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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION // - 121

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Lisle Center for Pain Management
Street Address: 2867 East Ogden Avenue
City and Zip Code: Lisle, IL 60532
County: DuPage Health Service Area VII Health Planning Area: n/a

Applicant /Co-Applicant Identification

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

Exact Legal Name: 55555 LLC
Address: 2867 East Ogden Avenue Lisle, IL 60532
Name of Registered Agent: William M. Woolf
Name of Chief Executive Officer: Nesreen Suwan
CEO Address: 2867 East Ogden Avenue Lisle, IL 60532
Telephone Number: 630/420-8080

Type of Ownership of Applicant/Co-Applicant

Non-profit Corporation, For-profit Corporation, Limited Liability Company, Partnership, Governmental, Sole Proprietorship, Other
Corporations and limited liability companies must provide an Illinois certificate of good standing.
Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS 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: Nesreen Suwan
Title: member
Company Name: 55555 LLC
Address: 2867 East Ogden Avenue Lisle, IL 60532
Telephone Number: 630/420-8080
E-mail Address: CELINE2020@aol.com
Fax Number:

Additional Contact

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

Name: Jacob M. Axel
Title: President
Company Name: Axel & Associates, Inc.
Address: 675 North Court Suite 210 Palatine, IL 60067
Telephone Number: 847/776-7101
E-mail Address: jacobmaxel@msn.com
Fax Number: 847/776-7004

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:	same as primary contact
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Universal Property Mgt.
Address of Site Owner:	505 Midwest Club Parkway Oak Brook, IL 60523
Street Address or Legal Description of Site:	2867 East Ogden Avenue Lisle, IL 60532
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

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

Exact Legal Name:	55555 LLC	
Address:	2867 East Ogden Avenue Lisle, IL 60532	
<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
X <input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 		
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Organizational Relationships

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

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

N/A no construction

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification:

- Substantive
- Non-substantive

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

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

2. Narrative Description

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

The applicant entity proposes the establishment of a limited specialty ASTC through the renovation of an existing building in Lisle, Illinois. The specialties to be provided in the proposed ASTC will be limited to interventional pain management and neurology.

The application is classified as being "substantive" as a result of the proposed establishment of an IDPH-designated "category of service".

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	\$25,000		\$25,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	1,189,400		1,189,400
Contingencies	62,600		62,600
Architectural/Engineering Fees	137,700		137,700
Consulting and Other Fees	150,000		150,000
Movable or Other Equipment (not in construction contracts)	375,000		375,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	612,999		612,999
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$2,552,699		\$2,552,699
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,939,700		\$1,939,700
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Fair Market Value of Leased Space or Equipment	612,999		612,999
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$2,552,699		\$2,552,699

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 \$ 20,000

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): August 31, 2013

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 N/A

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

Cost Space Requirements

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

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

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

Facility Bed Capacity and Utilization N/A

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

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

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of 55555, 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.

N. Shauk
SIGNATURE
Nesreen Shauk
PRINTED NAME
member
PRINTED TITLE

Dana ElBorno
SIGNATURE
Dana ELBORNO
PRINTED NAME
member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17 day of December, 2011

Notarization:
Subscribed and sworn to before me
this 17 day of December, 2011

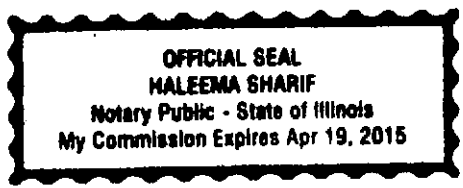
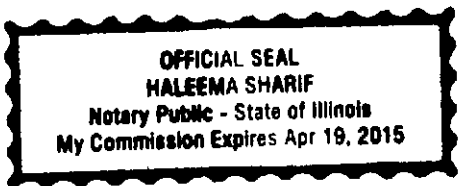
Haleema Sharif
Signature of Notary

Haleema Sharif
Signature of Notary

Seal

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?
ASTC	5,640 DGSF	<5,730 DGSF	(90 DGSF)	yes

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

PROJECT SERVICES UTILIZATION:

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

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

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

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	ASTC		1,455 hrs		
YEAR 2	ASTC		1,568 hrs	1,501+ hrs	yes

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

UNFINISHED OR SHELL SPACE: NOT APPLICABLE

Provide the following information:

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

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

ASSURANCES: NOT APPLICABLE

Submit the following:

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

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

H. Non-Hospital Based Ambulatory Surgery

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

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

Read the criterion and complete the following:

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

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

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

2. Criterion 1110.1540(b), Target Population

Read the criterion and provide the following:

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

3. Criterion 1110.1540(c), Projected Patient Volume

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

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

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

Read the criterion and provide:

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

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

Read the criterion and provide:

- A copy of the letter sent to area surgical facilities regarding the proposed project's impact on their workload. NOTE: This letter must contain: a description of the project including its size, cost, and projected workload; the location of the proposed project; and a request that the facility administrator indicate what the impact of the proposed project will be on the existing facility.
- 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 NOT APPLICABLE

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.

IX. 1120.130 - Financial Viability not applicable, funded through internal sources

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 **not applicable, funded through internal sources**

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.

Not applicable. The project involves a new facility, not related to any existing health care facility.

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.

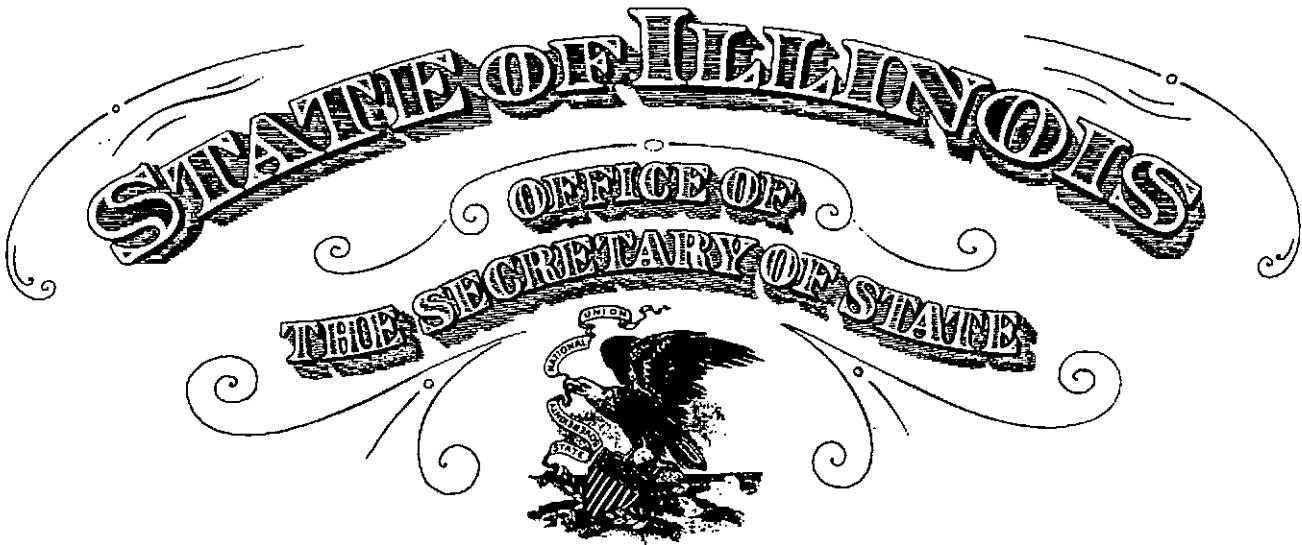
1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for 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 2	Year	Year
Net Patient Revenue	\$1,952,000		
Amount of Charity Care (charges)	\$139,500		
Cost of Charity Care	\$48,800		

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



To all to whom these Presents Shall Come, Greeting:

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

55555 LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 28, 2011, 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 #: 1132001632

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 16TH day of NOVEMBER A.D. 2011 .

Jesse White

SECRETARY OF STATE

ATTACHMENT I

Select Language ▼



The County of DuPage

Wheaton, Illinois

Property Information

- [Tax Payment Information](#)
- [Property Tax Distribution](#)
- [Assessment Information](#)

[Click here to search for your next parcel](#)

Parcel Number

08-09-104-030

Parcel Address

2867 OGDEN AVE
LISLE, 60532

Billing Address

UNIVERSAL PROPERTY MGT
505 MIDWEST CLUB PKW
OAK BROOK IL 60523



To all to whom these Presents Shall Come, Greeting:

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

55555 LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 28, 2011, 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 #: 1132001632

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 16TH day of NOVEMBER A.D. 2011 .

Jesse White

SECRETARY OF STATE

ATTACHMENT 3

OPERATING ENTITY/LICENSEE

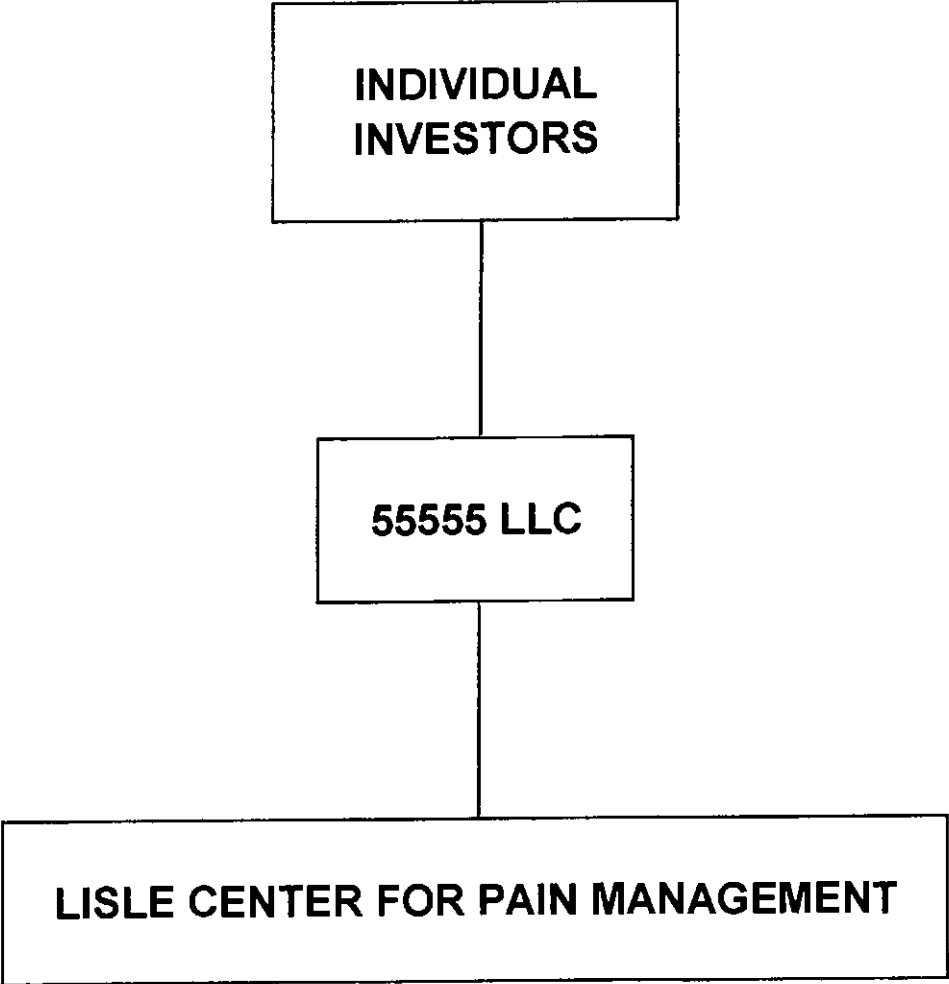
The following individuals each own between 5% and 49% of 55555 LLC:

Nesreen Suwan
505 Midwest Club Parkway
Oak Brook, IL 60523

Dana Elborno
505 Midwest Club Parkway
Oak Brook, IL 60523

Lara Elborno
505 Midwest Club Parkway
Oak Brook, IL 60523

ORGANIZATIONAL CHART



FLOOD PLAIN REQUIREMENTS

The proposed project does not involve new construction, and as such, this documentation requirement is not applicable.



Illinois Historic
Preservation Agency

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

DuPage County

Lisle

CON - Rehabilitation for Ambulatory Surgical Treatment Center
2867 Ogden Ave.
IHPA Log #008102111

November 3, 2011

Jacob Axel

Axel & Associates, Inc.
675 North Court, Suite 210
Palatine, IL 60067

Dear Mr. Axel:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

IDENTIFICATION OF COSTS

Preplanning Costs (\$25,000)

Estimate of costs associated with the decision to file a CON application.

Modernization (\$1,189,400)

Anticipated costs associated with the demolition of the interior walls, construction of all walls, ceilings and floors, installation of electrical, plumbing, medical gas and HVAC systems consistent with licensure requirements, and the acquisition and installation of fixed equipment consistent with typical construction contracts.

Contingency (\$62,600)

Allowance for unexpected renovation-related costs, estimated at \$11.10 per square foot.

Architectural and Engineering Fees (\$137,700)

Estimate of the cost of design and governmental interface activities consistent with the Capital Development Board's basic rate structure for a project of the proposed scope.

Consulting and Other Fees (\$150,000)

Estimate of costs associated CON-related review fees, IDPH plan review fees, local review fees and permits, CON application development and presentation-related costs, project management, interiors design, equipment planning, center commissioning, and miscellaneous costs.

Movable and Other Equipment (\$375,000)

Estimate of the cost of clinical and non-clinical equipment to be acquired.

Fair Market Value of Space (\$612,999)

Book value of the space to be used for the ASDTC plus the equipment currently owned by the applicants.

Cost Space Requirements

Dept./Area Reviewable	Cost	Gross Square Feet		Amount of proposed Total Square Feet			
		Existing	Proposed	New Const.	That is:		
					Modernized	As Is	Vacated Space
ASTC	\$ 2,552,699	0	5,640	5,640	0	0	0
Total	\$ 2,552,699	0	5,640	5,640	0	0	0

BACKGROUND

The applicant, 55555 LLC, is a newly formed entity, and is not associated in any fashion with an existing health care facility. In addition, none of the investors in 55555 LLC have an ownership interest in any health care facility. Given these facts, and pursuant to a technical assistance conference with IHFSRB staff on December 1, 2011, an "adverse action" letter is not being provided.

PURPOSE OF PROJECT

The proposed project--the establishment of a limited specialty ASTC dedicated to the provision of contemporary interventional pain management services, exclusively—will improve the manner in which health care services are delivered to the population to be served by the ASTC. The project, as proposed, will have a number of significant benefits for patients: 1) patients will be treated in a facility not only designed specifically for the safe and efficient provision of interventional pain management services, but the patients will benefit from the fact that the ASTC will be under the licensure jurisdiction of the IDPH; 2) the anticipated limited sized medical staff, and the fact that the specialists anticipated to perform the procedures have offices in the same building as the proposed ASTC, will allow patients in pain to be treated at the ASTC within hours, rather than wait for an available time at a hospital or a multi-specialty surgery center; and 3) the cost to patients will be significantly lower than the cost associated with receiving identical services on an outpatient basis in a hospital (please see discussion in ATTACHMENT 27F). Concurrently, the use of the proposed ASTC will bring the physicians into compliance with the requirements of Illinois' Ambulatory Surgical Center Treatment Act. Specifically, The Center for Medicare and Medicaid Services, or CMS, has identified interventional pain management as a surgical specialty. This designation by CMS causes interventional pain management to fall under the scope of Illinois' Ambulatory Surgical Center Treatment Act, which prohibits more than 50% of a physician's "surgical"

procedures from being performed in the office setting. At present, nearly 60% of the procedures performed by the physicians (a Board-certified interventional pain management specialist and a Board-certified neurologist, specializing in pain management) are being performed in procedure rooms located in office suites.

The table below identifies the anticipated patient origin distribution, based on the home addresses of the patients treated during the past year by the physicians providing “referral” letters. The patient origin distribution is not anticipated to change with the opening of the proposed ASTC.

ZIP Code	Community	%	Cum. %
60187	Wheaton	5.4%	5.4%
60137	Glen Ellyn	5.4%	10.8%
60517	Woodridge	4.7%	15.5%
60101	Addison	3.5%	19.1%
60148	Lombard	3.5%	22.6%
60564	Naperville	3.1%	25.7%
60189	Wheaton	2.9%	28.7%
60190	Winfield	2.9%	31.6%
60126	Elmhurst	2.1%	33.7%
60181	Villa Park	2.0%	35.7%
60565	Naperville	1.8%	37.5%
60516	Downers Grove	1.7%	39.2%
60540	Naperville	1.7%	40.9%
60527	Willowbrook	1.6%	42.5%
60532	Lisle	1.6%	44.1%
60504	Aurora	1.6%	45.6%
60563	Naperville	1.3%	46.9%
60559	Westmont	1.2%	48.1%
60188	Carol Stream	1.2%	49.3%
60521	Hinsdale	1.1%	50.3%
60525	LaGrange	1.0%	51.4%
60108	Bloomington	1.0%	52.4%
60515	Downers Grove	1.0%	53.5%
60561	Darien	1.0%	54.5%
60506	Aurora	1.0%	55.5%
	all other (<1.0%)	44.5%	100.0%

The service area identified on the map provided in ATTACHMENT 27B identifies the target population/service area as the area extending 30 minutes in each direction from the Lisle site of the proposed ASTC; with a great commonality between the identified service area and the twenty-five ZIP Code areas/communities that will be providing the greatest number of patients for the proposed ASTC, and as identified in the table above.

With a purpose of the project being to allow the physicians to comply with the requirements of the Illinois' Ambulatory Surgical Center Treatment Act, and limit the procedures performed in the office setting to no more than 50%, that measurable 50% level serves as a quantifiable goal, with a secondary goal being the ability to treat patients in a low cost setting, and without delay. Both goals are attainable upon the opening of the proposed ASTC.

ALTERNATIVES

The proposed project addresses the establishment of a limited-specialty ASTC for the provision of interventional pain management services. The alternatives to this project considered included the following:

Alternative 1: Perform Cases in Area Hospitals

The interventional pain management specialist that will be referring patients to the proposed ASTC currently refers patients to a hospital, performing approximately 900 outpatient procedures in the hospital setting during the past year. Less than 5% of those patients need to be referred to a hospital for clinical reasons; and their procedures could be performed in less intensive, less cumbersome, and less costly environment. The typical cost differential between the hospital outpatient setting and an ASTC is approximately 35%, resulting in extra costs to be borne by third party payors—often Medicare—and the patient, directly, in the form of co-payments and deductibles.

Second, there are often delays associated with scheduling patients in the hospital setting, that would be largely avoided with the proposed ASTC.

While it is the referring physicians intent to continue to use the hospital outpatient setting for clinically-appropriate patients, the costs associated with the expanded use of the hospital setting make this alternative inferior to the proposed project

Alternative 2: Establish a Multi-Specialty ASTC

The opening of the proposed ASTC to additional specialties through a multi-specialty ASTC designation would not allow for the efficient treatment of patients as anticipated with the proposed project. Patients are anticipated to be in the operating room, on average, less than 35 minutes, with more time typically being spent in the recovery area than in the operating room. This necessitates the ability to “turn over” the limited number of allowable (4 per OR) recovery stations in an expeditious manner not available when patients are held in recovery for 2-4 hours following the general anesthesia used by other surgical specialties.

SIZE

The proposed ASTC will consist of one "Class C" surgical suite, one "Class B" procedure suite, six Phase I recovery stations and two Phase II recovery stations, located in a total of 5,640 square feet. This space is consistent with the IHFSRB standard identified in Appendix B to Section 1110; and therefore, not excessive.

The ASTC will be developed in renovated space in an existing building.

UTILIZATION

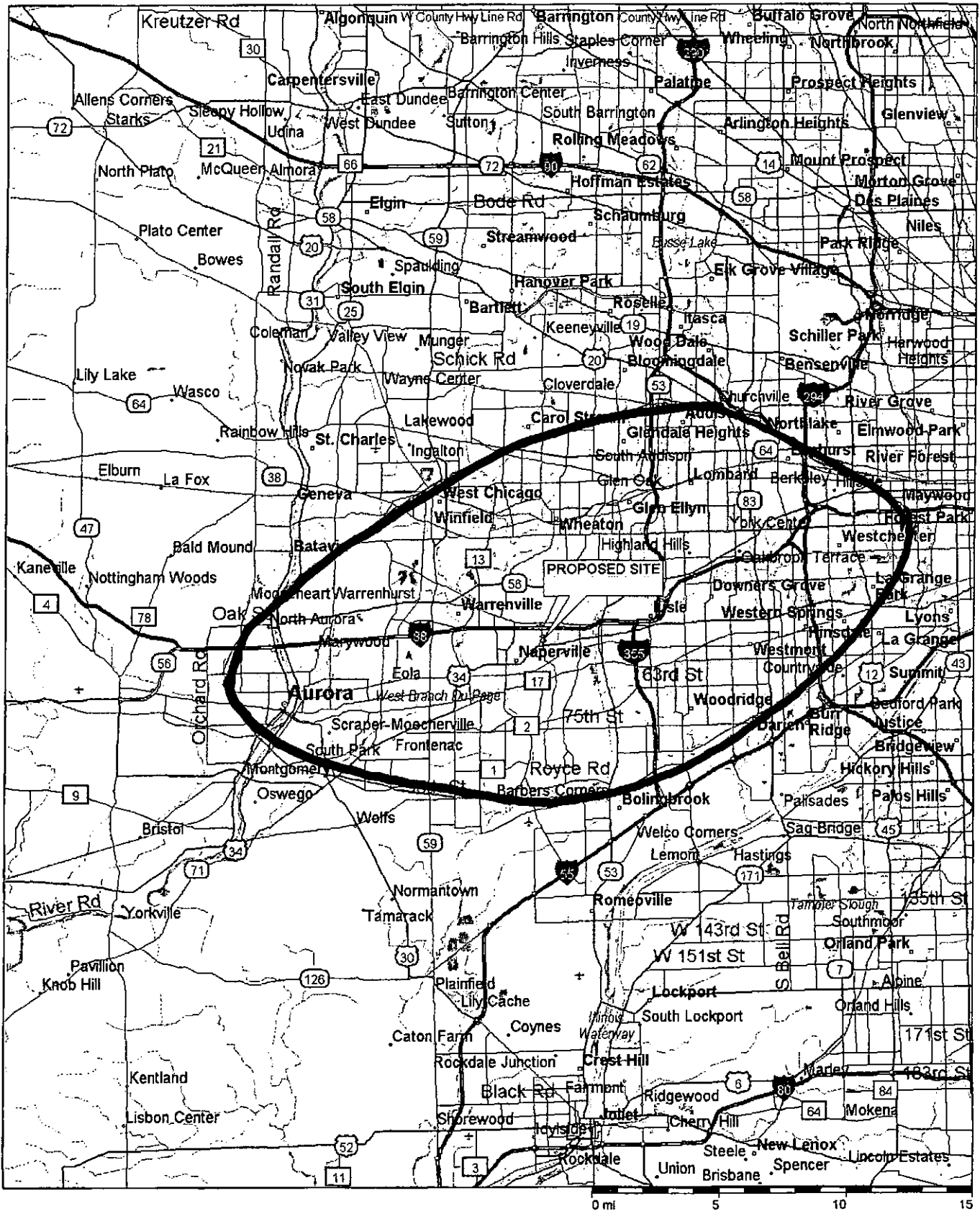
The proposed limited specialty ASTC will surpass the IDPH's 1,500 hours per room standard during its second year of operation.

Included in ATTACHMENT 27C are letters from Drs. Ahmed Elborno and Nesreen Suwan, indicating the intent to refer 1,304 and 617 patients, respectively. Using the physicians' historical time per case, which ranges from 35 to 54 minutes, it is projected that a minimum of 1,568 hours of OR/procedure room time will be required during the second year of the ASTC's utilization (1,455 hours during the initial year, to allow for a "ramp-up" period). These are viewed as a conservative estimates because both physicians' practices are growing, but IHFSRB requirements limit utilization projections to historical levels. While the applicant understands that the noted 1,568 hours must be used to assess compliance with the review criterion—and compliance has been met—actual anticipated utilization is in the 1,800-1,900 hour range by the second year of operation.

TARGET POPULATION

The map on the following page identifies the anticipated service area, based on the referring physicians' existing practices. The outline of the intended geographic service area (GSA) extends approximately 30 minutes in all directions from the proposed Lisle site, based on MapQuest. The identified GSA consists of the entirety or parts of 31 ZIP Code areas, which, according to CACI Marketing Systems, Inc., had a 2010 population of 920,163.

TARGET POPULATION



40

December 1, 2011

Illinois Health Facilities
and Services Review Board
Springfield, IL

To Whom It May Concern:

I am a Board certified neurologist, and this letter is being provided in support of the establishment of the Lisle Center for Pain Management.

During the 12-month period ending September 30, 2011 I performed procedures on 617 patients in a Joint commission accredited office-based surgical suite at 2867 E. Ogden Avenue in Lisle. All of those procedures would be appropriately performed in the proposed ASTC.

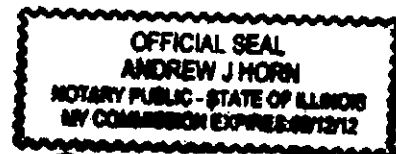
I anticipate that I will refer approximately 617 patients a year to the Lisle Center for Pain Management, and that a minimum of 90% of those patients will reside within 30 minutes of the proposed ASTC.

The information provided in this letter, to the best of my knowledge, is true and correct; and the patients referenced above have not been used in the support of any other ASTC.

Sincerely,

Nesreen Suwan, M.D

Notarized:



ATTACHMENT 27c

December 1, 2011

Illinois Health Facilities
and Services Review Board
Springfield, IL

To Whom It May Concern:

I am an Interventional Pain Management specialist, and this letter is being provided in support of the establishment of the Lisle Center for Pain Management.

During the 12-month period ending September 30, 2011 I referred 1,685 outpatient cases to the facilities identified below. All of those referrals were for procedures that could have been performed at the proposed ASTC, aside from a minimal number of patients more appropriate for a hospital setting for clinical reasons.

- Hinsdale Hospital, 120 N. Oak Street Hinsdale (890 patients)
- Advanced Ambulatory Surgical Center 2333 N. Harlem Chicago (331 patients)
- Office-based 2867 E. Ogden Avenue Lisle (79 patients)
- Office-based 2333 N. Harlem Chicago (385 patients)

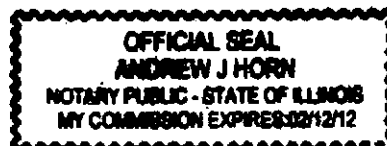
I anticipate that I will refer approximately 1,304 patients a year to the Lisle Center for Pain Management by its second year of operation, and that 75-80% of those patients will reside within 30 minutes of the proposed ASTC.

The information provided in this letter, to the best of my knowledge, is true and correct; and the patients referenced above have not been used in the support of any other ASTC.

Sincerely,

Ahmed Elborno, M.D.

Notarized:



A handwritten signature in black ink, appearing to read "Andrew J. Horn", written over the notary seal.

ATTACHMENT 27c

TREATMENT ROOM NEED ASSESSMENT

The proposed ASTC will consist of one "Class C" operating suite and one "Class B" procedure room.

Using the referring physicians' historical utilization practices, it is anticipated that 45 minutes of OR/procedure room time (set-up, procedure, clean-up) will be used per case. Historically, and on a facility-specific basis, the physicians' room utilization has ranged from 35 to 54 minutes per case.

IMPACT ON OTHER FACILITIES

Consistent with the requirements of Section 1110.1540.e., certified letters were sent to each hospital and ASTC located in the anticipated geographic service area as identified in ATTACHMENT 27b, requesting comments on the project's anticipated impact on the individual facilities. Responses to the letters if not sent directly to the IHFSRB by the respondent will be forwarded to IHFSRB staff upon receipt, or with the application's filing.

A total of 29 letters were sent to the following facilities:

- DuPage Eye Surgery Center, Wheaton
- DuPage Orthopedic Surgery Center, Warrenville
- DMG Surgical Center, Lombard
- Childrens Memorial Outpatient Services, Westchester
- Chicago Prostate Surgery Center, Westmont
- Ambulatory Surgicenter of Downers Grove
- Aiden Center for Day Surgery, Addison
- Adventist Hinsdale Hospital
- Adventist Glen Oaks Medical Center, Glendale Heights
- Foster G. McGaw Hospital, Maywood
- Edward Hospital, Naperville
- Advocate Good Samaritan Hospital, Downers Grove
- Elmhurst Memorial Hospital
- Central DuPage Hospital, Winfield
- Elmhurst Outpatient Surgery Center
- Eye Surgery Center of Hinsdale
- Hinsdale Surgical Center
- Loyola Ambulatory Surgery Center, Oak Brook Terrace
- Loyola University Ambulatory Surgery Center, Maywood
- Midwest Center for Day Surgery, Downers Grove
- Dreyer Ambulatory Surgery Center, Aurora

- Kendall Pointe Surgery Center, Oswego
- DMG Center for Pain Management, Naperville
- Midwest Endoscopy Center, Naperville
- Naperville Surgical Center
- The Oak Brook Surgical Centre
- The Center for Surgery, Naperville
- Westmont Surgery Center
- Castle Surgicenter, Aurora

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011


Administrator
DuPage Eye Surgery Center
2015 N. Main Street
Wheaton, IL 60187

55555, LLC will soon be filing a Certificate of Need application with the Illinois Health Facilities and Services Review Board, requesting approval to establish a 1-procedure room ASTC at 2867 Ogden Avenue in Lisle, Illinois. The proposed ASTC will be approved for interventional pain management and neurological procedures, only. All of the patients anticipated to be referred to the proposed ASTC are currently being treated in the office setting or at a hospital, and as a result, no impact on your facility is anticipated.

The ASTC will be approximately 4,100 square feet, and has a preliminary project cost estimate of approximately \$1.5M. Approximately 3,000 patients are anticipated to be treated in the facility, annually.

Consistent with the requirements of Section 1110.1540.e, you are requested, should you desire, to identify (in terms of loss of patients) the impact, if any, this proposed ASTC will have upon your facility's utilization. Should you elect to respond, it would be appreciated if you would be specific as to the number of patients that you believe that you will lose.

Sincerely,


Jacob M. Axel

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011

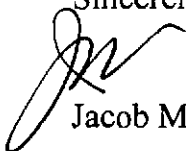
Administrator
DuPage Orthopedic Surgery Center
27650 Ferry Road
Suite 140
Warrenville, IL 60555

55555, LLC will soon be filing a Certificate of Need application with the Illinois Health Facilities and Services Review Board, requesting approval to establish a 1-procedure room ASTC at 2867 Ogden Avenue in Lisle, Illinois. The proposed ASTC will be approved for interventional pain management and neurological procedures, only. All of the patients anticipated to be referred to the proposed ASTC are currently being treated in the office setting or at a hospital, and as a result, no impact on your facility is anticipated.

The ASTC will be approximately 4,100 square feet, and has a preliminary project cost estimate of approximately \$1.5M. Approximately 3,000 patients are anticipated to be treated in the facility, annually.

Consistent with the requirements of Section 1110.1540.e, you are requested, should you desire, to identify (in terms of loss of patients) the impact, if any, this proposed ASTC will have upon your facility's utilization. Should you elect to respond, it would be appreciated if you would be specific as to the number of patients that you believe that you will lose.

Sincerely,



Jacob M. Axel

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011

Administrator
DMG Surgical Center
2725 S. Technology Drive
Lombard, IL 60148

55555, LLC will soon be filing a Certificate of Need application with the Illinois Health Facilities and Services Review Board, requesting approval to establish a 1-procedure room ASTC at 2867 Ogden Avenue in Lisle, Illinois. The proposed ASTC will be approved for interventional pain management and neurological procedures, only. All of the patients anticipated to be referred to the proposed ASTC are currently being treated in the office setting or at a hospital, and as a result, no impact on your facility is anticipated.

The ASTC will be approximately 4,100 square feet, and has a preliminary project cost estimate of approximately \$1.5M. Approximately 3,000 patients are anticipated to be treated in the facility, annually.

Consistent with the requirements of Section 1110.1540.e, you are requested, should you desire, to identify (in terms of loss of patients) the impact, if any, this proposed ASTC will have upon your facility's utilization. Should you elect to respond, it would be appreciated if you would be specific as to the number of patients that you believe that you will lose.

Sincerely,



Jacob M. Axel

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011

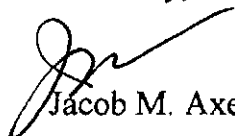
Administrator
Childrens Memorial Outpatient Services
2301 Enterprise Drive
Westchester, IL 60154

55555, LLC will soon be filing a Certificate of Need application with the Illinois Health Facilities and Services Review Board, requesting approval to establish a 1-procedure room ASTC at 2867 Ogden Avenue in Lisle, Illinois. The proposed ASTC will be approved for interventional pain management and neurological procedures, only. All of the patients anticipated to be referred to the proposed ASTC are currently being treated in the office setting or at a hospital, and as a result, no impact on your facility is anticipated.

The ASTC will be approximately 4,100 square feet, and has a preliminary project cost estimate of approximately \$1.5M. Approximately 3,000 patients are anticipated to be treated in the facility, annually.

Consistent with the requirements of Section 1110.1540.e, you are requested, should you desire, to identify (in terms of loss of patients) the impact, if any, this proposed ASTC will have upon your facility's utilization. Should you elect to respond, it would be appreciated if you would be specific as to the number of patients that you believe that you will lose.

Sincerely,


Jacob M. Axel

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011

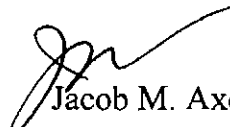
Administrator
Chicago Prostate Surgery center
815 Pasquenelli Drive
Westmont, IL 60559

55555, LLC will soon be filing a Certificate of Need application with the Illinois Health Facilities and Services Review Board, requesting approval to establish a 1-procedure room ASTC at 2867 Ogden Avenue in Lisle, Illinois. The proposed ASTC will be approved for interventional pain management and neurological procedures, only. All of the patients anticipated to be referred to the proposed ASTC are currently being treated in the office setting or at a hospital, and as a result, no impact on your facility is anticipated.

The ASTC will be approximately 4,100 square feet, and has a preliminary project cost estimate of approximately \$1.5M. Approximately 3,000 patients are anticipated to be treated in the facility, annually.

Consistent with the requirements of Section 1110.1540.e, you are requested, should you desire, to identify (in terms of loss of patients) the impact, if any, this proposed ASTC will have upon your facility's utilization. Should you elect to respond, it would be appreciated if you would be specific as to the number of patients that you believe that you will lose.

Sincerely,


Jacob M. Axel

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011


Administrator
Ambulatory Surgicenter of Downers Grove
1580 W. Lake Street
Downers Grove, IL 60515

55555, LLC will soon be filing a Certificate of Need application with the Illinois Health Facilities and Services Review Board, requesting approval to establish a 1-procedure room ASTC at 2867 Ogden Avenue in Lisle, Illinois. The proposed ASTC will be approved for interventional pain management and neurological procedures, only. All of the patients anticipated to be referred to the proposed ASTC are currently being treated in the office setting or at a hospital, and as a result, no impact on your facility is anticipated.

The ASTC will be approximately 4,100 square feet, and has a preliminary project cost estimate of approximately \$1.5M. Approximately 3,000 patients are anticipated to be treated in the facility, annually.

Consistent with the requirements of Section 1110.1540.e, you are requested, should you desire, to identify (in terms of loss of patients) the impact, if any, this proposed ASTC will have upon your facility's utilization. Should you elect to respond, it would be appreciated if you would be specific as to the number of patients that you believe that you will lose.

Sincerely,


Jacob M. Axel

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011

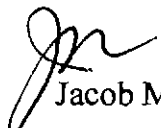
Administrator
Aiden Center for Day Surgery, LLC
1580 West Lake Street
Addison, IL 60101

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Jacob M. Axel

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011

Mr. Michael Goebel
Chief Executive Officer
Adventist Hinsdale Hospital
908 Elm Street
Hinsdale, IL 60521

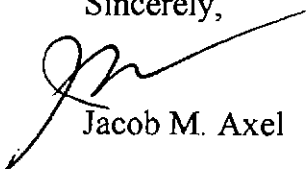
Dear Mr. Goebel:

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Sincerely,



Jacob M. Axel

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011

Mr. Brinsley Lewis
President
Adventist Glen Oaks Medical Center
701 Winthrop Avenue
Glendale Heights, IL 60139

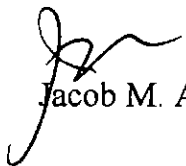
Dear Mr. Lewis:

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Sincerely,


Jacob M. Axel

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011

Mr. Daniel Hale
Interim CEO
Foster G. McGaw Hospital
2160 S. 1st Avenue
Maywood, IL 60153

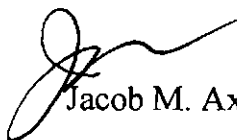
Dear Mr. Hale:

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Sincerely,


Jacob M. Axel

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011

Ms. Pamela Meyer Davis
President and CEO
Edward Hospital
801 S. Washington Street
Naperville, IL 60540

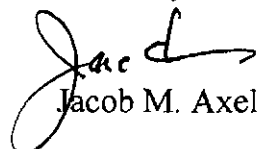
Dear Ms. Davis:

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Sincerely,


Jacob M. Axel

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011

Mr. David Fox
Chief Executive Officer
Advocate Good Samaritan Hospital
3815 Highland Avenue
Downers Grove, IL 60139


Dear Mr. Fox:

55555, LLC will soon be filing a Certificate of Need application with the Illinois Health Facilities and Services Review Board, requesting approval to establish a 1-procedure room ASTC at 2867 Ogden Avenue in Lisle, Illinois. The proposed ASTC will be approved for interventional pain management and neurological procedures, only. The physicians anticipated to perform procedures at the proposed ASTC have not performed any similar procedures at your hospital for a minimum of three years, and as a result, no impact on your facility is anticipated.

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Sincerely,


Jacob M. Axel

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011

Mr. W. Peter Daniels
President & CEO
Elmhurst Memorial Hospital
155 E. Brush Hill Road
Elmhurst, IL 60126


Dear Mr. Daniels:

55555, LLC will soon be filing a Certificate of Need application with the Illinois Health Facilities and Services Review Board, requesting approval to establish a 1-procedure room ASTC at 2867 Ogden Avenue in Lisle, Illinois. The proposed ASTC will be approved for interventional pain management and neurological procedures, only. The physicians anticipated to perform procedures at the proposed ASTC have not performed any similar procedures at your hospital for a minimum of three years, and as a result, no impact on your facility is anticipated.

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Sincerely,


Jacob M. Axel

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011

Mr. Michael Vivoda
President & CEO
Central DuPage Hospital
25 North Winfield, Road
Winfield, IL 60190

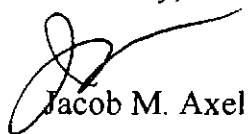
Dear Mr. Vivoda:

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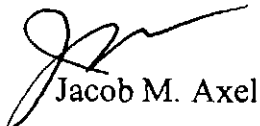
Administrator
Elmhurst Outpatient Surgery Center
1200 S. York Road
Suite 1400
Elmhurst, IL 60126

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Jacob M. Axel

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011


Administrator
Eye Surgery Center of Hinsdale
950 North York Road
Suite 203
Hinsdale, IL 60521

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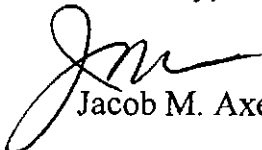
Administrator
Hinsdale Surgical Center
908 North Elm Street
Suite 401
Hinsdale, IL 60521

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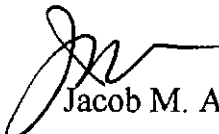
Administrator
Loyola Ambulatory Surgery Center
1 S 224 Summit
Suite 201
Oak Brook Terrace, IL 60181

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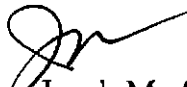
Administrator
Loyola University Ambulatory Surgery Center
2160 S. 1st Street
Maywood, IL 60153

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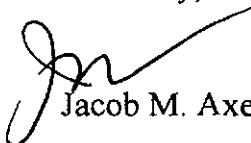
Administrator
Midwest Center for Day Surgery
2811 Highland Avenue
Downers Grove, IL 60515

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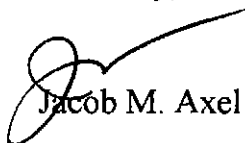
Administrator
Dreyer Ambulatory Surgery Center
1221 Highland Avenue
Aurora, IL 60506

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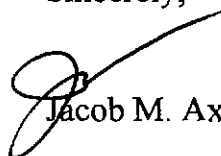
Administrator
Kendall Point Surgery Center
100 W. 5th Street
Oswego, IL 60453

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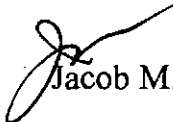
Administrator
DMG Center for Pain Management
2940 Rollingridge Road
Naperville, IL 60564

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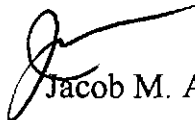
Administrator
Midwest Endoscopy Center
1243 Rickert Drive
Naperville, IL 60540

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Jacob M. Axel

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011

Administrator
Naperville Surgical Center
1243 Rickert Drive
Naperville, IL 60540

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Sincerely,


Jacob M. Axel

by Certified Mail

October 4, 2011


Administrator
The Oak Brook Surgical Centre
2425 W 22nd Street
Oak Brook, IL 60523

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Sincerely,


Jacob M. Axel

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011


Administrator
The Center for Surgery
475 E. Diehl Road
Naperville, IL 60563

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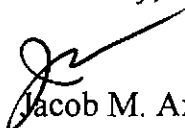
Administrator
Westmont Surgery Center
530 North Cass Avenue
Westmont, IL 60559

55555, LLC will soon be filing a Certificate of Need application with the Illinois Health Facilities and Services Review Board, requesting approval to establish a 1-procedure room ASTC at 2867 Ogden Avenue in Lisle, Illinois. The proposed ASTC will be approved for interventional pain management and neurological procedures, only. All of the patients anticipated to be referred to the proposed ASTC are currently being treated in the office setting or at a hospital, and as a result, no impact on your facility is anticipated.

The ASTC will be approximately 4,100 square feet, and has a preliminary project cost estimate of approximately \$1.5M. Approximately 3,000 patients are anticipated to be treated in the facility, annually.

Consistent with the requirements of Section 1110.1540.e, you are requested, should you desire, to identify (in terms of loss of patients) the impact, if any, this proposed ASTC will have upon your facility's utilization. Should you elect to respond, it would be appreciated if you would be specific as to the number of patients that you believe that you will lose.

Sincerely,


Jacob M. Axel

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by Certified Mail

October 4, 2011


Administrator
Castle Surgicenter
2111 Ogden Avenue
Aurora, IL 60504

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Sincerely,


Jacob M. Axel

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10/03/2011

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Sent To: ADA PERMILL SURGICAL
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4: ADA PERMILL IL 60463

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10/04/2011

Sent To: LTR FOR SURGICAL
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 City, State, ZIP+4: WARRENVILLE IL 60463

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DOWNERS GROVE IL 60139

PS Form 3800, June 2002 See Reverse for Instructions

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ELMHURST IL 60120

PS Form 3800, June 2002 See Reverse for Instructions

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 City, State, ZIP+4
Hinsdale 60121

PS Form 3800, August 2006 See Reverse for Instructions

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10/03/2011

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Wheaton 60187

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WINDYBROOK IL 60190

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 City, State, ZIP+4
MAYWOOD IL 60153

ATTACHMENT 27c

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City, State, ZIP+4 *Downers Grove IL 60515*

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City, State, ZIP+4 *Maywood IL 60153*

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Total Postage & Fees	\$ 5.59

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Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 05.59	10/03/2011

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WESTMONT IL 60559

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FedEx Tracking Number

8755 7144 1648

Form ID No. **0215**

From Please print and press hard.

Date **10/24/11** Sender's FedEx Account Number **1010-8305-4** SENDER'S FEDEX ACCOUNT NUMBER ONLY

Sender's Name **AXEL & ASSOCIATES INC** Phone **(847) 776-7101**

Company **AXEL & ASSOCIATES INC**

Address **675 N NORTH CT**

Dept./Floor/Suite/Room

City **PALATINE** State **IL** ZIP **60067-8157**

Our Internet Billing Reference (not 34 characters will appear on invoice) **OPTIONAL**

Recipient's Name **MICHAEL Goebel** Phone ()

Company **Hinsdale Hospital - Admin.**

Address **908 ELM ST**

HOLD Weekday FedEx location address REQUIRED. For use with FedEx First Overnight.

Address cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room

HOLD Saturday FedEx location address REQUIRED. For use with FedEx Priority Overnight and FedEx 2Day to select locations.

Address Use this line for the HOLD location address or for continuation of your shipping address.

City **Hinsdale** State **IL** ZIP **60521**

0435375494

4 Express Package Service * To most locations.

NOTE: Service not available to certain locations. Please refer to our website.

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FEVY FedEx 2Day A.M. Second business morning.* Saturday Delivery NOT available.

FedEx Priority Overnight Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 2Day Second business morning.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight Next business afternoon.* Saturday Delivery NOT available.

FedEx Express Saver Third business day.* Saturday Delivery NOT available.

5 Packaging * Declared value limit \$500.

FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

6 Special Handling and Delivery Signature Options

SATURDAY Delivery NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required Package may be left without obtaining a signature for delivery.

Direct Signature Someone at recipient's address may sign for delivery. Fee applies.

Indirect Signature If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?

No Yes As per attached Shipper's Declaration. Yes Shipper's Declaration not required. Dry Ice Dry Ice, 8 UN 1845 x kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box. Cargo Aircraft Only

7 Payment Bill to:

Sender Recipient Third Party Credit Card Cash/Check

Total Packages Total Weight Total Declared Value*

Total Declared Value \$ 611.00

The FedEx US Airbill has changed. See Section 4.

Your liability is limited to \$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

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Delivered

Initiated Picked up In transit **Delivered**

Delivered
Signed for by: S.MUELLER

Shipment Dates Destination
 Ship date Oct 24, 2011 [Signature Proof of Delivery](#)
 Delivery date Oct 25, 2011 10:40 AM

Shipment Options [Help](#)

Hold at FedEx Location
Hold at FedEx Location service is not available for this shipment.

Shipment Facts [Help](#)

Service type	Standard Envelope	Delivered to	Receptionist/Front Desk
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Select time zone:

All shipment travel activity is displayed in local time for the location

Date/Time	Activity	Location	Details
Oct 25, 2011 10:40 AM	Delivered		
Oct 25, 2011 7:55 AM	On FedEx vehicle for delivery	HILLSIDE, IL	
Oct 25, 2011 6:28 AM	At local FedEx facility	HILLSIDE, IL	
Oct 24, 2011 10:47 PM	At destination sort facility	CHICAGO, IL	
Oct 24, 2011 10:07 PM	Left FedEx origin facility	SCHAUMBURG, IL	
Oct 24, 2011 7:56 PM	Picked up	SCHAUMBURG, IL	

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United States - English

ESTABLISHMENT OF NEW FACILITIES

Review criterion 1110.1540.f addresses voids in the services proposed to be provided, restrictive admissions policies of existing providers, or joint ventures with hospitals as justification for the establishment of a new ASTC.

None of these circumstances exist or can be met, nor, in a metropolitan area in 2011 (the ASTC part of Section 1110 has not been revised since 1999) would one expect to find a total absence of service or restrictive admissions policies.

As such, a void in service does not exist, since all patients could be referred to the hospital. In addition and as would be expected, none of the hospitals in the GSA discriminate in any way, related to admissions practices.

It should be noted, however, that the facility-related charge associated with performing a procedure in the hospital setting is significantly higher than that of the ASTC setting, in general; and as discussed below, the proposed charge schedule of Lisle Center for Pain Management is even significantly lower than that of other ASTCs

Approximately 49% of the cases anticipated to be brought to the proposed ASTC will be "re-located" from the hospital setting or an ASTC located in Chicago, and these

patients will realize a significant savings by having their procedures performed at the proposed ASTC. Attached are four patient bills for procedures that, had the proposed ASTC been available would have been performed in the ASTC. The facility fees on those patient bills range from \$6,000 to \$10,500. The procedure-specific facility fees that the applicant has attested will be used by Lisle Center for Pain Management are provided in ATTACHMENT 27G, with no fee exceeding \$2,914. On average, the facility fee that would have been charged by the proposed ASTC corresponding to the attached invoices is \$6,105 less than that identified on the attached patient bills.

Last, this project is not being developed as a joint venture with a hospital. That type of relationship of that type is appropriate when a proposed ASTC that will be offering procedures typically provided in the hospital setting, and when a significant number of surgical cases will be moved from the hospital from a hospital's surgical suite to the ASTC. That is not the case with this proposed project.

You are logged in as TERESA M PULIDO

[Home](#) \ [Claims](#) \ [Claims Listing](#) \ [Claim Details](#)

Claim Details

Member: [REDACTED]
 Date(s) of Service: 01/25/2011
 Type: Medical
 Status: Completed

Total Amount billed by Health Care Professional:	\$7,000.00
Your plan pays:	\$5,200.89
Amount you can expect to pay out of pocket:	\$1,099.11

Claim Summary			
Claim ID#: EJAAQL332	Payment: Made on 02/17/2011 to Provider		
Status: Completed	Check Number: 08325-076747815		
Health Care Professional: [REDACTED]			
	Amount	Your Plan Pays	You Pay
Bill received by Aetna on 02/14/2011	\$7,000.00		
Your Aetna member rate	\$6,300.00	\$5,200.89	
SERVICES IN THIS CLAIM Open All			
<u>INJECTION FOR NERVE BLOC 7</u>			
<u>INJECTION FOR NERVE BLOC 7</u>			
Not paid (excluded by plan)			\$0.00
Amount paid toward meeting your deductible			\$0.00
Amount paid toward your remaining coinsurance			\$1,099.11
Your copay amount			\$0.00
Your total responsibility:			\$1,099.11

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You are logged in as TERESA M PULIDO

[Home](#) \ [Claims](#) \ [Claims Listing](#) \ Claim Details

Claim Details

Member: XXXXXXXXXX
 Date(s) of Service: 06/08/2011
 Type: Medical
 Status: Completed

Total Amount billed by Health Care Professional:	\$10,500.00
Your plan pays:	\$8,689.74
Amount you can expect to pay out of pocket:	\$335.26

Claim Summary			
Claim ID#: E7AARSLQM Payment: Made on 06/29/2011 to Provider			
Status: Completed		Check Number: 08325-079580870	
Health Care Professional: XXXXXXXXXX			
	Amount	Your Plan Pays	You Pay
Bill received by Aetna on 06/28/2011	\$10,500.00		
Your Aetna member rate	\$10,500.00	\$8,689.74	
SERVICES IN THIS CLAIM: Open All			
FLUOROSCOPY 1 HR OR LESS			
INJECTION FOR NERVE BLOC 5			
INJECT SPINE C/T 9			
INJECT SPINE C/T 9			
Not paid (excluded by plan)			\$0.00
Amount paid toward meeting your deductible			\$0.00
Amount paid toward your remaining coinsurance			\$335.26
Your copay amount			\$0.00
Your total responsibility:			\$335.26

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ATTACHMENT 27F

You are logged in as TERESA M PULIDO

[Home](#) \ [Claims](#) \ [Claims Listing](#) \ Claim Details

Claim Details

Member: XXXXXXXXXX
 Date(s) of Service: 01/19/2011
 Type: Medical
 Status: Completed

Total Amount billed by Health Care Professional:	\$10,500.00
Your plan pays:	\$5,656.72
Amount you can expect to pay out of pocket:	\$3,793.28

Claim Summary		
Claim ID#: E2PAP5W1B Payment: Made on 02/03/2011 to Provider		
Status: Completed Check Number: 08325-076452504		
Health Care Professional: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	Amount	Your Plan Pays
Bill received by Aetna on 02/01/2011	\$10,500.00	
Your Aetna member rate	\$9,450.00	\$5,656.72
SERVICES IN THIS CLAIM: Open All		
	<u>FLUOROGUIDE FOR SPINE INJECT</u>	
	<u>INJ FORAMEN EPIDURAL L/S</u>	
	<u>INJECT SPINE C/T 9</u>	
Not paid (excluded by plan)	\$0.00	
Amount paid toward meeting your deductible	\$22.13	
Amount paid toward your remaining coinsurance	\$3,771.16	
Your copay amount	\$0.00	
Your total responsibility:	\$3,793.28	

f7

ATTACHMENT 27F

November 30, 2011

Illinois Health Facilities
and Services Review Board
Springfield, IL

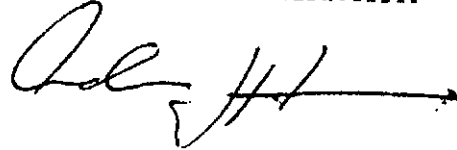
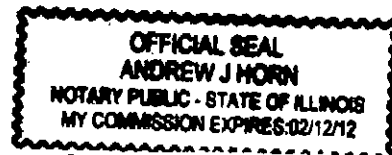
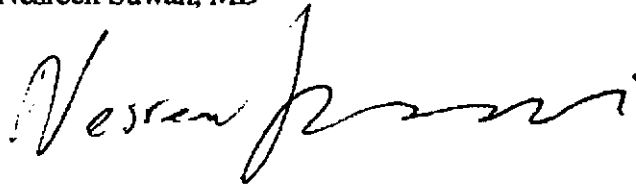
RE: Lisle Center for Pain Management

To Whom It May Concern:

With this letter I hereby commit to not increase the facility fees identified in ATTACHMENT 27G of the above-referenced facility's Application for Permit for a period of two years following the opening of the ASTC.

Sincerely,

Nesreen Suwan, MD



ATTACHMENT 27G

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--Anticipated Procedures and Facility Fees--

CPT CODE & PROCEDURE	FACILITY FEE
11900 - INJECTION INTO SKIN LESIONS	\$193
20552 - INJECTION; SINGLE/MULTIPLE TRIGGER POINT(S), 1/2 MUSCLE	\$518
20805 - DRAIN/INJECT MEDIUM JOINT/BURSA	\$519
20610 - DRAIN/INJECT LARGE JOINT/BURSA	\$518
27096 - INJECTION PROC FOR SACROILIAC JOINT ARTHROGRAPHY &/OR ANESTHETIC/STEROID	\$2,756
82290 - INJECT DISKOGRAM, LUMBAR, EA LEVEL	\$3,142
62310 - INJECTION, W/WO CONTRAST, DX/THERAPEUTIC SUBSTANCE, EPIDURAL/SUBARACHNOID; CERVICAL/THORACIC	\$2,194
62311 - INJECTION, W/WO CONTRAST, DX/THERAPEUTIC SUBSTANCE, EPIDURAL/SUBARACHNOID; LUMBAR/SACRAL	\$2,194
64415 - INJECT NERV BLCK, BRACH PLEXUS	\$518
64421 - INJECT NERV BLCK, INTERCOST, MULTPL	\$1,312
64425 - INJECT NERV BLCK, ILIOINGU/ILIOHYP	\$518
64450 - INJECT NERV BLCK, OTHR PERIPH NERV	\$518
64470 - INJECTION, ANESTHETIC/STEROID, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL/THORACIC, SINGLE LEVEL	\$2,914
64472 - INJECTION, ANESTHETIC/STEROID, PARAVERTEBRAL FACET JOINT/NERVE; CERVICAL/THORACIC, ADD'L LEVEL	\$1,312
64475 - INJECTION, ANESTHETIC/STEROID, PARAVERTEBRAL FACET JOINT/NERVE; LUMBAR/SACRAL, SINGLE LEVEL	\$2,914
64478 - INJECTION, ANESTHETIC/STEROID, PARAVERTEBRAL FACET JOINT/NERVE; LUMBAR/SACRAL, ADD'L LEVEL	\$1,312
64479 - INJECTION, ANESTHETIC/STEROID, TRANSFORAMINAL EPIDURAL; CERVICAL/THORACIC, SINGLE LEVEL	\$2,914
64480 - INJECTION, ANESTHETIC/STEROID, TRANSFORAMINAL EPIDURAL; CERVICAL/THORACIC, ADD'L LEVEL	\$2,914
64483 - INJECTION, ANESTHETIC/STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR/SACRAL, SINGLE LEVEL	\$2,914
64484 - INJECTION, ANESTHETIC/STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR/SACRAL, ADD'L LEVEL	\$2,914
64510 - INJECT NERV BLCK, STELLATE GANGLION	\$2,914
64520 - INJECT NERV BLCK, PARAVERT SYMPATH	\$2,914
64622 - INJECT RX LUMB FACET JT NERVE, SINGL	\$2,788
64623 - INJECT RX LUMB FACET NERVE, ADDNL	\$2,914
64626 - DESTRUCTION, NEUROLYTIC, PARAVERTEBRAL FACET NERVE; CERVICAL/THORACIC, SINGLE LEVEL	\$5,648
64627 - DESTRUCTION, NEUROLYTIC, PARAVERTEBRAL FACET NERVE; CERVICAL/THORACIC, ADD'L LEVEL	\$2,914
64640 - INJECT RX OTHER PERIPH NERVE	\$2,623
72275 - EPIDUROGRAPHY, RADIOLOGICAL S & I	\$585
72295 - DISCOGRAPHY LUMBAR SPINE	\$551
77002 - FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT	\$291
77003 - FLUOR GID & LOCLZJ NDL/CATH SPI DX/THER NJX	\$291
89144 - M-SEDAJ BY SM PHYS PERFRMG SVC 5+ YR	\$386

December 1, 2011

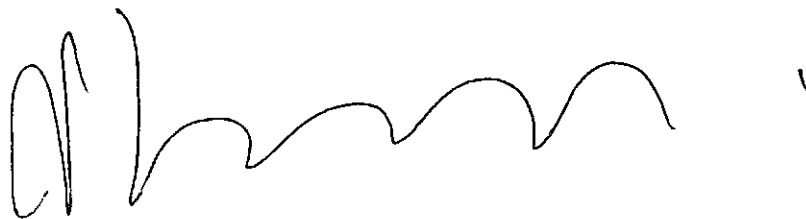
Illinois Health Facilities
and Services Review Board
Springfield, Illinois

To Whom It May Concern:

Please be advised that I have the cash and liquid assets that can be converted to cash within thirty days available to me in order to address the capital costs associated with Lisle Center for Pain Management, as identified in Section VIII of the Application for Permit.

Sincerely,

Nesreen Suwan, MD

A handwritten signature in black ink, appearing to read 'Nesreen Suwan', with a stylized flourish at the end.

December 8, 2011

Illinois Health Facilities
and Services Review Board
Springfield, Illinois

To Whom It May Concern:

I hereby attest that the total estimated costs associated with the development of Lisle Center for Pain Management will be funded by cash and/or cash equivalents.

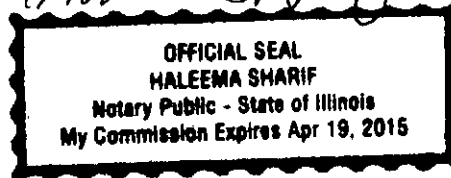
Sincerely,

Nesreen Suwan, MD

Notarized:



Nesreen Suwan 12-17-11



ATTACHMENT 42A

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A		B		C		D		E		F		G		H		Total	
	Cost/Sq. Foot	Foot	Mod.	New	Gross Sq. Ft.	Circ.	Gross Sq. Ft.	Circ.	Mod.	Gross Sq. Ft.	Circ.	Const. \$	Mod. \$	Const. \$	Mod. \$	Costs	(G + H)	
Reviewable ASTC			\$ 210.89				5,640						\$ 1,189,400		\$ 1,189,400		\$ 1,189,400	
contingency			\$ 11.10										\$ 62,600		\$ 62,600		\$ 62,600	
Project Total			\$ 221.99										\$ 1,252,000		\$ 1,252,000		\$ 1,252,000	

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PROJECT OPERATING COSTS and
TOTAL EFFECT OF PROJECT COSTS ON CAPITAL COSTS

LISLE CENTER FOR PAIN MANAGEMENT
YEAR 2 OF OPERATIONS

OPERATING COSTS

	ASTC
salaries & benefits:	\$ 111,195
medical supplies:	<u>negligible</u>
	\$ 111,195

patients: 2,118

Operating Cost per Patient:	\$ 52.50
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CAPITAL COSTS

interest:	\$0
depreciation & amort.:	<u>\$349,146</u>
	\$349,146

Capital Cost per Patient:	\$ 164.85
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SAFETY NET IMPACT STATEMENT
and
CHARITY CARE INFORMATION

The proposed project addresses the establishment of a limited specialty ASTC, and as a result, historical Medicaid and charity care related information cannot be provided. The ASTC will, however, provide both services to Medicaid recipients as well as charity care. Because it is anticipated that virtually all patients referred to Lisle Center for Pain Management will be referred by the two specialists identified in ATTACHMENT 27C, the payor mix of the proposed ASTC will be very similar to that of their practice. Both of the referring physicians have long practices of accepting patients into their practices, regardless of their ability to pay, with professional services being provided without charge, at a reduced rate, or with payments scheduled over an extended period. That practice will extend to the ASTC's facility fees, and a policy addressing that practice is attached.

As a result of the fee schedule identified in ATTACHMENT 27G and the intent to provide discounts to qualifying patients, safety net services in the form of lower cost services will be provided.

Historically, the physicians' practices consist of 40% private insurance, 20% workers' compensation, 20% Medicare recipients, 5% Medicaid recipients, and 15% full

write-off or discounted payment plan; and as noted above, this payor mix represents that anticipated at the ASTC.

LISLE CENTER FOR PAIN MANAGEMENT

Admission of Patients

POLICY:

No patient referred by a member in good standing of the Lisle Center for Pain Management (LCPM) medical staff shall be denied admission because of race, sex, religion, nationality, creed, payment source, or ability to pay.

All patients will be given a copy of patient rights upon admission.

Patients requesting an adjustment of facility fees will be evaluated by LCPM management, taking into consideration such factors as, but not limited to: income, employment status, family size, ability to secure third party coverage, length of time in the physician's practice, past payment history, and willingness to accept payment terms proposed by LCPM. Patients, at the discretion of LCPM management, may be requested to provide certain information, such as but not limited to Internal Revenue Service filings or bank statements to confirm financial status. Any such information will not be retained by LCPM. Terms to be proposed by LCPM management include, but are not limited to: forgiveness of co-payments, payment schedules, partial write-off, and full write-off (charity).

Patients will be required to confirm acceptance of terms on forms provided by LCPM prior to the provision of any services not deemed by the patient's physician to be urgent in nature.

Terms agreed upon by the patient and LCPM management shall be reviewed upon the anniversary of the original agreement.

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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4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	25
5	Flood Plain Requirements	26
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21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	39-89
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31	Kidney Transplantation	
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35	Community-Based Residential Rehabilitation Center	
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