateral ankle stabilization	L	Abraham	DPM
3/16/2010	001134	2/19/2010	Edward Hines Jr. Veterans Administration Hospital	B2788	59	No	B	2	MPJ Fusion Procedure Notes: fusion, orthopro compression plate	R	Stuck	DPM
3/16/2010	001131	2/16/2010	Edward Hines Jr. Veterans Administration Hospital	C5729	61	No	C	1	Amputation Procedure Notes: chronic ulceration	R3	Sage	DPM
3/16/2010	001131	2/16/2010	Edward Hines Jr. Veterans Administration Hospital	C5729	61	No	C	1	Arthroplasty (interphalangeal joint (IPJ)) Procedure Notes: hammer toe correction	R4	Sage	DPM
3/16/2010	001132	2/16/2010	Edward Hines Jr. Veterans Administration Hospital	B2256	84	No	C	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: TMA for gangrene	R	Sage	DPM
3/16/2010	001128	2/12/2010	Edward Hines Jr. Veterans Administration Hospital	A4531	26	No	B	5	Management Of Bone Tumor/Neoplasm (With Or Without Bone Graft) Procedure Notes: calcaneal cyst excision with bone chips packing	R	Stuck	
3/16/2010	001129	2/12/2010	Edward Hines Jr. Veterans Administration Hospital	B420	78	No	B	1	Amputation Procedure Notes: ulceration	L2	Stuck	
3/16/2010	001129	2/12/2010	Edward Hines Jr. Veterans Administration Hospital	B420	78	No	B	2	Amputation Procedure Notes: osteomyelitis	L	Stuck	
3/16/2010	001130	2/12/2010	Edward Hines Jr. Veterans Administration Hospital	J7619	61	No	B	4	Management Of Bone/Joint Infection Distal To The Tarsometatarsal Joints (With Or Without Bone Graft) Procedure Notes: 5th metatarsal base osteomyelitis	L	Stuck	
3/16/2010	001127	2/9/2010	Edward Hines Jr. Veterans Administration Hospital	J2018	62	No	C	1	Amputation Procedure Notes: gangrene	L2	Sage	DPM
2/23/2010	001108	12/22/2009	Edward Hines Jr. Veterans Administration Hospital	B7641	63	No	B	2	Amputation Procedure Notes: first ray amputation	L	Sage	DPM
2/23/2010	001109	12/22/2009	Edward Hines Jr. Veterans Administration Hospital	K1588	65	No	B	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: TMA	L	Sage	DPM
2/23/2010	001107	12/15/2009	Edward Hines Jr. Veterans Administration Hospital	B3219	59	Yes	B	4	Open Management of Tarsometatarsal Fracture/Dislocation Procedure Notes: ORIF listriancs dislocation/fracture	L	Sage	DPM

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	2/23/2010	001105	11/24/2009	Edward Hines Jr. Veterans Administration Hospital	J0258	48	No	B	3	Excision of Soft Tissue Tumor/Mass of the Foot (Without Reconstructive Surgery)	L	Sage	DPM
	2/23/2010	001106	11/24/2009	Edward Hines Jr. Veterans Administration Hospital	M1326	61	No	B	1	Amputation	L2	Sage	DPM
	2/23/2010	001106	11/24/2009	Edward Hines Jr. Veterans Administration Hospital	M1326	61	No	B	1	Arthroplasty (interphalangeal joint (IPJ))	L3	Sage	DPM
	2/23/2010	001106	11/24/2009	Edward Hines Jr. Veterans Administration Hospital	M1326	61	No	B	1	Arthroplasty (interphalangeal joint (IPJ))	L4	Sage	DPM
	2/23/2010	001102	11/20/2009	Edward Hines Jr. Veterans Administration Hospital	F9578	61	No	B	3	External Neurolysis/Decompression (excluding Tarsal Tunnel)	R	Stuck	
	2/23/2010	001103	11/20/2009	Edward Hines Jr. Veterans Administration Hospital	C5725	67	No	B	1	Amputation	L2	Stuck	
	2/23/2010	001104	11/20/2009	Edward Hines Jr. Veterans Administration Hospital	C1417	44	No	B	4	Management Of Bone/Joint Infection Distal To The Tarsometatarsal Joints (With Or Without Bone Graft)	L	Stuck	
	12/15/2009	001054	11/14/2009	Loyola University Medical Center	533029	57	No	B	5	Amputation Proximal To The Tarsometatarsal Joints	R	Sage	DPM
	12/15/2009	001054	11/14/2009	Loyola University Medical Center	533029	57	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg	R	Sage	DPM
	12/15/2009	001050	11/13/2009	Edward Hines Jr. Veterans Administration Hospital	F5322	69	No	B	2	MPJ Fusion	L	Abraham	DPM
	12/15/2009	001050	11/13/2009	Edward Hines Jr. Veterans Administration Hospital	F5322	69	No	B	1	Procedure Notes: 1st mpi fusion using wright medical plate			
	12/15/2009	001050	11/13/2009	Edward Hines Jr. Veterans Administration Hospital	F5322	69	No	B	1	Arthroplasty (interphalangeal joint (IPJ))	L2	Abraham	DPM
	12/15/2009	001050	11/13/2009	Edward Hines Jr. Veterans Administration Hospital	F5322	69	No	B	1	Procedure Notes: arthroplasty	L3	Abraham	DPM
	12/15/2009	001050	11/13/2009	Edward Hines Jr. Veterans Administration Hospital	F5322	69	No	B	1	Arthroplasty (interphalangeal joint (IPJ))	L4	Abraham	DPM
	12/15/2009	001050	11/13/2009	Edward Hines Jr. Veterans Administration Hospital	F5322	69	No	B	1	Procedure Notes: arthroplasty	L5	Abraham	DPM
	12/15/2009	001051	11/13/2009	Edward Hines Jr. Veterans Administration Hospital	B0342	27	No	B	4	Tarsometatarsal Fusion	L	Stuck	

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12/15/2009	001052	11/13/2009	Edward Hines Jr. Veterans Administration Hospital	J7619	60	No	B	4	Metatarsal Head Resection (Single Or Multiple) Procedure Notes: 3rd metatarsal head resection	L	Stuck	
12/15/2009	001047	11/6/2009	Edward Hines Jr. Veterans Administration Hospital	K2540	66	No	B	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: Offset chevron	L	Napoliitano	MD
12/15/2009	001047	11/6/2009	Edward Hines Jr. Veterans Administration Hospital	K2540	66	No	B	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: arthroplasty	L2	Napoliitano	MD
12/15/2009	001047	11/6/2009	Edward Hines Jr. Veterans Administration Hospital	K2540	66	No	B	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: arthroplasty	L3	Napoliitano	MD
12/15/2009	001048	11/6/2009	Edward Hines Jr. Veterans Administration Hospital	F1044	50	No	B	4	Partial Osteotomy (Distal To And Including The Talus) Procedure Notes: Partial osteotomy of 1st cuneiform	R	Napoliitano	MD
12/15/2009	001046	10/23/2009	Edward Hines Jr. Veterans Administration Hospital	R8785	63	No	B	1	Amputation Procedure Notes: Hallux amp	L1	Napoliitano	MD
12/15/2009	001045	10/20/2009	Edward Hines Jr. Veterans Administration Hospital	W5020	60	No	C	2	MPJ Fusion Procedure Notes: 1st mpj fusion with modular hand plate	L	Sage	DPM
12/15/2009	001045	10/20/2009	Edward Hines Jr. Veterans Administration Hospital	W5020	60	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: arthroplasty	L2	Sage	DPM
12/15/2009	001045	10/20/2009	Edward Hines Jr. Veterans Administration Hospital	W5020	60	No	C	3	Lesser MPJ Capsulotendon Balancing Procedure Notes: correction of medial deviation	L2	Sage	DPM
12/15/2009	001045	10/20/2009	Edward Hines Jr. Veterans Administration Hospital	W5020	60	No	C	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: arthroplasty	L3	Sage	DPM
12/15/2009	001044	10/16/2009	Edward Hines Jr. Veterans Administration Hospital	K3687	71	No	B	1	Amputation Procedure Notes: Hallux	L	Stuck	
12/15/2009	001044	10/16/2009	Edward Hines Jr. Veterans Administration Hospital	K3687	71	No	B	4	Metatarsal Head Resection (Single Or Multiple) Procedure Notes: 2-5 met head resection	L	Stuck	
10/27/2009	001022	10/15/2009	Edward Hines Jr. Veterans Administration Hospital	K3687	71	No	B	1	Amputation Procedure Notes: Hallux amputation	L1	Stuck	
10/27/2009	001022	10/15/2009	Edward Hines Jr. Veterans Administration Hospital	K3687	71	No	B	4	Central Metatarsal Osteotomy Procedure Notes: resection of 5th metatarsal	L	Stuck	
10/27/2009	001022	10/15/2009	Edward Hines Jr. Veterans Administration Hospital	K3687	71	No	B	4	Central Metatarsal Osteotomy Procedure Notes: resection of 4th metatarsal	L	Stuck	
10/27/2009	001022	10/15/2009	Edward Hines Jr. Veterans Administration Hospital	K3687	71	No	C	4	Central Metatarsal Osteotomy Procedure Notes: resection of 3rd metatarsal	L	Stuck	
10/27/2009	001022	10/15/2009	Edward Hines Jr. Veterans Administration Hospital	K3687	71	No	C	4	Central Metatarsal Osteotomy Procedure Notes: resection of 2nd metatarsal	L	Stuck	

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Verified	Case/ID	Date	Hospital	PatientID	Age	Ta	Role	Cat	Procedure Description	Loc	Faculty	Degree	
	10/27/2009	001022	10/15/2009	Edward Hines Jr. Veterans Administration Hospital	K3687	71	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: Percutaneous tendoachilles lengthening	L	Stuck	MD
	10/27/2009	001012	10/9/2009	Edward Hines Jr. Veterans Administration Hospital	H8352	79	No	C	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: Open TMA	L	Napolitano	MD
	12/15/2009	001043	10/9/2009	Edward Hines Jr. Veterans Administration Hospital	D4375	53	No	B	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: Offset chevron	L	Napolitano	MD
	10/27/2009	001011	10/6/2009	Edward Hines Jr. Veterans Administration Hospital	H9169	66	No	C	3	Excision of Soft Tissue Tumor/Mass of the Foot (Without Reconstructive Surgery) Procedure Notes: Excision of plantar fibroma	L	Sage	DPM
	9/22/2009	001003	8/29/2009	Loyola University Medical Center	1646532	57	No	C	1	Amputation Procedure Notes: Partial hallux amputation	R1	Napolitano	MD
	9/22/2009	001002	8/27/2009	Loyola University Medical Center	0533029	57	No	B	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: Open TMA	R	Sage	DPM
	9/22/2009	001001	8/20/2009	Loyola Ambulatory Surgery Center of Oakbrook	0048337	65	No	B	3	Excision of Soft Tissue Tumor/Mass of the Foot (Without Reconstructive Surgery) Procedure Notes: Excision of ganglion cyst	R	Sage	DPM
	9/22/2009	000999	8/13/2009	Loyola Ambulatory Surgery Center of Oakbrook	1726777	38	No	B	1	Phalangeal Osteotomy Procedure Notes: Akin osteotomy	L1	Rotlier	DPM
	9/22/2009	000999	8/13/2009	Loyola Ambulatory Surgery Center of Oakbrook	1726777	38	No	B	1	Arthroplasty (Interphalangeal joint [IPJ]) Procedure Notes: HT repair	L2	Rotlier	DPM
	9/22/2009	001000	8/13/2009	Loyola Ambulatory Surgery Center of Oakbrook	1612376	46	No	C	2	Other First Ray Procedure not listed above Procedure Notes: Exostectomy at 1st metatarsal cuneiform joint	L	Sage	DPM
	9/22/2009	000997	8/11/2009	Loyola Ambulatory Surgery Center of Oakbrook	1984151	40	No	B	2	MPJ Fusion Procedure Notes: 1st MPJ Fusion	R	Stuck	
	9/22/2009	000998	8/11/2009	Loyola Ambulatory Surgery Center of Oakbrook	1395918	48	No	B	1	Amputation Procedure Notes: 3rd digit amputation	L3	Stuck	
	9/22/2009	000996	8/4/2009	Loyola University Medical Center	1011075	47	No	C	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: Open TMA	L	Sage	DPM
	9/22/2009	000995	7/30/2009	Loyola Ambulatory Surgery Center of Oakbrook	1632512	50	No	B	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: Offset chevron osteotomy	R	Sage	DPM
	9/22/2009	000995	7/30/2009	Loyola Ambulatory Surgery Center of Oakbrook	1632512	50	No	B	1	Arthroplasty (Interphalangeal joint [IPJ]) Procedure Notes: HT repair	R2	Sage	DPM

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8/25/2009	000967	7/28/2009	Loyola University Medical Center	1966508	1	No	B	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: Percutaneous TAL	L	Harris	MD
8/25/2009	000967	7/28/2009	Loyola University Medical Center	1966508	1	No	B	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: Percutaneous TAL	R	Harris	MD
8/25/2009	000968	7/28/2009	Loyola Ambulatory Surgery Center of Oakbrook	1996371	18	No	B	4	Partial Osteotomy (Distal To And Including The Talus) Procedure Notes: Excision of os trigonum	R	Stuck	
8/25/2009	000969	7/28/2009	Loyola Ambulatory Surgery Center of Oakbrook	1997067	65	No	B	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: Offset long chevron osteotomy		Stuck	
8/25/2009	000969	7/28/2009	Loyola Ambulatory Surgery Center of Oakbrook	1997067	65	No	B	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: arthroplasty		Stuck	
8/25/2009	000966	7/23/2009	Loyola Ambulatory Surgery Center of Oakbrook	1171460	54	No	B	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: Arthroplasty	R2	Rotter	DPM
8/25/2009	000966	7/23/2009	Loyola Ambulatory Surgery Center of Oakbrook	1171460	54	No	B	4	Metatarsal Head Resection (Single Or Multiple) Procedure Notes: Partial 2nd metatarsal head resection	R	Rotter	DPM
8/25/2009	000964	7/21/2009	Loyola Ambulatory Surgery Center of Oakbrook	1032101	50	No	B	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: arthroplasty	L2	Stuck	
8/25/2009	000964	7/21/2009	Loyola Ambulatory Surgery Center of Oakbrook	1032101	50	No	B	4	Central Metatarsal Osteotomy Procedure Notes: 2nd metatarsal osteotomy	L	Stuck	
8/25/2009	000965	7/21/2009	Loyola Ambulatory Surgery Center of Oakbrook	1008217	74	No	B	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: Offset long chevron osteotomy	L	Sage	DPM
8/25/2009	000965	7/21/2009	Loyola Ambulatory Surgery Center of Oakbrook	1008217	74	No	B	4	Metatarsal Head Resection (Single Or Multiple) Procedure Notes: Metatarsal head resections 2-5	L	Sage	DPM
8/25/2009	000963	7/16/2009	Loyola Ambulatory Surgery Center of Oakbrook	0729884	54	No	B	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: Offset long chevron osteotomy	R	Stuck	
8/25/2009	000963	7/16/2009	Loyola Ambulatory Surgery Center of Oakbrook	0729884	54	No	B	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: Arthroplasty	R2	Stuck	
8/25/2009	000962	7/14/2009	Loyola University Medical Center	1935902	11	Yes	C	1	Open Management of Digital Fracture/Dislocation Procedure Notes: ORIF 2nd toe fracture	R2	Harris	MD
8/25/2009	000961	7/11/2009	Loyola University Medical Center	1991866	68	No	B	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: TMA	L	Stuck	

Verified	Case ID	Date	Hospital	Patient ID	Age	Tra	Role	Cat	Procedure Description	Loc	Faculty	Degree
8/25/2009	000960	7/10/2009	Loyola University Medical Center	0616157	34	No	C	1	Management of Bone/Joint Infection Procedure Notes: Arthroplasty	R2	Rotlier	DPM
8/25/2009	000960	7/10/2009	Loyola University Medical Center	0616157	34	No	C	5	Management Of Bone/Joint Infection (With Or Without Bone Graft) Procedure Notes: Partial Calcaneotomy	R	Rotlier	DPM
8/25/2009	000958	7/7/2009	Loyola University Medical Center	1859037	3	No	C	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: Flexor to Extensor tendon transfer for curly toe	L4	Harris	MD
8/25/2009	000959	7/7/2009	Loyola University Medical Center	1614442	11	No	C	3	Excision of Soft Tissue Tumor/Mass of the Foot (Without Reconstructive Surgery) Procedure Notes: Excision of soft tissue lesion	L	Harris	MD
8/25/2009	000957	7/2/2009	Loyola University Medical Center	0650702	49	No	C	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: Partial 2nd ray amputation	L	Sage	DPM
8/25/2009	000957	7/2/2009	Loyola University Medical Center	0650702	49	No	C	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: Partial 3rd Ray amputation	L	Sage	DPM
7/21/2009	000956	5/22/2009	Edward Hines Jr. Veterans Administration Hospital	B8604	60	No	B	2	MPJ Fusion Procedure Notes: 1st mpj fusion	L	Napolitano	MD
7/21/2009	000955	5/19/2009	Edward Hines Jr. Veterans Administration Hospital	L8344	27	No	B	5	Open Management Of Talus Dome Lesion (With Or Without Osteotomy) Procedure Notes: OCD lesion of talus excision	R	Sage	DPM
7/21/2009	000954	5/15/2009	Edward Hines Jr. Veterans Administration Hospital	e1561	50	No	B	5	Tarsal Tunnel Decompression Procedure Notes: Tarsal tunnel release	R	Stuck	
7/21/2009	000953	5/12/2009	Edward Hines Jr. Veterans Administration Hospital	s9246	58	No	C	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: Bunionectomy with 1st metatarsal osteotomy	L	Sage	DPM
7/21/2009	000953	5/12/2009	Edward Hines Jr. Veterans Administration Hospital	s9246	58	No	C	1	Arthroplasty (Interphalangeal Joint [IPJ]) Procedure Notes: Arthroplasty	L2	Sage	DPM
7/21/2009	000951	5/8/2009	Edward Hines Jr. Veterans Administration Hospital	e3020	61	No	B	2	MPJ Arthroplasty Procedure Notes: Keller	L	Napolitano	MD
7/21/2009	000952	5/8/2009	Edward Hines Jr. Veterans Administration Hospital	g4819	66	No	B	1	Fusion (IPJ) Procedure Notes: hallux ipj fusion	R1	Napolitano	MD
7/21/2009	000949	5/2/2009	Loyola University Medical Center	0733853	38	No	B	2	Amputation Procedure Notes: open partial first ray amputation	L	Napolitano	MD

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Verified	Case ID	Date	Hospital	Patient ID	Age	Tr	Role	Cat	Procedure Description	Loc	Facility	Degree
4/23/2009	000862	3/12/2009	Loyola Ambulatory Surgery Center of Oakbrook	0385113	40	No	B	2	Joint Salvage with Distal Metatarsal Osteotomy Procedure Notes: Youngswick 1st metatarsal osteotomy	R	Rotter	DPM
4/23/2009	000862	3/12/2009	Loyola Ambulatory Surgery Center of Oakbrook	0385113	40	No	B	3	Tendon Repair, Lengthening, or Transfer Involving the Forefoot (Including Digital FDL Transfer) Procedure Notes: Peroneus Longus repair with topaz	R	Rotter	DPM
4/23/2009	000838	3/10/2009	Loyola Ambulatory Surgery Center of Oakbrook	1752961	55	No	B	2	Bunionectomy with First Metatarsal Base or Shaft Osteotomy Procedure Notes: crescentic bunionectomy	R	Stuck	
4/23/2009	000838	3/10/2009	Loyola Ambulatory Surgery Center of Oakbrook	1752961	55	No	B	1	Phalangeal Osteotomy Procedure Notes: akin osteotomy	R	Stuck	
4/23/2009	000860	3/10/2009	Loyola Ambulatory Surgery Center of Oakbrook	0490056	28	No	B	5	Management Of Bone Tumor/Neoplasm (With Or Without Bone Graft) Procedure Notes: calcaneal cyst excision with bone graft	R	Stuck	
4/23/2009	000837	3/3/2009	Loyola Ambulatory Surgery Center of Oakbrook	1942996	51	No	B	5	Open Synovectomy Of The Rearfoot/Ankle Procedure Notes: TP tendon synovectomy		Stuck	
4/23/2009	000837	3/3/2009	Loyola Ambulatory Surgery Center of Oakbrook	1942996	51	No	C	5	Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, Or Leg Procedure Notes: Percutaneous TAL		Stuck	
4/23/2009	000837	3/3/2009	Loyola Ambulatory Surgery Center of Oakbrook	1942996	51	No	B	5	Midfoot, Rearfoot, Or Ankle Fusion Procedure Notes: Talc-navicular fusion		Stuck	
4/23/2009	000837	3/3/2009	Loyola Ambulatory Surgery Center of Oakbrook	1942996	51	No	B	5	Midfoot, Rearfoot, Or Tibial Osteotomy Procedure Notes: Calcaneal osteotomy		Stuck	
4/23/2009	000835	2/16/2009	Edward Hines Jr. Veterans Administration Hospital	G4758	84	No	B	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: open 2nd and 3rd ray amputation	L	Stuck	
4/23/2009	000833	2/13/2009	Edward Hines Jr. Veterans Administration Hospital	H7407	62	No	B	1	Amputation Procedure Notes: amputation	R2	Stuck	
4/23/2009	000834	2/13/2009	Edward Hines Jr. Veterans Administration Hospital	M9690	61	No	B	1	Amputation Procedure Notes: amputation	L1	Stuck	
2/17/2009	000691	2/12/2009	Edward Hines Jr. Veterans Administration Hospital	H6794	59	No	C	1	Amputation Procedure Notes: 5th digit amputation	L5	Bonnet	
2/17/2009	000688	1/30/2009	Edward Hines Jr. Veterans Administration Hospital	S2441	64	No	B	2	Chellectomy Procedure Notes: HL	R	Napolitano	MD
2/17/2009	000688	1/30/2009	Edward Hines Jr. Veterans Administration Hospital	S2441	64	No	B	2	MPJ Implant Procedure Notes: Pegasus interpositional graft	R	Napolitano	MD

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Verified	Case ID	Date	Hospital	Patient ID	Age	Tr	Role	Cat	Procedure Description	Loc	Facility	Degree
2/17/2009	000689	1/30/2009	Edward Hines Jr. Veterans Administration Hospital	R8785	62	No	B	2	MPJ Arthroplasty Procedure Notes: Mayo-Keller arthroplasty	R	Napoliitano	MD
2/17/2009	000687	1/27/2009	Edward Hines Jr. Veterans Administration Hospital	A1703	70	No	B	2	Amputation Procedure Notes: Open partial 1st ray amputation	L	Sage	DPM
2/17/2009	000685	1/23/2009	Edward Hines Jr. Veterans Administration Hospital	C5729	60	No	B	2	Amputation Procedure Notes: 1st ray amputation	R	Abraham	DPM
2/17/2009	000685	1/23/2009	Edward Hines Jr. Veterans Administration Hospital	C5729	60	No	B	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: 2nd ray amputation	L	Abraham	DPM
2/17/2009	000686	1/23/2009	Edward Hines Jr. Veterans Administration Hospital	M6599	61	No	B	1	Amputation Procedure Notes: amputation	R4	Napoliitano	MD
2/17/2009	000683	1/20/2009	Edward Hines Jr. Veterans Administration Hospital	K8184	62	No	C	4	Metatarsal Head Resection (Single Or Multiple) Procedure Notes: 4th Metatarsal head resection	R	Sage	DPM
2/17/2009	000679	1/16/2009	Edward Hines Jr. Veterans Administration Hospital	G7527	64	No	B	4	Metatarsal Head Resection (Single Or Multiple) Procedure Notes: metatarsal head resection	R5	Rotter	DPM
2/17/2009	000680	1/16/2009	Edward Hines Jr. Veterans Administration Hospital	W7023	55	No	B	4	Management Of Bone Tumor/Neoplasm Distal To The Tarsometatarsal Joints (With Or Without Bone Graft) Procedure Notes: Interosseous calcaneal lipoma excision with allograft bone graft	R	Stuck	DPM
2/17/2009	000681	1/16/2009	Edward Hines Jr. Veterans Administration Hospital	M3676	25	No	B	5	Delayed Repair Of Ligamentous Structures Procedure Notes: Lateral ankle stabilization with mytech anchors	L	Abraham	DPM
2/17/2009	000682	1/16/2009	Edward Hines Jr. Veterans Administration Hospital	G0991	58	No	B	1	Amputation Procedure Notes: 4th digit open amputation	R4	Stuck	
2/17/2009	000682	1/16/2009	Edward Hines Jr. Veterans Administration Hospital	G0991	58	No	B	3	Incision and Drainage/Wide Debridement of Soft Tissue Infection (Including Planter Space) Procedure Notes: 1&D of planter abscess	R	Stuck	
2/17/2009	000678	1/13/2009	Edward Hines Jr. Veterans Administration Hospital	B0414	45	No	C	5	Repair Of Acute Tendon Injury Procedure Notes: Achilles tendon repair with Pegasus graft	L	Sage	DPM
2/17/2009	000684	1/11/2009	Edward Hines Jr. Veterans Administration Hospital	D7193	73	No	B	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: TMA	L	Napoliitano	MD
2/17/2009	000677	1/9/2009	Edward Hines Jr. Veterans Administration Hospital	R3646	62	No	B	1	Amputation Procedure Notes: amputation	R4	Stuck	
2/17/2009	000676	1/3/2009	Loyola University Medical Center	56437800022	63	No	C	4	Partial Osteotomy (Distal To And Including The Tailus) Procedure Notes: Partial Calcaneotomy	R	Sage	DPM

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Verified	CaseID	Date	Hospital	PatientID	Age	Tn	Role	Cat	Procedure-Description	Loc	Facility	Degree
12/16/2008	000453	11/20/2008	Loyola University Medical Center	1317205	42	No	C	3	Excision of Soft Tissue Tumor/Mass of the Foot (Without Reconstructive Surgery) Procedure Notes: Excision of Soft Tissue Neoplasm	L3	Rottier	DPM
12/16/2008	000450	11/13/2008	Loyola Ambulatory Surgery Center of Oakbrook	1656781	55	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish Bunionectomy	R	Sage	DPM
12/16/2008	000451	11/13/2008	Loyola Ambulatory Surgery Center of Oakbrook	0447370	42	No	C	3	Other Soft Tissue Procedures not listed above (Limited to the Foot) Procedure Notes: Excision/Biopsy of Chronic wound	L	Sage	DPM
12/16/2008	000452	11/13/2008	Loyola Ambulatory Surgery Center of Oakbrook	1003232	70	No	B	3	Plantar Fasciomy Procedure Notes: Endoscopic Plantar Fasciomy	L	Sage	DPM
12/16/2008	000447	11/6/2008	Loyola Ambulatory Surgery Center of Oakbrook	1112341	41	No	B	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish Bunionectomy	R	Sage	DPM
12/16/2008	000447	11/6/2008	Loyola Ambulatory Surgery Center of Oakbrook	1112341	41	No	B	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish Bunionectomy	L	Sage	DPM
12/16/2008	000447	11/6/2008	Loyola Ambulatory Surgery Center of Oakbrook	1112341	41	No	B	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish Bunionectomy	L	Sage	DPM
12/16/2008	000449	11/6/2008	Loyola Ambulatory Surgery Center of Oakbrook	1595592	50	No	C	5	Ligament Or Tendon Augmentation/Supplementation/Restoration Procedure Notes: Peroneus Brevis tendon Repair including Topaz	L	Rottier	DPM
12/16/2008	000446	11/4/2008	Loyola Ambulatory Surgery Center of Oakbrook	0544955	55	No	B	1	Fusion (IPJ) Procedure Notes: Hallux IPJ fusion	R1	Stuck	
12/16/2008	000446	11/4/2008	Loyola Ambulatory Surgery Center of Oakbrook	0544955	55	No	B	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: Hammer toe repair	R2	Stuck	
12/16/2008	000446	11/4/2008	Loyola Ambulatory Surgery Center of Oakbrook	0544955	55	No	B	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: Hammer toe repair	R3	Stuck	
12/16/2008	000446	11/4/2008	Loyola Ambulatory Surgery Center of Oakbrook	0544955	55	No	B	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: Hammer Toe repair	R4	Stuck	
12/16/2008	000446	11/4/2008	Loyola Ambulatory Surgery Center of Oakbrook	0544955	55	No	B	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: Hammer to repair	R5	Stuck	
12/16/2008	000444	10/30/2008	Loyola Ambulatory Surgery Center of Oakbrook	1254798	63	No	B	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish Bunionectomy	R	Sage	DPM
12/16/2008	000445	10/30/2008	Loyola Ambulatory Surgery Center of Oakbrook	1197413	55	No	B	3	Plantar Fasciomy Procedure Notes: Endoscopic Plantar Fasciomy	R	Sage	DPM
12/16/2008	000442	10/28/2008	Loyola Ambulatory Surgery Center of Oakbrook	0223399	71	No	B	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish bunionectomy	L	Stuck	

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Verified	Case ID	Date	Hospital	Patient ID	Age	TR	Role	Cat	Procedure Description	Loc	Facility	Degree
10/28/2008	000272	10/24/2008	Loyola University Medical Center	1025612	81	No	C	2	Chellectomy Procedure Notes: 1st MTP chellectomy	R	Stuck	
10/28/2008	000270	10/23/2008	Loyola Ambulatory Surgery Center of Oakbrook	1274668	60	No	C	2	Bunionectomy with Capsulotendon Balancing Procedure Procedure Notes: McBride		Sage	DPM
10/28/2008	000267	10/16/2008	Loyola Ambulatory Surgery Center of Oakbrook	0459985	55	No	B	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish	L	Sage	DPM
10/28/2008	000267	10/16/2008	Loyola Ambulatory Surgery Center of Oakbrook	0459985	55	No	B	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish	R	Sage	DPM
10/28/2008	000268	10/16/2008	Loyola Ambulatory Surgery Center of Oakbrook	0286240	58	No	B	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: Hammer toe correction	L2	Sage	DPM
10/28/2008	000265	10/14/2008	Loyola Ambulatory Surgery Center of Oakbrook	0362325	59	No	B	3	Excision of Soft Tissue Tumor/Mass of the Foot (Without Reconstructive Surgery) Procedure Notes: Ganglion cyst removal		Stuck	
10/28/2008	000266	10/14/2008	Loyola Ambulatory Surgery Center of Oakbrook	1251437	42	No	B	5	Tarsal Tunnel Decompression Procedure Notes: Left Tarsal tunnel release		Stuck	
10/28/2008	000263	10/7/2008	Loyola Ambulatory Surgery Center of Oakbrook	1242522	33	No	B	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish	R	Stuck	
10/28/2008	000263	10/7/2008	Loyola Ambulatory Surgery Center of Oakbrook	1242522	33	No	B	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish	R5	Stuck	
2/17/2009	000675	10/7/2008	Loyola Ambulatory Surgery Center of Oakbrook	0517718	67	No	B	3	Plantar Fasciotomy Procedure Notes: PF	L	Stuck	
2/17/2009	000675	10/7/2008	Loyola Ambulatory Surgery Center of Oakbrook	0517718	67	No	B	2	Chellectomy Procedure Notes: HL	R	Stuck	
2/17/2009	000675	10/7/2008	Loyola Ambulatory Surgery Center of Oakbrook	0517718	67	No	B	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: HDS	2	Stuck	
2/17/2009	000675	10/7/2008	Loyola Ambulatory Surgery Center of Oakbrook	0517718	67	No	B	1	Arthroplasty (interphalangeal joint [IPJ]) Procedure Notes: HDS	3	Stuck	
10/28/2008	000139	9/26/2008	Loyola Ambulatory Surgery Center of Oakbrook	1954450	77	No	C	4	Amputation (Lesser Ray, Transmetatarsal) Procedure Notes: TMA	L	Rotier	DPM
10/28/2008	000264	9/23/2008	Loyola Ambulatory Surgery Center of Oakbrook	0656168	50	No	B	3	Plantar Fasciotomy Procedure Notes: Open Plantar Fascia Release		Stuck	
10/28/2008	000136	9/18/2008	Loyola Ambulatory Surgery Center of Oakbrook	1314947	63	No	C	1	Phalangeal Osteotomy Procedure Notes: Oblique Akin	L1	Sage	DPM
10/28/2008	000136	9/18/2008	Loyola Ambulatory Surgery Center of Oakbrook	1314947	63	No	C	3	Lesser MTP Capsulotendon Balancing Procedure Notes: Extensor tendon release and capsulotomy	L2	Sage	DPM

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Verified	CaseID	Date	Hospital	PatientID	Age	Tp	Role	Cat	Procedure Description	Loc	Faculty	Degree
10/28/2008	000137	9/18/2008	Loyola Ambulatory Surgery Center of Oakbrook	0659692	65	No	C	2	Bunionectomy with Distal First Metatarsal Osteotomy Procedure Notes: Kalish Bunionectomy	L	Sage	DPM
9/23/2008	000085	9/16/2008	Loyola Ambulatory Surgery Center of Oakbrook	20877	66	No	C	1	Amputation Procedure Notes: Left Hallux amputation	L1	Napolitano	MID
9/23/2008	000083	9/9/2008	Loyola University Medical Center	1933683	4	No	B	5	Soft Tissue Repair Of Complex Congenital Foot/Ankle Deformity (Clubfoot, Vertical Talus) Procedure Notes: Open Tendo-achilles and soft tissue release and lengthening due to residual club foot deformity	R	Harris	MID
9/23/2008	000083	9/9/2008	Loyola University Medical Center	1933683	4	No	C	5	Ligament Or Tendon Augmentation/Supplementation/Restoration Procedure Notes: Percutaneous tendo-achilles lengthening due to equinus from residual clubfoot	L	Harris	MD
9/23/2008	000081	9/4/2008	Loyola Ambulatory Surgery Center of Oakbrook	30397	52	No	B	2	Chellectomy Procedure Notes: Right 1st metatarsal head chellectomy for Hallux Limitus	R	Sage	DPM
9/23/2008	000082	9/4/2008	Loyola Ambulatory Surgery Center of Oakbrook	26916	44	No	B	1	Amputation Procedure Notes: Right hallux amputation	R1	Rotlier	DPM
9/23/2008	000084	9/2/2008	Loyola Ambulatory Surgery Center of Oakbrook	1115478	65	No	B	5	Delayed Repair Of Ligamentous Structures Procedure Notes: Lateral ankle stabilization of right foot.	R	Stuck	
9/23/2008	000080	8/19/2008	Loyola Ambulatory Surgery Center of Oakbrook	30193	82	No	B	1	Arthroplasty (interphalangeal joint (IPJ)) Procedure Notes: Left second digit hammer toe repair with kwire fixation	L2	Stuck	
8/26/2008	000046	8/11/2008	Loyola University Medical Center	1469787	16	No	C	3	Incision and Drainage/Wide Debridement of Soft Tissue Infection (Including Planar Space) Procedure Notes: Incision and Drainage of small abscess	L1	Harris	MD
8/26/2008	000049	8/7/2008	Loyola University Medical Center	0475827	53	No	B	2	Amputation Procedure Notes: Right partial first ray amputation	R1	Sage	DPM
8/26/2008	000050	8/7/2008	Loyola University Medical Center	0475827	53	Yes	B	1	Amputation Procedure Notes: Left distal phalanx amputation after traumatic crush injury	L1	Rotlier	DPM

Total ## of Individual Patients Reported = 445

Total ## of Activities: B = 167 C = 500

127

Total Procedures Reported: 667

128

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10/21/2011

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Total:		\$22.36
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Attachment
27.5b.

4. Criterion 1110.1540(d) Treatment Room Need Assessment

- a. The current number of operating rooms is two. No new operating rooms proposed to add podiatry services.
- b. The Applicant estimates the average length of time per procedure will be 1-2 hours. This estimate includes 15 minutes for prep and cleanup. The methodology used in arriving at this figure was based on Dr. Friedrich's historical procedure times. Over time, these procedure times may decrease as he experiences the increased efficiency provided in the ambulatory surgery setting.

5. Criterion 1110.154(e) Impact on Other Facilities

- a. A list including time and distance and copy of all letters sent to the hospitals and ambulatory surgery facilities regarding the impact of adding podiatry procedures on their work load is attached (Attachment 27.5.a). Letters include: description of project, size, cost and projected workload; location and request the facility administrator indicate impact of proposed project on the existing facility.
- b. The facilities that were contacted via registered mail and proof of delivery is (attachment 27.5.b).

Attachment 27



Oak Surgical Institute, L.L.C.

403 South Kennedy Drive • Bradley, Illinois 60915 • (815) 928-9999 • Fax (815) 928-8669

October 7, 2011

Phil Kambic, CEO/President
Riverside Medical Center
350 North Wall Street
Kankakee Il 60901

Dear Mr. Kambic,

Oak Surgical Institute, LLC, located at 403 S. Kennedy Drive, Bradley Illinois, plans to request Certificate of Need Approval from the Illinois Health Facilities Planning Board to add Podiatry Surgery to our ASTC license. Currently we are limited to providing orthopedics and pain procedures only. The size of the facility is 6,995 square feet, and the location will remain the same as there is no additional construction or remodeling anticipated. There is no cost or construction involved in this project.

Dr. Timothy Friedrich, DPM how has been a resident at Loyola University Medical Center in Maywood Illinois, has asked permission to perform podiatry surgery at Oak Surgical Institute. We anticipate a total of 120 additional procedures per year which would be in addition to the current volume of 17 podiatry cases in 2010.

Pursuant to Section 1110.154(e) of the HFSRB rules, we request that within 15 days of receipt of this letter you advise us of any impact that this proposal will have on Riverside Medical Center. If you elect to respond to our request, please identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations. Please contact me if you have any question or concerns regarding the Oak Surgical Institute, LLC CON application.

Sincerely,

Joy Moore
Executive Director
Oak Surgical Institute LLC
403 South Kennedy Drive
Bradley Illinois, 60915

Attachment 27.5.a



Oak Surgical Institute, L.L.C.

403 South Kennedy Drive • Bradley, Illinois 60915 • (815) 928-9999 • Fax (815) 928-8669

October 7, 2011

Phil Kambic, CEO/President
Riverside Medical Center
300 Riverside Drive Ste 100
Bourbonnais, IL 60914-4996

Dear Mr. Kambic,

Oak Surgical Institute, LLC, located at 403 S. Kennedy Drive, Bradley Illinois, plans to request Certificate of Need Approval from the Illinois Health Facilities Planning Board to add Podiatry Surgery to our ASTC license. Currently we are limited to providing orthopedics and pain procedures only. The size of the facility is 6,995 square feet, and the location will remain the same as there is no additional construction or remodeling anticipated. There is no cost or construction involved in this project.

Dr. Timothy Friedrich, DPM has been a resident at Loyola University Medical Center in Maywood Illinois, has asked permission to perform podiatry surgery at Oak Surgical Institute. We anticipate a total of 120 additional procedures per year which would be in addition to the current volume of 17 podiatry cases in 2010.

Pursuant to Section 1110.154(e) of the HFSRB rules, we request that within 15 days of receipt of this letter you advise us of any impact that this proposal will have on Riverside Ambulatory Surgery Center. If you elect to respond to our request, please identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations. Please contact me if you have any question or concerns regarding the Oak Surgical Institute, LLC CON application.

Sincerely,

Joy Moore
Executive Director
Oak Surgical Institute LLC
403 South Kennedy Drive
Bradley Illinois, 60915

Attachment 27.5.a

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Oak Surgical Institute, L.L.C.

403 South Kennedy Drive • Bradley, Illinois 60915 • (815) 928-9999 • Fax (815) 928-8669

October 7, 2011

Dr. Daniel Errampalli, President
Center for Digestive Health
1615 N. Convent St Ste 2
Bourbonnais, IL 60914

Dear Dr. Errampalli,

Oak Surgical Institute, LLC, located at 403 S. Kennedy Drive, Bradley Illinois, plans to request Certificate of Need Approval from the Illinois Health Facilities Planning Board to add Podiatry Surgery to our ASTC license. Currently we are limited to providing orthopedics and pain procedures only. The size of the facility is 6,995 square feet, and the location will remain the same as there is no additional construction or remodeling anticipated. There is no cost or construction involved in this project.

Dr. Timothy Friedrich, DPM has been a resident at Loyola University Medical Center in Maywood Illinois, has asked permission to perform podiatry surgery at Oak Surgical Institute. We anticipate a total of 120 additional procedures per year which would be in addition to the current volume of 17 podiatry cases in 2010.

Pursuant to Section 1110.154(e) of the HFSRB rules, we request that within 15 days of receipt of this letter you advise us of any impact that this proposal will have on Center for Digestive Health. If you elect to respond to our request, please identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations. Please contact me if you have any question or concerns regarding the Oak Surgical Institute, LLC CON application.

Sincerely,

Joy Moore
Executive Director
Oak Surgical Institute LLC
403 South Kennedy Drive
Bradley Illinois, 60915

Attachment 27.5.a



Oak Surgical Institute, L.L.C.

403 South Kennedy Drive • Bradley, Illinois 60915 • (815) 928-9999 • Fax (815) 928-8669

October 7, 2011

Amy Lafine, Acting CEO
Provena St Mary's Hospital
500 W. Court st #100
Kankakee Il 60901

Dear Ms. Lafine,

Oak Surgical Institute, LLC, located at 403 S. Kennedy Drive, Bradley Illinois, plans to request Certificate of Need Approval from the Illinois Health Facilities Planning Board to add Podiatry Surgery to our ASTC license. Currently we are limited to providing orthopedics and pain procedures only. The size of the facility is 6,995 square feet, and the location will remain the same as there is no additional construction or remodeling anticipated. There is no cost or construction involved in this project.

Dr. Timothy Friedrich, DPM how has been a resident at Loyola University Medical Center in Maywood Illinois, has asked permission to perform podiatry surgery at Oak Surgical Institute. We anticipate a total of 120 additional procedures per year which would be in addition to the current volume of 17 podiatry cases in 2010.

Pursuant to Section 1110.154(e) of the HFSRB rules, we request that within 15 days of receipt of this letter you advise us of any impact that this proposal will have on Provena St Mary's Hospital. If you elect to respond to our request, please identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations. Please contact me if you have any question or concerns regarding the Oak Surgical Institute, LLC CON application.

Sincerely,

Joy Moore
Executive Director
Oak Surgical Institute LLC
403 South Kennedy Drive
Bradley Illinois, 60915

Attachment 27.5.a



Trip to:
 Riverside Medical Center
 350 N Wall St
 Kankakee, IL 60901
 (815) 933-1671
 1.82 miles
 4 minutes

Phil Kambic / CEO & President

Notes

	Oak Surgical Institute 403 S Kennedy Dr, Bradley, IL 60915 (815) 928-9999	Miles Per Section	Miles Driven
	1. Start out going south on S Kennedy Dr / US-45 / US-52 toward W South St . Continue to follow US-45 / US-52 .	Go 1.3 Mi	1.3 mi
	2. Turn right onto IL-17 / W Court St .	Go 0.3 Mi	1.6 mi
	3. Turn right onto N Wall St / IL-113 . <i>Monical's Pizza is on the corner</i> <i>If you reach N Fraser Ave you've gone a little too far</i>	Go 0.2 Mi	1.8 mi
	4. 350 N WALL ST . <i>If you reach Butterfield Trl you've gone a little too far</i>		1.8 mi
	Riverside Medical Center 350 N Wall St, Kankakee, IL 60901 (815) 933-1671	1.8 mi	1.8 mi

Attachment 275. a

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Notes

Amy Lafine / TEMP. CEO

Trip to:
 Provena St Mary's Hospital
 500 W Court St # 100
 Kankakee, IL 60901
 (815) 937-2400
 1.53 miles
 3 minutes

A	Oak Surgical Institute 403 S Kennedy Dr, Bradley, IL 60915 (815) 928-9999	Miles Per Section	Miles Driven	
●	1. Start out going south on S Kennedy Dr / US-45 / US-52 toward W South St . Continue to follow US-45 / US-52 .	Go 1.3 Mi	1.3 mi	
↩		2. Turn left onto US-45 / US-52 / IL-17 .	Go 0.2 Mi	1.5 mi
■	3. 500 W COURT ST # 100 . <i>If you reach N 4th Ave you've gone a little too far</i>		1.5 mi	
B	Provena St Mary's Hospital 500 W Court St # 100, Kankakee, IL 60901 (815) 937-2400	1.5 mi	1.5 mi	

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Attachment 27.5.a



Trip to:
 Center For Digestive Health
 1615 N Convent St Ste 2
 Bourbonnais, IL 60914
 (815) 401-1648
3.01 miles
7 minutes

Notes

*Daniel Errempalli, MD
 President*

	Oak Surgical Institute	Miles Per Section	Miles Driven
A	403 S Kennedy Dr, Bradley, IL 60915 (815) 928-9999		
●	1. Start out going north on S Kennedy Dr / US-45 / US-52 toward Superior St. Continue to follow US-45 / US-52 .	Go 3.0 Mi	3.0 mi
■	2. 1615 N CONVENT ST STE 2 is on the left. <i>Your destination is just past Highpoint Cir S If you reach Provena Way you've gone a little too far</i>		3.0 mi
B	Center For Digestive Health 1615 N Convent St Ste 2, Bourbonnais, IL 60914 (815) 401-1648	3.0 mi	3.0 mi

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Attachment 27.5.a.



Trip to: **RASC**
 300 Riverside Dr Ste 100
 Bourbonnais, IL 60914-4996
 3.44 miles
 8 minutes

Notes

Phil Kambic / CEO / PRESIDENT

A	Oak Surgical Institute 403 S Kennedy Dr, Bradley, IL 60915 (815) 928-9999	Miles Per Section	Miles Driven
●	1. Start out going north on S Kennedy Dr / US-45 / US-52 toward Superior St. Continue to follow US-45 / US-52.	Go 3.4 Mi	3.4 mi
↪	2. Turn right onto Riverside Dr. <i>Riverside Dr is 0.1 miles past E 4500N Rd</i> <i>If you reach Fitness Dr you've gone about 0.1 miles too far</i>	Go 0.03 Mi	3.4 mi
■	3. 300 RIVERSIDE DR STE 100 is on the left. <i>If you reach the end of Riverside Dr you've gone a little too far</i>		3.4 mi
B	300 Riverside Dr Ste 100 Bourbonnais, IL 60914-4996	3.4 mi	3.4 mi

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Attachment 27.5. a.

7. Criterion 1110.1540(g.), Charge Commitment

- a. A complete list of the proposed procedures to be performed at the facility with the proposed charge shown for each procedure is (attachment 27.7.a)
- b. A letter from CEO and President of Oak Surgical Institute: Michael Corcoran, M.D. regarding commitment to maintain charges for first two years of operation. (See attachment 27.7.b)

PROCEDURE	CPT	PRICE
Amputation Digital	26951	\$6,054.55
Arthrodesis Digital	29874	\$10,373.22
Bunionectomy	28296	\$7,835.23
Joint resection	28293	\$8,814.64
Endoscopic Plantar fasciotomy	29893	\$6,601.14
Excision of lesion - foot	28090	\$5,876.42
Foreign Body Removal - foot	28190	\$1,958.81
Fracture metatarsals	28470	\$979.40
Fracture phalanges	26600	\$925.00
Fracture open metatarsal	28485	\$10,181.98
Fracture open phalanges	26615	\$10,875.36
Hammer toe correction	28285	\$6,855.83
Metatarsal head resection	28046	\$7,835.23
Metatarsal Osteotomy	28306	\$7,676.59
Calcaneal Osteotomy	28300	\$9,458.22
Metatarsus adductus correction	28261	\$4,728.72
Minor Regional Nerve Block	64455	\$1,540.28
Nerve Entrapment Release	64702	\$4,132.28
Phalangectomy	28150	\$4,728.72
Seismoidectomy	28315	\$6,104.20
Syndactylization of Toes	28280	\$4,727.72
Tarsectomy	28120	\$7,848.25
Tendon Capsulomy	28260	\$4,728.72
Tendon Repair, transfer	28200	\$6,976.22
Toe Nail Surgery	11750	\$5,723.45
Arthrotomy, Ankle	27610	\$5,817.55
Excision, Bone Tumors	28238	\$9,458.22
Fasciotomy, Plantar	29893	\$6,260.77
Fractures, Great Toe	28490	\$390.24
Nerve Decompression	64702	\$4,132.28
Tarsal Tunnel	28035	\$4,132.28
Achilles Tendon Repair	27650	\$11,840.04
Achilles Tendon Surgery	27605	\$4,728.72
Achilles Lengthening	27612	\$5,817.55
Ankle Arthroscopy	29999	\$10,507.97
Flatfoot Correction	28309	\$9,458.22
Hardware Removal Deep	20680	\$9,766.34

Attachment 27.7.a.

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Criterion 1110.1540 (g), Charge Commitment

October, 2011

Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, Illinois 62761

RE: Commitment to Maintain Charges for the first two years of operation



Please consider this document as a commitment to maintain the attached procedure charges at the same rate for the first two years of operation following the approval of the addition of Podiatry Surgery at Oak Surgical Institute, LLC, located at 403 S. Kennedy Drive, Bradley Illinois, 60915.

Sincerely,



Michael Corcoran, M.D.
President, Oak Surgical Institute, LLC

Notary:

Attachment 27 .7.b. charge commitment

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

The Applicant is currently a limited specialty and is proposing to establish a multi-specialty ambulatory surgical treatment center by adding podiatry services. Prior to this request to add podiatry services, podiatry was performed by the current orthopedic physicians at the hospital. It is believed that with a podiatrist on staff, it will allow the population in the GSA to utilize the specialty of a podiatrist with on site consultation from orthopedic surgeons if needed.

Attachment 27

Section X. Economic Feasibility

Criterion 1120.140(d) Total Effect of the Project on Capital Costs

Sections: A, B, C-not applicable, no cost involved in project

D. Projected Operating Costs

Operating Expenses:	\$231,352.80
Procedures	120 procedures
Operating Expense Per Procedure	\$1,927.94 per procedure

E. TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS

Not applicable, no effect on project capital costs.

Attachment 42-d

Attachment 42-e

XII. Charity Care Information

CHARITY CARE

	Year 2008	Year 2009	Year 2010
Net Patient Revenue	\$5,675,383.00	\$5,028,577.00	\$5,578,218.00
Amount of charity care (charges)	\$15,369.00	\$12,445.00	\$3,349.00
Cost of Charity Care	\$5,123.00	\$4,148.00	\$1,116.00