Constantino, Mike

11-100

From: Joy Moore [jmoore@oaksurgicalinstitute.com]
Sent: Wednesday, November 30, 2011 4:48 PM
To: Constantino, Mike
Subject: RE: question
Attachments: Proof of CON letters delivered.pdf

Yes I did and here they are....is there anything else I can do? Also, do I get a report from you or do I need to go on line and look for it? Have a wonderful evening!....joy....

Joy Moore
Executive Director
Oak Surgical Institute, L.L.C.
403 South Kennedy Drive
Bradley, Il 60915

Phone: 815-928-9999
Fax: 815 928-8669

jmoore@oaksurgicalinstitute.com

From: Constantino, Mike [mailto:Mike.Constantino@Illinois.gov]
Sent: Wednesday, November 30, 2011 4:11 PM
To: 'Joy Moore'
Subject: question

Did you contact the existing facilities by certified mail. We have no evidence that these letters were sent out.

Mike Constantino
Illinois Department of Public Health
525 West Jefferson
Springfield, Illinois 62761
Fax:(217) 785-4111
Phone:(217) 785-1557

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Amy Lafine, Acting CEO
Provena St Marys Hosp.
500 West Court St
#100
Kankakee IL
60901

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tammy Cie | C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7010 3090 0002 6378 7991

S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Mr. Phil Kambic/CEO
Riverside Medical Center
350 North Wall St.
Kankakee IL
60901

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 10-24-11

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service la 7010 3090 0002 6378 7984

Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mr Phil Kambic/CEO-President
Riverside Medical Ctr
300 Riverside Drive
Suite 100
Bourbonnais, IL
60914-4994

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C Stamy C. Date of Delivery 10-24

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7010 3090 0002 6378 8004

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 10-24-11

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7010 3090 0002 6378 8011

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540