

Original

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

11-101

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

OCT 25 2011

Facility/Project Identification

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility Name: Regional Surgicenter
Street Address: 545 Valley View Drive
City and Zip Code: Moline, Illinois 61265
County: Rock Island Health Service Area: 10 Health Planning Area: 10

Applicant /Co-Applicant Identification

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

Exact Legal Name: RSC Illinois, LLC
Address: 545 Valley View Drive, Moline, Illinois 61265
Name of Registered Agent: Rao Movva, M.D.
Name of Chief Executive Officer: Arvind Movva, M.D.
CEO Address: 545 Valley View Drive, Moline, Illinois 61265
Telephone Number: 309-762-5560

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact

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

Name: Kara M. Friedman
Title: Attorney
Company Name: Polsinelli Shughart PC
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

Additional Contact

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

Name: Brian Bourke
Title: Director of Business Operations
Company Name: RSC Illinois, LLC
Address: 545 Valley View Drive, Moline, Illinois 61265
Telephone Number: 309-277-1120
E-mail Address: bbourke@heartlandqc.com
Fax Number:

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Regional Surgicenter		
Street Address: 545 Valley View Drive		
City and Zip Code: Moline, Illinois 61265		
County: Rock Island	Health Service Area: 10	Health Planning Area: 10

Applicant /Co-Applicant Identification

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

Exact Legal Name: Digestive Disease Center, Ltd.
Address: 545 Valley View Drive, Moline, Illinois 61265
Name of Registered Agent: Rao Movva, M.D.
Name of Chief Executive Officer: Arvind Movva, M.D.
CEO Address: 545 Valley View Drive, Moline, Illinois 61265
Telephone Number: 309-762-5560

Type of Ownership of Applicant/Co-Applicant

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<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
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Name: Brian Bourke
Title: Director of Business Operations
Company Name: RSC Illinois, LLC
Address: 545 Valley View Drive, Moline, Illinois 61265
Telephone Number: 309-277-1120
E-mail Address: bbourke@heartlandqc.com
Fax Number:

Post Permit Contact

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

Name: Brian Bourke
Title: Director of Business Operations
Company Name: RSC Illinois, LLC
Address: 545 Valley View Drive, Moline, Illinois 61265
Telephone Number: 309-277-1120
E-mail Address: bbourke@heartlandqc.com
Fax Number: 309-277-1191

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Valley View Realty, LLLP
Address of Site Owner: 545 Valley View Drive, Moline, Illinois 61265
Street Address or Legal Description of Site: 545 Valley View Drive, Moline, Illinois 61265 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 <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: RSC Illinois, LLC d/b/a Regional Surgicenter
Address: 545 Valley View Drive, Moline, Illinois 61265
<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 <u>ATTACHMENT-3</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

2. Project Classification

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

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

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

RSC Illinois, LLC d/b/a Regional Surgicenter (the "Applicant") proposes to add otolaryngology to the surgical services provided at its existing multi-specialty ambulatory surgical treatment center ("ASTC") located at 545 Valley View Drive, Moline, Illinois 61265 (the "Project").

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)	\$50,000		\$50,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$50,000		\$50,000
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$50,000		\$50,000
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$50,000		\$50,000
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

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

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

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

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

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

- None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2012

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

Cost Space Requirements NOT APPLICABLE

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

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**.

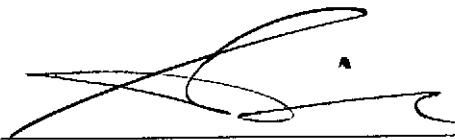
FACILITY NAME:		CITY:			
REPORTING PERIOD DATES:					
		From:		to:	
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
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 manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of RSC Illinois, 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

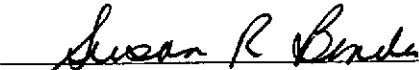
Arvind Movva, M.D.

PRINTED NAME

Chief Executive Officer

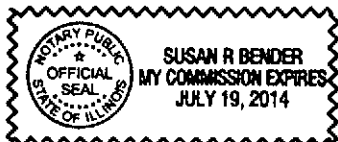
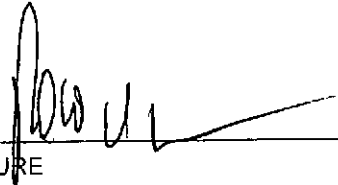
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 19 day of October



Signature of Notary

Seal

SIGNATURE

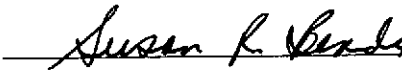
Rao Movva, M.D.

PRINTED NAME

President

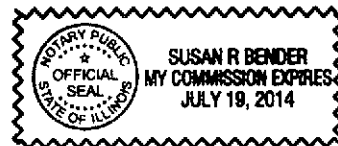
PRINTED TITLE

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Signature of Notary

Seal



*Insert EXACT legal name of the applicant

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 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.



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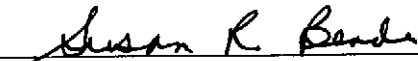
Arvind Movva, M.D.

 PRINTED NAME

Chief Executive Officer

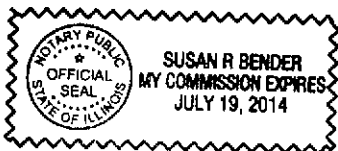
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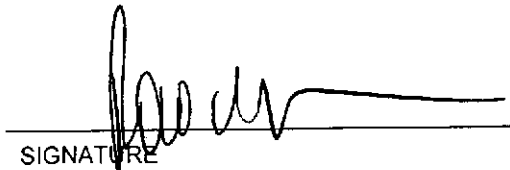
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Seal





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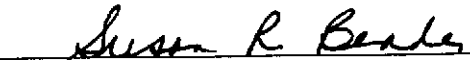
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President

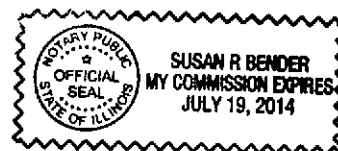
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 19 day of October



 Signature of Notary

Seal



*Insert EXACT legal name of the applicant

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

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

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

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.

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

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

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

H. Non-Hospital Based Ambulatory Surgery

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

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

Read the criterion and complete the following:

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

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

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

2. Criterion 1110.1540(b), Target Population

Read the criterion and provide the following:

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

3. Criterion 1110.1540(c), Projected Patient Volume

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

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

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

Read the criterion and provide:

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

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

Read the criterion and provide:

- a. A copy of the letter sent to area surgical facilities regarding the proposed project's impact on their workload. NOTE: This letter must contain: a description of the project including its size, cost, and projected workload; the location of the proposed project; and a request that the facility administrator indicate what the impact of the proposed project will be on the existing facility.
- b. A list of the facilities contacted. NOTE: Facilities must be contacted by a service that provides documentation of receipt such as the US. Postal Service, FedEx or UPS. The documentation must be included in the application for permit.

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

Read the criterion and provide:

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

7. Criterion 1110.1540(g), Charge Commitment

Read the criterion and provide:

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

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

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

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

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

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

VIII. - 1120.120 - Availability of Funds

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

	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>\$50,000</u>	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$50,000	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

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

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.

XI. Safety Net Impact Statement

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

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

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

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

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

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

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

XII. Charity Care Information

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

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

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

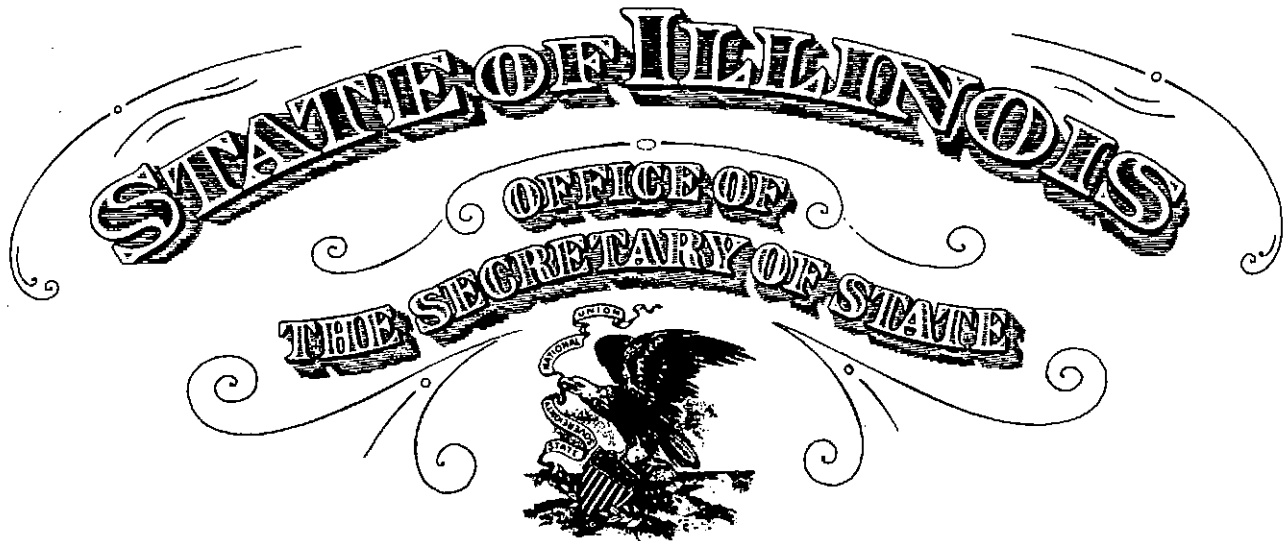
A table in the following format must be provided for all facilities as part of Attachment 44.

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

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

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

The Illinois Certificates of Good Standing for RSC Illinois, LLC and Digestive Disease Center, Ltd are attached at 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

RSC ILLINOIS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 24, 2007, 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.



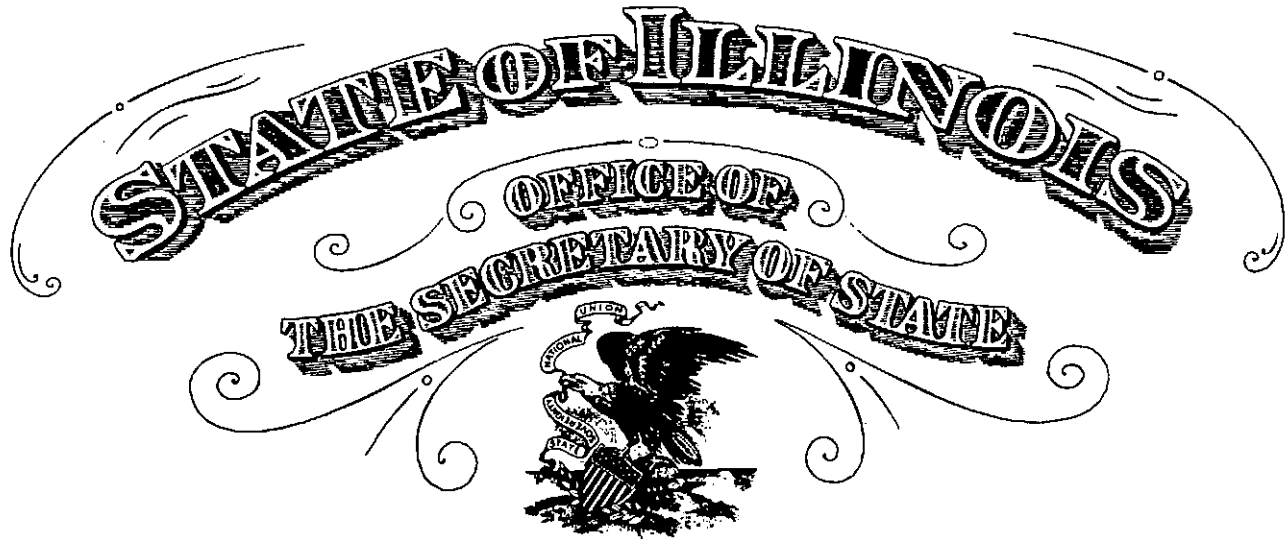
Authentication #: 1127301442

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 30TH 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

DIGESTIVE DISEASE CENTER, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 19, 1988, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1127301444

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 30TH day of SEPTEMBER A.D. 2011

Jesse White

SECRETARY OF STATE

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

The lease agreement between Valley View Realty, LLLP and RSC Illinois, LLC is attached at Attachment
- 2.

Lease Agreement

This Lease Agreement is made and entered into this 1st day of January, 2011, by and between VALLEY VIEW REALTY LLLP, an Illinois limited liability limited partnership, (hereinafter referred to as "Lessor") and RSC ILLINOIS, LLC, an Illinois limited liability company, (hereinafter referred to as "Lessee");

ARTICLE I

Demised Premises

The Lessor, for and in consideration of the rents hereinafter reserved and of the covenants and agreements of the Lessee, hereinafter contained, has demised and leased, and by these presents does demise and lease onto the Lessee, the premises consisting of a certain ambulatory surgical center medical facility which is located at 545 Valley View Drive, Moline, Illinois, and which office suite shall contain a total of 16,607.33 square feet, together with necessary parking with respect to the same.

ARTICLE II

Term of Lease

The initial term of this lease shall be for five years. This lease shall be automatically renewed from year to year thereafter, unless either party gives notice at least 90 days prior to the expiration of the initial term or renewal as the case maybe, of their intent to vacate upon expiration of the initial term or renewal term as the case may be.

ARTICLE III

Lease Year

The parties agree that the term "Lease Year" as used herein shall mean twelve (12) consecutive calendar months beginning upon the effective date of the commencement of the lease.

ARTICLE IV

Rent

- A. Base Rent. Lessee covenants, commencing on the date hereof to pay to Lessor, at such place as may be designated in writing from the Lessor to the Lessee from time to time, an annual rent of \$ 573,046.58, payable in twelve (12) equal installments of \$ 47,753.88 per month, in advance on the first day of each month, provided that the annual rent shall increase on the anniversary date of each lease year by CPI.

ARTICLE V

Utilities, Taxes, Insurance, and Other Expenses

Lessee will pay a pro-rata share of general real estate taxes. Lessor will pay special assessments levied on the demised premises. Lessee will carry and pay for insurance known as fire and extended coverage, including vandalism and malicious mischief and to pay all premiums incident thereto. Lessee will also maintain general liability insurance for the premises and pay the premiums thereto. Lessee shall furnish and pay for its own phone service and pay all other utility expenses of the demised premises, including, but not limited to, water, sewer, electricity, heat, and air conditioning.

ARTICLE VI

Use, Occupancy and Care of Demised Premises

- (a) Said premises shall be used by the Lessee for the conduct of an ambulatory surgery center and related purposes only.
- (b) Lessee further covenants and agrees that it will not use or occupy said Demised Premises, or any part thereof, during the term of this Lease, in such manner that any building or improvement thereon, of which said premises are a part, will not be insurable by responsible insurance companies against loss or damage by fire for the fair insurable value thereof.

ARTICLE VII

Repairs

- (a) Lessee will pay all ordinary outside maintenance expenses and repairs to the exterior to the exterior of the building. Lessee shall be responsible for and pay for ordinary maintenance of the parking lot.
- (b) Lessee shall pay all ordinary inside maintenance and repairs pertaining to the leased premises, including maintenance of the heating, air conditioning and plumbing systems located therein.

ARTICLE VIII

Destruction of Subject Premises

In the event the subject premises are destroyed or damaged to such an extent as to inhibit the practice of medicine therein, the Lessee shall have the option to declare the lease terminated by giving notice to the Lessor, so long as such destruction or damage is not caused by the Lessee

ARTICLE IX

Assignment and Subletting

Lessee shall not have the right to assign or sublet the demised premises or any part thereof, except with the prior written consent of Lessor, which shall not be unreasonably withheld. No such assignment or subletting shall relieve Lessee from any of his obligations as Lessee hereunder. Every such assignment or sublease shall recite that it is and shall be subject and subordinate to the provisions of this Lease, and the termination or cancellation of the Lease shall constitute a termination and cancellation of every such assignment or sublease. Any assignee or subtenant hereunder shall assume, in writing, all obligations of Lessee hereunder during the period of such assignment or subletting (without the same relieving Lessee from any of his obligations as Lessee), and a copy thereof shall be delivered to Lessor.

ARTICLE X

Alterations, Additions, Etc.

Lessee shall not make any structural additions, alterations, improvements, replacements, or installations to or upon the premises, without first delivering to Lessor the plans and specifications, and necessary permits, therefore, and

obtaining Lessor's written consent thereto, which consent shall not be unreasonably withheld.

Lessee shall keep the premises at all time free from mechanic's liens, and Lessee shall indemnify and hold Lessor harmless from any and all injury, loss or claims, or damages to any person or property arising out of the doing of any such work.

ARTICLE XI

Default

If Lessee shall (a) fail to pay any rent or other sums of money due hereunder within five (5) days after the same becomes due and payable; (b) neglect or fail to perform or observe any of the other covenants, agreements or provisions contained in the Lease upon his part to be performed or observed within a period of thirty (30) days after written notice from Lessor; or (c) make an assignment for the benefit of creditors, or a petition be filed by or against Lessee alleging him to be a bankrupt, or a petition be filed for the extension or time of payment, composition, adjustment, modification, settlement or satisfaction of the liabilities of Lessor the involuntary reorganization of Lessee; then and in any such event, Lessor may, at its option, terminate this Lease, or without terminating this Lease, terminate Lessee's right to possession of the Demised Premises, and enter upon said premises with or without process of law and take possession thereof, Lessee waiving any demand for possession thereof. In any event, Lessee shall remain liable for the unexpired term of this Lease. Lessor may, at his option, but shall not be obligated to do so, at any time and from time to time, relet the Demised Premises or any part thereof, for any length of time, for the account of the Lessee or otherwise, and receive and collect the rents therefore, applying the same first to the payment of such expenses that the Lessor may have incurred in recovering possession of the Demised Premises and putting the same in good order and condition, and all other expenses, commissions and charges incurred by Lessor in or about reletting the Demised Premises, and then to the fulfillment of the covenants of the Lessee hereunder. Lessor shall be entitled, notwithstanding any other provision of this Lease, to the extent permitted by law, to the amount of damages which Lessor sustains by reason of Lessee's default, including the right to recover the difference between the total rent, taxes and charges which the Lessor is able to obtain in a new lease and the value of the remaining sums of money to be paid hereunder for the balance of the term of this Lease.

ARTICLE XII

Litigation

The Lessee further agrees that he will also pay all costs and reasonable attorney fees reasonably and necessarily incurred by or against Lessor in enforcing the covenants, agreements, terms and provisions of this Lease; and all such costs and reasonable attorney's fees, if paid by the Lessor, and the rent reserved in the Lease and the payment of all moneys provided in this Lease to be made to Lessor shall be, and they are hereby declared to be, a first lien upon the leasehold estate hereby created.

The Lessor further agrees that it will also pay all costs and reasonable attorney's fees reasonably and necessarily incurred by or against Lessor in enforcing the covenants, agreements, terms and provisions of this Lease; and all such costs and reasonable attorney's fees, if paid by the Lessor, and the rent reserved in this Lease and the payment of all moneys provided in this Lease to be made to Lessor shall be, and they are hereby declared to be, a first lien upon the leasehold estate hereby created.

ARTICLE XIII

Remedies

- (a) It is mutually covenanted and agreed that this Lease is made upon the express condition that the Lessee shall always keep and perform all its covenants and agreements hereunder and make all payments of money herein stipulated to be made, promptly and at the time and in the manner stipulated and limited for such performance and payment, and that accordingly the time so limited for such payments and performance of such covenants and agreements are, and shall be deemed to be of the essence of this Lease.
- (b) No remedy herein or otherwise conferred upon, or reserved to, the Lessor shall be considered exclusive of any other remedy, but the same shall be cumulative and shall be in addition to every other remedy given hereunder, or now or hereafter existing at law or in equity or by statute; and every power and remedy given by the indenture to the Lessor may be exercised from time to time and as often as occasion may arise or as may be deemed expedient. No delay or omission of the Lessor to exercise any right or power arising from any default shall impair any such right or power, or shall be construed to be a waiver of any such default, or an acquiescence therein.

- (c) No waiver of any breach of any of the covenants of this Lease shall be construed, taken or held to be a waiver of any other breach, or waiver of, acquiescence in, or consent to, any further or succeeding breach of the same covenant.

ARTICLE XIV

Covenant for Quiet Enjoyment

The Lessor does hereby, for himself, his successors and assigns, covenant to and with the Lessee that the Lessee, paying the rent herein reserved and keeping, performing, observing, and fulfilling the covenants and agreements in this Lease contained on the part of the Lessee to be kept, performed, observed or fulfilled, shall and may peaceably and quietly possess and enjoy the said Demised Premises for the term hereby granted, without any interruption or disturbance whatever by the Lessor or by anyone lawfully claiming, or to claim, by, through or under the Lessor.

ARTICLE XV

Notices

Whenever notice is required to be given by the Lessee, such written notice shall be delivered by registered mail to 545 Valley View Drive, Moline, Illinois, 61265, or such place as Lessor may designate for the benefit of the Lessor; and whenever notice is to be given by the Lessor, such notice shall be given to the Lessee, by registered mail to the Lessee, at 545 Valley View Drive, Moline, Illinois, 61265.

ARTICLE XVI

Nature of Relationship

This Lease, by its terms and conditions or otherwise, shall in no way create the relationship of partners, joint ventures or any other legal relationship other than that of Landlord and Tenant between the Lessor and Lessee, and this Lease shall be governed by the laws of the State of Illinois.

ARTICLE XVII

Interpretation

In the event any clause, paragraph or provision of this Lease should be found to be invalid by reason of any statute, law, or judicial decision, then the remainder of this Lease shall nevertheless remain in full force and effect the same as though such paragraph or provision had been deleted therefrom.

In the use of any pronouns, the singular shall include the plural, and the use of any gender shall include all genders

IN WITNESS WHEREOF, Lessor and Lessee have executed this Lease, as of the day and year first above written.

LESSOR:

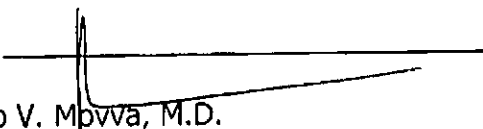
VALLEY VIEW REALTY LLLP

A handwritten signature in black ink, consisting of a large, stylized initial 'R' followed by a horizontal line that tapers to the right.

Rao V. Movva, M.D.

LESSEE:

RSC, ILLINOIS, LLC

BY: 

Rao V. Movva, M.D.

ADDENDUM

DATED AUGUST 31, 2011

This Addendum is an addition to the lease agreement entered into on the 1st day of January, 2011, by and between VALLEY VIEW REALTY LLLP (hereinafter referred to as "Lessor") and RSC ILLINOIS, LLC (hereinafter referred to as "Lessee");

ARTICLE IV

Rent

- A. Additional Rent -5 yrs. Lessee covenants, commencing on the date hereof to pay to Lessor, at such place as may be designated in writing from the Lessor to the Lessee from time to time, an additional \$478.46 per month for the total period of five years, in advance on the first day of each month for leasehold improvements made by lessor during 2011.

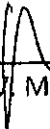
This Addendum shall be and is incorporated into the Lease dated January 1, 2011 between Lessor and Lessee.

LESSOR:
VALLEY VIEW REALTY LLLP



Rao V. Mowva, M.D.

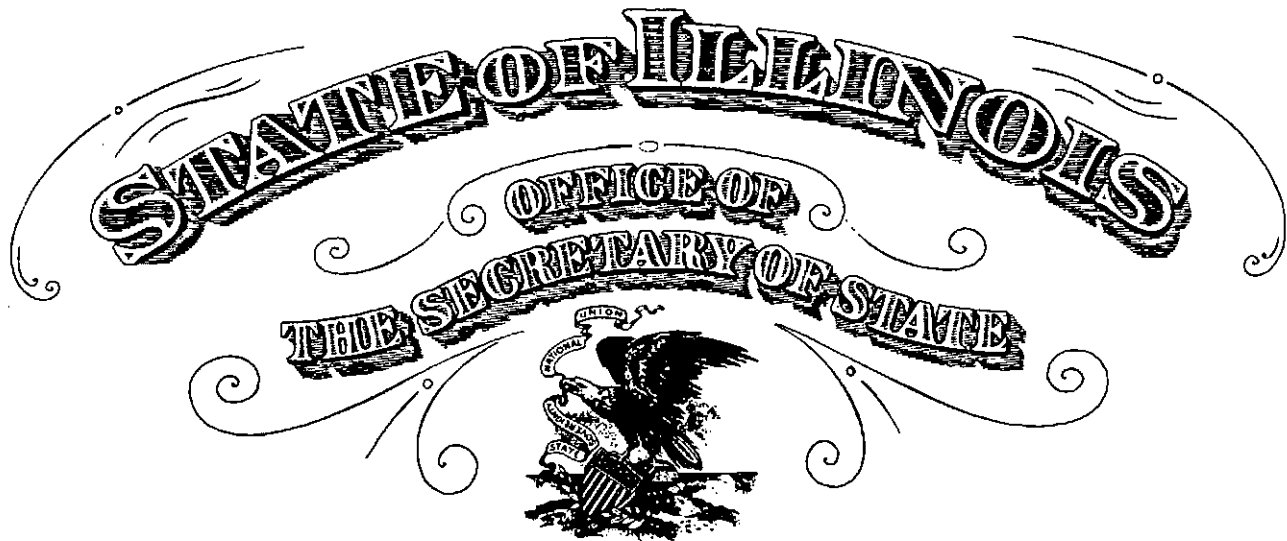
LESSEE:
RSC, ILLINOIS, LLC

BY: 

Rao V. Mowva, M.D.

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

The Illinois Certificate of Good Standing for RSC Illinois, LLC is attached at Attachment – 3.



To all to whom these Presents Shall Come, Greeting:

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

RSC ILLINOIS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 24, 2007, 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 #: 1127301442

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 30TH day of SEPTEMBER A.D. 2011 .

Jesse White

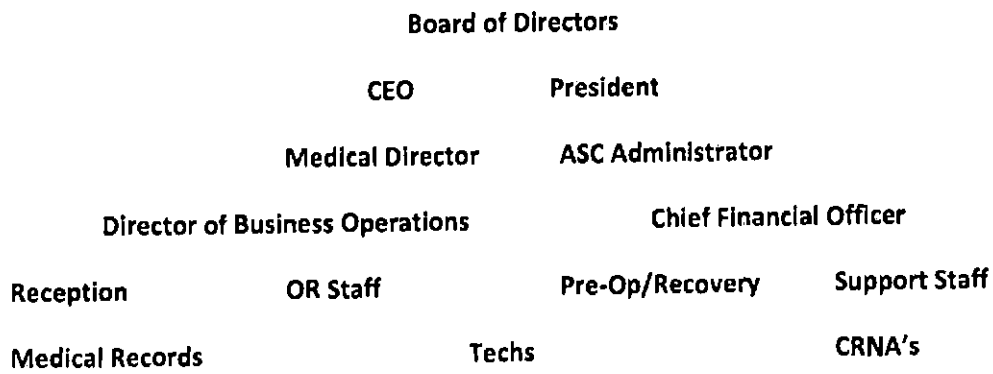
SECRETARY OF STATE

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

The organizational chart for RSC Illinois, LLC is attached at Attachment – 4.

RSC Illinois, LLC
545 Valley View Drive, Moline, Illinois 61265

ORGANIZATIONAL CHART



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

The Project proposes to add a surgical service to an existing multi-specialty ASTC. There will be no construction associated with this Project. Therefore, this criterion does not apply.

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

This Project proposes to add a surgical service to an existing multi-specialty ASTC. There will be no demolition, construction or modernization of any buildings associated with this Project. Therefore, this criterion does not apply.

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Movable or Other Equipment			
Microscope for Ear Tubes	\$30,000		\$30,000
Ear Tube Equipment	\$2,000		\$2,000
Laryng. Biopsy equipment	\$5,000		\$5,000
Other misc. equipment (Provider Pref.)	\$13,000		\$13,000
TOTAL USES OF FUNDS	\$50,000		\$50,000

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
ASTC	\$50,000	16,607				16,607	
Total Clinical	\$50,000	16,607				16,607	
NON REVIEWABLE							
Total Non-clinical		0				0	
TOTAL	\$50,000	16,607				16,607	

Section III, Background, Purpose of the Project, and Alternatives – Information Requirements
Criterion 1110.230, Background, Purpose of the Project and Alternatives

Background of the Applicant

1. The Applicants own and operate RSC Illinois, LLC d/b/a Regional Surgicenter. The Medicare provider number for Regional Surgicenter is IL1500. Copies of the Illinois Department of Public Health ("IDPH") license and AAAHC accreditation are attached at Attachment – 11A.
2. An authorization permitting HFSRB and 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 at Attachment – 11B.



State of Illinois 2008491

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

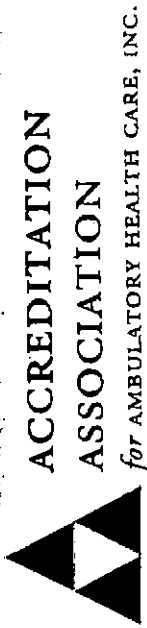
EXPIRATION DATE	CATEGORY	ID. NUMBER
12/29/11	BGBD	7003136
FULL LICENSE		
AMBUL SURGICAL TREAT CNTR		
EFFECTIVE: 12/30/10		

BUSINESS ADDRESS

RSC ILLINOIS, LLC
D/B/A REGIONAL SURGICENTER
545 VALLEY VIEW DRIVE

MOLINE IL 61265

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



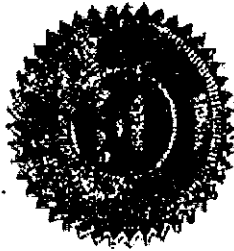
grants this

CERTIFICATE OF ACCREDITATION

to

DIGESTIVE DISEASE CENTER
D/B/A REGIONAL SURGICENTER
545 VALLEY VIEW DRIVE
MOLINE, IL 61265

In recognition of its commitment to high quality of care and substantial compliance with the Accreditation Association standards for ambulatory health care organizations.



Organization Identification Number

R. C. C. O. M. D.
ROY C. GREEN, M.D.

14747

President, Accreditation Association

The status of Accreditation expires on the above date


[Signature]
JOHN L. BUSHEL, PH.D.

JANUARY 13, 2013

Executive Director, Accreditation Association

MEMBER ORGANIZATIONS OF THE ACCREDITATION ASSOCIATION

*American Academy of Cosmetic Surgery • American Academy of Dental Group Practice • American Academy of Dermatology
American Academy of Facial Plastic and Reconstructive Surgery • American Association of Oral and Maxillofacial Surgeons • American College of Gastroenterology
American College Health Association • American College of Obstetricians & Gynecologists • American Gastroenterological Association
American Society of Anesthesiologists • American Society for Dermatologic Surgery • American Society for Gastrointestinal Endoscopy
Foundation for Ambulatory Surgery in America • Medical Group Management Association • Society for Ambulatory Anesthesia*

 5250 OLD ORCHARD ROAD, SUITE 200 • SKOKIE, IL 60077
PHONE: 847/853-6060 • E-MAIL: INFO@AAAH.C.ORG • WEB SITE: WWW.AAAHC.ORG



Regional SurgiCenter

a family of healing partners

545 Valley View Drive
Moline, IL 61265

309.762.5560 phone
309.762.7351 fax

www.HeartlandQC.com

October 19, 2011

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

Dear Chairman Galassie:

I hereby certify under penalty of perjury as provided in § 1-109 of 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 Digestive Disease Center, Ltd. or RSC Illinois, LLC during the three years prior to filing this application.

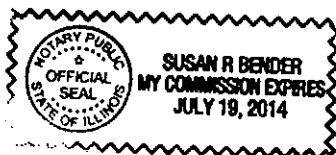
Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB 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.

Sincerely,

Arvind Movva, M.D.
Chief Executive Officer
Digestive Disease Center, Ltd.
RSC Illinois, LLC

Subscribed and sworn to me
This 19 day of October, 2011

Notary Public



Attachment - 11B

Section III, Background, Purpose of the Project, and Alternatives – Information Requirements
Criterion 1110.230, Background, Purpose of the Project and Alternatives

Purpose of the Project

1. The primary purpose of the proposed project is to enhance the scope of health care services available to residents of Moline and Rock Island. Importantly, no ambulatory surgical treatment center ("ASTC") in the Illinois Quad Cities of Moline and Rock Island performs otolaryngology procedures. As a result, Illinois residents must travel to Iowa to have these procedures performed in a cost effective ASTC setting.

Otolaryngology procedures are routinely performed in ASTCs across the nation due to several key factors:

- Minimally invasive nature of most otolaryngology procedures (for example, functional endoscopic sinus surgery is far less invasive than the earlier open method for surgical intervention in the treatment of sinusitis);
- Convenience and efficiency for both physicians and patients;
- High volume of pediatric patients whose parents and guardians prefer an ASTC over a hospital;
- Proven track record for infection control;
- Lower costs to patients and payors compared to hospitals;
- Otolaryngology procedure cancellations are more common than many other types of surgical procedures and ASTCs are better equipped to mitigate the losses relating to such cancellations with staffing and schedule adjustments.

The addition of otolaryngology surgical procedures will provide a lower cost alternative to outpatient surgery to the residents of Moline, Rock Island and surrounding communities. As set forth in the letter from the ASC Advocacy Committee to Secretary Sebelius regarding implementation of a value-based purchasing system for ASTCs, ASTCs are efficient providers of surgical services. See Attachment – 12A. ASTCs provide high quality surgical care, excellent outcomes, and high level of patient satisfaction at a lower cost than hospital outpatient departments ("HOPD"). Surgical procedures performed in an ASTC are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses for patients. Accordingly, the Applicants seek to provide this high-quality, lower cost option to residents of Moline, Rock Island, and surrounding areas.

2. Regional Surgicenter is an existing multi-specialty ASTC primarily serving residents in Moline, Rock Island, and surrounding communities. A map of the market area for Regional Surgicenter is attached at Attachment – 12B. The market area consists of those Illinois areas within 30 minutes normal travel time of Regional Surgicenter. Travel times to and from Regional Surgicenter to the market area borders are as follows:

- East: Approximately 30 minutes normal travel time to Geneseo, IL
- Southeast: Approximately 30 minutes normal travel time to Andover, IL
- South: Approximately 30 minutes normal travel time to Viola, IL
- Southwest: Approximately 30 minutes normal travel time to Hamlet, IL
- West: Approximately 15 minutes normal travel time to the Mississippi River
- Northwest: Approximately 15 minutes normal travel time to Mississippi River
- North: Approximately 12 minutes normal travel time to the Mississippi River

3. This project is needed to improve access to otolaryngology surgical services to patients residing in Moline, Rock Island and the surrounding communities, including Medicaid patients. As set forth above, no Illinois ASTC in Regional Surgicenter's market area currently offers otolaryngology surgical procedures. In fact, no ASTC in HSA 10 provides these services. In contrast, otolaryngology cases comprise approximately 4% of surgical care in ASTCs in other planning areas. While there are four hospitals within 30 minutes of Regional Surgicenter, procedures performed in HOPDs are more

expensive to patients and payors. Accordingly, the proposed project is needed to provide patients residing in Moline, Rock Island and surrounding communities access to otolaryngology surgical services in a cost effective, high quality ASTC setting.

4. As set forth above, no ASTC in the Illinois Quad Cities of Moline and Rock Island provides otolaryngology procedures. The proposed project will provide a lower cost alternative to HOPDs closer to home for the residents of Moline, Rock Island and surrounding communities.
5. The goal of this project is to increase access to otolaryngology services to patients residing in Moline, Rock Island, and the surrounding communities.

August 3, 2010

VIA HAND DELIVERY

Secretary Sebelius
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: Report on a Value-Based Purchasing System for Ambulatory Surgical Centers

Dear Secretary Sebelius:

Please accept the following comments regarding the report on a value-based purchasing (VBP) program for ASCs, as outlined in the Patient Protection and Affordable Care Act (PL 111-148, PPACA) §3006(f). These comments are submitted by the ASC Advocacy Committee, a joint effort of the ASC Coalition and the ASC Association, representing all types of ASCs; and the ASC Quality Collaboration, a cooperative effort of organizations and companies interested in ensuring ASC quality data is appropriately developed and reported. Together, these organizations include single- and multi-specialty ASCs; physician-owned ASCs, joint ventures between hospitals and physicians, and joint ventures between physicians and management companies; professional societies; and accrediting bodies. Participating ASCs range from the very small to the very large and are located in all 50 states.

Progress towards a Medicare VBP program for ASCs should be incremental: beginning with building a reliable, voluntary quality reporting infrastructure for ASCs, and then measuring performance within the ASC setting. Indicators of quality should include measures such as efficiency, outcomes, patient experience of care, adherence to evidence-based processes. As the culmination of VBP, CMS should develop and implement comparisons of the quality and costs for outpatient surgery in ASCs and hospital outpatient departments (HOPDs). A VBP system for outpatient surgery in these settings could create competition based on quality and efficiency, drive improvement, recognize the highest quality and most efficient providers, and improve transparency.

Some patients in hospital outpatient departments are not comparable to patients who are treated in ASCs. For example, the current HOPD measures include a hospital's emergency room patients. Designing a VBP for ASCs which enables cross-setting comparisons should focus on patients who can be treated appropriately in both ASCs and HOPDs.

Value-based purchasing includes financial and other incentives

One tool of VBP is public disclosure of data on the quality of care and costs to payers. We strongly support increasing the transparency of Medicare rates, patients' out-of-pocket costs, and quality of surgeries and procedures. Confidential feedback to ASCs from quality measurement systems should be used in the first year of VBP. Data should not be publicly reported while a reliable reporting infrastructure is being created and implemented. Building quality measurement on a solid foundation with a high level of reliability may help increase participation and the value of the data for all stakeholders. The following principles should guide public reporting of the VBP measure set:

- Consumers should be able to directly compare providers of outpatient surgical services.
- ASCs should be given the opportunity to review, validate, and appeal measurements and scores prior to publishing.
- There should be a provider narrative section for each provider-specific item to allow the provider to advise the consumer of any concerns the provider has regarding the reliability or accuracy of the information presented.
- In addition to reporting quality measures, other useful information such as facility accreditation status, state licensure and Medicare certification should be made available.

Many private payers incentivize their enrollees to use higher value services by charging lower co-pays or coinsurance for them. The Medicare program already incorporates this VBP tool: because Medicare payments for the same service are lower in ASCs than HOPDs, the copayments for services provided in ASCs are generally lower than in an HOPD. This differential can function as a value incentive for beneficiaries. For example, a patient needing cataract surgery would be responsible for \$193 if it were performed in the ASC; the patient would owe \$496 if the service were provided in the hospital outpatient department, a difference of 61%. Table 1 below illustrates the payment differentials for some common surgeries and procedures for beneficiaries in 2010. VBP could help to build an awareness of these differences and help the Medicare program leverage the choices of its beneficiaries to increase value.

Table 1. Co-payment savings for Medicare beneficiaries in ASCs for some typical procedures

Comparison of 2010 ASC and HOPD beneficiary copayments				
<i>HCPCS</i>	<i>Description</i>	<i>ASC Copay</i>	<i>HOPD Copay</i>	<i>Difference</i>
66984	Cataract surg w/IOL, 1 stage	\$192.49	\$495.96	61%
43239	Upper GI endoscopy, biopsy	\$73.89	\$143.38	48%
45378	Diagnostic colonoscopy	\$76.05	\$186.06	59%
45380	Colonoscopy and biopsy	\$76.05	\$186.06	59%
45385	Lesion removal colonoscopy	\$76.05	\$186.06	59%
66821	After cataract laser surgery	\$46.81	\$104.31	55%
64483	Inj foramen epidural l/s	\$59.20	\$97.09	39%
66982	Cataract surgery, complex	\$192.49	\$495.96	61%
45384	Lesion remove colonoscopy	\$76.05	\$186.06	59%

29881	Knee arthroscopy	\$209.92	\$403.36	48%
63650	Implant neuroelectrodes	\$699.19	\$885.85	21%
29827	Arthroscop rotator cuff repr	\$327.64	\$804.74	59%

The chief tool of VBP is payment differentials for providers: paying more to high-performing providers and to those who have made significant improvements to the quality of care. Provider payment differentials are key pieces of CMS's Premier Hospital Quality Incentive Demonstration, Home Health Pay for Performance Demonstration, and Nursing Home Value Based Purchasing Demonstration. The ASC industry supports payment differentials in VBP for outpatient surgery.

Another VBP tool is shared savings which allows providers to recoup some of the efficiencies they create through lowering cost and improving quality. This VBP tool is used in the private sector and most recently by CMS in its design of the Home Health Pay for Performance Demonstration and the Medicare Physician Group Practice Demonstration. CMS has allowed high quality agencies and group practices to share the savings generated by decreasing hospital admissions and readmissions, and decreasing skilled nursing facility use and the use of other healthcare resources. We support the shared savings model for later phases of VBP for ASCs.

Medicare's VBP for ASCs should encourage widespread participation through incremental implementation. VBP should begin with voluntary data collection, followed by public disclosure of quality information. Improved transparency regarding Medicare's rates and patient co-payments at ASCs and HOPDs should be supplemented with comparable quality data as it becomes available. CMS should provide patients and physicians with a tool to enable apples-to-apples comparisons of outpatient surgery settings. Payment differentials for providers should be built upon a solid foundation of quality measurement. Shared savings should be the final stage of an incremental VBP implementation.

Rewarding ambulatory surgery centers

A VBP for ASCs should acknowledge the role that the facility plays in providing high quality surgical care to patients. ASCs range in size and scope from small, single-specialty facilities focused on endoscopic procedures to large facilities offering a range of surgical sub-specialties in multiple operating rooms. The ASC VBP program will have the greatest impact when it is implemented incrementally and is designed to reach the full spectrum of ASCs in the industry. The Secretary should consider exemptions for ASCs with very low Medicare volume.

ASCs that attain high quality or make substantial improvements should be rewarded. It is important to acknowledge centers that have already applied evidence-based guidelines in their care, implemented structures of care that enhance quality, ensured patient safety, achieved good outcomes, and provided a valuable patient experience. It is also important to acknowledge that some centers may be continuing to progress toward the highest level of quality. VBP should reward ASCs that achieve a high rank or exceed a national threshold as well as ASCs that close the gap between their past performance and the national threshold.

ASC quality measurement

The VBP system for ASCs should be based on quality measurements which capture many aspects of ASC patient services. These measures include processes, efficiency, outcomes, and patient experience.

Process measures can indicate that the ASC follows guidelines and uses evidence-based practices. The ASC Quality Collaboration has already developed two process measures for ASCs which have been endorsed for outpatient surgery by the National Quality Forum. These capture whether antibiotics given for prevention of surgical site infection were administered on time and the number of patients who have appropriate surgical site hair removal. We support the development of additional process measures which are similarly applicable across a wide range of surgical facilities, such as medication reconciliation.

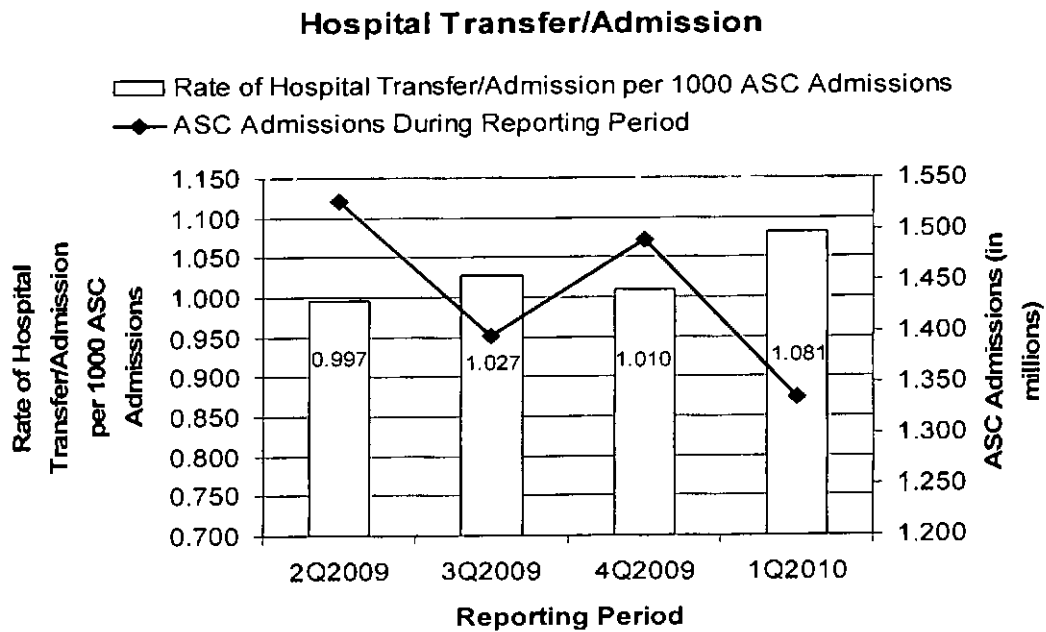
ASCs are efficient providers. Assessing the value of ASCs should include measures of the ways in which ASCs maximize health care resources and provide high quality surgical care and procedures in lean, well-managed facilities.

ASCs achieve excellent outcomes for patients and high levels of patient satisfaction. The ASC Quality Collaboration has already developed four measures of patient outcomes which have been endorsed by the National Quality Forum. These include patient safety indicators—patient burn; patient fall; and wrong site, side, patient, procedure or implant—and hospital transfers. Figure 1 below is an example of the voluntary outcome measure reporting in which many ASCs currently participate. A variety of patient satisfaction surveys are used throughout the industry to capture some aspects of patient experience.

Figure I. Example of data available through ASC Quality Collaboration voluntary reporting

Data Summary: Hospital Transfer/Admission

Reporting Period	2Q2009	3Q2009	4Q2009	1Q2010
Number of Participating ASCs	1,294	1,177	1,266	1,185
Number of ASC Admissions Represented	1,528,402	1,396,179	1,490,427	1,334,614
Hospital Transfer/Admission Rate per 1000 ASC Admissions	0.997	1.027	1.010	1.081



Both outcome measures and patient experience measurement for ASCs deserve a greater investment by CMS, the Agency for Healthcare Research and Quality, and other entities. A tool such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) would be a useful way to measure patient experience and satisfaction and would give patients relevant and easy-to-understand information.

Additionally, new research is needed to support the development of measures that enable fair, valid, and reliable comparison for similar patients in ASCs and HOPDs. In some cases, HOPD patients are not comparable to patients treated in ASCs. Designing a VBP for ASCs which enables cross-setting comparisons is an opportunity to improve transparency. Developing sound, useful comparisons across settings will require an investment in understanding the patient populations which can be compared and identifying and measuring factors that influence

outpatient surgical risks for patients. Improvements are also needed in post-surgical surveillance and case finding to support reliable outcome and patient safety measures.

The ASC Quality Collaboration should be included as a critical stakeholder in quality measurement for outpatient surgery. A role for the ASC Quality Collaboration similar to the role of the Hospital Quality Alliance would improve the VBP development process for all stakeholders. The following principles should guide measure development for VBP:

- Measure collection should minimize burden on ASCs and CMS. ASCs should be given more than one way to report quality data. For example, claims-based reporting should be an option, especially in the initial phases of VBP implementation. ASCs should be able to authorize an agent (e.g. a parent company or a registry) to report on their behalf.
- Where possible, measures should enable comparisons between ASCs and HOPDs. Patients who require care that could be provided in either ASCs or HOPDs should be enabled to identify and choose the setting with the best value through VBP.
- New measures must be credible: they must be based on evidence, broadly understood, and collected reliably across the variety of ASCs that serve Medicare beneficiaries.

We welcome opportunities to explore partnerships with agencies that can assist the industry in growing and enhancing the quality measurement tools for outpatient surgery in ASCs and HOPDs. New quality measurement infrastructure will be a key to evolving the most effective VBP and achieving the best value for Medicare and other payers.

Design a funding mechanism which strengthens VBP

Linking a portion of Medicare's payments to quality will be a significant change in Medicare ASC payment policy. To ensure that all Medicare beneficiaries continue to have access to care, VBP incentives should begin as a small portion of total Medicare spending for ASC services.

Funding should progress in increments, consistent with the phases in other aspects of the program. Full updates should be given to all of the ASCs that make the investment of time and resources to participate in the initial phase of pay for reporting and report valid and reliable data to CMS. The Secretary should consider a bonus for the use of health information technology to gather and report quality data, similar to the bonus for physicians' EHR use in Medicare.

The structure of incentive payments linked to performance should recognize that Medicare's payments to ASCs have been under a payment freeze for many years, and in addition, some payments have been dropping due to transition from the previous grouper payment system. The VBP system may lose acceptance if it is applied as a cost-cutting measure.

In the final phase of VBP, the VBP bonuses should be funded through a shared-savings mechanism. ASCs have already saved the Medicare program billions of dollars by providing a lower-priced setting for outpatient surgeries which can be appropriately performed in an ASC rather than an HOPD. VBP can help to demonstrate the quality and value of ASC services and encourage the continued, appropriate migration of services to the lower-priced setting. We

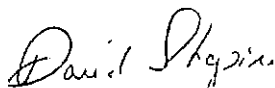
propose that later phases of the VBP for ASCs allow high-quality ASCs to share some of the savings they have produced for the Medicare program. A pool of ASC VBP bonus dollars could be generated from Medicare program's savings on the total amount spent for outpatient surgical services for Medicare beneficiaries that can be supplied in both HOPDs and ASCs. The shared-savings structure aligns the incentives of ASCs and the Medicare program to increase value.

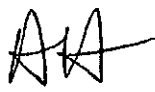
- Building incentives across silos of care was a goal set by the Medicare Payment Advisory Commission in their recommendations for developing VBP.
- Decreasing the growth of Medicare spending on outpatient surgeries by encouraging continued migration to lower-priced settings could generate substantial savings for the Medicare program.
- A shared pool could create competition based on value between settings

* * *

In summary, the report on value based purchasing required by PL 111-148, §3006(f), should map out a VBP system for ASCs which increases transparency and enables patients and physicians to choose the best surgical setting. We look forward to conversations with CMS as they consider the development of VBP. Thank you for providing this opportunity to comment. We appreciate the dialogue and look forward to continued participation in the development process.

Sincerely,


David Shapiro, M.D.
Chairman
ASC Association


Andrew Hayek
Chairman
ASC Advocacy Committee

Section III, Background, Purpose of the Project, and Alternatives – Information Requirements
Criterion 1110.230, Background, Purpose of the Project and Alternatives

Alternatives

The Applicants explored two options prior to determining to add otolaryngology surgical procedures to Regional Surgicenter. The options considered are as follows:

- Continue the status quo; and
- Add otolaryngology surgical procedures to the existing multi-specialty ASTC.

After exploring these options, which are discussed in more detail below, the Applicants decided to add otolaryngology surgical procedures to its existing multi-specialty ASTC. A review of each of the options considered and the reasons they were rejected follows.

Continue the Status Quo

The first alternative considered was to maintain the status quo, whereby Dr. Cody would continue to perform otolaryngology procedures on Illinois residents at facilities in Iowa.

No ASTC in the Quad Cities of Moline and Rock Island provides otolaryngology surgical procedures. As a result, many Illinois patients must travel to Iowa to have procedures performed in the lower cost ASTC setting. The cost to patients in terms of time, travel and inconvenience outweighs the cost of purchasing the minimal amount of specialized equipment necessary to perform otolaryngology procedures. Additionally, Regional Surgicenter has adequate capacity to accommodate the additional procedures.

While there are four hospitals within 30 minutes travel time of Regional Surgicenter that could perform otolaryngology surgical procedures, it is more costly to patients and payors for these procedures to be performed in a hospital outpatient department ("HOPD") rather than an ASTC. If a HOPD is the only option, the referring otolaryngologist will continue to treat his Illinois patients in Iowa facilities.

Not only are ASTCs a more cost effective alternative to HOPDs, they are more convenient for both patients and physicians. Because of the smaller size of ASTCs, patients and physicians have easier access to parking and do not have to navigate complex hospital corridors for their surgical procedures. Additionally, while physicians are generally assigned specific blocks of time during the week to schedule surgical procedures, a scheduled procedure in HOPD may often be postponed to accommodate a patient with an urgent or emergent condition.

Much of the equipment needed for otolaryngology procedures is available at Regional Surgicenter. Therefore, minimal project costs would be incurred to add otolaryngology procedures to the ASTC.

While there are no capital costs associated with this alternative, there are significant costs to payors and patients. As there is only a nominal cost of adding the service and no otolaryngology currently services are offered by ASTCs in Moline and Rock Island, this alternative was rejected.

Add Otolaryngology Surgery Procedures to the Existing Multi-Specialty ASTC

Regional Surgicenter has capacity to service otolaryngology patients. To access to otolaryngology services to residents of Moline, Rock Island and the surrounding areas, the Applicants decided to add otolaryngology surgical procedures to the existing multi-specialty ASTC. After weighing this low cost option against others, it was determined that this alternative would provide the greatest benefit in terms of increased utilization and increased access to health care services.

Table 1110.230(c) Alternatives to Proposed Project Cost Benefit Analysis				
Alternative	Community Need	Access	Capital	Status
Maintain Status Quo	Not Met	Maintain	\$0	Reject
Add Otolaryngology Procedures	Met	Increased	\$50,000	Accept

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234, Project Scope, Utilization, and Unfinished/Shell Space

Size of the Project

The Project proposes to add a new surgical specialty to an existing multi-specialty ASTC with eight operating rooms and 20 recovery stations. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 1,660 to 2,200 gross square feet per operating room and 180 gross square feet per recovery station for a total of 16,880 to 21,200 gross square feet for eight operating rooms and twenty recovery stations. The gross square footage of clinical space is 16,607 gross square feet. Accordingly, the size of the ASTC is below the State standard.

Table 1110.234(a)				
SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC	16,607	16,880 – 21,200	-273	Below

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234, Project Scope, Utilization, and Unfinished/Shell Space

Project Services Utilization

By the second year after project completion, the ASTC's annual utilization shall meet or exceed HFSRB's utilization standards. Pursuant to Section 1110, Appendix B of the HFSRB's rules, utilization for ambulatory surgical treatment centers is based upon 1,500 hours per operating room. Based upon historical utilization and projected otolaryngology procedures documented in the physician referral letter attached at Attachment - 15, approximately 8,362 gastroenterology, 75 plastic surgery, 410 otolaryngology, and 240 general surgery/other surgical procedures will be performed at the ASTC within the first year after project completion. Based upon current experience, the estimated procedure time, including prep and cleanup, is approximately 1.25 hours for gastroenterology, 3 hours for plastic surgery, 1.20 hours for otolaryngology, and 1.18 hours for general/other. As a result, 11,454 surgical hours are projected for the first year after project completion, which is sufficient to support the need for eight rooms.

Table 1110.234(b) UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	ASTC	9,087 procedures	11,454 hours	10,500 hours	Yes
YEAR 2	ASTC	9,087 procedures	11,454 hours	10,500 hours	Yes



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 Clinton, IA 52732
 (563) 244-5900
 Fax (563) 244-2801

Rao V. Movva, M.D.
 RSC Illinois, LLC
 545 Valley View Drive
 Moline, Illinois 61265

Dear Dr. Rao Movva:

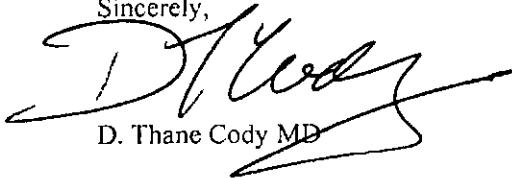
During the period August 1, 2010 to August 1, 2011 I performed approximately 580 outpatient Otolaryngology - Head and Neck Surgery (Ear Nose and Throat) procedures at the regional hospitals and licensed ambulatory surgical treatment center facilities set forth in the table below.

Name of Facility	Address of Facility	Number of Procedures Performed
Trinity Health - Mercy Medical Center	638 S. Bluff Blvd. Clinton IA 52732	510
Mississippi Valley Surgery Center	3400 Dexter Court, Davenport IA 52807	50
Morrison Community Hospital	303 N. Jackson St. Morrison Il, 61270	20

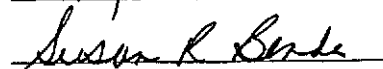
If RSC Illinois, LLC which does business as Regional Surgicenter at 545 Valley View Drive in Moline, Illinois obtains the appropriate approval for the performance of Otolaryngology Head and Neck Surgery, I would anticipate performing at least 410 of such procedures on Illinois residents per year at Regional Surgicenter.

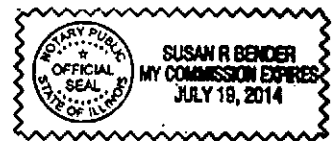
By my notarized signature below, I hereby attest that the information contained in this letter is true and correct to the best of my information and belief.

Sincerely,


 D. Thane Cody MD

Signed and Attested to before me by
D. Thane Cody, M.D., this 29th day of
August, 2011.


 Notary Public



Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(c), Unfinished or Shell Space

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(d), Assurances

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section VII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(b), Target Population

- a. Attached as Attachment – 27A is a map outlining Regional Surgicenter's intended geographic service area ("GSA") for otolaryngology procedures. The GSA consists of those Illinois areas within 30 minutes normal travel time of Regional Surgicenter, or approximately 20 miles.
- b. As set forth in Criterion 1110.230, Regional Surgicenter currently serves the area within 30 minutes travel time of the facility. The estimated population is provided in Table 1110.1540(b) below.

Table 1110.1540(b)		
Zip Code	City	Population
52722	Bettendorf	34,754
52726	Blue Grass	4,468
52728	Buffalo	1,110
52746	Donahue	967
52748	Eldridge	8,850
52753	Le Claire	5,153
52756	Long Grove	2,133
52758	McCausland	199
52767	Pleasant Valley	349
52768	Princeton	1,426
52769	Stockton	671
52773	Walcott	2,380
52801	Davenport	1,122
52802	Davenport	10,868
52803	Davenport	22,174
52804	Davenport	27,379
52806	Davenport	27,503
52807	Davenport	13,470
61201	Rock Island	39,116
61232	Andalusia	1,284
61236	Barstow	193
61239	Carbon Cliff	1,219
61240	Coal Valley	5,870
61241	Colona	7,124
61244	East Moline	24,053
61254	Geneseo	11,414
61256	Hampton	1,822
61257	Hillsdale	1,210
61262	Lynn Center	1,188
61263	Matherville	530
61264	Milan	10,548
61265	Moline	45,099
61273	Orion	3,316
61274	Osco	351
61275	Port Byron	4,347
61276	Preemption	138
61278	Rapids City	412
61279	Reynolds	1,061
61281	Sherrard	2,597
61282	Silvis	7,809

Zip Code	City	Population
61465	New Windsor	1,213
61468	Ophiem	104
61486	Viola	1,552
62284	Taylor Ridge	636
Total		339,182

Source: U.S. Census Bureau, Census 2010, American Factfinder available at <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk> (last visited Oct. 4, 2011).

c. Pursuant to Section 1110.1540(b) of the HFSRB's rules, the intended GSA can be no less than 30 minutes and no greater than 60 minutes normal travel time from the proposed ASTC. As set forth throughout this application, the intended GSA for otolaryngology procedures consists of those Illinois areas within 30 minutes normal travel time of Regional Surgicenter. Travel times to from Regional Surgicenter to the GSA borders are as follows:

- East: Approximately 30 minutes normal travel time to Geneseo, IL
- Southeast: Approximately 30 minutes normal travel time to Andover, IL
- South: Approximately 30 minutes normal travel time to Viola, IL
- Southwest: Approximately 30 minutes normal travel time to Hamlet, IL
- West: Approximately 15 minutes normal travel time to the Mississippi River
- Northwest: Approximately 15 minutes normal travel time to Mississippi River
- North: Approximately 12 minutes normal travel time to the Mississippi River

Section VII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(c), Projected Patient Volume

The physician referral letter from Dr. D. Thane Cody providing the name and number of patients referred to health care facilities within the past 12 months and the projected referrals to the ASTC are attached at Attachment – 27B.

Rao V. Movva, M.D.
RSC Illinois, LLC
545 Valley View Drive
Moline, Illinois 61265

Dear Dr. Rao Movva:

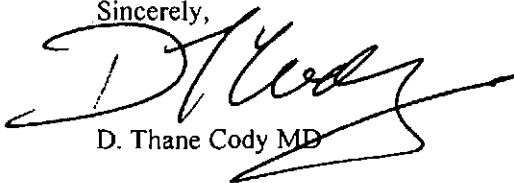
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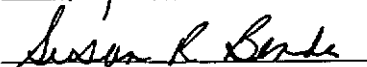
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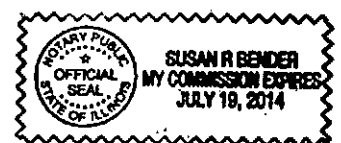
By my notarized signature below, I hereby attest that the information contained in this letter is true and correct to the best of my information and belief.

Sincerely,


D. Thane Cody MD

Signed and Attested to before me by
D. Thane Cody, M.D., this 29th day of
August, 2011.


Notary Public



**Section VII, Service Specific Review Criteria
 Non-Hospital Based Ambulatory Surgery
 Criterion 1110.1540(d), Treatment Room Need Assessment**

- a. As stated throughout this application, the Applicants propose to add otolaryngology surgical services to an existing ASTC with eight operating rooms and twenty recovery stations.
- b. The Applicants estimate average length of time per procedure will be one hour and sixteen minutes. A summary of the estimated time per procedure including clean-up and prep time by type of surgical procedure is provided in Table 1110.1540(d) below.

	Procedures	Prep	Surgery Time	Clean-Up	Total	Average
Gastroenterology	8,362	2,091	4,181	4,181	10,453	1.25
Plastic Surgery	75	38	150	38	226	3.00
Otolaryngology	410	82	329	82	493	1.20
General/Other	240	74	134	74	282	1.18
Total	9,087	2,285	4,794	4,375	11,454	1.26

Section VII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(e), Impact on Other Facilities

- a. A copy of the letter sent to area surgical facilities regarding the Project's impact on their workload is attached at Appendix 1.
- b. The list of the facilities contacted is attached at Appendix 2.
- c. MapQuest printouts with the time and distance to each facility within 30 minutes normal travel time to Regional Surgicenter are attached at Appendix 3.
- d. Copies of the registered mail receipts are attached at Appendix 4.

Section VII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(f), Establishment of New Facilities

This project proposes to add otolaryngology surgical services to an existing multi-specialty ASTC. Therefore, this criterion is not applicable.

**Section VII, Service Specific Review Criteria
 Non-Hospital Based Ambulatory Surgery
 Criterion 1110.1540(g), Charge Commitment**

- a. A list of the procedures to be performed at the proposed facility with the proposed charge is provided in Table 1110.1540(g) below.

Table 1110.1540(g) Regional Surgicenter Fee Schedule		
Code	Description	Charge
63650	1 LEAD	\$8,584
47562	LAPS SURG CHOLECSTC	\$5,552
44146	COLCT PRTL W/COLOPXTSTMY LW PEL ANAST W/CLST	\$5,337
44145	COLCT PRTL W/COLOPXTSTMY LW PEL ANAST	\$4,952
49652	LAPS REPAIR HERNIA EXCEPT INCAL/INGUN REDUCIBLE	\$4,920
49653	LAP RPR HRNA XCPT INCAL/INGUN NCRC8/STRANGULATED	\$4,920
49655	LAPS RPR INCISIONAL HERNIA NCRC8/STRANGULATED	\$4,920
44180	LAPS ENTEROLSS FRING INTSTINAL ADHESION SPX	\$4,441
19325	MAMMAPLASTY AUGMENTATION W/PROSTHETIC IMPLANT	\$4,399
43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	\$4,345
43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	\$4,331
44144	COLCT PRTL W/RESCJ W/CLST/ILEOST+MUCOFSTL	\$4,143
44140	COLCT PRTL W/ANAST	\$3,957
44141	COLCT PRTL W/SKN LVL CECOSTOMY/CLST	\$3,898
44143	COLCT PRTL W/END CLST+CLSR DSTL SGM	\$3,898
43865	REVJ GSTR/JJ ANAST W/RCNSTJ W/VGTMY	\$3,864
43825	GASTROJEJUNOSTOMY W/VAGOTOMY ANY TYP	\$3,644
49585	RPR UMBILICAL HRNA 5 YRS/> RDC	\$3,550
38500	EXC BX OF LYMPH NODES OPEN	\$3,357
43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	\$3,277
43640	VGTMY W/PYPS +-GASTROSTOMY TRUNCAL/SLCTV	\$3,241
43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y <150 CM	\$3,241
44120	ENTRC RESCJ SM INT 1 RESCJ+ANAST	\$3,214
44005	ENTEROLSS FRING INTSTINAL ADHESION SPX	\$3,064
44310	ILEOST/JEJUNOSTOMY NON-TUBE	\$3,009
44604	SUTR LG INT 1/MLT PRF8J W/O CLST	\$3,006
44602	ENTERORRHAPHY 1 PRF8J	\$2,999
43840	GASTRORRHAPHY SUTR PRF8 DUOL/GSTR ULCER WND/INJ	\$2,979
43228H	ESOPH ENDOSCOPY, ABLATION HALO	\$2,931
43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	\$2,911
43820	GASTROJEJUNOSTOMY W/O VAGOTOMY	\$2,911
49320	LAPS ABD PRTM+OMENTUM DX +-SPEC BR/WA SPX	\$2,895
45172	EXC OF RECTAL TUMOR, TRANSANAL FULL THICKNESS	\$2,840
46257	HRHC SMPL W/FISSURECTOMY	\$2,838

**Table 1110.1540(g)
Regional Surgicenter Fee Schedule**

Code	Description	Charge
19357	BRST RCNSTJ IMMT/DLYD W/ISS EXPANDER SBSQ XPNSJ	\$2,760
19366	BREAST RECONSTRUCTION OTHER TECHNIQUE	\$2,760
44130	ENTERONTRSTM ANAST INT +-CUTAN NTRSTM SPX	\$2,756
15828	RHYTIDECTOMY CHEEK CHIN+NECK	\$2,753
25111	EXCISION OF GANGLION CYST	\$2,680
44125	ENTRC RESCJ SM INT W/NTRSTM	\$2,669
19316	MASTOPEXY	\$2,547
19318	REDUCTION MAMMAPLASTY	\$2,547
20525	FOREIGN BODY REMOVAL FINGER COMPLICATED	\$2,547
49080	PRITONEOCNTS ABDL PCNTS/PRTL LVG 1ST	\$2,547
43273	NDSC CANNULATION PAPILLA VIS BILE +/- PNCRTC DUX	\$2,445
21040	EXC OF BENIGN TUMOR OR CYST	\$2,431
49321	LAPS SURG W/BX 1/MLT	\$2,431
49420	INSJ IPR CANNULA/CATH F/DRG/DIAL TEMP	\$2,431
43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	\$2,428
15620	DELAY FLAP/SECTIONING FLAP F/C/C/N/AX/G/H/F	\$2,344
46060	+D ISCHIORCT/INTRAMURAL ABSC +-SETON	\$2,342
20520	FOREIGN BODY REMOVAL FINGER	\$2,334
43240	UPR GI NDSC TRANSMURAL DRG PSEUDOCST	\$2,294
43258	UPR GI NDSC ABLTJ LES X RMVL FORCEPS/CAUT/SNARE	\$2,294
43259	STOMACH-INTESTINE SCOPE WITH ULTRASOUND EXAM	\$2,294
45170	EXC RCT TUM TRANSANAL APPR	\$2,294
45391	COLSC FLX PROX SPLENIC FLXR NDSC US XM	\$2,294
45392	COLSC FLX PROX SPLENIC FLXR US GID NDL ASPIR/BX	\$2,294
46020	PLMT SETON	\$2,294
46040	+D ISCHIORCT+/PRIRCT ABSC SPX	\$2,294
46045	+D INTRAMURAL IM/ABSC TRANSANAL ANES	\$2,294
46080	SPHNCTROTOMY ANAL DIV SPHNCTR SPX	\$2,294
46250	HRHC XTRNL COMPL	\$2,294
46260	HRHC CPLX/X10SV	\$2,294
46275	SURG TX ANAL FSTL SUBMUSCULAR	\$2,294
46280	SURG TX ANAL FSTL CPLX/MLT +-PLMT SETON	\$2,294
46700	ANOPLASTY PLSTC OPERATION STRIX ADLT	\$2,294
46910	DSTRJ LES ANUS SMPL ELTRDSICCATION	\$2,294
46922	DSTRJ LES ANUS SMPL SURG EXC	\$2,294
47553	BILIARY NDSC PRQ T-TUBE W/BX 1/MLT	\$2,294
47554	BILIARY NDSC PRQ T-TUBE RMVL ST1	\$2,294
47555	BILIARY NDSC PRQ T-TUBE DILAT STRIX W/O STENT	\$2,294
47556	BILIARY NDSC PRQ T-TUBE DILAT STRIX W/STENT	\$2,294

Table 1110.1540(g)
Regional Surgicenter Fee Schedule

Code	Description	Charge
11646	EXCISION MALIGNANT LESION F/E/E/N/L/M > 4.0 CM	\$2,293
11626	EXCISION MALIGNANT LESION S/N/H/F/G > 4.0 CM	\$2,291
15823	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	\$2,283
44110	EXC 1+ < SM/LG INT 1 ENTEROTOMY	\$2,265
15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	\$2,247
44800	EXC MECKEL'S DIVERTICULUM/OMPHALOMESENTERIC DUCT	\$2,197
44020	ENTEROTOMY SM INT OTH/THN DUO EXPL BX/FB RMVL	\$2,183
44021	ENTEROTOMY SM INT OTH/THN DUO DCMPRN	\$2,183
43610	EXC LOCAL ULCER/B9 TUM STOMACH	\$2,138
15826	RHYTIDECTOMY GLABELLAR FROWN LINES	\$2,055
91110	GI TRC IMG INTRAL ESOPH THRU ILE PHYS I+R	\$2,055
43242	STOMACH-INTESTINE SCOPE ULTRASOUND GUIDED BIOPSY	\$2,040
46270	SURG TX ANAL FSTL SUBQ	\$2,040
45560	RPR RECTOCELE SPX	\$2,039
43228	ESPHGSC RGD/FLX ABLTJ TUM XCP HOT BX/CAUT/SNARE	\$1,968
44799	UNLIS PX INT	\$1,968
44960	APPENDEC RPTD APPENDIX ABSC/PRITONITIS	\$1,946
44950	APPENDEC	\$1,911
26116	EXCISION TUMOR, SOF TISSUE OF HAND OR FINGER	\$1,902
43830	GASTROSTOMY OPN W/O CONSTJ GSTR TUBE SPX	\$1,895
19380	REVISION RECONSTRUCTED BREAST	\$1,879
45171	EXCISION OF RECTAL TUMOR TRANSANAL APPROACH	\$1,879
21315	CLOSED REDUCTION OF NASAL FX	\$1,824
30400	RHINOPLASTY	\$1,794
30430	RHINOPLASTY, 2NDARY MINOR REVISION	\$1,794
19370	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST	\$1,732
10180	INCISION+DRAINAGE COMPLEX PO WOUND INFECTION	\$1,717
11424	EXC B9 LES MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	\$1,716
11426	EXC B9 LES MRGN XCP SK TG S/N/H/F/G > 4.0CM	\$1,716
15876	SUCTION ASSISTED LIPECTOMY HEAD+NECK	\$1,716
15877	SUCTION ASSISTED LIPECTOMY TRUNK	\$1,716
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	\$1,716
43227	ESPHGSC RGD/FLX W/CTRL BLD	\$1,716
43235	UPPER STOMACH-INTESTINE SCOPE FOR DIAGNOSIS	\$1,716
43236	STOMACH-INTESTINE SCOPE, INJECT INTESTINE WALL	\$1,716
43239	UPPER STOMACH-INTESTINE SCOPE FOR BIOPSY	\$1,716
43241	UPR GI NDSC TNDSC INTRAL TUBE/CATH PLMT	\$1,716
43243	UPR GI NDSC NJX SCLEROSIS ESOPHGL+/GSTR VARC	\$1,716

**Table 1110.1540(g)
Regional Surgicenter Fee Schedule**

Code	Description	Charge
43244	UPR GI NDSC BAND LIG ESOPHGL+/GSTR VARC	\$1,716
43245	UPR GI NDSC DILAT GSTR OUTLET FOR OBSTR CJ	\$1,716
43246	UPR GI NDSC DURED PLMT PRQ GASTROSTOMY TUBE	\$1,716
43247	STOMACH-INTESTINE SCOPE FOR FOREIGN BODY REMOVAL	\$1,716
43248	UPR GI NDSC INSJ GD WIRE DILAT ESOPH > GD WIRE	\$1,716
43249	UPR GI NDSC BALO DILAT ESOPH < 30 MM DIAM	\$1,716
43250	UPR GI NDSC RMVL LES HOT BX/BIPOLAR CAUT	\$1,716
43251	UPR GI NDSC RMVL TUM POLYP/OTH LES SNARE TQ	\$1,716
43255	UPR GI NDSC CTRL BLD ANY METH	\$1,716
43257	UPR GI NDSC DLVR THERMAL NRG SPHNCTR/CARDIA	\$1,716
43260	ERCP DX COLLJ SPEC BR/WA SPX	\$1,716
43261	ERCP W/BX 1/MLT	\$1,716
43262	ERCP W/SPHNCTROTOMY/PAPILLOTOMY	\$1,716
43263	ERCP W/PRESS MEAS SPHNCTR ODDI	\$1,716
43264	ERCP W/RMVL ST1/CALCULI BILIARY+/PNCRTC DUXS	\$1,716
43265	ERCP W/DSTRJ LITHOTRP ST1/CALCULI ANY METH	\$1,716
43267	ERCP W/INSJ NASOBILIARY/NASOPNCRTC DRG TUBE	\$1,716
43268	ERCP W/INSJ TUBE/STENT BILE/PNCRTC DUX	\$1,716
43269	ERCP W/RTRGR RMVL FB+/CHNG TUBE/STENT	\$1,716
43271	ERCP W/BALO DILAT AMPULLA BILIARY+/PNCRTC DUX	\$1,716
43272	ERCP W/ABLTJ LES X RMVL FORCEPS/CAUT/SNARE	\$1,716
43456	DILAT ESOPH BALO/DILATOR RTRGR	\$1,716
43458	DILAT ESOPH BALO 30 MM DIAM/LGR ACHALASIA	\$1,716
44360	SCOPE OF UPPER SMALL INTESTINE	\$1,716
44361	SCOPE OF UPPER SMALL INTESTINE WITH BIOPSY	\$1,716
44364	ENTEROSCOPY > 2ND PRTN X ILE RMVL LES SNARE	\$1,716
44377	ENTEROSCOPY > 2ND PRTN W/ILE W/BX 1/MLT	\$1,716
44378	ENTEROSCOPY > 2ND PRTN ILE CTRL BLD	\$1,716
45100	BX ANRCT WALL ANAL APPR	\$1,716
45341	SGMDSC FLX NDSC US XM	\$1,716
45342	SGMDSC FLX TNDSC US GID NDL ASPIR/BX	\$1,716
45378	SCOPE OF COLON FOR DIAGNOSIS	\$1,716
45379	COLSC FLX PROX SPLENIC FLXR RMVL FB	\$1,716
45380	SCOPE OF COLON WITH BIOPSY	\$1,716
45381	COLSC FLX PROX SPLENIC FLXR SBMCSL NJX	\$1,716
45382	COLSC FLX PROX SPLENIC FLXR CTRL BLD	\$1,716
45383	COLSC FLX PROX SPLENIC FLXR ABLTJ LES	\$1,716
45384	COLSC FLX PROX SPLENIC FLXR RMVL LES CAUT	\$1,716

**Table 1110.1540(g)
Regional Surgicenter Fee Schedule**

Code	Description	Charge
45385	COLSC FLX PROX SPLENIC FLXR RMVL LES SNARE TQ	\$1,716
45386	COLSC FLX PROX SPLENIC FLXR DILAT BALO 1+ STRIXS	\$1,716
45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	\$1,716
46200	FISSURECTOMY +-SPHNCTROTOMY	\$1,716
46220	PAPILLECTOMY/EXC 1 TAG ANUS SPX	\$1,716
46230	EXC XTRNL HEMORRHOID TAGS+/MLT PAPILLAE	\$1,716
47552	BILIARY NDSC PRQ T-TUBE DX +-COLLJ SPEC SPX	\$1,716
G0105	COLON SCREENING HIGH RISK	\$1,716
G0121	COLON SCREENING LOW RISK	\$1,716
15240	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20 CM/<	\$1,712
14021	ATT/REARRANGEMENT SCALP/ARM/LEG 10.1-30.0 CM	\$1,711
14060	ATT/REARGMT E/N/E/L DFCT 10 CM/<	\$1,711
54700	INC AND DRAINAGE OF ABSCESS SCROTAL	\$1,704
15832	EXCISION EXCESSIVE SKIN+SUBQ TISSUE THIGH	\$1,699
15833	EXCISION EXCESSIVE SKIN+SUBQ TISSUE LEG	\$1,699
15834	EXCISION EXCESSIVE SKIN+SUBQ TISSUE HIP	\$1,699
55250	EXCISION OF SEGMENT OF VAS DEFERENS BILATERAL	\$1,699
19300	MASTECTOMY GYNECOMASTIA	\$1,687
14040	ATT/REARRANGEMENT F/C/C/M/N/AX/G/H/F 10 CM/<	\$1,688
30520	SEPTOPLASTY/SBMCSL RESC	\$1,645
15835	EXCISION EXCESSIVE SKIN+SUBQ TISSUE BUTTOCK	\$1,644
43520	PYLOROMYOTOMY CUTTING PYLORIC MUSC	\$1,594
11406	EXC B9 LES MRGN XCP SK TG T/A/L > 4.0 CM	\$1,534
11644	EXCISION MALIGNANT LES F/E/E/N/L/M 3.1-4.0 CM	\$1,506
44376	ENTEROSCOPY > 2ND PRTN W/ILE +-COLLJ SPEC SPX	\$1,506
64622	LUMBAR	\$1,498
11404	EXC B9 LES MRGN XCP SK TG T/A/L 3.1-4.0 CM	\$1,476
36590	REMOVAL OF PORT A CATH	\$1,476
43200	ESPHGSC RGD/FLX DX +-COLLJ SPEC BR/WA SPX	\$1,476
43202	ESPHGSC RGD/FLX W/BX 1/MLT	\$1,476
43204	ESPHGSC RGD/FLX W/NJX SCLEROSIS ESOPHGL VARC	\$1,476
43205	ESPHGSC RGD/FLX W/BAND LIG ESOPHGL VARC	\$1,476
43215	ESPHGSC RGD/FLX W/RMVL FB	\$1,476
43216	ESPHGSC RGD/FLX RMVL TUM HOT BX FORCEPS/CAUT	\$1,476
43217	ESPHGSC RGD/FLX W/RMVL TUM SNARE TQ	\$1,476
43219	ESPHGSC RGD/FLX W/INSJ PLSTC TUBE/STENT	\$1,476
43220	ESPHGSC RGD/FLX W/BALO DILAT < 30 MM DIAM	\$1,476
43226	ESPHGSC RGD/FLX W/INSJ GD WIRE DILAT	\$1,476
43450	OPENING OF ESOPHAGUS	\$1,476

**Table 1110.1540(g)
Regional Surgicenter Fee Schedule**

Code	Description	Charge
43453	DILAT ESOPH > GD WIRE	\$1,476
43460	ESOPG/GSTR TAMPONADE W/BALO SENGSTAKEN TYP	\$1,476
43760	CHANGE GASTROSTOMY TUBE PERCUTANEOUS W/O GUIDE	\$1,476
43761	REPOSITION GASTRIC FEEDING TUBE THRU DUODENUM	\$1,476
44380	ILESC THRU STOMA DX +-COLLJ SPEC BR/WA SPX	\$1,476
44382	ILESC THRU STOMA W/BX 1/MLT	\$1,476
44385	NDSC EVAL INTSTINAL POUCH DX +-COLLJ SPEC SPX	\$1,476
44386	NDSC EVAL INTSTINAL POUCH W/BX 1/MLT	\$1,476
44388	SCOPE OF COLON THRU OSTOMY FOR DIAGNOSIS	\$1,476
44389	SCOPE OF COLON WITH BIOPSY THRU OSTOMY	\$1,476
44390	COLSC THRU STOMA W/RMVL FB	\$1,476
44391	COLSC THRU STOMA CTRL BLD	\$1,476
44392	COLSC THRU STOMA RMVL LES CAUT	\$1,476
44393	COLSC THRU STOMA ABLTJ LES	\$1,476
44394	COLSC THRU STOMA W/RMVL TUM POLYP/OTH LES SNARE	\$1,476
45910	DILAT RCT STRIX SPX UNDER ANES OTH/THN LOCAL	\$1,476
45915	RMVL FECAL IMPACTION/FB SPX UNDER ANES	\$1,476
46030	RMVL ANAL SETON OTH MARKER	\$1,476
46924	DSTRJ LES ANUS X10SV	\$1,476
47000	BX LVR NDL PRQ	\$1,476
47011	HEPATOTOMY PRQ DRG ABSC/CST 1/2 STGS	\$1,476
48102	BX PNCRS PRQ NDL	\$1,476
15836	EXCISION EXCESSIVE SKIN+SUBQ TISSUE ARM	\$1,459
15837	EXC EXCESSIVE SKIN+SUBQ TISSUE FOREARM/HAND	\$1,459
15838	EXC EXCSV SKIN+SUBQ TISSUE SUBMENTAL FAT PAD	\$1,459
15839	EXCISION EXCESSIVE SKIN+SUBQ TISSUE OTHER AREA	\$1,459
64640	DESTRUCTION BY NEUROLYTIC AGENT	\$1,413
45500	PROCTOPLASTY STENOSIS	\$1,403
11420	EXC B9 LES MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	\$1,343
19350	NIPPLE/AREOLA RECONSTRUCTION	\$1,313
15825	RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING	\$1,302
44369	ENTEROSCOPY > 2ND PRTN X ILE ABLTJ LES	\$1,292
44372	ENTEROSCOPY > 2ND PRTN X ILE W/PLMT PRQ TUBE	\$1,278
43256	UPR GI NDSC TNDSC STENT PLMT W/PREDILAT	\$1,273
44366	ENTEROSCOPY > 2ND PRTN X ILE CTRL BLD	\$1,269
15820	BLEPHAROPLASTY LOWER EYELID	\$1,221
15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	\$1,221
15822	BLEPHAROPLASTY UPPER EYELID	\$1,221

**Table 1110.1540(g)
Regional Surgicenter Fee Schedule**

Code	Description	Charge
30462	TIPPLASTY	\$1,216
45317	PROCTOSGMDSC RGD CTRL BLD	\$1,206
45331	SCOPE OF SIGMOID COLON ONLY WITH BIOPSY	\$1,206
45332	SGMDSC FLX RMVL FB	\$1,206
45333	SGMDSC FLX RMVL LES CAUT	\$1,206
45334	SGMDSC FLX CTRL BLD	\$1,206
45335	SGMDSC FLX DIREDB SBMC SL NJX ANY SBST	\$1,206
45337	SGMDSC FLX DCM PRN VOLVULUS ANY METH	\$1,206
45338	SGMDSC FLX RMVL TUM POLYP/OTH LES SNARE TQ	\$1,206
45339	SGMDSC FLX ABLTJ LES	\$1,206
45340	SGMDSC FLX DILAT BALO 1/MORE STRIXS	\$1,206
46050	I+D PRIANAL ABSC SUPFC	\$1,206
64530	CELIAC PLEXUS BLOCK	\$1,206
62263	LYSIS OF ADHESION	\$1,200
15824	RHYTIDECTOMY FOREHEAD	\$1,169
64483	EPIDURAL LUMBAR	\$1,155
64484	EPIDURAL LUMBAR ADDITIONAL LEVEL	\$1,155
64490	INJECTION FACET JOINT CERVICAL-SINGLE LEVEL	\$1,155
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	\$1,124
46946	LIG INT HEMORRHOIDS MLT PX	\$1,063
11603	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM	\$1,055
45020	I+D DP SUPRALEVATOR PELVIRCT/RETRORECT ABSC	\$1,024
44373	ENTEROSCOPY > 2ND PRTN X ILE CONV GSTRST TUBE	\$1,020
44363	ENTEROSCOPY > 2ND PRTN X ILE RMVL FB	\$1,011
48100	BX PNCRS OPN	\$1,003
49441	INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	\$992
62310	EPIDURAL CERVICAL OR THORACIC	\$970
62311	EPIDURAL LUMBAR	\$970
44365	ENTEROSCOPY > 2ND PRTN X ILE RMVL LES CAUT	\$969
45000	TRANSRCT DRG PEL ABSC	\$963
19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LES	\$949
17111	DESTRUCTION BENIGN LESIONS 15/>	\$912
27096	INJECTION OF SACROILIAC JOINT	\$912
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	\$905
96417	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	\$905
10060	INCISION + DRAINAGE ABSCESS SIMPLE/SINGLE	\$903
11401	EXC B9 LES MRGN XCP SK TG T/AL 0.6-1.0 CM	\$903
11402	EXC B9 LES MRGN XCP SK TG T/AL 1.1-2.0 CM	\$903
45330	SCOPE OF SIGMOID COLON ONLY FOR DIAGNOSIS	\$903

**Table 1110.1540(g)
Regional Surgicenter Fee Schedule**

Code	Description	Charge
G0104	SCREENING FLEX SIGMOIDOSCOPY	\$903
45305	PROCTOSGMDSC RGD W/BX 1/MLT	\$901
46083	INC THROMBOSED HEMORRHOID XTRNL	\$901
46221	HEMORRHOIDECTOMY SMPL LIGATURE	\$901
46930	DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY	\$901
46934	DESTRUCTION OF HEMORRHOIDS	\$901
46945	LIG INT HEMORRHOIDS 1 PX	\$901
64520	LUMBAR/THORACIC PARAVERTEBRAL	\$851
64623	EACH ADDITIONAL	\$851
71270	CT THORAX C-/C+	\$828
72127	CT CRV SPI C-/C+	\$828
72130	CT THRC SPI C-/C+	\$828
72194	CT PELVIS C-/C+	\$828
64493	INJECTION, PARAVERTEBRAL FACET JOINT LUMBAR	\$827
72133	CT LMBR SPI C-/C+	\$827
0066T	VIRTUAL COLON SCREENING	\$823
0067T	VIRTUAL COLON DIAGNOSTIC	\$823
44121	ENTRC RESCJ SM INT EA RESCJ+ANAST	\$805
70470	CT HEAD/BRN C-/C+	\$785
91035	ESOPH G-ESOP RFLX TLMTR ELTRD PLMT	\$777
45303	PROCTOSGMDSC RGD W/DILAT	\$768
91034	ESOPH G-ESOP RFLX NCATH ELTRD PLMT	\$735
64472	INJECTION, FACET INJECTION CERV EACH ADD LEV	\$703
70490	CT SOFT TISS NCK C-MATRL	\$698
70492	CT SOFT TISS NCK C-/C+	\$698
71260	CT THORAX C+ MATRL	\$698
72126	CT CRV SPI C+ MATRL	\$698
72129	CT THRC SPI C+ MATRL	\$698
72132	CT LMBR SPI C+ MATRL	\$698
72193	CT PELVIS C+ MATRL	\$698
10080	INCISION + DRAINAGE PILONIDAL CYST SIMPLE	\$695
70491	CT SOFT TISS NCK C+ MATRL	\$669
45300	PROCTOSGMDSC RGD DX +-COLLJ SPEC BR/WA SPX	\$666
43231	ESPHGSC RGD/FLX W/NDSC US XM	\$662
11600	EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	\$641
91122	ANRCT MANO	\$640
13152	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	\$598
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	\$594
11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	\$570

**Table 1110.1540(g)
Regional Surgicenter Fee Schedule**

Code	Description	Charge
44701	INTRAOP COLONIC LVG	\$558
74150	CT ABD C-MATRL	\$556
49451	REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	\$545
11403	EXC B9 LES MRGN XCP SK TG T/A/L 2.1-3.0 CM	\$542
15241	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA 20CM	\$542
45900	RDCTJ PROCIDENTIA SPX UNDER ANES	\$534
74360	INTRAL DILAT STRIXS+/OBSTRCS RS+I	\$533
76000	FLUOR SPX <1 HR PHYS TM OTH/THN 71023/71034	\$533
76001	FLUOR PHYS TM > 1 HR ASSISTING NON-RAD PHYS	\$533
71250	CT THORAX C-MATRL	\$528
72125	CT CRV SPI C-MATRL	\$528
72128	CT THRC SPI C-MATRL	\$528
72131	CT LMBR SPI C-MATRL	\$528
70450	CT HEAD/BRN C-MATRL	\$515
64999	BIER BLOCK UNLISTED CODE	\$511
70460	CT HEAD/BRN C+ MATRL	\$511
99075	MEDICAL TSTIMONY	\$501
46600	ANOSC DX +-COLLJ SPEC BR/WA SPX	\$500
46615	ANOSC ABLTJ LES	\$499
46706	RPR ANAL FSTL W/FIBRIN GLUE	\$476
72192	CT PELVIS C-MATRL	\$476
44010	DUODEXOMY EXPL BX/FB RMVL	\$475
44015	TUBE/NDL CATH JEJUNOSTOMY ANY METH	\$475
11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	\$472
45005	I+D SBMCSL ABSC RECTUM	\$457
99236	OBS//P HOSP CARE HIGH SEVERITY	\$456
10120	INCISION+REMOVAL FOREIGN BODY SUBQ TISS SMPL	\$447
62270	SPINAL PUNCTURE, LUMBAR DIAGNOSTIC	\$447
11641	EXCISION MALIGNANT LES F/E/E/N/L/M 0.6-1.0 CM	\$426
11642	EXCISION MALIGNANT LES F/E/E/N/L/M 1.1-2.0 CM	\$413
76872	US TRANSRCT	\$411
76975	GI NDSC US S+I	\$411
44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	\$403
99235	OBS//P HOSP CARE MODERATE SEVERITY	\$403
99291	CC E/M CRITICALLY ILL/INJURED 1ST 30-74 MIN	\$402
76700	US ABDOMINAL R-T W/IMAGE DOCUMENTATION	\$391
46614	ANOSC CTRL BLD	\$390
11640	EXCISION MALIGNANT LESION F/E/E/N/L/M 0.5 CM/<	\$383
99245	OFFICE CONSLTJ 80 MIN	\$380

**Table 1110.1540(g)
Regional Surgicenter Fee Schedule**

Code	Description	Charge
11200	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA UP+W/15<	\$365
17110	DESTRUCTION BENIGN LESIONS UP TO 14	\$365
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	\$358
12045	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 12.6-20 CM	\$331
13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6 CM-7.5 CM	\$331
46604	ANOSC DILAT	\$330
46606	ANOSC BX 1/MLT	\$330
11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	\$320
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	\$320
28010	TENOTOMY/TOE ONE TENDON	\$320
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	\$308
91065	BRTH HYDROGEN TST	\$308
99285	EMER DEPT HIGH SEVERITY+THREAT FUNCJ	\$308
64491	INJECTION FACET NERVE CERV OR THOR 2ND LEVEL	\$304
64492	INJECTION FACET NERVE CERV OR THORAC 2N LEVEL	\$304
99220	1ST OBS CARE PR D HIGH SEVERITY	\$304
99223	1ST HOSP CARE PR D 70 MIN	\$302
64494	2ND LEVEL FACET NERVE LUMBAR	\$300
64495	3RD AND 4TH LEVEL	\$300
99205	OFFICE OUTPT NEW LEVEL 5	\$293
99244	OFFICE CONSLTJ 60 MIN	\$289
99255	1ST INPT CONSLTJ 110 MIN	\$285
99234	OBS//P HOSP CARE LOW SEVERITY	\$273
99306	1ST NF CARE PR D E/M HI SEVERITY	\$248
99387	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 65YRS+>	\$244
99219	1ST OBS CARE PR D MODERATE SEVERITY	\$237
99222	1ST HOSP CARE PR D 50 MIN	\$236
99204	OFFICE OUTPT NEW 45 MIN	\$232
99284	EMER DEPT HI SEVERITY+URGENT EVAL	\$228
99292	CC E/M CRITICALLY ILL/INJURED EA 30 MIN	\$228
95972	ELEC ALYS NSTIM PLS GEN CPLX SC/PERPH 1ST HR	\$225
99386	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 40-64YRS	\$223
99253	1ST INPT CONSLTJ 55 MIN	\$208
99254	1ST INPT CONSLTJ 80 MIN	\$208
99203	OFFICE OUTPT NEW LEVEL 3	\$204
99215	OFFICE OUTPT EST 40 MIN	\$204
99218	1ST OBS CARE PR D LOW SEVERITY	\$204
99221	1ST HOSP CARE PR D 30 MIN	\$204
99243	OFFICE CONSLTJ 40 MIN	\$204

**Table 1110.1540(g)
Regional Surgicenter Fee Schedule**

Code	Description	Charge
99283	EMER DEPT MODERATE SEVERITY	\$204
99397	PERIODIC PREVENTIVE MED EST PATIENT AGE 65YRS+>	\$198
96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	\$194
64425	ILOINGUINAL, ILIOHYPOGASTRIC NERVES	\$192
99384	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 12-17 YR	\$191
99385	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 18-39YRS	\$191
88307	SURGICAL PATHOLOGY LEVEL 2	\$190
43752	NASO/ORO-GASTRIC TUBE PLMT REQ PHYS+FLUOR GDN	\$189
99239	HOSP DSCHRG D MGMT > 30 MIN	\$189
12052	REPAIR INTERMEDIATE F/E/N/L/M+/MUC 2.6-5.0 CM	\$183
99202	OFFICE OUTPT NEW LEVEL 2	\$179
99242	OFFICE CONSLTJ 30 MIN	\$179
99252	1ST INPT CONSLTJ 40 MIN	\$179
99282	EMER DEPT LOW TO MODERATE SEVERITY	\$179
99382	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 1-4 YRS	\$177
99396	PERIODIC PREVENTIVE MED EST PATIENT AGE 40-64YRS	\$177
99383	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 5-11 YRS	\$175
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	\$171
99305	1ST NF CARE PR D E/M MOD SEVERITY	\$169
99381	1ST PREVENTIVE MEDICINE NEW PATIENT < 1YR	\$164
99395	PERIODIC PREVENTIVE MED EST PATIENT AGE 18-39YRS	\$162
99394	PERIODIC PREVENTIVE MED EST PATIENT AGE 12-17YRS	\$161
99233	SBSQ HOSP CARE PR D 35 MIN	\$156
99217	OBS CARE DSCHRG D MGMT	\$154
99238	HOSP DSCHRG D MGMT 30 MIN/<	\$150
99392	PERIODIC PREVENTIVE MED EST PATIENT AGE 1-4YRS	\$148
99393	PERIODIC PREVENTIVE MED EST PATIENT AGE 5-11YRS	\$147
99214	OFFICE OUTPT EST LEVEL 4	\$139
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I+R	\$138
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I+R	\$138
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1YR	\$132
99201	OFFICE OUTPT NEW LEVEL 1	\$128
99241	OFFICE CONSLTJ 15 MIN	\$128
99251	1ST INPT CONSLTJ 20 MIN	\$128
99281	EMER DEPT SELF LIMITED/MINOR	\$128
99304	1ST NF CARE PR D E/M LW SEVERITY	\$127
88305	SURGICAL PATHOLOGY	\$125
99232	SBSQ HOSP CARE PR D 25 MIN	\$125
88342	IMMUNOHISTOCHEMISTRY EACH ANTIBODY	\$113

**Table 1110.1540(g)
Regional Surgicenter Fee Schedule**

Code	Description	Charge
88304	SURGICAL PATHOLOGY	\$112
99231	SBSQ HOSP CARE PR D 15 MIN	\$100
88302	SURGICAL PATHOLOGY LEVEL II	\$96
20553	TRIGGER POINT INJECTION 3 OR MORE	\$95
77003	FLUOR GID + LOCLZJ NDL/CATH SPI DX/THER NJX	\$91
99213	OFFICE OUTPT EST LEVEL 3	\$91
88313	SPECIAL STAIN	\$86
532	ANESTHESIA FOR ACCESS CENTRAL CATH	\$86
700	ANESTHESIA FOR CHANGE BUTTON	\$86
702	ANESTHESIA FOR LIVER BIOPSY	\$86
740	ANA	\$86
87077	CAMPYLOBACTOR PYLORIDIS	\$81
G0101	PELVIC AND BREAST EXAM	\$75
82274	BLOOD OCCULT BY FECAL HEMOGLOBIN	\$74
99212	OFFICE OUTPT EST LEVEL 2	\$65
74363	PRQ TRANSHEPATC DILAT BILIARY DUX STRIX RS+I	\$56
90772	INJECTION THERAPUTIC	\$56
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	\$56
90782	THERAPEUTIC INJECTION OF MEDICATION	\$45
G0102	DIGITAL RECAL EXAM	\$44
99211	OFFICE O/P EST LEVEL 1	\$32
36415	VENIPUNCTURE	\$29
90471	IMADM PRQ ID SUBQ/IM NJXS 1 VACC	\$28
81025	URINE PREGNANCY TEST	\$27
82270	HEMOCCULT	\$27
81002	URINALYSIS	\$24
90472	IMADM PRQ ID SUBQ/IM NJXS EA VACC	\$24
85610	PROTHROMBIN TIME	\$16
J0585	BOTOX INJECTION	\$15
82948	GLUCOSE BLOOD, REAGENT STRIPS	\$9
NSF	NSF RETURN CHECK CHARGE	\$6
30310	Removal foreign body, intranasal; requiring geneal anesthesia	\$1,789
30520	Septoplasty or submucous resection	\$2,646
30903	Control nasal hemorrhage	\$117
30930	Fracture nasal inferior turbinates, theraputic	\$1,789
31256	Nasal endoscopy with maxillary procedures	\$3,192
31276	Nasal endoscopy with frontal sinus examination	\$3,192
31287	Nasal endoscopy with spheniod procedures	\$3,192
31320	Laryngotomy; diagnostic	\$4,610

Table 1110.1540(g) Regional Surgicenter Fee Schedule ¹		
Code	Description	Charge
31505	Laryngoscopy indirect	\$96
31515	Laryngoscopy direct	\$2,264
31535	Laryngoscopy, direct, operative with biopsy	\$2,264
31536	Laryngoscopy, direct, operative with biopsy with operating microscope	\$2,264
42820	Tonsillectomy and adenoidectomy <12	\$2,646
42821	Tonsillectomy and adenoidectomy >12	\$2,646
42825	Tonsillectomy <12	\$2,646
42826	Tonsillectomy >12	\$2,646
42830	Adenoidectomy <12	\$2,646
42831	Adenoidectomy >12	\$2,646
69205	Removal foreign body from external auditory canal	\$2,465
69424	Ventilating tube removal requiring general anesthesia	\$257
69436	Tympanostomy with ventilation tube	\$1,789

¹ As a multi-specialty ASTC, Regional Surgicenter anticipates adding additional procedure codes in the future that will cover various specialties.

- b. A letter from Arvind Movva, M.D. committing to maintain the above charges for the first two years of operation is attached at Attachment – 27C.



Regional SurgiCenter

a family of healing partners

545 Valley View Drive
Moline, IL 61265

309.762.5560 phone
309.762.7351 fax

www.HeartlandQC.com

October 19, 2011

Dale Galassie

Chair

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, 2nd Floor

Springfield, Illinois 62761

Dear Mr. Galassie:

Pursuant to 77 Ill. Admin. Code § 1110.1540(g), I hereby commit that the charges listed in the table attached hereto will not be increased, at a minimum, for the first two years of operation following approval to add otolaryngology surgical procedures at Regional Surgicenter unless a permit is first obtained pursuant to 77 Ill. Admin. Code § 1110.310(a).

Sincerely,

Arvind Movva, M.D.

Chief Executive Officer

Digestive Disease Center, Ltd.

RSC Illinois, LLC

Regional Surgicenter Fee Schedule		
Code	Description	Charge
G0105	COLON SCREENING HIGH RISK	\$1,482
G0121	COLON SCREENING LOW RISK	\$1,482
G0104	SCREENING FLEX SIGMOIDOSCOPY	\$780
G0101	PELVIC AND BREAST EXAM	\$65
G0102	DIGITAL RECAL EXAM	\$38
J0585	BOTOX INJECTION	\$13
NSF	NSF RETURN CHECK CHARGE	\$6
0066T	VIRTUAL COLON SCREENING	\$711
0067T	VIRTUAL COLON DIAGNOSTIC	\$711
532	ANESTHESIA FOR ACCESS CENTRAL CATH	\$74
700	ANESTHESIA FOR CHANGE BUTTON	\$74
702	ANESTHESIA FOR LIVER BIOPSY	\$74
740	ANA	\$74
10060	INCISION + DRAINAGE ABSCESS SIMPLE/SINGLE	\$780
10080	INCISION + DRAINAGE PILONIDAL CYST SIMPLE	\$600
10120	INCISION+REMOVAL FOREIGN BODY SUBQ TISS SMPL	\$386
10180	INCISION+DRAINAGE COMPLEX PO WOUND INFECTION	\$1,483
11200	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA UP+W/15<	\$315
11401	EXC B9 LES MRGN XCP SK TG T/A/L 0.6-1.0 CM	\$780
11402	EXC B9 LES MRGN XCP SK TG T/A/L 1.1-2.0 CM	\$780
11403	EXC B9 LES MRGN XCP SK TG T/A/L 2.1-3.0 CM	\$468
11404	EXC B9 LES MRGN XCP SK TG T/A/L 3.1-4.0 CM	\$1,275
11406	EXC B9 LES MRGN XCP SK TG T/A/L > 4.0 CM	\$1,325
11420	EXC B9 LES MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	\$1,160
11424	EXC B9 LES MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	\$1,482
11426	EXC B9 LES MRGN XCP SK TG S/N/H/F/G > 4.0CM	\$1,482
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	\$266
11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	\$276
11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	\$492
11600	EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	\$554
11603	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM	\$911
11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	\$408
11626	EXCISION MALIGNANT LESION S/N/H/F/G > 4.0 CM	\$1,979
11640	EXCISION MALIGNANT LESION F/E/E/N/L/M 0.5 CM/<	\$331
11641	EXCISION MALIGNANT LES F/E/E/N/L/M 0.6-1.0 CM	\$368
11642	EXCISION MALIGNANT LES F/E/E/N/L/M 1.1-2.0 CM	\$357
11644	EXCISION MALIGNANT LES F/E/E/N/L/M 3.1-4.0 CM	\$1,301
11646	EXCISION MALIGNANT LESION F/E/E/N/L/M > 4.0 CM	\$1,981

Regional Surgicenter Fee Schedule		
Code	Description	Charge
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	\$309
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	\$276
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	\$513
12045	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 12.6-20 CM	\$286
12052	REPAIR INTERMEDIATE F/E/E/N/L/M+/MUC 2.6-5.0 CM	\$158
13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6 CM-7.5 CM	\$286
13152	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	\$517
14021	ATT/REARRANGEMENT SCALP/ARM/LEG 10.1-30.0 CM	\$1,478
14040	ATT/REARRANGEMENT F/C/C/M/N/AX/G/H/F 10 CM/<	\$1,441
14060	ATT/REARGMT E/N/E/L DFCT 10 CM/<	\$1,478
15240	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20 CM/<	\$1,479
15241	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA 20CM	\$468
15620	DELAY FLAP/SECTIONING FLAP F/C/C/N/AX/G/H/F	\$2,025
15820	BLEPHAROPLASTY LOWER EYELID	\$1,055
15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	\$1,055
15822	BLEPHAROPLASTY UPPER EYELID	\$1,055
15823	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	\$1,972
15824	RHYTIDECTOMY FOREHEAD	\$1,010
15825	RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING	\$1,125
15826	RHYTIDECTOMY GLABELLAR FROWN LINES	\$1,775
15828	RHYTIDECTOMY CHEEK CHIN+NECK	\$2,378
15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	\$1,941
15832	EXCISION EXCESSIVE SKIN+SUBQ TISSUE THIGH	\$1,468
15833	EXCISION EXCESSIVE SKIN+SUBQ TISSUE LEG	\$1,468
15834	EXCISION EXCESSIVE SKIN+SUBQ TISSUE HIP	\$1,468
15835	EXCISION EXCESSIVE SKIN+SUBQ TISSUE BUTTOCK	\$1,420
15836	EXCISION EXCESSIVE SKIN+SUBQ TISSUE ARM	\$1,260
15837	EXC EXCESSIVE SKIN+SUBQ TISSUE FOREARM/HAND	\$1,260
15838	EXC EXCSV SKIN+SUBQ TISSUE SUBMENTAL FAT PAD	\$1,260
15839	EXCISION EXCESSIVE SKIN+SUBQ TISSUE OTHER AREA	\$1,260
15876	SUCTION ASSISTED LIPECTOMY HEAD+NECK	\$1,482
15877	SUCTION ASSISTED LIPECTOMY TRUNK	\$1,482
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	\$971
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	\$1,482
17110	DESTRUCTION BENIGN LESIONS UP TO 14	\$315
17111	DESTRUCTION BENIGN LESIONS 15/>	\$788
19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LES	\$820
19300	MASTECTOMY GYNECOMASTIA	\$1,457
19316	MASTOPEXY	\$2,200

Regional Surgicenter Fee Schedule		
Code	Description	Charge
19318	REDUCTION MAMMAPLASTY	\$2,200
19325	MAMMAPLASTY AUGMENTATION W/PROSTHETIC IMPLANT	\$3,800
19350	NIPPLE/AREOLA RECONSTRUCTION	\$1,134
19357	BRST RCNSTJ IMMT/DLYD W/TISS EXPANDER SBSQ XPNSJ	\$2,384
19366	BREAST RECONSTRUCTION OTHER TECHNIQUE	\$2,384
19370	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST	\$1,496
19380	REVISION RECONSTRUCTED BREAST	\$1,623
20520	FOREIGN BODY REMOVAL FINGER	\$2,016
20525	FOREIGN BODY REMOVAL FINGER COMPLICATED	\$2,200
20553	TRIGGER POINT INJECTION 3 OR MORE	\$82
21040	EXC OF BENIGN TUMOR OR CYST	\$2,100
21315	CLOSED REDUCTION OF NASAL FX	\$1,576
25111	EXCISION OF GANGLION CYST	\$2,315
26116	EXCISION TUMOR, SOF TISSUE OF HAND OR FINGER	\$1,643
27096	INJECTION OF SACROILIAC JOINT	\$788
28010	TENOTOMY/TOE ONE TENDON	\$276
30310	Removal foreign body, intranasal; requiring geneal anesthesia	\$1,545
30400	RHINOPLASTY	\$1,550
30430	RHINOPLASTY, 2NDARY MINOR REVISION	\$1,550
30462	TIPPLASTY	\$1,050
30520	SEPTOPLASTY/SBMCSL RESC	\$1,421
30520	Septoplasty or submucous resection	\$2,285
30903	Control nasal hemorrhage	\$101
30930	Fracture nasal inferior turbinates, theraputic	\$1,545
31256	Nasal endoscopy with maxillary procedures	\$2,758
31276	Nasal endoscopy with frontal sinus examination	\$2,758
31287	Nasal endoscopy with spheniod procedures	\$2,758
31320	Laryngotomy; diagnostic	\$3,982
31505	Laryngoscopy indirect	\$83
31515	Laryngoscopy direct	\$1,955
31535	Laryngoscopy, direct, operative with biopsy	\$1,955
31536	Laryngoscopy, direct, operative with biopsy with operating microscope	\$1,955
36415	VENIPUNCTURE	\$25
36590	REMOVAL OF PORT A CATH	\$1,275
38500	EXC BX OF LYMPH NODES OPEN	\$2,900
42820	Tonsillectomy and adenoidectomy <12	\$2,285
42821	Tonsillectomy and adenoidectomy >12	\$2,285
42825	Tonsillectomy <12	\$2,285
42826	Tonsillectomy >12	\$2,285

Regional Surgicenter Fee Schedule		
Code	Description	Charge
42830	Adenoidectomy <12	\$2,285
42831	Adenoidectomy >12	\$2,285
43200	ESPHGSC RGD/FLX DX +COLLJ SPEC BR/WA SPX	\$1,275
43202	ESPHGSC RGD/FLX W/BX 1/MLT	\$1,275
43204	ESPHGSC RGD/FLX W/NJX SCLEROSIS ESOPHGL VARC	\$1,275
43205	ESPHGSC RGD/FLX W/BAND LIG ESOPHGL VARC	\$1,275
43215	ESPHGSC RGD/FLX W/RMVL FB	\$1,275
43216	ESPHGSC RGD/FLX RMVL TUM HOT BX FORCEPS/CAUT	\$1,275
43217	ESPHGSC RGD/FLX W/RMVL TUM SNARE TQ	\$1,275
43219	ESPHGSC RGD/FLX W/INSJ PLSTC TUBE/STENT	\$1,275
43220	ESPHGSC RGD/FLX W/BALO DILAT < 30 MM DIAM	\$1,275
43226	ESPHGSC RGD/FLX W/INSJ GD WIRE DILAT	\$1,275
43227	ESPHGSC RGD/FLX W/CTRL BLD	\$1,482
43228H	ESOPH ENDOSCOPY, ABLATION HALO	\$2,532
43228	ESPHGSC RGD/FLX ABLTJ TUM XCP HOT BX/CAUT/SNARE	\$1,700
43231	ESPHGSC RGD/FLX W/NDSC US XM	\$572
43235	UPPER STOMACH-INTESTINE SCOPE FOR DIAGNOSIS	\$1,482
43236	STOMACH-INTESTINE SCOPE, INJECT INTESTINE WALL	\$1,482
43239	UPPER STOMACH-INTESTINE SCOPE FOR BIOPSY	\$1,482
43240	UPR GI NDSC TRANSMURAL DRG PSEUDOCST	\$1,982
43241	UPR GI NDSC TNDSC INTRAL TUBE/CATH PLMT	\$1,482
43242	STOMACH-INTESTINE SCOPE ULTRASOUND GUIDED BIOPSY	\$1,762
43243	UPR GI NDSC NJX SCLEROSIS ESOPHGL+/GSTR VARC	\$1,482
43244	UPR GI NDSC BAND LIG ESOPHGL+/GSTR VARC	\$1,482
43245	UPR GI NDSC DILAT GSTR OUTLET FOR OBSTR CJ	\$1,482
43246	UPR GI NDSC DIRE D PLMT PRQ GASTROSTOMY TUBE	\$1,482
43247	STOMACH-INTESTINE SCOPE FOR FOREIGN BODY REMOVAL	\$1,482
43248	UPR GI NDSC INSJ GD WIRE DILAT ESOPH > GD WIRE	\$1,482
43249	UPR GI NDSC BALO DILAT ESOPH < 30 MM DIAM	\$1,482
43250	UPR GI NDSC RMVL LES HOT BX/BIPOLAR CAUT	\$1,482
43251	UPR GI NDSC RMVL TUM POLYP/OTH LES SNARE TQ	\$1,482
43255	UPR GI NDSC CTRL BLD ANY METH	\$1,482
43256	UPR GI NDSC TNDSC STENT PLMT W/PREDILAT	\$1,100
43257	UPR GI NDSC DLVR THERMAL NRG SPHNCTR/CARDIA	\$1,482
43258	UPR GI NDSC ABLTJ LES X RMVL FORCEPS/CAUT/SNARE	\$1,982
43259	STOMACH-INTESTINE SCOPE WITH ULTRASOUND EXAM	\$1,982
43260	ERCP DX COLLJ SPEC BR/WA SPX	\$1,482
43261	ERCP W/BX 1/MLT	\$1,482
43262	ERCP W/SPHNCTROTOMY/PAPILLOTOMY	\$1,482

Regional Surgicenter Fee Schedule ¹		
Code	Description	Charge
43263	ERCP W/PRESS MEAS SPHNCTR ODDI	\$1,482
43264	ERCP W/RMVL ST1/CALCULI BILIARY+/PNCRTC DUXS	\$1,482
43265	ERCP W/DSTRJ LITHOTRP ST1/CALCULI ANY METH	\$1,482
43267	ERCP W/INSJ NASOBILIARY/NASOPNCRTC DRG TUBE	\$1,482
43268	ERCP W/INSJ TUBE/STENT BILE/PNCRTC DUX	\$1,482
43269	ERCP W/RTRGR RMVL FB+/CHNG TUBE/STENT	\$1,482
43271	ERCP W/BALO DILAT AMPULLA BILIARY+/PNCRTC DUX	\$1,482
43272	ERCP W/ABL TJ LES X RMVL FORCEPS/CAUT/SNARE	\$1,482
43273	NDSC CANNULATION PAPILLA VIS BILE +/- PNCRTC DUX	\$2,112
43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	\$2,831
43450	OPENING OF ESOPHAGUS	\$1,275
43453	DILAT ESOPH > GD WIRE	\$1,275
43456	DILAT ESOPH BALO/DILATOR RTRGR	\$1,482
43458	DILAT ESOPH BALO 30 MM DIAM/LGR ACHALASIA	\$1,482
43460	ESOPG/GSTR TAMPONADE W/BALO SENGSTAKEN TYP	\$1,275
43520	PYLOROMYOTOMY CUTTING PYLORIC MUSC	\$1,377
43610	EXC LOCAL ULCER/B9 TUM STOMACH	\$1,847
43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	\$3,741
43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	\$3,753
43640	VGTM Y W/PYPS +-GASTROSTOMY TRUNCAL/SLCTV	\$2,800
43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y <150 CM	\$2,800
43752	NASO/ORO-GASTRIC TUBE PLMT REQ PHYS+FLUOR GDN	\$163
43760	CHANGE GASTROSTOMY TUBE PERCUTANEOUS W/O GUIDE	\$1,275
43761	REPOSITION GASTRIC FEEDING TUBE THRU DUODENUM	\$1,275
43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	\$2,097
43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	\$2,515
43820	GASTROJEJUNOSTOMY W/O VAGOTOMY	\$2,515
43825	GASTROJEJUNOSTOMY W/VAGOTOMY ANY TYP	\$3,148
43830	GASTROSTOMY OPN W/O CONSTJ GSTR TUBE SPX	\$1,637
43840	GASTRORRHAPHY SUTR PRF8 DUOL/GSTR ULCER WND/INJ	\$2,573
43865	REVJ GSTR/JJ ANAST W/RCNSTJ W/VGTM Y	\$3,338
44005	ENTEROLSS FRING INTSTINAL ADHESION SPX	\$2,647
44010	DUODEXOMY EXPL BX/FB RMVL	\$410
44015	TUBE/NDL CATH JEJUNOSTOMY ANY METH	\$410
44020	ENTEROTOMY SM INT OTH/THN DUO EXPL BX/FB RMVL	\$1,886
44021	ENTEROTOMY SM INT OTH/THN DUO DCM PRN	\$1,886
44110	EXC 1+ < SM/LG INT 1 ENTEROTOMY	\$1,957
44120	ENTRC RESCJ SM INT 1 RESCJ+ANAST	\$2,776
44121	ENTRC RESCJ SM INT EA RESCJ+ANAST	\$695

Regional Surgicenter Fee Schedule ¹		
Code	Description	Charge
44125	ENTRC RESCJ SM INT W/NTRSTM	\$2,306
44130	ENTERONTRSTM ANAST INT +-CUTAN NTRSTM SPX	\$2,381
44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	\$348
44140	COLCT PRTL W/ANAST	\$3,418
44141	COLCT PRTL W/SKN LVL CECOSTOMY/CLST	\$3,367
44143	COLCT PRTL W/END CLST+CLSR DSTL SGM	\$3,367
44144	COLCT PRTL W/RESCJ W/CLST/ILEOST+MUCOFSTL	\$3,579
44145	COLCT PRTL W/COLOPXTSTMY LW PEL ANAST	\$4,278
44146	COLCT PRTL W/COLOPXTSTMY LW PEL ANAST W/CLST	\$4,610
44180	LAPS ENTEROLSS FRING INTSTINAL ADHESION SPX	\$3,836
44310	ILEOST/JEJUNOSTOMY NON-TUBE	\$2,599
44360	SCOPE OF UPPER SMALL INTESTINE	\$1,482
44361	SCOPE OF UPPER SMALL INTESTINE WITH BIOPSY	\$1,482
44363	ENTEROSCOPY > 2ND PRTN X ILE RMVL FB	\$873
44364	ENTEROSCOPY > 2ND PRTN X ILE RMVL LES SNARE	\$1,482
44365	ENTEROSCOPY > 2ND PRTN X ILE RMVL LES CAUT	\$837
44366	ENTEROSCOPY > 2ND PRTN X ILE CTRL BLD	\$1,096
44369	ENTEROSCOPY > 2ND PRTN X ILE ABLTJ LES	\$1,116
44372	ENTEROSCOPY > 2ND PRTN X ILE W/PLMT PRQ TUBE	\$1,104
44373	ENTEROSCOPY > 2ND PRTN X ILE CONV GSTRST TUBE	\$881
44376	ENTEROSCOPY > 2ND PRTN W/ILE +-COLLJ SPEC SPX	\$1,301
44377	ENTEROSCOPY > 2ND PRTN W/ILE W/BX 1/MLT	\$1,482
44378	ENTEROSCOPY > 2ND PRTN ILE CTRL BLD	\$1,482
44380	ILESC THRU STOMA DX +-COLLJ SPEC BRWA SPX	\$1,275
44382	ILESC THRU STOMA W/BX 1/MLT	\$1,275
44385	NDSC EVAL INTSTINAL POUCH DX +-COLLJ SPEC SPX	\$1,275
44386	NDSC EVAL INTSTINAL POUCH W/BX 1/MLT	\$1,275
44388	SCOPE OF COLON THRU OSTOMY FOR DIAGNOSIS	\$1,275
44389	SCOPE OF COLON WITH BIOPSY THRU OSTOMY	\$1,275
44390	COLSC THRU STOMA W/RMVL FB	\$1,275
44391	COLSC THRU STOMA CTRL BLD	\$1,275
44392	COLSC THRU STOMA RMVL LES CAUT	\$1,275
44393	COLSC THRU STOMA ABLTJ LES	\$1,275
44394	COLSC THRU STOMA W/RMVL TUM POLYP/OTH LES SNARE	\$1,275
44602	ENTERORRHAPHY 1 PRF8J	\$2,591
44604	SUTR LG INT 1/MLT PRF8J W/O CLST	\$2,597
44701	INTRAOP COLONIC LVG	\$482
44799	UNLIS PX INT	\$1,700
44800	EXC MECKEL'S DIVERTICULUM/OMPHALOMESENTERIC DUCT	\$1,898

Regional Surgicenter Fee Schedule ¹		
Code	Description	Charge
44950	APPENDEC	\$1,651
44960	APPENDEC RPTD APPENDIX ABSC/PRITONITIS	\$1,681
45000	TRANSRCT DRG PEL ABSC	\$832
45005	I+D SBMCSL ABSC RECTUM	\$395
45020	I+D DP SUPRALEVATOR PELVIRCT/RETRORECT ABSC	\$885
45100	BX ANRCT WALL ANAL APPR	\$1,482
45170	EXC RCT TUM TRANSANAL APPR	\$1,982
45171	EXCISION OF RECTAL TUMOR TRANSANAL APPROACH	\$1,623
45172	EXC OF RECTAL TUMOR, TRANSANAL FULL THICKNESS	\$2,453
45300	PROCTOSGMDSC RGD DX +-COLLJ SPEC BRWA SPX	\$575
45303	PROCTOSGMDSC RGD W/DILAT	\$663
45305	PROCTOSGMDSC RGD W/BX 1/MLT	\$778
45317	PROCTOSGMDSC RGD CTRL BLD	\$1,042
45330	SCOPE OF SIGMOID COLON ONLY FOR DIAGNOSIS	\$780
45331	SCOPE OF SIGMOID COLON ONLY WITH BIOPSY	\$1,042
45332	SGMDSC FLX RMVL FB	\$1,042
45333	SGMDSC FLX RMVL LES CAUT	\$1,042
45334	SGMDSC FLX CTRL BLD	\$1,042
45335	SGMDSC FLX DIREDBMCSL NJX ANY SBST	\$1,042
45337	SGMDSC FLX DCMPRN VOLVULUS ANY METH	\$1,042
45338	SGMDSC FLX RMVL TUM POLYP/OTH LES SNARE TQ	\$1,042
45339	SGMDSC FLX ABLTJ LES	\$1,042
45340	SGMDSC FLX DILAT BALO 1/MORE STRIXS	\$1,042
45341	SGMDSC FLX NDSC US XM	\$1,482
45342	SGMDSC FLX TNDSC US GID NDL ASPIR/BX	\$1,482
45378	SCOPE OF COLON FOR DIAGNOSIS	\$1,482
45379	COLSC FLX PROX SPLENIC FLXR RMVL FB	\$1,482
45380	SCOPE OF COLON WITH BIOPSY	\$1,482
45381	COLSC FLX PROX SPLENIC FLXR SBMCSL NJX	\$1,482
45382	COLSC FLX PROX SPLENIC FLXR CTRL BLD	\$1,482
45383	COLSC FLX PROX SPLENIC FLXR ABLTJ LES	\$1,482
45384	COLSC FLX PROX SPLENIC FLXR RMVL LES CAUT	\$1,482
45385	COLSC FLX PROX SPLENIC FLXR RMVL LES SNARE TQ	\$1,482
45386	COLSC FLX PROX SPLENIC FLXR DILAT BALO 1+ STRIXS	\$1,482
45391	COLSC FLX PROX SPLENIC FLXR NDSC US XM	\$1,982
45392	COLSC FLX PROX SPLENIC FLXR US GID NDL ASPIR/BX	\$1,982
45500	PROCTOPLASTY STENOSIS	\$1,212
45560	RPR RECTOCELE SPX	\$1,761
45900	RDCTJ PROCIDENTIA SPX UNDER ANES	\$461

Regional Surgicenter Fee Schedule		
Code	Description	Charge
45910	DILAT RCT STRIX SPX UNDER ANES OTH/THN LOCAL	\$1,275
45915	RMVL FECAL IMPACTION/FB SPX UNDER ANES	\$1,275
45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	\$1,482
46020	PLMT SETON	\$1,982
46030	RMVL ANAL SETON OTH MARKER	\$1,275
46040	I+D ISCHIORCT+/PRIRCT ABSC SPX	\$1,982
46045	I+D INTRAMURAL IM/ABSC TRANSANAL ANES	\$1,982
46050	I+D PRIANAL ABSC SUPFC	\$1,042
46060	I+D ISCHIORCT/INTRAMURAL ABSC +-SETON	\$2,023
46080	SPHNCTROTOMY ANAL DIV SPHNCTR SPX	\$1,982
46083	INC THROMBOSED HEMORRHOID XTRNL	\$778
46200	FISSURECTOMY +-SPHNCTROTOMY	\$1,482
46220	PAPILLECTOMY/EXC 1 TAG ANUS SPX	\$1,482
46221	HEMORRHOIDECTOMY SMPL LIGATURE	\$778
46230	EXC XTRNL HEMORRHOID TAGS+/MLT PAPILLAE	\$1,482
46250	HRHC XTRNL COMPL	\$1,982
46257	HRHC SMPL W/FISSURECTOMY	\$2,452
46260	HRHC CPLX/X10SV	\$1,982
46270	SURG TX ANAL FSTL SUBQ	\$1,762
46275	SURG TX ANAL FSTL SUBMUSCULAR	\$1,982
46280	SURG TX ANAL FSTL CPLX/MLT +-PLMT SETON	\$1,982
46600	ANOSC DX +-COLLJ SPEC BR/WA SPX	\$432
46604	ANOSC DILAT	\$285
46606	ANOSC BX 1/MLT	\$285
46614	ANOSC CTRL BLD	\$337
46615	ANOSC ABLTJ LES	\$431
46700	ANOPLASTY PLSTC OPERATION STRIX ADLT	\$1,982
46706	RPR ANAL FSTL W/FIBRIN GLUE	\$411
46910	DSTRJ LES ANUS SMPL ELTRDSICCATION	\$1,982
46922	DSTRJ LES ANUS SMPL SURG EXC	\$1,982
46924	DSTRJ LES ANUS X10SV	\$1,275
46930	DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY	\$778
46934	DESTRUCTION OF HEMORRHOIDS	\$778
46945	LIG INT HEMORRHOIDS 1 PX	\$778
46946	LIG INT HEMORRHOIDS MLT PX	\$918
47000	BX LVR NDL PRQ	\$1,275
47011	HEPATOTOMY PRQ DRG ABSC/CST 1/2 STGS	\$1,275
47552	BILIARY NDSC PRQ T-TUBE DX +-COLLJ SPEC SPX	\$1,482
47553	BILIARY NDSC PRQ T-TUBE W/BX 1/MLT	\$1,982

Regional Surgicenter Fee Schedule		
Code	Description	Charge
47554	BILIARY NDSC PRQ T-TUBE RMVL ST1	\$1,982
47555	BILIARY NDSC PRQ T-TUBE DILAT STRIX W/O STENT	\$1,982
47556	BILIARY NDSC PRQ T-TUBE DILAT STRIX W/STENT	\$1,982
47562	LAPS SURG CHOLECSTC	\$4,796
48100	BX PNCRS OPN	\$866
48102	BX PNCRS PRQ NDL	\$1,275
49080	PRITONEOCNTS ABDL PCNTS/PRTL LVG 1ST	\$2,200
49320	LAPS ABD PRTM+OMENTUM DX +-SPEC BRWA SPX	\$2,501
49321	LAPS SURG W/BX 1/MLT	\$2,100
49420	INSJ IPR CANNULA/CATH F/DRG/DIAL TEMP	\$2,100
49441	INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	\$857
49451	REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	\$471
49585	RPR UMBILICAL HRNA 5 YRS/> RDC	\$3,067
49652	LAPS REPAIR HERNIA EXCEPT INCAL/INGUN REDUCIBLE	\$4,250
49653	LAP RPR HRNA XCPT INCAL/INGUN NCRC8/STRANGULATED	\$4,250
49655	LAPS RPR INCISIONAL HERNIA NCRC8/STRANGULATED	\$4,250
54700	INC AND DRAINAGE OF ABSCESS SCROTAL	\$1,472
55250	EXCISION OF SEGMENT OF VAS DEFERENS BILATERAL	\$1,468
62263	LYSIS OF ADHESION	\$1,037
62270	SPINAL PUNCTURE, LUMBAR DIAGNOSTIC	\$386
62310	EPIDURAL CERVICAL OR THORACIC	\$838
62311	EPIDURAL LUMBAR	\$838
63650	1 LEAD	\$7,415
64425	ILOINGUINAL, ILIOHYPOGASTRIC NERVES	\$166
64472	INJECTION, FACET INJECTION CERV EACH ADD LEV	\$607
64483	EPIDURAL LUMBAR	\$998
64484	EPIDURAL LUMBAR ADDITIONAL LEVEL	\$998
64490	INJECTION FACET JOINT CERVICAL-SINGLE LEVEL	\$998
64491	INJECTION FACET NERVE CERV OR THOR 2ND LEVEL	\$263
64492	INJECTION FACET NERVE CERV OR THORAC 2N LEVEL	\$263
64493	INJECTION, PARAVERTEBRAL FACET JOINT LUMBAR	\$714
64494	2ND LEVEL FACET NERVE LUMBAR	\$259
64495	3RD AND 4TH LEVEL	\$259
64520	LUMBAR/THORACIC PARAVERTEBRAL	\$735
64530	CELIAC PLEXUS BLOCK	\$1,042
64622	LUMBAR	\$1,294
64623	EACH ADDITIONAL	\$735
64640	DESTRUCTION BY NEUROLYTIC AGENT	\$1,221
64999	BIER BLOCK UNLISTED CODE	\$441

Regional Surgicenter Fee Schedule		
Code	Description	Charge
69205	Removal foreign body from external auditory canal	\$2,130
69424	Ventilating tube removal requiring general anesthesia	\$222
69436	Tympanostomy with ventilation tube	\$1,545
70450	CT HEAD/BRN C-MATRL	\$445
70460	CT HEAD/BRN C+ MATRL	\$441
70470	CT HEAD/BRN C-/C+	\$678
70490	CT SOFT TISS NCK C-MATRL	\$603
70491	CT SOFT TISS NCK C+ MATRL	\$578
70492	CT SOFT TISS NCK C-/C+	\$603
71250	CT THORAX C-MATRL	\$456
71260	CT THORAX C+ MATRL	\$603
71270	CT THORAX C-/C+	\$715
72125	CT CRV SPI C-MATRL	\$456
72126	CT CRV SPI C+ MATRL	\$603
72127	CT CRV SPI C-/C+	\$715
72128	CT THRC SPI C-MATRL	\$456
72129	CT THRC SPI C+ MATRL	\$603
72130	CT THRC SPI C-/C+	\$715
72131	CT LMBR SPI C-MATRL	\$456
72132	CT LMBR SPI C+ MATRL	\$603
72133	CT LMBR SPI C-/C+	\$714
72192	CT PELVIS C-MATRL	\$411
72193	CT PELVIS C+ MATRL	\$603
72194	CT PELVIS C-/C+	\$715
74150	CT ABD C-MATRL	\$480
74360	INTRAL DILAT STRIXS+/OBSTRCS RS+	\$460
74363	PRQ TRANSHEPATC DILAT BILIARY DUX STRIX RS+I	\$48
76000	FLUOR SPX <1 HR PHYS TM OTH/THN 71023/71034	\$460
76001	FLUOR PHYS TM > 1 HR ASSISTING NON-RAD PHYS	\$460
76700	US ABDOMINAL R-T W/IMAGE DOCUMENTATION	\$338
76872	US TRANSRCT	\$355
76975	GI NDSC US S+I	\$355
77003	FLUOR GID + LOCLZJ NDL/CATH SPI DX/THER NJX	\$79
81002	URINALYSIS	\$21
81025	URINE PREGNANCY TEST	\$23
82270	HEMOCCULT	\$23
82274	BLOOD OCCULT BY FECAL HEMOGLOBIN	\$64
82948	GLUCOSE BLOOD, REAGENT STRIPS	\$8
85610	PROTHROMBIN TIME	\$14

Regional Surgicenter Fee Schedule		
Code	Description	Charge
87077	CAMPYLOBACTOR PYLORIDIS	\$70
88302	SURGICAL PATHOLOGY LEVEL II	\$83
88304	SURGICAL PATHOLOGY	\$97
88305	SURGICAL PATHOLOGY	\$108
88307	SURGICAL PATHOLOGY LEVEL 2	\$164
88313	SPECIAL STAIN	\$74
88342	IMMUNOHISTOCHEMISTRY EACH ANTIBODY	\$98
90471	IMADM PRQ ID SUBQ/IM NJXS 1 VACC	\$24
90472	IMADM PRQ ID SUBQ/IM NJXS EA VACC	\$21
90772	INJECTION THERAPUTIC	\$48
90782	THERAPEUTIC INJECTION OF MEDICATION	\$39
91034	ESOPH G-ESOP RFLX NCATH ELTRD PLMT	\$635
91035	ESOPH G-ESOP RFLX TLMTR ELTRD PLMT	\$671
91065	BRTH HYDROGEN TST	\$266
91110	GI TRC IMG INTRAL ESOPH THRU ILE PHYS I+R	\$1,775
91122	ANRCT MANO	\$553
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I+R	\$119
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I+R	\$119
95972	ELEC ALYS NSTIM PLS GEN CPLX SC/PERPH 1ST HR	\$194
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	\$148
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	\$48
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	\$782
96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	\$168
96417	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	\$782
99075	MEDICAL TSTIMONY	\$433
99201	OFFICE OUTPT NEW LEVEL 1	\$111
99202	OFFICE OUTPT NEW LEVEL 2	\$155
99203	OFFICE OUTPT NEW LEVEL 3	\$176
99204	OFFICE OUTPT NEW 45 MIN	\$200
99205	OFFICE OUTPT NEW LEVEL 5	\$253
99211	OFFICE O/P EST LEVEL 1	\$28
99212	OFFICE OUTPT EST LEVEL 2	\$56
99213	OFFICE OUTPT EST LEVEL 3	\$79
99214	OFFICE OUTPT EST LEVEL 4	\$120
99215	OFFICE OUTPT EST 40 MIN	\$176
99217	OBS CARE DSCHRG D MGMT	\$133
99218	1ST OBS CARE PR D LOW SEVERITY	\$176
99219	1ST OBS CARE PR D MODERATE SEVERITY	\$205
99220	1ST OBS CARE PR D HIGH SEVERITY	\$263

Regional Surgicenter Fee Schedule		
Code	Description	Charge
99221	1ST HOSP CARE PR D 30 MIN	\$176
99222	1ST HOSP CARE PR D 50 MIN	\$204
99223	1ST HOSP CARE PR D 70 MIN	\$261
99231	SBSQ HOSP CARE PR D 15 MIN	\$86
99232	SBSQ HOSP CARE PR D 25 MIN	\$108
99233	SBSQ HOSP CARE PR D 35 MIN	\$135
99234	OBS//P HOSP CARE LOW SEVERITY	\$236
99235	OBS//P HOSP CARE MODERATE SEVERITY	\$348
99236	OBS//P HOSP CARE HIGH SEVERITY	\$394
99238	HOSP DSCHRG D MGMT 30 MIN/<	\$130
99239	HOSP DSCHRG D MGMT > 30 MIN	\$163
99241	OFFICE CONSLTJ 15 MIN	\$111
99242	OFFICE CONSLTJ 30 MIN	\$155
99243	OFFICE CONSLTJ 40 MIN	\$176
99244	OFFICE CONSLTJ 60 MIN	\$250
99245	OFFICE CONSLTJ 80 MIN	\$328
99251	1ST INPT CONSLTJ 20 MIN	\$111
99252	1ST INPT CONSLTJ 40 MIN	\$155
99253	1ST INPT CONSLTJ 55 MIN	\$180
99254	1ST INPT CONSLTJ 80 MIN	\$180
99255	1ST INPT CONSLTJ 110 MIN	\$246
99281	EMER DEPT SELF LIMITED/MINOR	\$111
99282	EMER DEPT LOW TO MODERATE SEVERITY	\$155
99283	EMER DEPT MODERATE SEVERITY	\$176
99284	EMER DEPT HI SEVERITY+URGENT EVAL	\$197
99285	EMER DEPT HIGH SEVERITY+THREAT FUNCJ	\$266
99291	CC E/M CRITICALLY ILL/INJURED 1ST 30-74 MIN	\$347
99292	CC E/M CRITICALLY ILL/INJURED EA 30 MIN	\$197
99304	1ST NF CARE PR D E/M LW SEVERITY	\$110
99305	1ST NF CARE PR D E/M MOD SEVERITY	\$146
99306	1ST NF CARE PR D E/M HI SEVERITY	\$214
99381	1ST PREVENTIVE MEDICINE NEW PATIENT < 1YR	\$142
99382	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 1-4 YRS	\$153
99383	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 5-11 YRS	\$151
99384	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 12-17 YR	\$165
99385	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 18-39YRS	\$165
99386	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 40-64YRS	\$193
99387	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 65YRS+>	\$211
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1YR	\$114

Regional Surgicenter Fee Schedule ¹		
Code	Description	Charge
99392	PERIODIC PREVENTIVE MED EST PATIENT AGE 1-4YRS	\$128
99393	PERIODIC PREVENTIVE MED EST PATIENT AGE 5-11YRS	\$127
99394	PERIODIC PREVENTIVE MED EST PATIENT AGE 12-17YRS	\$139
99395	PERIODIC PREVENTIVE MED EST PATIENT AGE 18-39YRS	\$140
99396	PERIODIC PREVENTIVE MED EST PATIENT AGE 40-64YRS	\$153
99397	PERIODIC PREVENTIVE MED EST PATIENT AGE 65YRS+>	\$171

¹ As a multi-specialty ASTC, Regional Surgicenter anticipates adding additional procedure codes in the future that will cover various specialties.

Section VII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(h), Change in Scope of Service

The Applicants propose to add otolaryngology surgical services to their existing multi-specialty surgery center. No ASTC in the Illinois Quad Cities of Moline and Rock Island provide otolaryngology surgical procedures. While there are four hospitals within 30 minutes of Regional Surgicenter, procedures performed in a hospital outpatient department ("HOPD") are more expensive to patients and payors. Moreover, hospitals cannot provide the level of convenience and efficiency of ASTCs. Accordingly, the addition of otolaryngology services will provide patients residing in Moline, Rock Island and surrounding Illinois communities with a low cost, high quality alternative to HOPDs.

Section VIII

Criterion 1120.120, Availability of Funds

A letter from Wells Fargo Bank attesting that RSC Illinois, LLC has sufficient financial resources for repayment of a capital equipment lease or the purchase of medical equipment is attached at Attachment – 39.



203 W Third Street
Davenport, IA 52801
563 383-3211
563 383-3292 Fax

Wells Fargo Bank, N.A.

October 18, 2011

To whom it may concern:

Wells Fargo Bank, N.A. confirms RSC IL LLC located at 545 Valley View Drive, Moline, IL has maintained an average of funds over the past twelve months in an amount sufficient to pay for the purchase of equipment in the amount of \$100,000.00. If desired, we will be happy to provide attractive financing options upon completion of a credit application and underwriting. Feel free to contact me at 563-383-3618 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick A. Van Nevel". The signature is written in a cursive style with a large, sweeping loop at the end.

Patrick A. Van Nevel
Vice President

Section IX
Criterion 1120.130, Financial Viability

A letter from Wells Fargo Bank attesting that RSC Illinois, LLC has sufficient financial resources for repayment of a capital equipment lease or the purchase of medical equipment is attached at Attachment – 40.



203 W Third Street
Davenport, IA 52801
563 383-3211
563 383-3292 Fax

Wells Fargo Bank, N.A.

October 18, 2011

To whom it may concern:

Wells Fargo Bank, N.A. confirms RSC IL LLC located at 545 Valley View Drive, Moline, IL has maintained an average of funds over the past twelve months in an amount sufficient to pay for the purchase of equipment in the amount of \$100,000.00. If desired, we will be happy to provide attractive financing options upon completion of a credit application and underwriting. Feel free to contact me at 563-383-3618 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick A. Van Nevel". The signature is written in a cursive style with a large, sweeping loop at the end.

Patrick A. Van Nevel
Vice President

Section X, Economic Feasibility
Criterion 1120.140(a), Reasonableness of Financing Arrangements

Attached at Attachment – 42A is a letter from the Applicants attesting that the total estimated project costs and related costs will be funded in total with cash and equivalents.



Regional SurgiCenter

a family of healing partners

545 Valley View Drive
Moline, IL 61265

309.762.5560 phone
309.762.7351 fax

www.HeartlandQC.com

October 19, 2011

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

Re: Reasonableness of Financing Arrangements

Dear Chairman Galassie:

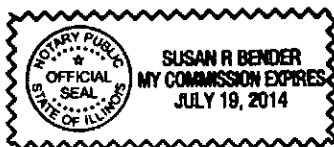
I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents.

Sincerely,

Arvind Movva, M.D.
Chief Executive Officer
Digestive Disease Center, Ltd.
RSC Illinois, LLC

Subscribed and sworn to me
This 19 day of October, 2011

Notary Public



Section X, Economic Feasibility Review Criteria
Criterion 1120.140(b), Conditions of Debt Financing

This project will be funded in total with cash and cash equivalents. Accordingly, this criterion is not applicable.

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(c), Reasonableness of Project and Related Costs

1. The proposed project is for the addition of one surgical specialty to an existing multi-specialty ASTC. There will be no construction or modernization associated with the proposed project. Accordingly, this criterion is not applicable.
2. The proposed project does not include the purchase of major medical equipment. Therefore this criterion is not applicable.
3. Table 1120.310(c) lists the equipment costs for the addition of otolaryngology surgical procedures.

Table 1120.310(c)			
	ASTC	State Standard	Above/Below State Standard
Equipment	\$50,000	\$361,743 per operating room $\$361,743 \times 8 =$ \$2,893,944	Below State Standard

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(d), Projected Operating Costs

Operating Expenses: \$5,148,000

Procedures: 9,087 .

Operating Expense per Procedure: \$566.52

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(e), Total Effect of Project on Capital Costs

Capital Costs: \$0

Procedures: 9,087

Capital Costs per Procedure: \$0 per procedure

Section XI, Safety Net Impact Statement

1. Regional Surgicenter is a safety net provider of gastroenterology, plastic, and general surgery to the residents of the Moline, Rock Island and surrounding communities. As discussed throughout this application, the primary purpose for adding otolaryngology procedures is to provide these surgical services to Illinois residents in Illinois.
2. The addition of otolaryngology to the ASTC will not impact the ability of other providers or other health care facilities to cross-subsidize safety net services. As set forth throughout this application, the purpose of this project is to improve access to otolaryngology services to Illinois residents.
3. The following table shows the amount of Medicaid and charity care provided over the last three years.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2008	2009	2010
Inpatient			
Outpatient	12	0	0
Total	12	0	0
Charity (cost in dollars)			
Inpatient			
Outpatient	19,377	0	0
Total	19,377	0	0
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient	851	786	541
Total	851	786	541
Medicaid (revenue)			
Inpatient			
Outpatient	142,221	18,471	268,240
Total	142,221	18,471	268,240

Section XII, Charity Care Information

The amount of charity care provided by the applicant for the latest three audited fiscal years is provided in the table below.

CHARITY CARE			
	2008	2009	2010
Net Patient Revenue	9,397,817	8,331,131	9,740,220
Amount of Charity Care (charges)	19,377	0	0
Cost of Charity Care	19,377	0	0

Appendix 1
Request for Impact Statement

A copy of the letter sent to area surgical facilities regarding the Project's impact on their workload is attached at Appendix 1.

October 19, 2011

CERTIFIED MAIL/RETURN RECEIPT

Mr. Rick Seidler
President & CEO
Trinity Medical Center – 7th Street Campus
500 John Deere Road
Moline, IL 61265

Dear Mr. Seidler:

I am writing on behalf of RSC Illinois, LLC d/b/a Regional Surgicenter located at 545 Valley View Drive, Moline, Illinois, to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (“HFSRB”) to add otolaryngology procedures to its current multi-specialty ambulatory surgical treatment center (“ASTC”).

Regional Surgicenter is an existing ASTC with eight rooms. The addition of otolaryngology procedures will not result in any expansion or modernization of the existing surgery center. The cost of the proposed project will be approximately \$50,000. Regional Surgicenter projects the otolaryngology caseload for the first year after project completion will be approximately 410 cases. None of these cases are currently being performed at facilities in the Illinois Quad Cities of Moline and Rock Island.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Trinity Medical Center – 7th Street Campus. If you elect to respond to our request, identify the impact, in terms of changes to case volume, you would anticipate this proposal would have on your facility. Given the ENT physician who intends to utilize Regional Surgicenter is currently performing his outpatient cases for Quad Cities residents at an ASTC in Iowa, we do not believe this change will have any impact on your operations.

Please send your response to Brian Bourke by email, if possible, at bbourke@heartlandqc.com. Otherwise, you can mail it to his attention at RSC Illinois, LLC at 545 Valley View Drive, Moline, Illinois 61265.

Sincerely,



Anne M. Cooper
On behalf of
RSC Illinois, LLC

October 19, 2011

CERTIFIED MAIL/RETURN RECEIPT

Mr. Rick Seidler
President & CEO
Trinity Medical Center West
2701 17th Street
Rock Island, IL 61201

Dear Mr. Seidler:

I am writing on behalf of RSC Illinois, LLC d/b/a Regional Surgicenter located at 545 Valley View Drive, Moline, Illinois, to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add otolaryngology procedures to its current multi-specialty ambulatory surgical treatment center ("ASTC").

Regional Surgicenter is an existing ASTC with eight rooms. The addition of otolaryngology procedures will not result in any expansion or modernization of the existing surgery center. The cost of the proposed project will be approximately \$50,000. Regional Surgicenter projects the otolaryngology caseload for the first year after project completion will be approximately 410 cases. None of these cases are currently being performed at facilities in the Illinois Quad Cities of Moline and Rock Island.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Trinity Medical Center West. If you elect to respond to our request, identify the impact, in terms of changes to case volume, you would anticipate this proposal would have on your facility. Given the ENT physician who intends to utilize Regional Surgicenter is currently performing his outpatient cases for Quad Cities residents at an ASTC in Iowa, we do not believe this change will have any impact on your operations.

Please send your response to Brian Bourke by email, if possible, at bbourke@heartlandqc.com. Otherwise, you can mail it to his attention at RSC Illinois, LLC at 545 Valley View Drive, Moline, Illinois 61265.

Sincerely,



Anne M. Cooper
On behalf of
RSC Illinois, LLC

October 19, 2011

CERTIFIED MAIL/RETURN RECEIPT

Mr. Doug Cropper
President & CEO
Genesis Medical Center - Illini Campus
855 Hospital Road
Silvis, IL 61282

Dear Mr. Cropper:

I am writing on behalf of RSC Illinois, LLC d/b/a Regional Surgicenter located at 545 Valley View Drive, Moline, Illinois, to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add otolaryngology procedures to its current multi-specialty ambulatory surgical treatment center ("ASTC").

Regional Surgicenter is an existing ASTC with eight rooms. The addition of otolaryngology procedures will not result in any expansion or modernization of the existing surgery center. The cost of the proposed project will be approximately \$50,000. Regional Surgicenter projects the otolaryngology caseload for the first year after project completion will be approximately 410 cases. None of these cases are currently being performed at facilities in the Illinois Quad Cities of Moline and Rock Island.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Genesis Medical Center - Illini Campus. If you elect to respond to our request, identify the impact, in terms of changes to case volume, you would anticipate this proposal would have on your facility. Given the ENT physician who intends to utilize Regional Surgicenter is currently performing his outpatient cases for Quad Cities residents at an ASTC in Iowa, we do not believe this change will have any impact on your operations.

Please send your response to Brian Bourke by email, if possible, at bbourke@heartlandqc.com. Otherwise, you can mail it to his attention at RSC Illinois, LLC at 545 Valley View Drive, Moline, Illinois 61265.

Sincerely,



Anne M. Cooper
On behalf of
RSC Illinois, LLC

October 19, 2011

CERTIFIED MAIL/RETURN RECEIPT

Mr. Bradley Solberg
Chief Executive Officer
Henry Hammond Hospital
600 North College Road
Geneseo, IL 61254

Dear Mr. Solberg:


I am writing on behalf of RSC Illinois, LLC d/b/a Regional Surgicenter located at 545 Valley View Drive, Moline, Illinois, to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add otolaryngology procedures to its current multi-specialty ambulatory surgical treatment center ("ASTC").

Regional Surgicenter is an existing ASTC with eight rooms. The addition of otolaryngology procedures will not result in any expansion or modernization of the existing surgery center. The cost of the proposed project will be approximately \$50,000. Regional Surgicenter projects the otolaryngology caseload for the first year after project completion will be approximately 410 cases. None of these cases are currently being performed at facilities in the Illinois Quad Cities of Moline and Rock Island.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Henry Hammond Hospital. If you elect to respond to our request, identify the impact, in terms of changes to case volume, you would anticipate this proposal would have on your facility. Given the ENT physician who intends to utilize Regional Surgicenter is currently performing his outpatient cases for Quad Cities residents at an ASTC in Iowa, we do not believe this change will have any impact on your operations.

Please send your response to Brian Bourke by email, if possible, at bbourke@heartlandqc.com. Otherwise, you can mail it to his attention at RSC Illinois, LLC at 545 Valley View Drive, Moline, Illinois 61265.

Sincerely,



Anne M. Cooper
On behalf of
RSC Illinois, LLC

October 19, 2011

CERTIFIED MAIL/RETURN RECEIPT

Ms. Gloria Catlett, RN
Administrator
Quad City Ambulatory Surgery Center
520 Valley View Drive
Moline, IL 61265

Dear Ms. Catlett:

I am writing on behalf of RSC Illinois, LLC d/b/a Regional Surgicenter located at 545 Valley View Drive, Moline, Illinois, to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add otolaryngology procedures to its current multi-specialty ambulatory surgical treatment center ("ASTC").

Regional Surgicenter is an existing ASTC with eight rooms. The addition of otolaryngology procedures will not result in any expansion or modernization of the existing surgery center. The cost of the proposed project will be approximately \$50,000. Regional Surgicenter projects the otolaryngology caseload for the first year after project completion will be approximately 410 cases. None of these cases are currently being performed at facilities in the Illinois Quad Cities of Moline and Rock Island.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Quad City Ambulatory Surgery Center. If you elect to respond to our request, identify the impact, in terms of changes to case volume, you would anticipate this proposal would have on your facility. Given the ENT physician who intends to utilize Regional Surgicenter is currently performing his outpatient cases for Quad Cities residents at an ASTC in Iowa, we do not believe this change will have any impact on your operations.

Please send your response to Brian Bourke by email, if possible, at bbourke@heartlandqc.com. Otherwise, you can mail it to his attention at RSC Illinois, LLC at 545 Valley View Drive, Moline, Illinois 61265.

Sincerely,



Anne M. Cooper
On behalf of
RSC Illinois, LLC

October 19, 2011

CERTIFIED MAIL/RETURN RECEIPT

Mr. Shreenivas Chintalapani
Administrator
Quad City Endoscopy
4340 7th Street
Moline, IL 61265

Dear Mr. Chintalapani:

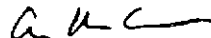
I am writing on behalf of RSC Illinois, LLC d/b/a Regional Surgicenter located at 545 Valley View Drive, Moline, Illinois, to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add otolaryngology procedures to its current multi-specialty ambulatory surgical treatment center ("ASTC").

Regional Surgicenter is an existing ASTC with eight rooms. The addition of otolaryngology procedures will not result in any expansion or modernization of the existing surgery center. The cost of the proposed project will be approximately \$50,000. Regional Surgicenter projects the otolaryngology caseload for the first year after project completion will be approximately 410 cases. None of these cases are currently being performed at facilities in the Illinois Quad Cities of Moline and Rock Island.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Quad City Endoscopy. If you elect to respond to our request, identify the impact, in terms of changes to case volume, you would anticipate this proposal would have on your facility. Given the ENT physician who intends to utilize Regional Surgicenter is currently performing his outpatient cases for Quad Cities residents at an ASTC in Iowa, we do not believe this change will have any impact on your operations.

Please send your response to Brian Bourke by email, if possible, at bbourke@heartlandqc.com. Otherwise, you can mail it to his attention at RSC Illinois, LLC at 545 Valley View Drive, Moline, Illinois 61265.

Sincerely,



Anne M. Cooper
On behalf of
RSC Illinois, LLC

October 19, 2011

CERTIFIED MAIL/RETURN RECEIPT

Mr. Rakesh Alla
Administrator
Dialysis Access Center
400 John Deere Road
Moline, IL 61265

Dear Mr. Alla:

I am writing on behalf of RSC Illinois, LLC d/b/a Regional Surgicenter located at 545 Valley View Drive, Moline, Illinois, to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add otolaryngology procedures to its current multi-specialty ambulatory surgical treatment center ("ASTC").

Regional Surgicenter is an existing ASTC with eight rooms. The addition of otolaryngology procedures will not result in any expansion or modernization of the existing surgery center. The cost of the proposed project will be approximately \$50,000. Regional Surgicenter projects the otolaryngology caseload for the first year after project completion will be approximately 410 cases. None of these cases are currently being performed at facilities in the Illinois Quad Cities of Moline and Rock Island.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Dialysis Access Center. If you elect to respond to our request, identify the impact, in terms of changes to case volume, you would anticipate this proposal would have on your facility. Given the ENT physician who intends to utilize Regional Surgicenter is currently performing his outpatient cases for Quad Cities residents at an ASTC in Iowa, we do not believe this change will have any impact on your operations.

Please send your response to Brian Bourke by email, if possible, at bbourke@heartlandqc.com. Otherwise, you can mail it to his attention at RSC Illinois, LLC at 545 Valley View Drive, Moline, Illinois 61265.

Sincerely,



Anne M. Cooper
On behalf of
RSC Illinois, LLC

**Appendix 2
Facility List**

The list of facilities contacted is provided in the table below.

Name	Title	Facility	Address	City	State	Zip Code
Rick Seidler	President & CEO	Trinity Medical Center West	2701 17 th Street	Rock Island	IL	61201
Rick Seidler	President & CEO	Trinity Medical Center - 7 th Street Campus	500 John Deere Road	Moline	IL	61265
Doug Cropper	President & CEO	Genesis Medical Center - Illini Campus	855 Hospital Road	Silvis	IL	61282
Bradley Solberg	Chief Executive Officer	Hammond Henry Hospital	600 North College Road	Geneseo	IL	61254
Gloria Cattlett, RN	Administrator	Quad City Ambulatory Surgery Center	520 Valley View Drive	Moline	IL	61265
Shreenivas Chintalapani	Administrator	Quad City Endoscopy	4340 7 th Street	Moline	IL	61265
Rakesh Alla	Administrator	Dialysis Access Center	400 John Deere Road	Moline	IL	61265

**Appendix 3
Time and Distance**

Attached as Appendix 3 are MapQuest printouts with the time and distance to each facility within 30 minutes normal travel time to Regional Surgicenter.

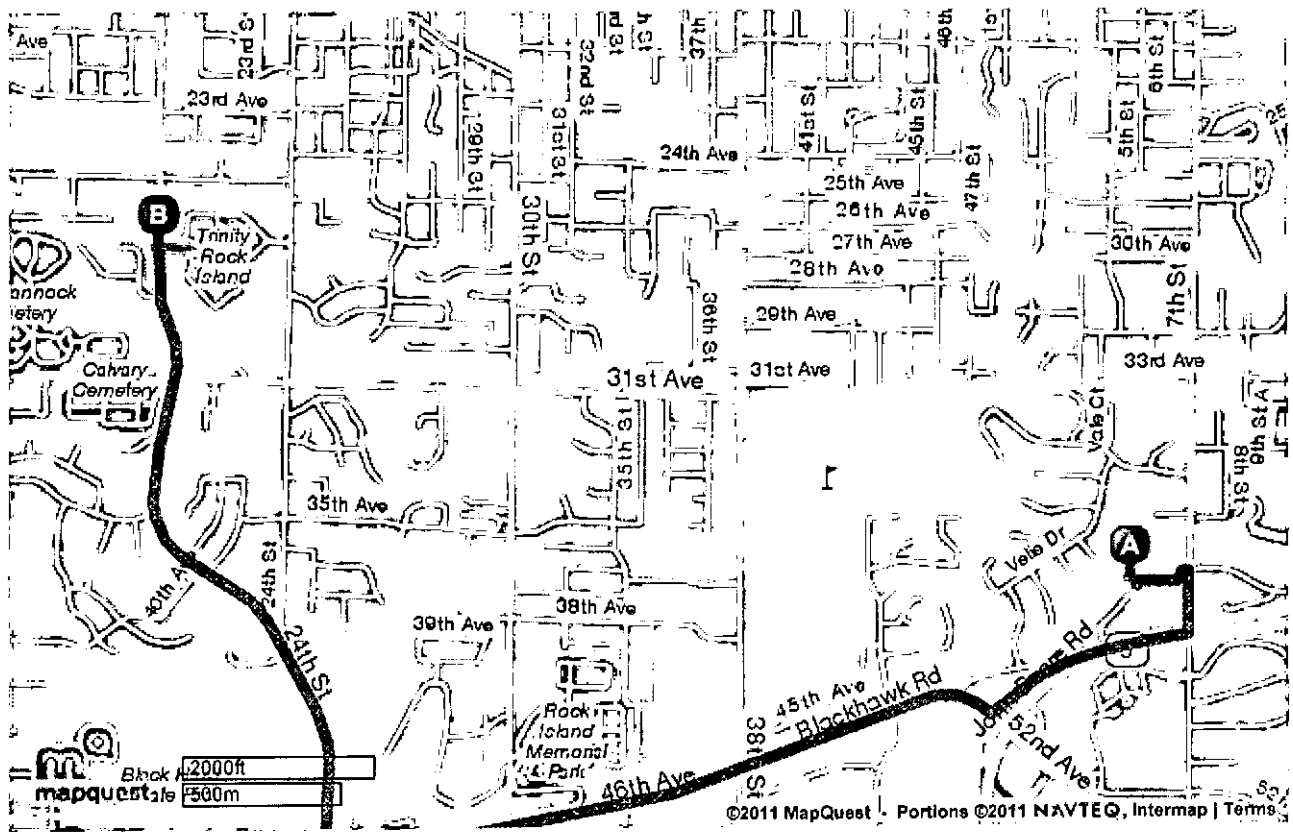


Notes

Trip to:
 Trinity Medical Center
 2701 17th St
 Rock Island, IL 61201
 (309) 779-5640
3.77 miles
7 minutes

		Miles Per Section	Miles Driven
	545 Valley View Dr Moline, IL 61265-6138		
	1. Start out going northeast on Valley View Dr toward 7th St.	Go 0.1 Mi	0.1 mi
	2. Take the 1st right onto 7th St. <i>If you are on 36th Ave and reach 35th Ave Pl you've gone about 0.1 miles too far</i>	Go 0.1 Mi	0.3 mi
	3. Take the 1st right onto IL-5 W / John Deere Rd. <i>If you reach 41st Ave Dr you've gone a little too far</i>	Go 0.1 Mi	0.4 mi
	4. Take the IL-5 W ramp toward Rock Island.	Go 0.4 Mi	0.8 mi
	5. Turn right onto IL-5 / Blackhawk Rd. <i>If you reach Rock Island-Milan Pky you've gone about 0.2 miles too far</i>	Go 1.6 Mi	2.3 mi
	6. Turn right onto 24th St. <i>24th St is just past 47th Ave</i> <i>If you reach 15th St you've gone about 0.6 miles too far</i>	Go 0.4 Mi	2.8 mi
	7. Stay straight to go onto 17th St.	Go 1.0 Mi	3.8 mi
	8. 2701 17TH ST is on the right. <i>Your destination is 0.1 miles past Chippiannock Trl</i> <i>If you reach 25th Ave you've gone about 0.1 miles too far</i>		3.8 mi
	Trinity Medical Center 2701 17th St, Rock Island, IL 61201 (309) 779-5640	3.8 mi	3.8 mi

Total Travel Estimate: 3.77 miles - about 7 minutes



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Notes


Trip to:
 Trinity Medical Center
 500 John Deere Rd
 Moline, IL 61265
 (309) 779-5000
1.52 miles
3 minutes

	545 Valley View Dr Moline, IL 61265-6138	Miles Per Section	Miles Driven
	1. Start out going northeast on Valley View Dr toward 7th St.	Go 0.1 Mi	0.1 mi
	2. Take the 1st right onto 7th St. <i>If you are on 36th Ave and reach 35th Ave Pl you've gone about 0.1 miles too far</i>	Go 0.1 Mi	0.3 mi
	3. Take the 1st right onto IL-5 W / John Deere Rd. <i>If you reach 41st Ave Dr you've gone a little too far</i>	Go 0.1 Mi	0.4 mi
	4. Take the IL-5 W ramp toward Rock Island.	Go 0.4 Mi	0.8 mi
	5. Turn left onto 52nd Ave. <i>If you reach Rock Island-Milan Pky you've gone about 0.2 miles too far</i>	Go 0.2 Mi	0.9 mi
	6. Merge onto IL-5 E / John Deere Rd. <i>If you reach 7th St you've gone about 0.3 miles too far</i>	Go 0.6 Mi	1.5 mi
	7. 500 JOHN DEERE RD is on the right. <i>If you reach 7th St you've gone about 0.1 miles too far</i>		1.5 mi
	Trinity Medical Center 500 John Deere Rd, Moline, IL 61265 (309) 779-5000	1.5 mi	1.5 mi

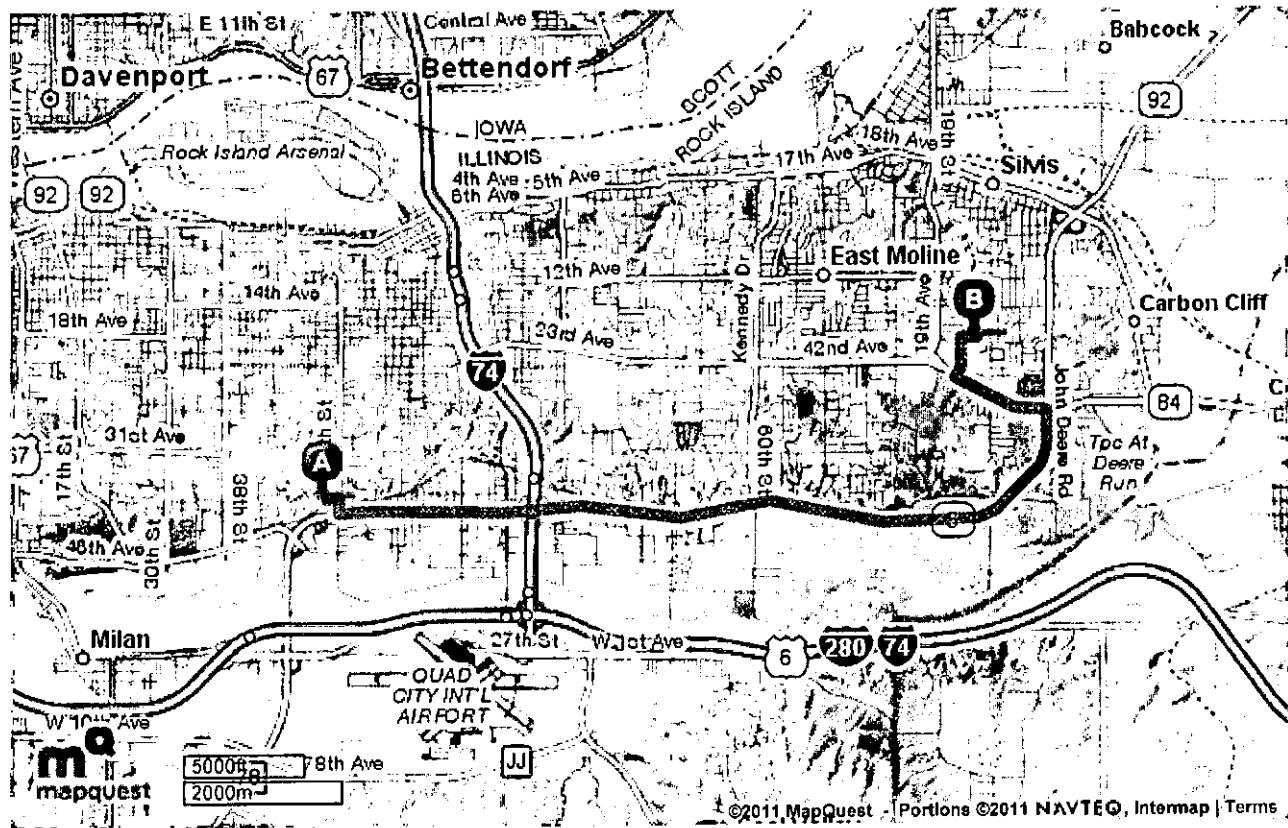


Notes

Trip to:
 Genesis Medical Ctr-Illinois
 855 Illini Dr # 203
 Silvis, IL 61282
 (309) 792-4251
 8.70 miles
 13 minutes

	545 Valley View Dr Moline, IL 61265-6138	Miles Per Section	Miles Driven
	1. Start out going northeast on Valley View Dr toward 7th St.	Go 0.1 Mi	0.1 mi
	2. Take the 1st right onto 7th St. <i>If you are on 36th Ave and reach 35th Ave Pl you've gone about 0.1 miles too far</i>	Go 0.2 Mi	0.3 mi
	 3. Take the 1st left onto John Deere Rd / IL-5 E. <i>If you reach 41st Ave Dr you've gone a little too far</i>	Go 7.0 Mi	7.3 mi
	4. Turn left onto Colona Rd / Avenue of the Cities. <i>If you are on John Deere Rd and reach Megan Dr you've gone a little too far</i>	Go 0.9 Mi	8.2 mi
	5. Turn right onto Hospital Rd. <i>Hospital Rd is 0.1 miles past 7th St</i> <i>If you reach 19th Ave you've gone about 0.3 miles too far</i>	Go 0.4 Mi	8.6 mi
	6. Take the 1st right onto Illini Dr. <i>Illini Dr is 0.3 miles past 17th Ave Dr</i> <i>If you reach 16th Ave you've gone a little too far</i>	Go 0.1 Mi	8.7 mi
	7. 855 ILLINI DR # 203 is on the left. <i>If you reach 10th St you've gone about 0.1 miles too far</i>		8.7 mi
	Genesis Medical Ctr-Illinois 855 Illini Dr # 203, Silvis, IL 61282 (309) 792-4251	8.7 mi	8.7 mi

Total Travel Estimate: 8.70 miles - about 13 minutes





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Notes


Trip to:
 Hammond Henry Hospital
 600 N College Ave # 110
 Geneseo, IL 61254
 (309) 944-6431
 24.28 miles
 30 minutes

		Miles Per Section	Miles Driven
	545 Valley View Dr Moline, IL 61265-6138		
	1. Start out going northeast on Valley View Dr toward 7th St.	Go 0.1 Mi	0.1 mi
	2. Take the 1st right onto 7th St. <i>If you are on 36th Ave and reach 35th Ave Pl you've gone about 0.1 miles too far</i>	Go 0.2 Mi	0.3 mi
	3. Take the 1st left onto John Deere Rd / IL-5 E. <i>If you reach 41st Ave Dr you've gone a little too far</i>	Go 1.5 Mi	1.8 mi
	4. Merge onto I-74 E toward Galesburg.	Go 10.8 Mi	12.6 mi
	5. Take I-80 E toward Chicago.	Go 8.9 Mi	21.5 mi
	6. Take the IL-82 exit, EXIT 19 , toward Geneseo / Cambridge.	Go 0.2 Mi	21.7 mi
	7. Keep left to take the ramp toward Geneseo.	Go 0.02 Mi	21.8 mi
	8. Turn left onto IL-82 / S Oakwood Ave.	Go 1.4 Mi	23.1 mi
	9. Turn left onto E Main St / US-6 / IL-82. <i>E Main St is just past E South St First Lutheran Church Elca is on the corner If you reach E Pearl St you've gone a little too far</i>	Go 0.3 Mi	23.4 mi
	10. Take the 3rd right onto S Henry St / IL-82. <i>S Henry St is just past S Center St Aldi is on the corner If you reach S Geneseo St you've gone a little too far</i>	Go 0.2 Mi	23.6 mi

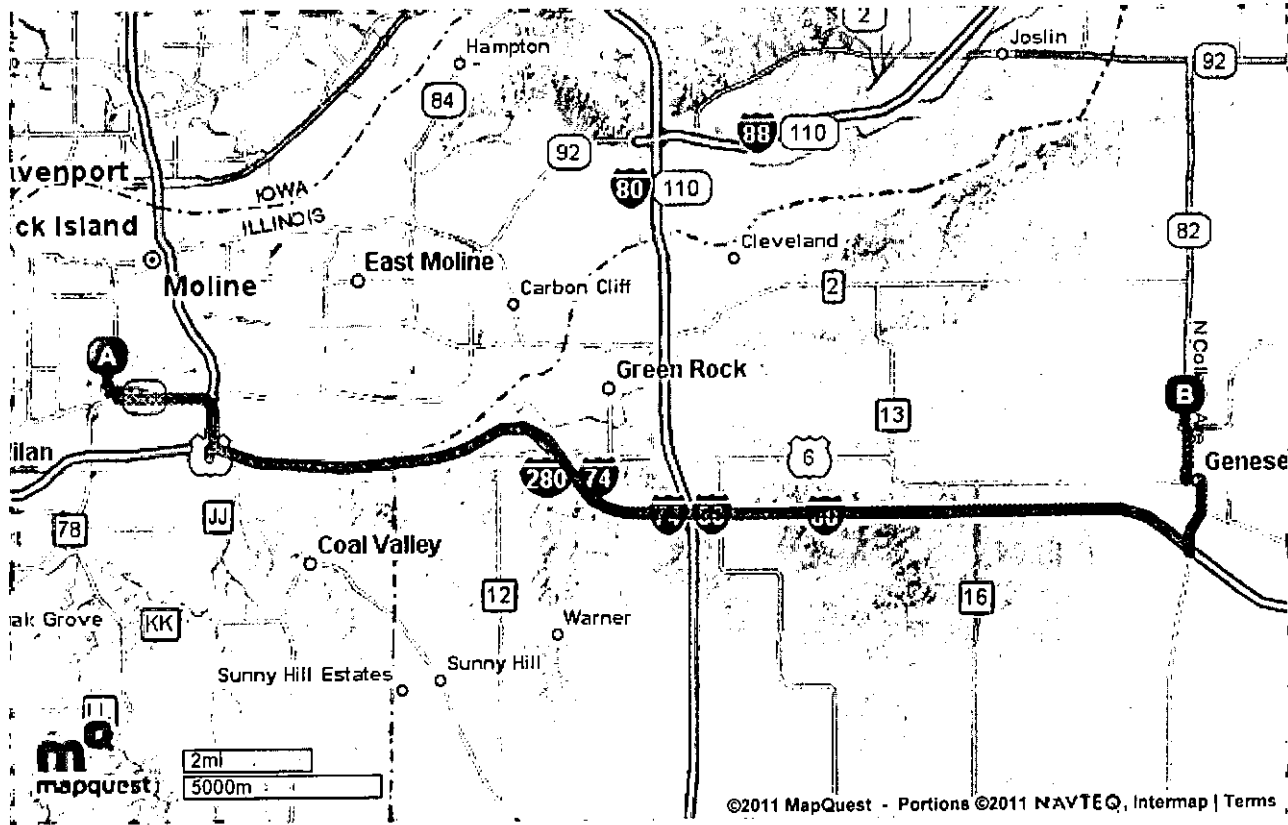
-   11. Turn right onto **W North St / IL-82.** Go **0.04 Mi** 23.6 mi

-   12. Take the 1st left onto **S College Ave / IL-82.** Go **0.7 Mi** 24.3 mi
If you reach S Center St you've gone a little too far

-  13. **600 N COLLEGE AVE # 110** is on the right. 24.3 mi
Your destination is 0.1 miles past W Wells St
If you reach Melvin Ln you've gone a little too far

-  **Hammond Henry Hospital** **24.3 mi** **24.3 mi**
600 N College Ave # 110, Geneseo, IL 61254
(309) 944-6431

Total Travel Estimate: 24.28 miles - about 30 minutes

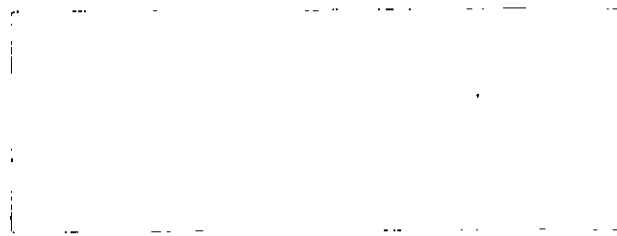


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Notes



Trip to:
 Quad City Ambulatory Surgery
 520 Valley View Dr # 300
 Moline, IL 61265
 (309) 762-1952
 0.12 miles



545 Valley View Dr
 Moline, IL 61265-6138

Miles Per Section

Miles Driven



1. Start out going **southwest** on **Valley View Dr.**

Go 0.1 Mi

0.1 mi



2. Keep **left** at the fork to continue on **Valley View Dr.**

Go 0.01 Mi

0.1 mi



3. **520 VALLEY VIEW DR # 300** is on the **left.**
If you reach 36th Ave you've gone about 0.2 miles too far

0.1 mi

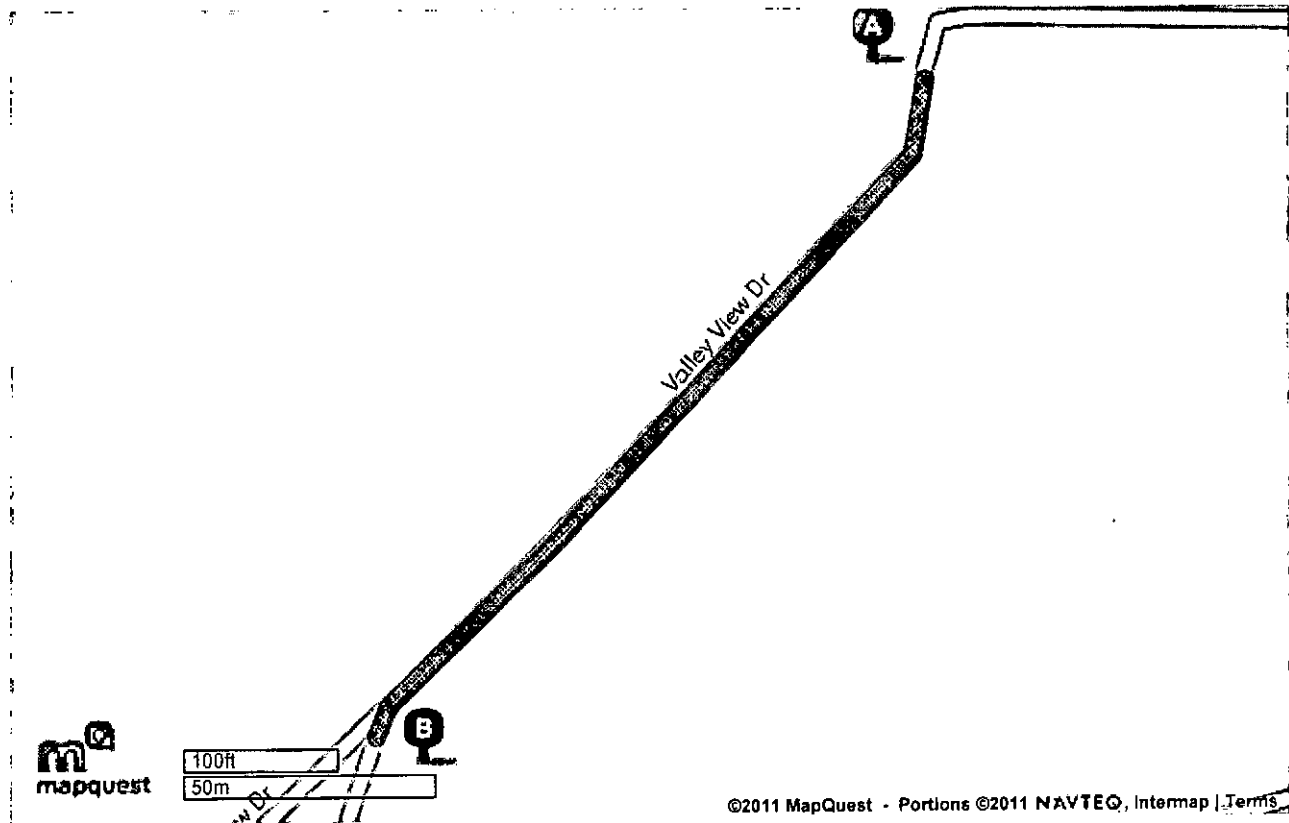


Quad City Ambulatory Surgery
 520 Valley View Dr # 300, Moline, IL 61265
 (309) 762-1952

0.1 mi

0.1 mi

Total Travel Estimate: 0.12 miles - about



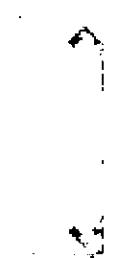
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Trip to:
 4340 7th St
 Moline, IL 61265-6867
 0.52 miles
 1 minute

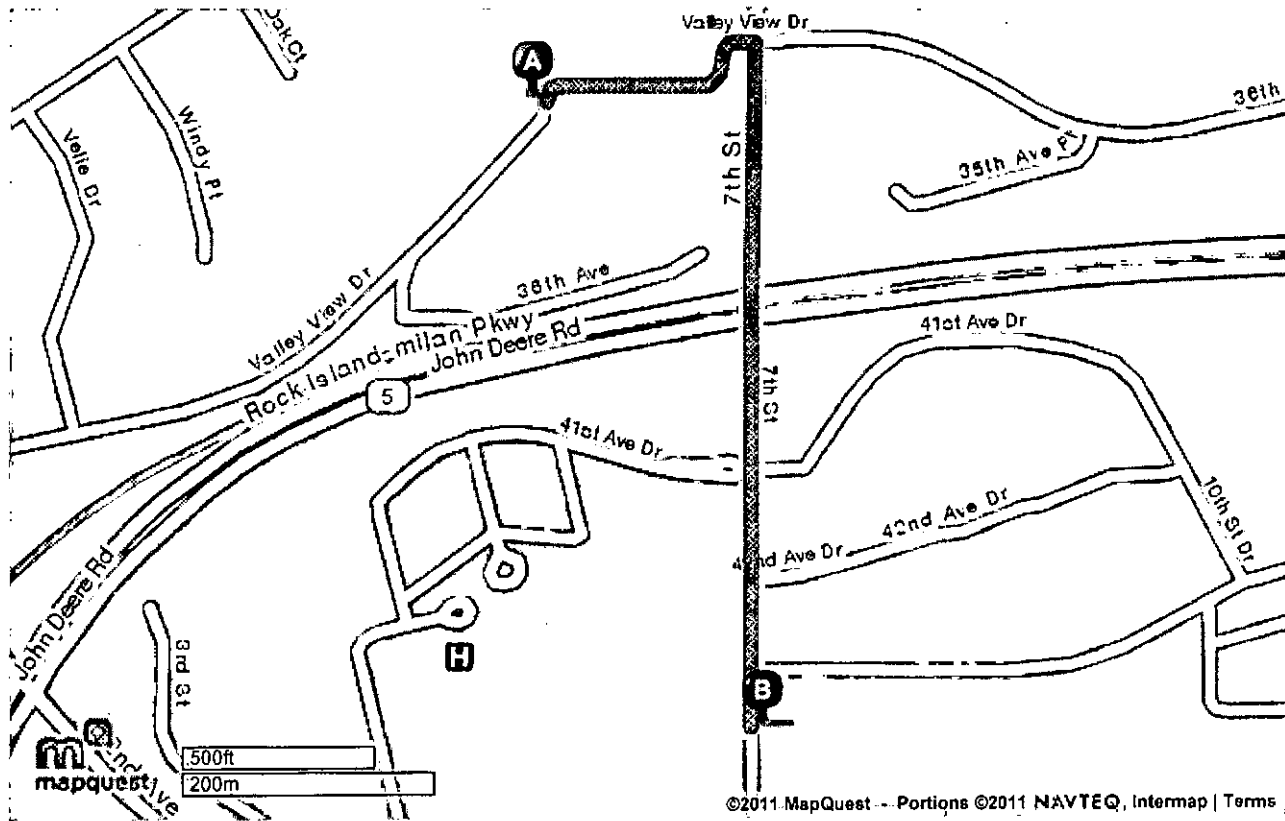
Notes

Quad City Endoscopy



	545 Valley View Dr Moline, IL 61265-6138	Miles Per Section	Miles Driven
	1. Start out going northeast on Valley View Dr toward 7th St.	Go 0.1 Mi	0.1 mi
	2. Take the 1st right onto 7th St. <i>If you are on 36th Ave and reach 35th Ave Pl you've gone about 0.1 miles too far</i>	Go 0.4 Mi	0.5 mi
	3. 4340 7TH ST is on the left. <i>Your destination is just past 43rd Ave</i> <i>If you reach 43rd Ave Dr you've gone a little too far</i>		0.5 mi
	4340 7th St Moline, IL 61265-6867	0.5 mi	0.5 mi

Total Travel Estimate: 0.52 miles - about 1 minute





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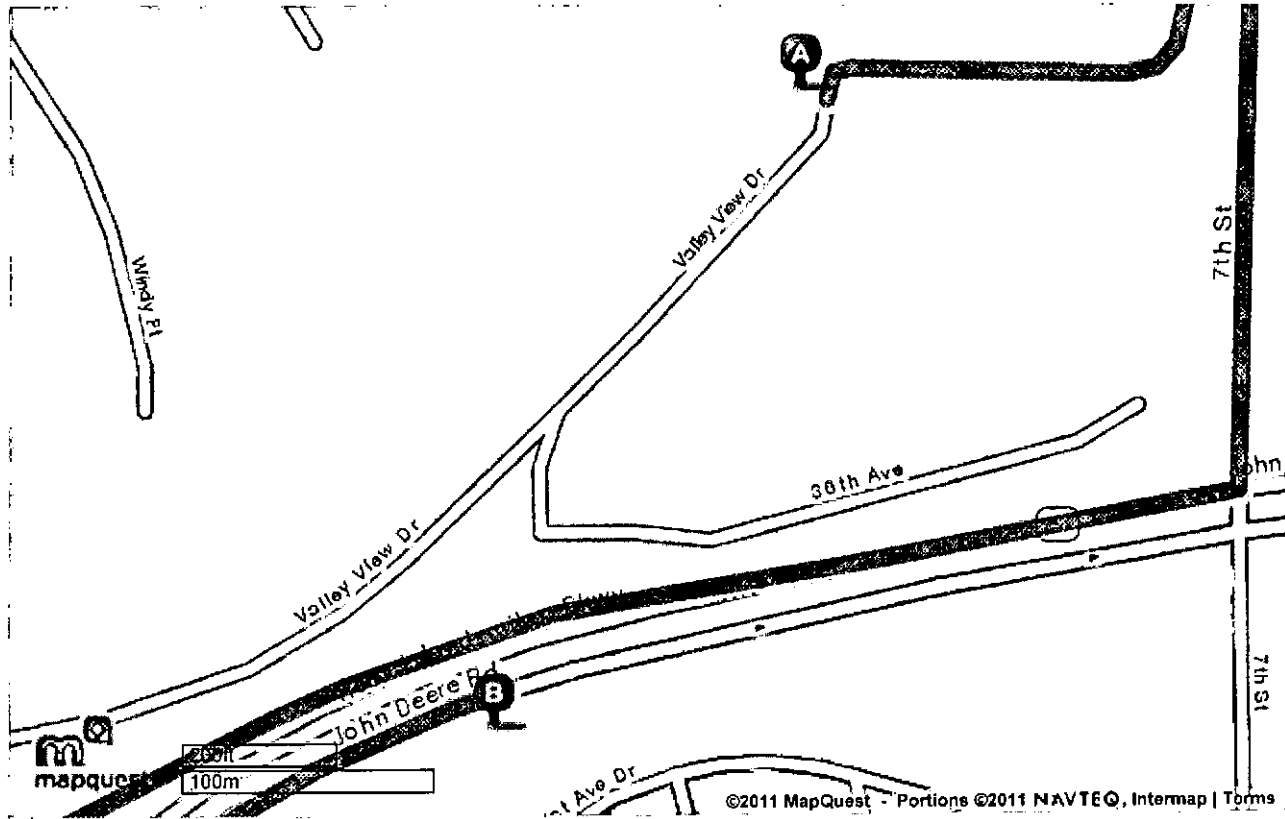
Notes

Trip to:
 Dialysis Access Center Llc
 400 John Deere Rd
 Moline, IL 61265
 (309) 797-0594
 1.46 miles
 3 minutes

	545 Valley View Dr Moline, IL 61265-6138	Miles Per Section	Miles Driven
	1. Start out going northeast on Valley View Dr toward 7th St.	Go 0.1 Mi	0.1 mi
	2. Take the 1st right onto 7th St. <i>If you are on 36th Ave and reach 35th Ave Pl you've gone about 0.1 miles too far</i>	Go 0.1 Mi	0.3 mi
	 3. Take the 1st right onto IL-5 W / John Deere Rd. <i>If you reach 41st Ave Dr you've gone a little too far</i>	Go 0.1 Mi	0.4 mi
	4. Take the IL-5 W ramp toward Rock Island.	Go 0.4 Mi	0.8 mi
	5. Turn left onto 52nd Ave. <i>If you reach Rock Island-Milan Pky you've gone about 0.2 miles too far</i>	Go 0.2 Mi	0.9 mi
	 6. Merge onto IL-5 E / John Deere Rd. <i>If you reach 7th St you've gone about 0.3 miles too far</i>	Go 0.5 Mi	1.5 mi
	7. 400 JOHN DEERE RD is on the right. <i>If you reach 7th St you've gone about 0.2 miles too far</i>		1.5 mi
	Dialysis Access Center Llc 400 John Deere Rd, Moline, IL 61265 (309) 797-0594	1.5 mi	1.5 mi

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Total Travel Estimate: 1.46 miles - about 3 minutes



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Appendix 4
Registered Mail Receipts

Copies of the registered mail receipts are attached at Appendix 4.

7160 3901 9848 8756 7571

TO: Mr. Shreenivas Chintalapani
Administrator
Quad City Endoscopy
4340 7th Street
Moline, IL 61265

SENDER: AMCOO

REFERENCE: c/m #061865-407039

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service

POSTMARK OR DATE

**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do Not Use for International Mail

7160 3901 9848 8756 7607

TO: Mr. Rakesh Alla
Administrator
Dialysis Access Center
400 John Deere Road
Moline, IL 61265

SENDER: AMCOO

REFERENCE: c/m #061865-407039

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service

POSTMARK OR DATE

**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do Not Use for International Mail

7160 3901 9848 8756 7577

TO: Mr. Bradley Solberg
Chief Executive Officer
Henry Hammond Hospital
600 North College Road
Geneseo, IL 61254

SENDER: AMCOO

REFERENCE: c/m #061865-407039

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service

POSTMARK OR DATE

**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do Not Use for International Mail

7160 3901 9848 8756 7584

TO: Ms. Gloria Catlett, RN
Administrator
Quad City Ambulatory Surgery Center
520 Valley View Drive
Moline, IL 61265

SENDER: AMCOO

REFERENCE: c/m #061865-407039

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service

POSTMARK OR DATE

**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do Not Use for International Mail

7160 3901 9848 8756 7553

TO: Mr. Rick Seidler
President & CEO
Trinity Medical Center - 7th Street
Campus
500 John Deere Road
Moline, IL 61265

SENDER: AMCOO

REFERENCE: c/m #061865-407039

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service

POSTMARK OR DATE

**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do Not Use for International Mail

7160 3901 9848 8756 7560

TO: Mr. Doug Cropper
President & CEO
Genesis Medical Center - Illini Campus
855 Hospital Road
Silvis, IL 61282

SENDER: AMCOO

REFERENCE: c/m #061865-407039

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service

POSTMARK OR DATE

**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do Not Use for International Mail

7160 3901 9848 8756 7546

TO: Mr. Rick Seidler
President & CEO
Trinity Medical Center West
2701 17th Street
Rock Island, IL 61201

SENDER: AMCOO

REFERENCE: c/m #061865-407039

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service

POSTMARK OR DATE

**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do Not Use for International Mail

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:

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