

12-076

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

ORIGINAL**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION****RECEIVED****This Section must be completed for all projects.**

AUG 17 2012

Facility/Project Identification

Facility Name: Chicago Surgical Clinic, Ltd.		HEALTH FACILITIES & SERVICES REVIEW BOARD
Street Address: 129 W. Rand Rd.		
City and Zip Code: Arlington Heights 60004-3132		
County: Cook	Health Service Area: 7-A	

Applicant /Co-Applicant Identification**[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name: Chicago Surgical Clinic, Ltd.	
Address: 201 E. Strong St., Suite 7, Wheeling, IL 60090	
Name of Registered Agent: Alexander Bogachkov	
Name of Chief Executive Officer: Dr. Yelena Levitin, MD	
CEO Address: 3653 Oak Ave., Northbrook, IL 60062	
Telephone Number: 847.215.0530	

Type of Ownership of Applicant/Co-Applicant

☐ Non-profit Corporation	☐ Partnership	
☐ For-profit Corporation	☐ Governmental	
☒ Limited Liability Company	☐ 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]**

Name: Mr. Sam D. Reynish
Title: Office Manager
Company Name: Chicago Surgical Clinic, Ltd.
Address: 201 E. Strong St., Suite 7, Wheeling, IL 60090
Telephone Number: 847.215.0530
E-mail Address: sam_reynish@yahoo.com
Fax Number: 847.215.0951

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

Name: Robert W. Kirk, AIA
Title: President
Company Name: Group A Architecture, Inc.
Address: 1100 Landmeier Rd., Suite 202, Elk Grove Village, IL 60007
Telephone Number: 847.952.1100
E-mail Address: rkirk@groupaarch.com
Fax Number: 847.952.1158

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: Mr. Sam D. Reynish
Title: Office Manager
Company Name: Chicago Surgical Clinic, Ltd.
Address: 201 E. Strong St., Suite 7, Wheeling, IL 60090
Telephone Number: 847.215.0530
E-mail Address: sam_reynish@yahoo.com
Fax Number: 847.215.0951

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Dr. Sam Akmajian (Chicago Surgical Clinic under contract to purchase)
Address of Site Owner: 4160 McHenry St., Suite 102, Long Grove, IL 60047
Street Address or Legal Description of Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Chicago Surgical Clinic, Ltd.			
Address: 201 E. Strong St., Suite 7, Wheeling, IL 60090			
☐	Non-profit Corporation	☐	Partnership
☐	For-profit Corporation	☐	Governmental
☒	Limited Liability Company	☐	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. - 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.

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

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

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
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2. Narrative Description

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

The surgical ambulatory treatment center shall be built in the interior shell of an existing medical condominium building located at 129 W. Rand Rd. in Arlington Heights, Illinois.

The facility will be designed and built on two (2) floors. The first floor will consist of a waiting room that will seat thirteen (13) people, an elevator, and a stair to the second floor, wheelchair storage, handicapped toilet access, and a reception desk. Six (6) exam rooms will be provided on the first and second floors, two (2) with 80 SF, one (1) with 85 SF, two (2) with 100 SF, and one (1) with 130 SF. A lab room and a men's and women's toilet facility will be included adjacent from the exam rooms. A full-service nurse's station will be provided with visual supervision to the entrance to the surgical suite. A rear stair to the second floor will be provided and an employee changing room will be included at the rear of the center. A 200 net square foot endoscopy procedure room in the non-sterile area, with access to the patient recovery area shall be provided. The room will have 44" doors directly across from the patient recovery suite. The recovery suite will have access from both the non-sterile and the sterile useable spaces. Room for three (3) stretchers and three (3) lounge chairs will be provided. A drug distribution station, hand-washing facility, charting facilities, and a nurse's station will be provided in the recovery room. This suite will contain accessibility to a toilet room directly from the suite.

There will be a surgical suite with two (2) operating rooms provided. Both will be 400 square feet. Access to each surgical room shall be through two (2) doors, one 48" wide and the second 30" wide. An operation preparation area will be provided for two (2) stretchers, an anesthesiologist lab, and a surgical scrub area.

The surgical suite will contain a nurse's station, a sterilization/autoclaving area, a clean/preparation room, along with a janitorial room and cleaning supplies. A soiled and material holding space is included adjacent to the surgical suite, with direct access to the exterior.

The second floor will have an upper lobby with seating for five (5). A private office for Dr. Levitin, the CEO, will be provided with a private toilet room, shower, and a bench for resting. A second surgeon's office with desks and lounge chairs will be included. Three (3) exam rooms will be provided for the second floor, two (2) will be 100 SF and one (1) will be 130 SF. An employee lounge and kitchen will be included along with employee changing, lockers, and a toilet. The office manager, along with accounting and a separate office for billing will be provided. A consultation / conference room shall be provided with access to the upper lobby. Separate rooms for surgical supply storage, general storage, mechanical equipment, electrical equipment, and low voltage will be included.

The gross square footage of the first floor is 3,900 and the second floor is 3,800 for a total gross square footage of 7,700.

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	11,000.00		11,000.00
Site Survey and Soil Investigation	1,000.00		1,000.00
Site Preparation	57,000.00		57,000.00
Off Site Work	0.00		0.00
New Construction Contracts	1,500,000.00		1,500,000.00
Modernization Contracts	0.00		0.00
Contingencies	450,000.00		450,000.00
Architectural/Engineering Fees	265,000.00		265,000.00
Consulting and Other Fees	0.00		0.00
Movable or Other Equipment (not in construction contracts)	250,000.00		250,000.00
New Equipment	206,157.00		206,157.00
Bond Issuance Expense (project related)	15,000.00		15,000.00
Net Interest Expense During Construction (project related)	60,000.00		60,000.00
Fair Market Value of Leased Space or Equipment	0.00		0.00
Other Costs To Be Capitalized	293,900.00		293,900.00
Acquisition of Building or Other Property (excluding land)	770,000.00		770,000.00
TOTAL USES OF FUNDS	3,879,057.00		3,879,057.00
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	1,510,057.00		1,510,057.00
Cash Expenditures, Current Outlay	119,000.00		119,000.00
Pledges	0.00		0.00
Gifts and Bequests	0.00		0.00
Bond Issues (project related)	0.00		0.00
Mortgages	0.00		0.00
Leases (fair market value)	0.00		0.00
Governmental Appropriations	0.00		0.00
Grants	0.00		0.00
Existing Equipment	250,000.00		250,000.00
Other Funds and Sources (loans)	2,000,000.00		2,000,000.00
TOTAL SOURCES OF FUNDS	3,879,057.00		3,879,057.00
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: \$770,000.00
Fair Market Value: \$770,000.00

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 \$490,000.00

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

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): April, 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

Are the following submittals up to date as applicable: THE FOLLOWING STATE AGENCY SUBMITTALS ARE NOT APPLICABLE TO CHICAGO SURGICAL CLINIC, LTD.

- ☒ 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	4,429,000.00	N/A	7,700	100%			
Intensive Care	N/A						
Diagnostic Radiology	N/A						
MRI	N/A						
Total Clinical	4,429,000.00		7,700	100%			
NON REVIEWABLE							
Administrative	N/A	N/A	N/A				
Parking	N/A	32	N/A				
Gift Shop	N/A	N/A	N/A				
Total Non-clinical	N/A		N/A				
TOTAL	4,429,000.00	32	7,700	100%			

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

Facility Bed Capacity and Utilization***NOT APPLICABLE – Chicago Surgical Clinic will not have overnight or any bed service***

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:

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

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



SIGNATURE

Yelena Levitin

PRINTED NAME

President

PRINTED TITLE

SIGNATURE

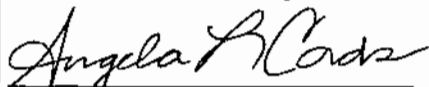
PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 14th day of August 2012

Notarization:

Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

ANGELA L. CORDS
MY COMMISSION EXPIRES
JANUARY 23, 2016

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION

NOT APPLICABLE – The proposed facility is a new facility and not a discontinuation of an existing facility.

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

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

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

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

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

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 Board Report.

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

ALTERNATIVES

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

Alternative options **must** include:

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

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

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE: *NOT APPLICABLE – The proposed ASTC at 129 W. Rand Rd. in Arlington Heights, Illinois will not provide unfinished shell space*

Provide the following information:

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

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

ASSURANCES:

NOT APPLICABLE – The proposed ASTC at 129 W. Rand Rd. in Arlington Heights, Illinois will not provide unfinished shell space

Submit the following:

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

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

SECTION V. - MASTER DESIGN AND RELATED PROJECTS

This Section is applicable only to proposed master design and related projects.

Criterion 1110.235(a) - System Impact of Master Design

Read the criterion and provide documentation that addresses the following:

1. The availability of alternative health care facilities within the planning area and the impact that the proposed project and subsequent related projects will have on the utilization of such facilities;
2. How the services proposed in future projects will improve access to planning area residents;
3. What the potential impact upon planning area residents would be if the proposed services were not replaced or developed; and
4. The anticipated role of the facility in the delivery system including anticipated patterns of patient referral, any contractual or referral agreements between the applicant and other providers that will result in the transfer of patients to the applicant's facility.

Criterion 1110.235(b) - Master Plan or Related Future Projects

NOT APPLICABLE – The new proposed ASTC will not contain any beds or bed capacity and it is not part of any master plan design.

Read the criterion and provide documentation regarding the need for all beds and services to be developed, and also, document the improvement in access for each service proposed. Provide the following:

1. The anticipated completion date(s) for the future construction or modernization projects; and
2. Evidence that the proposed number of beds and services is consistent with the need assessment provisions of Part 1100; or documentation that the need for the proposed number of beds and services is justified due to such factors, but not limited to:
 - a. limitation on government funded or charity patients that are expected to continue;
 - b. restrictive admission policies of existing planning area health care facilities that are expected to continue;
 - c. the planning area population is projected to exhibit indicators of medical care problems such as average family income below poverty levels or projected high infant mortality.
3. Evidence that the proposed beds and services will meet or exceed the utilization targets established in Part 1100 within two years after completion of the future construction of modernization project(s), based upon:
 - a. historical service/beds utilization levels;
 - b. projected trends in utilization (include the rationale and projection assumptions used in such projections);
 - c. anticipated market factors such as referral patterns or changes in population characteristics (age, density, wellness) that would support utilization projections; and
 - d. anticipated changes in delivery of the service due to changes in technology, care delivery techniques or physician availability that would support the projected utilization levels.

Criterion 1110.235(c) - Relationship to Previously Approved Master Design Projects
NOT APPLICABLE – This application is for a new ASTC and is not part of an approved master design.

READ THE CRITERION which requires that projects submitted pursuant to a master design permit are consistent with the approved master design project. Provide the following documentation:

1. Schematic architectural plans for all construction or modification approved in the master design permit;
2. The estimated project cost for the proposed projects and also for the total construction/modification projects approved in the master design permit;
3. An item by item comparison of the construction elements (i.e. site, number of buildings, number of floors, etc.) in the proposed project to the approved master design project; and
4. A comparison of proposed beds and services to those approved under the master design permit.

APPEND DOCUMENTATION AS ATTACHMENT-18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VI - MERGERS, CONSOLIDATIONS AND ACQUISITIONS/CHANGES OF OWNERSHIP

NOT APPLICABLE – There are no mergers, consolidations, and acquisitions / changes in ownership to the proposed facility

This Section is applicable to projects involving merger, consolidation or acquisition/change of ownership.

NOTE: For all projects involving a change of ownership THE TRANSACTION DOCUMENT must be submitted with the application for permit. The transaction document must be signed dated and contain the appropriate contingency language.

A. Criterion 1110.240(b), Impact Statement

Read the criterion and provide an impact statement that contains the following information:

1. Any change in the number of beds or services currently offered.
2. Who the operating entity will be.
3. The reason for the transaction.
4. Any anticipated additions or reductions in employees now and for the two years following completion of the transaction.
5. A cost-benefit analysis for the proposed transaction.

B. Criterion 1110.240(c), Access

Read the criterion and provide the following:

1. The current admission policies for the facilities involved in the proposed transaction.
2. The proposed admission policies for the facilities.
3. A letter from the CEO certifying that the admission policies of the facilities involved will not become more restrictive.

C. Criterion 1110.240(d), Health Care System

Read the criterion and address the following:

1. Explain what the impact of the proposed transaction will be on the other area providers.
2. List all of the facilities within the applicant's health care system and provide the following for each facility.
 - a. the location (town and street address);
 - b. the number of beds;
 - c. a list of services; and
 - d. the utilization figures for each of those services for the last 12 month period.
3. Provide copies of all present and proposed referral agreements for the facilities involved in this transaction.
4. Provide time and distance information for the proposed referrals within the system.
5. Explain the organization policy regarding the use of the care system providers over area providers.
6. Explain how duplication of services within the care system will be resolved.
7. Indicate what services the proposed project will make available to the community that are not now available.

APPEND DOCUMENTATION AS ATTACHMENT-19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

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

A. Criterion 1110.530 - Medical/Surgical, Obstetric, Pediatric and Intensive Care
NOT APPLICABLE - The facility will not provide medical/surgical, obstetric, pediatric, and intensive care

- Applicants proposing to establish, expand and/or modernize Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:
- Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☐ Medical/Surgical		
☐ Obstetric		
☐ Pediatric		
☐ Intensive Care		

- READ the applicable review criteria outlined below and submit the required documentation for the criteria:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.530(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.530(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.530(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.530(b)(5) - Planning Area Need - Service Accessibility	X		
1110.530(c)(1) - Unnecessary Duplication of Services	X		
1110.530(c)(2) - Maldistribution	X	X	
1110.530(c)(3) - Impact of Project on Other Area Providers	X		
1110.530(d)(1) - Deteriorated Facilities			X

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(d)(2) - Documentation			X
1110.530(d)(3) - Documentation Related to Cited Problems			X
1110.530(d)(4) - Occupancy			X
1110.530(e) - Staffing Availability	X	X	
1110.530(f) - Performance Requirements	X	X	X
1110.530(g) - Assurances	X	X	X
APPEND DOCUMENTATION AS <u>ATTACHMENT-20</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

B. Criterion 1110.630 - Comprehensive Physical Rehabilitation**NOT APPLICABLE – The facility will not provide comprehensive physical rehabilitation**

- Applicants proposing to establish, expand and/or modernize Comprehensive Physical Rehabilitation category of service must submit the following information:
- Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☐ Comprehensive Physical Rehabilitation		

- READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.630(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.630(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.630(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.630(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.630(b)(5) - Planning Area Need - Service Accessibility	X		
1110.630(c)(1) - Unnecessary Duplication of Services	X		
1110.630(c)(2) - Maldistribution	X		
1110.630(c)(3) - Impact of Project on Other Area Providers	X		
1110.630(d)(1) - Deteriorated Facilities			X
1110.630(d)(2) - Documentation			X
1110.630(d)(3) - Documentation Related to Cited Problems			X
1110.630(d)(4) - Occupancy			X
1110.630(e)(1) and (2) - Staffing	X	X	
1110.630(e)(2) - Personnel Qualifications	X		
1110.630(f) - Performance Requirements	X	X	X
1110.630(g) - Assurances	X	X	X
APPEND DOCUMENTATION AS ATTACHMENT-21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

C. Criterion 1110.730 - Acute Mental Illness and Chronic Mental Illness**NOT APPLICABLE – The facility will not provide acute mental illness and chronic mental illness services**

- Applicants proposing to establish, expand and/or modernize Acute Mental Illness and Chronic Mental Illness category of service must submit the following information:
- Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☐ Acute Mental Illness		
☐ Chronic Mental Illness		

- READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.730(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.730(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.730(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.730(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.730(b)(5) - Planning Area Need - Service Accessibility	X		
1110.730(c)(1) - Unnecessary Duplication of Services	X		
1110.730(c)(2) - Maldistribution	X		
1110.730(c)(3) - Impact of Project on Other Area Providers	X		
1110.730(d)(1) - Deteriorated Facilities			X
1110.730(d)(2) - Documentation			X
1110.730(d)(3) - Documentation Related to Cited Problems			X
1110.730(d)(4) - Occupancy			X
1110.730(e)(1) - Staffing Availability	X	X	
1110.730(f) - Performance Requirements	X	X	X
1110.730(g) - Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-22, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

D. Criterion 1110.930 - Neonatal Intensive Care***NOT APPLICABLE – The facility will not provide neonatal intensive care services.*****This section is applicable to all projects proposing to add neonatal intensive care beds.****1. Criterion 1110.930(a), Staffing**

Read the criterion and for those positions described under this criterion provide the following information:

1. The name and qualifications of the person currently filling the job.
2. Letters of interest from potential employees.
3. Applications filed for each position.
4. Signed contracts with the required staff.
5. A detailed explanation of how you will fill the positions.

2. Criterion 1110.930(b), Letter of Agreement

Read the criterion and provide the required letter of agreement.

3. Criterion 1110.930(c), Need for Additional Beds

Read the criterion and provide the following information:

- a. The patient days and admissions for the affiliated center for each of the last two years;
or
- b. An explanation as to why the existing providers of this service in the planning area cannot provide care to your projected caseload.

4. Criterion 1110.930(d), Obstetric Service

Read the criterion and provide a detailed assessment of the obstetric service capability.

APPEND DOCUMENTATION AS ATTACHMENT-23, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

E. Criterion 1110.1230 - Open Heart Surgery***NOT APPLICABLE – The facility will not provide open heart surgery.***

This section is applicable to all projects proposing to establish the open heart surgery category of service.

1. Criterion 1110.1230(a), Peer Review

Read the criterion and submit a detailed explanation of your peer review program.

2. Criterion 1110.1230(b), Establishment of Open Heart Surgery

Read the criterion and provide the following information:

- a. The number of cardiac catheterizations (patients) performed in the latest 12-month period for which data is available.
- b. The number of patients referred for open heart surgery following cardiac catheterization at your facility, for each of the last two years.

3. Criterion 1110.1230(c), Unnecessary Duplication of Services

Read the criterion and address the following:

- a. Contact all existing facilities within 90 minutes travel time of your facility which currently provide or are approved to provide open heart surgery to determine what the impact of the proposed project will be on their facility.
- b. Provide a sample copy of the letter written to each of the facilities and include a list of the facilities sent letters.
- c. Provide a copy of all of the responses received.

4. Criterion 1110.1230(d), Support Services

Read the criterion and indicate on a service by service basis which of the services listed in this criterion are available on a 24-hour inpatient basis and explain how any services not available on a 24 hour inpatient basis can be immediately mobilized for emergencies at all times.

5. Criterion 1110.1230(e), Staffing

Read the criterion and for those positions described under this criterion provide the following information:

- a. The name and qualifications of the person currently filling the job.
- b. Letters of interest from potential employees.
- c. Application filed for a position.
- d. Signed contracts with the required staff.
- e. A detailed explanation of how you will fill the positions.

APPEND DOCUMENTATION AS ATTACHMENT-24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

F. Criterion 1110.1330 - Cardiac Catheterization***NOT APPLICABLE – The facility will not provide cardiac catheterization.***

This section is applicable to all projects proposing to establish or modernize a cardiac catheterization category of service or to replace existing cardiac catheterization equipment.

1. Criterion 1110.1330(a), Peer Review

Read the criterion and submit a detailed explanation of your peer review program.

2. Criterion 1110.1330(b), Establishment or Expansion of Cardiac Catheterization Service

Read the criterion and, if applicable, submit the following information:

- a. A map (8 1/2" x 11") showing the location of the other hospitals providing cardiac catheterization service within the planning area.
- b. The number of cardiac catheterizations performed for the last 12 months at each of the hospitals shown on the map.
- c. Provide the number of patients transferred directly from the applicant's hospital to another facility for cardiac catheterization services in each of the last three years.

3. Criterion 1110.1330(c), Unnecessary Duplication of Services

Read the criterion and, if applicable, submit the following information.

- a. Copies of the letter sent to all facilities within 90 minutes travel time which currently provide cardiac catheterization. This letter must contain a description of the proposed project and a request that the other facility quantify the impact of the proposal on its program.
- b. Copies of the responses received from the facilities to which the letter was sent.

4. Criterion 1110.1330(d), Modernization of Existing Cardiac Catheterization Laboratories

Read the criterion and, if applicable, submit the number of cardiac catheterization procedures performed for the latest 12 months.

5. Criterion 1110.1330(e), Support Services

Read the criterion and indicate on a service by service basis which of the listed services are available on a 24 hour basis and explain how any services not available on a 24 hour basis will be available when needed.

6. Criterion 1110.1330(f), Laboratory Location

Read the criterion and, if applicable, submit line drawings showing the location of the proposed laboratories. If the laboratories are not in close proximity explain why.

7. Criterion 1110.1330(g), Staffing

Read the criterion and submit a list of names and qualifications of those who will fill the positions detailed in this criterion. Also provide staffing schedules to show the coverage required by this criterion.

8. Criterion 1110.1330(h), Continuity of Care

Read the criterion and submit a copy of the fully executed written referral agreement(s).

9. Criterion 1110.1330(i), Multi-institutional Variance

Read the criterion and, if applicable, submit the following information:

- a. A copy of a fully executed affiliation agreement between the two facilities involved.
- b. Names and positions of the shared staff at the two facilities.
- c. The volume of open heart surgeries performed for the latest 12-month period at the existing operating program.
- d. A cost comparison between the proposed project and expansion at the existing operating program.
- e. The number of cardiac catheterization procedures performed in the last 12 months at the operating program.
- f. The number of catheterization laboratories at the operating program.
- g. The projected cardiac catheterization volume at the proposed facility annually for the next 2 years.
- h. The basis for the above projection.

APPEND DOCUMENTATION AS ATTACHMENT-25 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

G. Criterion 1110.1430 - In-Center Hemodialysis**NOT APPLICABLE – The facility will not provide in-center hemodialysis.**

1. Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:
2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
☐ In-Center Hemodialysis		

3. READ the applicable review criteria outlined below and submit the required documentation for the criteria:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

4. Projects for relocation of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1110.130 - "Discontinuation" and subsection 1110.1430(i) - "Relocation of Facilities".

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:

☐ Cardiovascular	☒ Obstetrics/Gynecology	☒ Pain Management
☒ Dermatology	☒ Ophthalmology	☒ Podiatry
☒ Gastroenterology	☒ Oral/Maxillofacial	☐ Thoracic
☒ General/Other	☒ Orthopedic	☒ Otolaryngology
☐ Neurology	☒ Plastic	☒ 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

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.

I. Criterion 1110.1730 - General Long Term Care***NOT APPLICABLE – The facility will not provide general long term care.***

1. Applicants proposing to establish, expand and/or modernize General Long Term Care must submit the following information:

Indicate bed capacity changes by Service:
action(s):

Indicate # of beds changed by

Category of Service	# Existing Beds	# Proposed Beds
☐ General Long Term Care		

2. READ the applicable review criteria outlined below and submit the required documentation for the criteria:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Defined Population Establish or Expand
1110.1730(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X				
1110.1730(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X			
1110.1730(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X				
1110.1730(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X			
1110.1730(b)(5) - Planning Area Need - Service Accessibility	X				
1110.1730(c)(1) - Description of Continuum of Care				X	
1110.1730(c)(2) - Components				X	
1110.1730(c)(3) - Documentation				X	
1110.1730(d)(1) - Description of Defined Population to be Served					X
1110.1730(d)(2) - Documentation of Need					X
1110.1730(d)(3) - Documentation Related to Cited Problems			X		
1110.1730(e)(1) - Unnecessary Duplication of Services	X				
1110.1730(e)(2) - Maldistribution	X				
1110.1730(e)(3) - Impact of Project on Other Area Providers	X				
1110.1730(f)(1) - Deteriorated Facilities			X		

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Defined Population Establish or Expand
1110.1730(f)(2) & (3) - Documentation			X		
1110.1730(f)(4) - Utilization			X		
1110.1730(g) - Staffing Availability	X	X		X	X
1110.1730(h) - Facility Size	X	X	X	X	X
1110.1730(i) - Community Related Functions	X		X	X	X
1110.1730(j) - Zoning	X		X	X	X
1110.1730(k) - Assurances	X	X	X	X	X
APPEND DOCUMENTATION AS <u>ATTACHMENT-28</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.					

J. Criterion 1110.1830 - Specialized Long Term Care***NOT APPLICABLE – The facility will not provide specialized long term care.***

This section is applicable to all projects proposing specialized long-term care services or beds.

1. Criterion 1110.1830(b), Community Related Functions

Read the criterion and submit the following information:

- a. a description of the process used to inform and receive input from the public including those residents living in close proximity to the proposed facility's location;
- b. letters of support from social, social service and economic groups in the community;
- c. letters of support from municipal/elected officials who represent the area where the project is located.

2. Criterion 1110.1830(c), Availability of Ancillary and Support Services

Read the criterion, which applies only to ICF/DD 16 beds and fewer facilities, and submit the following:

- a. a copy of the letter, sent by certified mail return receipt requested, to each of the day programs in the area requesting their comments regarding the impact of the project upon their programs and any response letters;
- b. a description of the public transportation services available to the proposed residents;
- c. a description of the specialized services (other than day programming) available to the residents;
- d. a description of the availability of community activities available to the facility's residents.
- e. documentation of the availability of community workshops.

3. Criterion 1110.1830(d), Recommendation from State Departments

Read the criterion and submit a copy of the letters sent, including the date when the letters were sent, to the Departments of Human Services and Public Aid requesting these departments to indicate if the proposed project meets the department's planning objectives regarding the size, type, and number of beds proposed, whether the project conforms or does not conform to the department's plan, and how the project assists or hinders the department in achieving its planning objectives.

4. Criterion 1110.1830(e), Long-term Medical Care for Children Category of Service

Read the criterion and submit the following information:

- a. a map outlining the target area proposed to be served;
- b. the number of individuals age 0-18 in the target area and the number of individuals in the target area that require the type of care proposed, include the source documents for this estimate;
- c. any reports/studies that show the points of origin of past patients/residents admissions to the facility;
- d. describe the special programs or services proposed and explain the relationship of these programs to the needs of the specialized population proposed to be served.

- e. indicate why the services in the area are insufficient to meet the needs of the area population;
- f. documentation that the 90% occupancy target will be achieved within the first full year of

5. Criterion 1110.1830(f), Zoning

Read the criterion and provide a letter from an authorized zoning official that verifies appropriate zoning.

6. Criterion 1110.1830(g), Establishment of Chronic Mental Illness

Read the criterion and provide the following:

- a. documentation of how the resident population has changed making the proposed project necessary.
- b. indicate which beds will be closed to accommodate these additional beds.
- c. the number of admissions for this type of care for each of the last two years.

7. Criterion 1110.1830(i), Variance to Computed Bed Need for Establishment of Beds Developmentally Disabled Adults for Placement of Residents from DHS State Operated Be

Read this criterion and submit the following information:

- a. documentation that all of the residents proposed to be served are now residents of a DHS facility;
- b. documentation that each of the proposed residents has at least one interested family member who resides in the planning area or at least one interested family member that lives out of state but within 15 miles of the planning area boundary where the facility is or will be located;
- c. if the above is not the case then you must document that the proposed resident has lived in a DHS operated facility within the planning area in which the proposed facility is to be located for more than 2 years and that the consent of the legal guardian has been obtained;
- d. a letter from DHS indicating which facilities in the planning area have refused to accept referrals from the department and the dates of any refusals and the reasons cited for each refusal;
- e. a copy of the letter (sent certified--return receipt requested) to each of the underutilized facilities in the planning area asking if they accept referrals from DHS-operated facilities, listing the dates of each past refusal of a referral, and requesting an explanation of the basis for each refusal;
- f. documentation that each of the proposed relocations will save the State money;
- g. a statement that the facility will only accept future referrals from an area DHS facility if a bed is available;
- h. an explanation of how the proposed facility conforms with or deviates from the DHS comprehensive long range development plan for developmental disabilities services.

APPEND DOCUMENTATION AS ATTACHMENT-29, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

K. Criterion 1110.2330 - Selected Organ Transplantation***NOT APPLICABLE – The facility will not provide selected organ transplantation.***

This section is applicable to projects involving the establishment or modernization of the Selected Organ Transplantation service.

- Applicants proposing to establish or modernize Selected Organ Transplantation category of service must submit the following information:
- Indicate changes by Service: Indicate # of rooms changed by action(s):

Transplantation Type	# Existing Key Rooms	# Proposed Key Rooms
☐		

- READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Modernize
1110.2330(b)(1) - Planning Area Need - 7 Ill. Adm. Code 1100 (formula calculation)	X	
1110.2330(b)(2) - Planning Area Need - Service to Planning Area Residents	X	
1110.2330(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X	
1110.2330(b)(4) - Planning Area Need - Service Accessibility	X	
1110.2330(c)(1) - Unnecessary Duplication of Services	X	
1110.2330(c)(2) - Maldistribution	X	
1110.2330(c)(3) - Impact of Project on Other Area Providers	X	
1110.2330(d)(1) - Deteriorated Facilities		X
1110.2330(d)(2) - Documentation		X
1110.2330(d)(3) - Documentation Related to Cited Problems		X
1110.2330(d)(4) - Utilization		X
1110.2330(e) - Staffing Availability	X	
1110.2330(f) - Surgical Staff	X	
1110.2330(g) - Collaborative Support	X	
1110.2330(h) - Support Services	X	
1110.2330(i) - Performance Requirements	X	X
1110.2330(j) - Assurances	X	X

APPEND DOCUMENTATION AS ATTACHMENT-30, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

L. Criterion 1110.2430 - Kidney Transplantation**NOT APPLICABLE – The facility will not provide kidney transplantation.**

This section is applicable to all projects involving the establishment of the kidney transplantation service.

- Applicants proposing to establish or modernize Selected Organ Transplantation category of service must submit the following information:
- Indicate changes: Indicate # of key rooms by action:

Category of Service	# Existing Key Rooms	# Proposed Key Rooms
☐		

- READ the applicable review criteria outlined below and submit required documentation for the criteria printed below in bold:**

APPLICABLE REVIEW CRITERIA	Establish	Modernize
1110.2430(b)(1) - Planning Area Need - 7 Ill. Adm. Code 1100 (formula calculation)	X	
1110.2430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	
1110.2430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X	
1110.2430(b)(4) - Planning Area Need - Service Accessibility	X	
1110.2430(c)(1) - Unnecessary Duplication of Services	X	
1110.2430(c)(2) - Maldistribution	X	
1110.2430(c)(3) - Impact of Project on Other Area Providers	X	
1110.2430(d)(1) - Deteriorated Facilities		X
1110.2430(d)(2) - Documentation		X
1110.2430(d)(3) - Documentation Related to Cited Problems		X
1110.2430(d)(4) - Utilization		X
1110.2430(e) - Staffing Availability	X	
1110.2430(f) - Surgical Staff	X	
1110.2430(g) - Support Services	X	
1110.2430(h) - Performance Requirements	X	X
1110.2430(i) - Assurances	X	X
APPEND DOCUMENTATION for "Surgical Staff" and "Support Services", AS ATTACHMENT-31, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

M. Criterion 1110.2530 - Subacute Care Hospital Model***NOT APPLICABLE – The facility will not provide subacute care hospital model.***

This section is applicable to all projects proposing to establish a subacute care hospital model.

1. Criterion 1110.2530(a), Distinct Unit

- a. Provide a copy of the physical layout (an architectural schematic) of the subacute unit (include the room numbers) and describe the travel patterns to support services and patient and visitor access.
- b. Provide a summary of shared services and staff and how costs for such will be allocated between the unit and the hospital or long-term care facility.
- c. Provide a staffing plan with staff qualifications and explain how non-dedicated staffing services will be provided.

2. Criterion 1110.2530(b), Contractual Relationship

- a. If the applicant is a licensed long-term care facility or a previously licensed general hospital the applicant must provide a copy of a contractual agreement (transfer agreement) with a general acute care hospital. Provide the travel time to the facility which signed the contract. Explain how the procedures for providing emergency care under this contract will work.
- b. If the applicant is a licensed general hospital the applicant must document that its emergency capabilities continue to exist in accordance with the requirements of hospital licensure.

3. Rule 1110.2540(b), State Board Prioritization of Hospital Applications

Read this rule which applies only to hospital applications and provide the requested information as applicable.

a. Financial Support

Will the subacute care model provide the necessary financial support for the facility to provide continued acute care services? Yes ___ No ___

If yes, submit the following information:

- (1) projected two years of financial statements that exclude the financial impact of the subacute care hospital model as well as two years of projected financial statements which include the financial impact of the subacute care hospital model;
- (2) the assumptions used in developing both sets of financial statements;
- (3) a narrative description of the factors within the facility or the area which will prevent the facility from complying with the financial ratios within the next two years without the proposed project;
- (4) a narrative explanation as to how the proposed project will allow you to meet the financial ratios;
- (5) if the projected financial statements (which include the subacute impact) at the applicant facility fail to meet the Part 1120 financial ratios, provide a copy of a binding agreement with another institution which guarantees the financial viability of the subacute hospital model for a period of five years; and
- (6) historical financial statements for each of the last three calendar years.

Subacute Care Hospital Model (continued)

- b. Medically Underserved Area (as designated by the Department of Health and Human Services)

Is the facility located in a medically underserved area? Yes ☐ No ☐

If yes, provide a map showing the location of the medically underserved area and of the applicant facility.

- c. Multi-Institutional System

Provide copies of all contractual agreements between your facility and any hospitals or long-term care facilities in your planning area which are within 60 minutes travel time of your facility which provide for exclusive best effort arrangements concerning transfer of patients between your two facilities. **Note: Best effort arrangement means the acute care facility will encourage and recommend to its medical staff that patients requiring subacute care will only be transferred to the applicant facility.**

- d. Medicare/Medicaid

Provide the Medicare patient days and admissions, the Medicaid patient days and admissions, and the total patient days and admissions for the latest calendar or fiscal year (specify the dates).

- e. Casemix and Utilization

Provide the following information:

- (1) the number of admissions and patient days for each of the last five years for each of the following:

- Ventilator cases
- Head trauma cases
- Rehabilitation cases including spinal cord injuries
- Amputees
- Other orthopedic cases requiring subacute care (Specify diagnosis)
- Other complex diagnosis which included physiological monitoring on a continuous basis

- (2) for multi-institutional systems provide the above information from each of the signatory facilities. If more than one signatory is involved, provide separate sheets for each one.

- f. HMO/PPO Utilization

Provide the number of patient days at the applicant facility for the last 12 months being reimbursed through contractual relationships with preferred provider organizations or HMOs.

- g. Staffing

Provide documentation that the following staff will be available for the subacute care hospital model. Documentation must consist of letters of interest from individuals for each of the positions. Indicate if any of the individuals who will fill these positions are presently employed at the applicant facility.

- Full-time medical director exclusively for the model
- Two or more full-time (FTEs) physical therapist
- One or more occupational therapists
- One or more speech therapists

Subacute Care Hospital Model (continued)**4. Rule 1110.2540(c), State Board Prioritization-Long-Term Care Facilities**

This rule applies to only to LTC facility applications. READ the criterion and submit the required information, as applicable.

a. Exceptional Care

Has the applicant facility had an Exceptional Care Contract with the Illinois Department of Public Aid for at least two years in the past four years? Yes ☐ No ☐

If yes, provide copies of the Exceptional Care contract with the Illinois Department of Public Aid for each of the last four years.

b. Medically Underserved Area (as designated by the Department of Health and Human Services)

Is the facility located in a medically underserved area? Yes ☐ No ☐

If yes, provide a map showing the location of the medically underserved area and of the applicant facility.

c. Medicare/Medicaid

Provide the Medicare patient days and admissions, the Medicaid patient days and admissions, and the total patient days and admissions for the latest calendar or fiscal year (specify the dates).

d. Case Mix and Utilization

Provide the following information:

(1) the number of admissions and patient days for each of the last five years for each of the following:

- Ventilator cases
- Head trauma cases
- Rehabilitation cases including spinal cord injuries
- Amputees
- Other orthopedic cases requiring subacute care (Specify diagnosis)
- Other complex diagnoses which included physiological monitoring on a continuous basis

(2). for multi-institutional systems, provide the same information from each of the signatory facilities. If more than one signatory is involved, provide a separate sheet for each one.

e. HMO/PPO Utilization

Provide the number of patient days at the applicant facility for the last 12 months being reimbursed through contractual relationships with preferred provider organizations or HMO's.

f. Staffing

Provide documentation that the following staff will be available for the subacute care hospital model. Documentation shall consist of letters of interest from individuals for each of the positions. Indicate if any of the individuals who will fill the positions are currently employed by the applicant facility.

-Full-time medical director exclusively for the model ☐

- Two or more full time (FTEs) physical therapists
- One or more occupational therapists

Subacute Care Hospital Model (continued)

- One or more speech therapists

g. Joint Commission on Accreditation of Healthcare Organizations

Is the applicant facility accredited by the Joint Commission? Yes ☐ No ☐ If yes, provide a copy of the latest Joint Commission letter of accreditation.

h. Multi-Institutional Arrangements

Provide copies of all contractual agreements between your facility and any hospitals or long-term care facilities in your planning area which are within 60 minutes travel time of your facility which provide for exclusive best effort arrangements concerning transfer of patients between your two facilities. **Note: Best effort arrangement means the referring facility will encourage and recommend to its medical staff that patients requiring subacute care will only be transferred to the applicant facility.**

5. Section 1110.2540(d), State Board Prioritization of Previously Licensed Hospitals - Chicago

This section must be completed only by applicants whose site was previously licensed as a hospital in Chicago. Provide the following information:

- a. letters from health facilities establishing referral agreement for subacute hospital patients;
- b. letters from physicians indicating that they will refer subacute patients to your proposed facility;
- c. the number of admissions and patient days for each of the last five years for each of the following types of patients (this information must be provided from each referring facility):
 - Ventilator cases
 - Head trauma cases
 - Rehabilitation cases including spinal cord injuries
 - Amputees
 - Other orthopedic cases requiring subacute care (Specify diagnosis)
 - Other complex diagnoses which included physiological monitoring on a continuous basis.

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

N. Criterion 1110.2630 - Post Surgical Recovery Care Center***NOT APPLICABLE – The facility will not provide a post surgical recovery care center*****This section is applicable to all projects proposing to establish a Postsurgical Recovery Care Center Alternative Health Care Model.****Post Surgical Recovery Care Center****1. Criterion 1110.2630(a), Need/Unit Size**

Read the criterion and provide the following information:

- a. the number of postsurgical recovery center beds proposed;
- b. the anticipated number of patients who will utilize the facility; and
- c. for each surgical referral site, for the latest 12 months:
 1. the name of the surgical referral site;
 2. the number of inpatient surgical cases that could have received postsurgical recovery services within the model if it had been available;
 3. the number of the cases identified above expected to be referred to this model and the rationale therefore;
 4. patient identification numbers for each patient;
 5. ICD 9 Code or procedure type for each patient; and
 6. the experienced length of stay for each patient.

2. Criterion 1110.2630(b), Staffing

Read the criterion and submit the following information:

- a. A copy of the plans of the physical layout (design drawings) of the proposed facility. Indicate on these plans the manner by which the proposed area will be physically separate and identifiable from the remaining areas of the health care facility.
- b. A detailed staffing plan identifying the number and type of staff positions dedicated to the model.
- c. The name and qualifications of the proposed Medical Director including a signed commitment to the facility by that person stating a willingness to hold such a position.
- d. Evidence that an on-call physician, licensed to practice medicine in all of its branches, can be physically present at the model within 15 minutes on a 24 hour per day seven day per week basis.

3. Criterion 1110.2630(c), Patient Mix

Read the criterion and provide the following information:

- a. A listing of the types of surgical procedures that will require care in the postsurgical recovery model.
- b. The anticipated number of admissions (for the first year of operation) for the following specialties:
General Surgery _____ Eyes-Ears-Nose-Throat _____ Obstetric/Gynecology _____
Orthopedic _____ Plastic Surgery _____ Ophthalmology _____
Urology _____ Gastroenterology _____ Other (specify) _____
- c. The patient recovery care protocols including an explanation of how patient safety will be assured.

**POSTSURGICAL RECOVERY CARE CENTER
(continued)****4. Criterion 1110.2630(d) Travel Time/Patient Transfer**

Read the criterion and provide the following information:

- a. A map identifying all surgical referral sites for the proposed facility. Indicate distances in miles and travel times by medical transport between each of the surgical referral sites and the applicant facility. Indicate how the travel time was determined.
- b. Name of the person (and the position/title) who will have the responsibility for the transfer of patients from the surgical site to the postsurgical recovery center and copies of the protocols to be used in patient transfers to the Postsurgical Recovery Care Center from each surgical referral site.

5. Criterion 1110.2630(e), On-Site Emergency Care

Read the criterion and provide the following information:

- a. All protocols established for the treatment of emergency patients and the applicant facility's requirements concerning staff training for emergency patient care.
- b. Provide documentation that a crash cart will be available on-site and that staff trained in cardiac defibrillation will be available at all times.

6. Rule 1110.2640(b), State Board Review-Prioritization of Applications for Postsurgical Recovery Care Center Alternative Health Care Model

This rule applies to all applicants proposing to establish a Postsurgical Recovery Centers Alternative Health Care Model. Read the criterion and provide the following information:

- a. The name and population of the county in which the proposed facility will be located.
- b. Name the source of the population figures.
- c. Will the proposed facility be owned or operated by an existing hospital? Yes ☐ No ☐
- d. Will the project be located within or attached to an existing facility? Yes ☐ No ☐
If yes, give the name of the hospital or ASTC and date of initial license
- e. Will the proposed project be located in a Medically Underserved Area as designated by the Department of Health and Human Services? Yes ☐ No ☐ If yes, provide documentation that the facility is located in such an area.
- f. Provide total revenue, Medicare revenue, and Medicaid revenue for each surgical referral site.
- g. Provide a copy of the applicant facility's current accreditation letter if applicable.

APPEND DOCUMENTATION AS ATTACHMENT-33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

O. Criterion 1110.2730 - Children's Community-Based Health Care Center
NOT APPLICABLE – The facility will not provide a children's community-based health care center.

This section is applicable to all projects proposing to establish a Children's Respite Care Alternative Health Care Model.

A. Criterion 1110.2730(a), Admission Policy

Read the criterion and provide the following information:

1. Copies of all admission policies to be in effect at the proposed facility; and
2. Certification that no admission restrictions due to age, race, diagnosis, or source of payment will occur.

B. Criterion 1110.2730(b), Staffing

Read the criterion and provide the following information:

1. A detailed staffing plan for the proposed facility (unit) identifying the number and type of staff positions dedicated to the model;
2. The name and qualifications of the proposed Medical Director including a signed commitment to the facility by that person stating a willingness to hold such a position;
3. A job description for the medical director detailing the position responsibilities; and
4. Documentation as to how special staffing circumstances will be handled.

C. Criterion 1110.2730(c), Mandated Services

Read the criterion and provide a narrative explaining how the services required under the Alternative Health Care Delivery Act and referenced in Section 1110.2720(b) will be provided.

D. Criterion 1110.2730(d), Acute Care Backup

Read the criterion and provide the following information:

1. A signed referral agreement with an acute care facility for the referral of emergency patients;
2. A map identifying the location of the acute care facility; and
3. The travel time to the acute care facility from the applicant facility. Explain how the travel time was calculated.

E. Criterion 1110.2730(e), Patient Screening/Emergency Care

Read the criterion and provide the following information:

1. All protocols established for the screening of potential residents for the severity of medical conditions associated with the required care for the child;
2. Documentation that a care plan will be developed for each child admitted. Explain how this care plan will be developed; and
3. A narrative which explains how emergency situations will be handled.

F. Criterion 1110.2730(f), Education

Read the criterion and provide the following information:

1. Documentation that children who participate in educational programs will continue to receive such services during their stay at the facility; and

CHILDREN'S RESPITE CARE ALTERNATIVE HEALTH CARE MODEL (continued)

2. Identify the person or position who has the responsibility for maintaining these services and explain how the services will be provided.

G. Criterion 1110.2730(g), Age Specific Needs

Read the criterion and provide a narrative description of staff expertise as it pertains to the specific care needs required of the various age groups that will be admitted.

H. Rule 1110.2740(b)(2)(D),

Read the criterion and indicate if the proposed facility is located in a Health Professional Shortage Area as designated by the Department of Health and Human Services.

Yes ☐ No ☐

APPEND DOCUMENTATION AS ATTACHMENT-34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

P. Community-Based Residential Rehabilitation Center

NOT APPLICABLE – The facility will not provide a community-based residential rehabilitation center

This section is applicable to all projects proposing to establish a Community-based Residential Rehabilitation Center Alternative Health Care Model.

A. Criterion 1110.2830(a), Staffing

Read the criterion and provide the following information:

1. A detailed staffing plan that identifies the number and type of staff positions dedicated to the model and the qualifications for each position; and
2. How special staffing circumstances will be handled; and
3. The staffing patterns for the proposed center; and
4. The manner in which non-dedicated staff services will be provided.

B. Criterion 1110.2830(b), Mandated Service

Read the criterion and provide a narrative description documenting how the applicant will provide the minimum range of services required by the Alternative Health Care Delivery Act and specified in 1110.2820(b).

C. Criterion 1110.2830(c), Unit Size

Read the criterion and provide a narrative description that identifies the number and location of all beds in the model. Include the total number of beds for each residence and the total number of beds for the model.

D. Criterion 1110.2830(d), Utilization

Read the criterion and provide documentation that the target utilization for the model will be achieved by the second year of the model's operation. Include supporting information such as historical utilization trends, population growth, expansion of professional staff or programs, and the provision of new procedures that may increase utilization.

E. Criterion 1110.2830(e), Background of Applicant

Read the criterion and provide documentation that demonstrates the applicant's experience in providing the services required by the model. Provide evidence that the programs offered in the model have been accredited by the Commission on Accreditation of Rehabilitation Facilities as a Brain Injury Community-Integrative Program for at least three of the last five years.

APPEND DOCUMENTATION AS ATTACHMENT-35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Q. 1110.2930 - Long Term Acute Care Hospital**NOT APPLICABLE – The facility will not provide a long term acute care hospital.**

- Applicants proposing to establish, expand and/or modernize Long Term Acute Care Hospital Bed Projects must submit the following information:
- Indicate the bed service(s) and capacity: Indicate the # of beds by (action(s):
changes by Service

Category of Service	# Existing Beds	# Proposed Beds
☐ LTACH		
☐ Intensive Care		
☐		

- READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.2930(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.2930(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.2930(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.2930(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.2930(b)(5) - Planning Area Need - Service Accessibility	X		
1110.2930(c)(1) - Unnecessary Duplication of Services	X		
1110.2930(c)(2) - Maldistribution	X		
1110.2930(c)(3) - Impact of Project on Other Area Providers	X		
1110.2930(d)(1) - Deteriorated Facilities			X
1110.2930(d)(2) - Documentation			X
1110.2930(d)(3) - Documentation Related to Cited Problems			X
1110.2930(d)(4) - Occupancy			X
1110.2930(e) - Staffing Availability	X	X	
1110.2930(f) - Performance Requirements	X	X	X
1110.2930(g) - Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

R. Criterion 1110.3030 - Clinical Service Areas Other than Categories of Service
NOT APPLICABLE – The facility will not provide clinical service areas other than categories of service.

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
☐		
☐		
☐		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
New Services or Facility or Equipment	(b) –	Need Determination – Establishment
Service Modernization	(c)(1) –	Deteriorated Facilities
		and/or
	(c)(2) –	Necessary Expansion
		PLUS
	(c)(3)(A) –	Utilization – Major Medical Equipment
		Or
	(c)(3)(B) –	Utilization – Service or Facility
APPEND DOCUMENTATION AS <u>ATTACHMENT-37</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

S. Freestanding Emergency Center Medical Services

NOT APPLICABLE – The facility will not provide freestanding emergency center medical services.

These criteria are applicable only to those projects or components of projects involving the freestanding emergency center medical services (FECMS) category of service.

A. Criterion 1110.3230 – ESTABLISHMENT OF FREESTANDING EMERGENCY CENTER (MEDICAL SERVICES)

Read the criterion and provide the following information:

1. Utilization – Provide the projected number of patient visits per day for each treatment station in the FEC based upon 24-hour availability, including an explanation of how the projection was determined.
2. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data.
3. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated.
4. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status.
5. Certification signed by two authorized representative(s) of the applicant entity(s) that they have reviewed, understand and plan to comply with both of the following requirements:
 - A) The requirements of becoming a Medicare provider of freestanding emergency services; and
 - B) The requirements of becoming licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].
6. Area Need; Service to Area Residents - Document the proposed service area and projected patient volume for the proposed FEC:
 - A) Provide a map of the proposed service area, indicating the boundaries of the service area, and the total minutes travel time from the proposed site, indicating how the travel time was calculated.
 - B) Provide a list of the projected patient volume for the proposed FEC, categorized by zip code. Indicate what percentage of this volume represents residents from the proposed FEC's service area.
 - C) Provide either of the following:
 - a) Provide letters from authorized representatives of hospitals, or other FEC facilities, that are part of the Emergency Medical Services System (EMSS) for the defined service area, that contain patient origin information by zip code, (each letter shall contain a certification by the authorized representative that the representations contained in the letter are true and correct. A complete set of the letters with original notarized signatures shall accompany the application for permit), or
 - b) Patient origin information by zip code from independent data sources (e.g., Illinois Hospital Association CompData or IDPH hospital discharge data), based upon the patient's legal residence, for patients receiving services in the existing service area's facilities' emergency departments (EDs), verifying that at least 50% of the ED patients

**Freestanding Emergency Center Medical Services
(continued)**

served during the last 12-month period were residents of the service area.

7. Area Need; Service Demand – Historical Utilization
 - A) Provide the annual number of ED patients that have received care at facilities that are located in the FEC's service area for the latest two-year period prior to submission of the application
 - B) Provide the estimated number of patients anticipated to receive services at the proposed FEC, including an explanation of how the projection was determined.
8. Area Need; Service Accessibility - Document the following (using supporting documentation as specified in accordance with the requirements of 77 IAC 1110.3230(b)(4)(B) Supporting Documentation):
 - i) The absence of the proposed ED service within the service area;
 - ii) The area population and existing care system exhibit indicators of medical care problems,
 - iii) All existing emergency services within the 30-minute normal travel time meet or exceed the utilization standard specified in 77 IAC 1100.
9. Unnecessary Duplication - Document that the project will not result in an unnecessary duplication by providing the following information:
 - A) A list of all zip code areas (in total or in part) that are located within 30 minutes normal travel time of the project's site;
 - B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and
 - C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide emergency medical services.
10. Unnecessary Maldistribution - Document that the project will not result in maldistribution of services by documenting the following:
 - A) Historical utilization (for the latest 12-month period prior to submission of the application) for existing ED departments within 30 minutes travel time of the applicant's site that is below the utilization standard established pursuant to 77 IAC 1100.800; or
 - B) Insufficient population to provide the volume or caseload necessary to utilize the ED services proposed by the project at or above utilization standards.
11. Unnecessary Duplication/Maldistribution – Document that, within 24 months after project completion, the proposed project will not lower the utilization of other service area providers below, or further below, the utilization standards specified in 77 Ill. Adm. Code 1100 (using supporting documentation in accordance with the requirements of 77 IAC 1110.3230(c)(4)).
12. Staffing Availability - Document that a sufficient supply of personnel will be available to staff the service (in accordance with the requirements of 1110.3230(e)).

B. Criterion 1110.3230 – EXPANSION OF EXISTING FREESTANDING EMERGENCY CENTER MEDICAL SERVICES

Read the criterion and provide the following information:

1. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data.

**Freestanding Emergency Center Medical Services
(continued)**

2. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated.
3. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status.
4. Provide copies of Medicare and EMS licensure, in addition to certification signed by two authorized representative(s) of the applicant entity(s), indicating that the existing FEC complies with both of the following requirements:
 - A) The requirements of being a Medicare provider of freestanding emergency services; and
 - B) The requirements of being licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].
5. Area Need; Service to Area Residents - Document the proposed service area and projected patient volume for the expanded FEC:
 - A) Provide a map of the proposed service area, indicating the boundaries of the service area, and the total minutes travel time from the expanded FEC, indicating how the travel time was calculated.
 - B) Provide a list of the historical (latest 12-month period) patient volume for the existing FEC, categorized by zip code, based on the patient's legal residence. Indicate what percentage of this volume represents residents from the existing FEC's service area, based on patient's legal residence.
6. Staffing Availability - Document that a sufficient supply of personnel will be available to staff the service (in accordance with the requirements of 1110.3230(e)).

C. Criterion 1110.3230 – MODERNIZATION OF EXISTING FREESTANDING EMERGENCY CENTER MEDICAL SERVICES) CATEGORY OF SERVICE

Read the criterion and provide the following information:

1. The historical number of visits (based on the latest 12-month period) for the existing FEC.
2. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data.
3. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated.
4. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status.
5. Provide copies of Medicare and EMS licensure, in addition to certification signed by two authorized representative(s) of the applicant entity(s), indicating that the existing FEC complies with both of the following requirements:
 - A) The requirements of being a Medicare provider of freestanding emergency services; and
 - B) The requirements of being licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].

**Freestanding Emergency Center Medical Services
(continued)**

6. Category of Service Modernization - Document that the existing treatment areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to; high cost of maintenance, non-compliance with licensing or life safety codes, changes in standards of care, or additional space for diagnostic or therapeutic purposes. Documentation shall include the most recent IDPH Centers for Medicare and Medicaid Services (CMMS) Inspection reports, and Joint Commission on Accreditation of Healthcare Organizations reports. Other documentation shall include the following, as applicable to the factors cited in the application; copies of maintenance reports, copies of citations for life safety code violations, and other pertinent reports and data.

APPEND DOCUMENTATION AS ATTACHMENT-38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

VIII. - 1120.120 - Availability of Funds

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

<u>\$1,510,057.00</u>	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
<u>\$0.00</u>	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
<u>\$0.00</u>	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>\$0.00</u>	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
<u>\$0.00</u>	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
<u>\$0.00</u>	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>\$2,000,000.00</u>	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$3,510,057.00</u>	TOTAL FUNDS AVAILABLE	

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

IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

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

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

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

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

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

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

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

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

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

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

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

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

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	56-57
2	Site Ownership	58-81
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	82
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	83-88
5	Flood Plain Requirements	89-94
6	Historic Preservation Act Requirements	95
7	Project and Sources of Funds Itemization	96-97
8	Obligation Document if required	
9	Cost Space Requirements	
10	Discontinuation	
11	Background of the Applicant	98-99
12	Purpose of the Project	100
13	Alternatives to the Project	101-104
14	Size of the Project	105
15	Project Service Utilization	106
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	107-148
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	149-206
28	General Long Term Care	
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30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
39	Availability of Funds	207-208
40	Financial Waiver	209
41	Financial Viability	210
42	Economic Feasibility	211-213
43	Safety Net Impact Statement	214
44	Charity Care Information	215

CHICAGO SURGICAL CLINIC, LTD.

CERTIFICATE OF GOOD STANDING

File Number 6194-805-8



To all to whom these Presents Shall Come, Greeting:

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

CHICAGO SURGICAL CLINIC, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 04, 2001, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1216200345
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 JUNE A.D. 2012 .

Jesse White

SECRETARY OF STATE



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FAX RIDER

This Rider is made a part of and incorporated into that certain Real Estate Contract dated 03/17/2012 for the sale of the property commonly known as SEASONS OFFICE CENTER, 120 RAND ROAD, UNIT 1, ARLINGTON HEIGHTS, IL, entered into by SEASONS OFFICE CENTER, LLC (Seller) and RAND ROAD CENTER, LLC (Purchaser).

The purpose of this RIDER shall be to permit the use of a facsimile machine (fax) in the transmission of the offer, acceptance of the offer and assignment of the contract for real estate described above to which this RIDER has been attached and made a part thereof. The parties agree to such use in the interest of expediency.

THEREFORE, the undersigned parties agree as follows:

1. For purposes of negotiating and finalizing this contract, any document (including this RIDER) transmitted by FAX machine shall be treated in all manner and respects as an ORIGINAL document.
2. The signature of any party on any document transmitted by FAX machine shall be considered for these purposes as an ORIGINAL signature.
3. Any such FAX document shall be considered to have the same binding legal effect as an ORIGINAL document.
4. At the request of either party any FAX document subject to this RIDER shall be re-executed by both parties in an ORIGINAL form.
5. All notices sent by FAX shall be deemed given as of the time and date of transmission. The original document need not be mailed, however, the sender shall retain the proof of transmission and within two (2) business days of any request shall provide a copy of same and the original document to recipient.
6. Notice sent to the attorney representing a party shall be sufficient notice.
7. No party shall make the use of a FAX machine as a defense to this Contract and shall forever waive such defense.

Rand Road Center, LLC

By: J. Selconis

Purchaser

Date

Seller

Date

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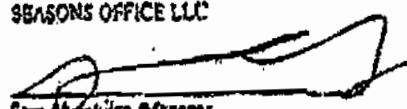
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SELLER:

SEASONS OFFICE LLC


Sam A. Belconis, Manager

Date:

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4. This warranty does not cover damage arising from leaks or water infiltration at perimeter walls or any defects in the Common Elements. This warranty does not cover the Common Elements.
5. This warranty does not cover any portions of the Common Elements with respect to which Seller has not received a manufacturer's warranty, with respect to which the applicable subcontractor's warranty has expired or with respect to which any defect not covered by the applicable subcontractor's warranty.
6. This warranty specifically excludes any incidental, consequential or similar damages caused by any defect or breach of warranty.
7. *Manufacturer's Warranties.*
Any personal property and equipment within the Purchased Unit, if any, are supplied with manufacturer's instructions and warranties. It is recommended that the manufacturer's literature promptly be read and followed. Seller is not a warrantor under and does not adopt such manufacturer's warranties. In the event of defects in such products, the Association should contact the manufacturer directly. Seller is not responsible for the performance of any manufacturer under its warranty.
8. *Other Items.*
No action taken by Seller to correct defects shall extend the warranty beyond the Warranty Period. No representative of Seller has the authority to expand the scope of or extend the duration of this warranty or to make agreements with respect hereto. Seller shall not be obligated to remedy any defects when otherwise required pursuant to this warranty unless and until the Association notifies Seller in writing of the defect and then only if such notification is made before the expiration of the Warranty Period. This warranty shall be null and void as to any particular defect if the Association or any Unit Owner performs repairs to the Common Elements in respect to such defect without receiving the prior written consent of Seller. This warranty is not assignable, and any attempted assignment shall render it null and void.
9. *Enforcement.*
Seller's obligation under this warranty may be enforced by the Association only in direct by Unit Owners individually or otherwise collectively.
10. *Notice.*
Any notices hereunder shall be personally delivered or sent by certified or registered mail, return receipt requested, pursuant to the Agreement § 19.
11. *Architect's Decision.*
In the event of any dispute arising hereunder as to the existence of any defect, which dispute is not resolved by Seller and Purchaser, such dispute shall be submitted to and resolved by the Architect. Such decision of the Architect shall be final and binding on the parties.

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ATTACHMENT 2

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EXHIBIT D

Certificate of Warranty for Common Elements

The terms used in this Certificate of Warranty shall have the same meaning as they do in (a) the Purchase Agreement to which this Certificate of Warranty is attached and of which it is made an Exhibit, (b) the Declaration and (c) the Bylaws of the Association.

Seller warrants the Common Elements of the Building against latent defects arising out of faulty workmanship or material for a period of one year (the "Warranty Period") of one (1) year from the date certified by the Architect as the date on which the Common Elements were substantially completed in accordance with the Plans and Specifications for the Building or such shorter period hereinafter specified, subject to the terms and conditions set forth herein. Seller's obligation under this warranty shall be limited solely to repair or replacement, at its option, of the faulty workmanship or material.

THIS WARRANTY IS DELIVERED PURSUANT TO PARAGRAPH 13 OF THE PURCHASE AGREEMENT, IN LIEU OF ALL OTHER WARRANTIES OF SELLER, EXPRESS OR IMPLIED (INCLUDING WITHOUT LIMITATION ANY IMPLIED WARRANTY OF MERCHANTABILITY, HABITABILITY, OR FITNESS FOR A PARTICULAR PURPOSE), AND EXTENDS ONLY TO THE BENEFIT OF THE ASSOCIATION AND NOT TO ANY UNIT OWNER INDIVIDUALLY, AS TO ANY PERSONAL PROPERTY AND AS TO ANY CONSUMER PRODUCT (AS THAT TERM MAY BE DEFINED UNDER APPLICABLE FEDERAL, STATE, OR LOCAL LAWS OR THEIR IMPLEMENTING REGULATIONS) THAT MAY BE PART OF OR LOCATED IN THE COMMON ELEMENTS. SELLER NEITHER MAKES, NOR ADOPTS, ANY WARRANTY WHATSOEVER AND SPECIFICALLY EXCLUDES EXPRESS OR IMPLIED WARRANTIES OF ANY NATURE, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

This warranty is subject to the following terms, conditions, and exclusions, all of which are an integral part hereof.

1. *Warranty Exclusions.*

The following exclusions and limitations apply to Seller's warranty obligations:

- a. Faucet leaks, toilet adjustments, door and door frame adjustments, and floor and wall tile grouting are covered for a period of sixty (60) days after the date of substantial completion set forth above. Thereafter, any repairs or corrections are the responsibility of Purchaser.
- b. Nail or screw pops or cracks in the walls and ceilings are not covered by this warranty since such conditions do not result from faulty workmanship or defective materials but are the result of normal shrinkage and drying out of building materials, or of normal settlement of the building, wind loads, or other normal movement of the building components. If abnormal conditions (as determined by Seller) exist with respect to these items, Seller will correct such conditions, but only once, within a reasonable time. Seller will not be liable for repainting, wallpapering, or refinishing any repaired areas.
- c. This warranty does not cover ordinary wear and tear or damage due to misuse or neglect, negligence, or failure to provide proper maintenance. This warranty does not cover items that have been modified or repaired by the Association or any Unit Owner or any items that are installed or constructed pursuant to a separate contract or agreement between the Association or any Unit Owner and any party other than Seller.

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Acknowledgment of the Receipt of the Certificate of Warranty for the Unit

On this day, the undersigned Purchaser has received the Certificate of Warranty for Unit. The undersigned agrees that this Certificate of Warranty is in lieu of any warranty of Seller under the Purchase Agreement or implied at law and, in the event of any conflict or inconsistency between the terms hereof and the Purchase Agreement, the terms that better limit any warranty of the Seller (or impose the least obligation, requirement, responsibility and/or liability on the Seller) shall govern and control.

PURCHASER:

Rand and Cato LLC

By:

J. Davis
Authorized Agent

Date:

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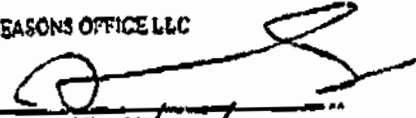
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SELLER:

SEASONS OFFICE LLC


Sam Akmaljian, Manager

Date: 4/14/12

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ATTACHMENT 2

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Electronics 1. This warranty does not cover any portions of the Unit with respect to which Seller has not received a subcontractor's warranty, with respect to which the applicable subcontractor's warranty has expired or will expire to which any defects not covered by the applicable subcontractor's warranty. 2. This warranty specifically excludes any incidental, consequential or similar damages caused by any defect or breach of warranty. 3. For the purpose of this warranty, "latent defect" are limited to those defects that are not apparent at the time of the preparation of the Inspection Report but become apparent and written notice of which is given to Seller before expiration of the warranty period.	Manufacturer's Warranties Any personal property and equipment within the Purchased Unit, if any, are supplied with manufacturer's manuals and warranties. It is recommended that the manufacturer's instruction pamphlet be read and followed. Seller is not a warrantor under and does not adopt such manufacturer's warranties. In the event of defects in such products, Purchaser should contact the manufacturer directly. Seller is not responsible for the performance of any manufacturer under its warranty. Other Items No actions taken by Seller to correct defects shall extend the warranty beyond the Warranty Period. No representative of Seller has the authority to expand the scope of or extend the duration of this warranty or to make agreements with respect to this warranty. Seller shall not be obligated to remedy any defects within otherwise required pursuant to this warranty unless and until Purchaser notifies Seller in writing of the defect and then only if such notification is made before the expiration of the Warranty Period. This warranty shall be null and void as to any particular defect if Purchaser performs repairs to the Purchased Unit in respect to such defect without meeting the prior written consent of Seller. This warranty is not assignable, and any attempted assignment shall render it null and void. Notice Any notices hereunder shall be personally delivered or sent by certified or registered mail, return receipt requested, pursuant to the Agreement § 19. Architect's Decision In the event of any dispute arising hereunder as to the existence of any defect, which dispute is not resolved by Seller and Purchaser, such dispute shall be submitted to and resolved by the Architect. Such decision of the Architect shall be final and binding on the parties.
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EXHIBIT C

Certificate of Warranty for Unit

The terms used in this Certificate of Warranty shall have the same meaning as they do in the Purchase Agreement to which this Certificate of Warranty is attached and of which it is made an exhibit.

Seller warrants the Unit against latent defects arising out of faulty workmanship for a period of one year (the "Warranty Period") of one (1) year from either (a) the date certified by the Architect as the date on which the Purchased Unit is substantially completed in accordance with the Plans and Specifications for the Purchased Unit or (b) the Closing, whichever occurs first, or such shorter period hereafter specified, subject to the terms and conditions set forth herein. Seller's obligation under this warranty shall be limited solely to repair or replacement, at its option, of the faulty workmanship or material.

THIS WARRANTY IS DEEMED SUBSTANTIAL TO PARAGRAPH 13 OF THE PURCHASE AGREEMENT, IS IN LIEU OF ALL OTHER WARRANTIES OF SELLER, WORKS OR IMPROVED (INCLUDING WITHOUT LIMITATION ANY IMPLIED WARRANTY OF MERCHANTABILITY, HABITABILITY, OR FITNESS FOR A PARTICULAR PURPOSE), AND LIMITS ONLY TO THE EXTENT OF THE PURCHASE AS MADE IN THE AGREEMENT § 1. AS TO ANY REMEDIAL PROVISION AND AS TO THE REMEDY THEREOF (AS THAT TERM MAY BE DEFINED UNDER APPLICABLE FEDERAL, STATE, OR LOCAL LAWS OR THEIR IMPLEMENTING REGULATIONS) THAT MAY BE CONTAINED IN THE PURCHASED UNIT, SELLER HEREBY WAIVES ALL WARRANTIES OF ANY NATURE, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

This warranty is subject to the following terms, conditions, and exclusions, all of which are an integral part hereof.

1. Warranty Exclusions.

The following exclusions and limitations apply to Seller's warranty obligations:

- a. Flood, leaks, toilet adjustments, door and door frame adjustments, and floor and wall tile grouting are covered for a period of sixty (60) days after the date of substantial completion set forth above. Thereafter, only repair or correction are the responsibility of Purchaser.
- b. Mold or water spots or cracks in the walls and ceilings are not covered by this warranty since such conditions do not result from faulty workmanship or defective materials but are the result of natural shrinkage and drying out of building materials, or of normal settlement of the building, wind loads, or other normal movement of the building components. If abnormal conditions (as determined by Seller) exist with respect to these items, Seller will correct such conditions, but only once, within a reasonable time. Seller will not be liable for repainting, wallpapering, or refinishing any repaired areas.
- c. This warranty does not cover ordinary wear and tear or damage due to misuse or neglect, negligence, or failure to provide proper maintenance. This warranty does not cover items that have been modified or repaired by Purchaser or any items that are installed or constructed pursuant to a separate contract or agreement between Purchaser and any party other than Seller.
- d. This warranty does not cover damage arising from leaks or water infiltration in perforated walls or any defects in the Common Elements. This warranty does not cover the Common

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Exhibit 2

Unit Description

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EXHIBIT A

Legal Description

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ACKNOWLEDGEMENT

The undersigned fully acknowledges that the warranties set forth in the certificate of limited warranty referred to in Paragraph Thirteen (13) of this Agreement are the only warranties, express or implied, given by Seller for the quality and condition of the Purchased Unit and the Chameleon Elements and that these warranties are given in lieu of and exclusive of any and all other warranties, express or implied, now expressly set forth herein. The foregoing acknowledgment was signed with full knowledge thereof.

PURCHASER:

RAND ROAD CENTER, LLC.

By: *J. Slavich*

Authorized Agent

Date: 03/16/2012

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3. SELLER/PURCHASER'S ATTORNEY.

The Seller shall be represented by David W. Belconis, Attorney At Law, 3313 Algonquin Road, Rolling Meadows, Illinois, 60008 847-618-9188 (Phone) 847-618-9185 (Fax), david@dwbelconis.com (e-mail)

The Purchaser shall be represented by the following Attorney: Law Office of Alden W. Pett, ATTORNEY: Alden W. Pett, Esq., 120 West Madison Street, Suite 1110, Chicago, Illinois, 60602, 312-641-0906 (Phone), 312-641-0908 (Fax).

In Witness Whereof, the Purchaser and Seller have signed and delivered this Agreement as of the date(s) indicated below.

PURCHASER:

RAND ROAD CENTER, LLC

By L. Levitsky

Authorized Agent

Date: 03/16/2012

SELLER

SEASONS OFFICE LLC

By [Signature]

Ben Alonshyan, Manager

Date of Acceptance: 4/19/12

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29. ATTORNEYS' FEES & LITIGATION.

In the event that any party hereto shall become or be made a party to any litigation to interpret, construe or enforce this Agreement, or on account of a breach or default hereunder, or otherwise on account of being a party hereto, then the prevailing party, in addition to any other right, remedy, relief or damages awarded in such litigation, shall also have the right to recover from the other party all of the prevailing party's costs and expenses of such litigation, including but not limited to the prevailing party's attorneys' fees incurred in any proceedings, including arbitration, litigation and appeals. For the purposes of this Section, the "prevailing party" shall be the party who is successful on any significant issue and achieves some material benefit in bringing suit or who receives a judgment, or successfully obtains affirmative relief in its favor on any significant issue or who successfully defends a claim. It is acknowledged that there may be more than one "prevailing party" where there are multiple claims or defenses.

30. EXHIBITS

Exhibits, schedules and Riders attached hereto and/or referenced herein, if any, are incorporated herein and made a part hereof.

31. CONSTRUCTION.

Purchaser acknowledges and agrees that Purchaser has had the benefit of, or the opportunity to seek the advice of competent independent legal counsel or other advisors with respect to this Agreement and that each party has had an equal right to negotiate the terms hereof and participate in the drafting of this Agreement. No rule of law or construction which would require that this Agreement be construed more strongly for or against any party hereto shall be applicable to the enforcement, interpretation or construction of this Agreement.

32. GOVERNING LAW.

This Agreement shall be construed under the laws of the State of Illinois.

33. HEADINGS.

The headings and captions contained herein are inserted for convenience only and shall not be deemed to construe or limit the provisions to which they apply.

34. CONTACT PERSON WITH AUTHORITY.

The person identified on Page 1 of this Agreement as Purchaser's "Contact Person" shall be conclusively presumed to have full authority to act on behalf of the Purchaser. If Purchaser desires to vest a different person with such authority, Purchaser shall so notify Seller in writing in the manner provided for herein for giving notices.

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and effect, the Earnest Money shall be refunded to Purchaser, together with interest thereon and neither party hereto shall have any further rights, obligations or liabilities hereunder. If Purchaser fails to deliver said notice to Seller within the time provided for herein, Purchaser shall be deemed to have waived Purchaser's right to terminate this Agreement as herein provided and this Agreement shall remain in full force and effect.

23. BUILDING OPERATIONS.

Until such time as the unit owners elect their first Board of Directors of the Association as provided in the Condominium Documents, Seller shall have the right to enter into, or cause the Association to enter into, contracts or leases for such period of time and on such reasonable terms as it shall deem advisable, subject to the limitations imposed by the Act and Declaration to provide Unit Owners with all necessary or convenient services, including but not limited to management, janitor, insurance, elevator maintenance, and scavenger service (all of which Purchaser hereby approves and consents to), at such time and to the extent commensurate with the occupancy level of the Building, as determined solely by the Seller. If Seller pays for any such services or advances any funds to the Association on account thereof, Seller shall be entitled to reimbursement for such amount from the Association.

24. POSSESSION AND OCCUPANCY.

Purchaser shall be entitled to possession of the Purchased Unit from and after the Closing. It is understood and agreed that Purchaser shall not have the right to occupy or enter the Purchased Unit before delivery of possession or as otherwise provided herein, and neither Purchaser nor any agent, contractor, or employee of Purchaser shall be entitled to be in the Unit unless accompanied by Seller or its agent.

25. INTENTIONALLY LEFT BLANK.

26. ENTIRE AGREEMENT.

This Agreement constitutes the entire agreement between Purchaser and Seller. No representations, warranties, undertakings, or promises, whether oral, implied, or otherwise, can be made or have been made by either Seller (or Seller's authorized agents) or Purchaser or the other unless expressly stated herein or unless mutually agreed to in writing by the parties hereto.

27. SEVERABILITY.

The invalidity, illegality, or unenforceability of any agreement, restriction, condition, reservation, or any other provision of this Agreement, in its entirety or as applied to particular circumstances, shall not impair or affect in any manner the validity, legality, enforceability, or effect thereof as otherwise applied or of the remainder of this Agreement.

28. GENDER.

The necessary grammatical changes required to make the provisions of this Agreement apply to the past, present or future, or the singular or plural, or to the appropriate gender, as the intent of such changes is evident from the terms hereof shall in all cases be assumed as though in each case fully expressed.

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In accordance with the provisions of this Section shall be conclusively deemed receipt thereof and knowledge of its contents.

20.

DEFINITIONS.

Time is of the essence of this Agreement.

a. **Purchaser Defaults.** If Purchaser shall fail to make any payment herein provided for, or shall fail or refuse to carry out any other obligation of Purchaser under the terms of this Agreement and any supplemental agreements made a part hereof, or shall fail to appear at the time and place designated above in close the transaction, or shall fail to make deposits required hereunder, when and as required, then, on notice to Purchaser, all sums theretofore paid to Seller by Purchaser, including funds for Escrow, shall be forfeited as liquidated damages (and not as penalty) and shall be retained by Seller. Seller shall have any and all other remedies available at law or in equity. Purchaser's failure to elect pursuant to the terms hereof shall be a default.

b. **Seller Defaults.** If Seller fails or refuses to carry out any covenants or obligations hereunder, declines to close or fails to substantially complete the Unit by the date provided for in this Agreement and fails to cure such default within 30 days after notice of such default, the parties specifically agree that Purchaser's damages as a result of such default are not capable of ascertainment and are not ascertainable and, therefore, Purchaser's sole and exclusive legal and equitable remedy (in lieu of all other legal or equitable remedies hereunder, or otherwise) shall be a refund of Purchaser's Earnest Money deposit and the right to liquidated damages in an amount of \$1,000 as a default fee. Upon payment to Purchaser of the aforesaid sums, this Agreement shall thereupon be null and void.

21.

TOWN FOR ACCEPTANCE.

This Agreement, when executed by Purchaser and delivered to Seller, together with the earnest money, shall constitute an irrevocable offer to purchase the Purchased Unit by Purchaser for a period of thirty (30) days after the date of the execution hereof by Purchaser. In the event Seller executes this Agreement and delivers a copy thereof to Purchaser within said 30 day period, the offer shall be deemed accepted and the Agreement made. In the event this offer is not accepted within 30 days after the date of execution hereof by Purchaser, all deposits made shall be returned by Seller to Purchaser, and the offer shall be deemed withdrawn.

22.

DESTRUCTION.

If, before Closing, the Purchased Unit or a material portion of the Property or that part of the Building required for reasonable access to the Purchased Unit shall be destroyed or damaged by fire or other casualty, this Agreement shall, at the option of Seller, be terminated by notice to Purchaser within thirty (30) days after such destruction or damage, be null and void, and the Earnest Money shall be refunded to Purchaser with any statutory interest due thereon and thereupon neither party herein shall have any further rights, obligations or liabilities hereunder. If Seller does not elect to terminate this Agreement as aforesaid, then Purchaser shall not be relieved of its obligations hereunder unless and until written notice to the Purchased Unit, Property, or Building is given by Seller to Purchaser within 90 days after the date of such destruction or damage. If such destruction or damage occurs after the date of Closing, the Seller shall be deemed to have accepted the condition of the Building as it exists at the time of Closing and shall not be responsible for any further destruction or damage to the Building or the Property.

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16. UNPAID UNITS

Seller may enter into loans for unpaid units in the Building upon such terms and conditions as Seller may elect and Seller shall pay the monthly assessments on all Units owned by Seller until such Units are sold and due to such units are conveyed.

17. ASSIGNMENT AND RECORDING

This Agreement shall be binding on and shall inure to the benefit of the parties hereto and their respective heirs, devisees, personal representatives, successors, and permitted assigns; provided, however, that Purchaser may not directly or indirectly assign, sell, over, or transfer this Agreement or any of Purchaser's rights or interests under this Agreement without the prior written consent of Seller. The foregoing sentence of this section notwithstanding, Purchaser shall have the right to designate a different party to be the grantee in the deed to be passed at Closing so long as Purchaser owns a majority interest in the designee, but such designation shall not relieve Purchaser of any of Purchaser's obligations hereunder, including the following provisions of this Section. Purchaser shall not record or cause or permit this Agreement or any memorandum or other evidence thereof to be recorded. Any such recording of this Agreement by Purchaser, or any other attempt by Purchaser to cloud Seller's title to the Building or the Unit shall be conclusively deemed to be a willful slander of Seller's title and in addition to any other damages Seller may incur as a result thereof, Seller shall be entitled to recover from Purchaser all of Seller's compensatory damages including but not limited to all of Seller's costs, expenses and attorneys' fees incurred to clear title to the Unit and the Building. In the event of any such recording or other clouding of Seller's title to the Unit or the Building, then, at the election of the Seller, this Agreement shall become null and void and all of Purchaser's rights hereunder shall automatically cease and terminate. In such event Seller may elect to retain all sums paid by Purchaser hereunder as Seller's liquidated damages and not as penalty; provided, however, Seller's remedies on account thereof shall not be limited to the retention of said funds.

18. BROKER

Purchaser represents and warrants that no broker, other than the broker identified on Page 1 of this Agreement was instrumental in submitting, showing, or selling the Unit Ownership to Purchaser and Purchaser agrees to protect, defend, indemnify and hold Seller, and its agents and beneficiaries, harmless from any and all claims, demands, judgments, causes of action, costs, liabilities and expenses, including attorney's fees, incurred or suffered by or made against Seller in conjunction with any claim by any broker or finder claiming a commission, a finder's fee or any other remuneration on account of Purchaser's purchase of the Unit Ownership asserted against Seller by any broker other than the one named in this paragraph.

19. NOTICES

All notices and demands herein required or permitted shall be in writing and shall be delivered personally with a receipt requested therefor or sent by using a bonded and reputable overnight air courier service with a receipt for delivery or by United States registered or certified mail, return receipt requested, postage prepaid and addressed to the parties, or their attorney, at their respective addresses set forth in this Agreement unless a party changes its address for receipt of notices by service of a notice of such change in accordance herewith. Such notices shall be effective (i) upon receipt or refusal if delivered personally; or (ii) one business day after deposit with such overnight courier service or (iii) two business days after deposit in the mail, if mailed. Facsimile or electronic mail transmissions of any such notice in accordance with the Fax Rider attached hereto, demand or other document shall be deemed ineffective notice even though actually received. The failure or refusal of any party to accept any notice, demand, instruction or other writing given

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ordinance. Seller shall pay the title and recording charges customarily charged to sellers by the Title Insurance, and Purchaser shall pay title and recording charges customarily charged to purchasers by the Title Insurance. Including, but not limited to closing fees and recording fees for Purchaser's deed and mortgage. Purchaser shall pay all charges, costs, and expenses relating to Purchaser's mortgage financing. If any, including private mortgage insurance, loan and service fees and prepaid interest. Purchaser hereby disclaims the Title Insurance as the title insurance company to furnish title insurance as herein required.

- a. **Closing Documents.** At Closing, Seller shall deliver to the Escrowee, the Deed, ALTA endorsement, a Bill of Sale for any Personal Property, State and County transfer tax documents, a closing statement, a payoff letter, a proceeds letter if necessary, Seller's standard warranty, a "no assessment" letter on behalf of the Association, an insurance certificate, and all original equipment manufacturers', lessors' or suppliers' warranties covering any Personal Property, finished, equipment located within and exclusively serving the Unit. Seller shall also furnish Purchaser a Certificate of Insurance for the Building, naming Purchaser and Purchaser's Mortgagee as their interest may appear, and a copy of a survey depicting the location in the Building where the Purchased Unit is located.

- c. **Title Insurance.** As a condition precedent to disbursement of sale proceeds from the escrow, the Title Insurer shall be prepared to issue its ALTA Form B Title Insurance Policy, in the amount of the Purchase Price, and with extended coverage over general exceptions 1 through 5 covering title to the Unit and showing title to the Unit Ownership in Purchaser or such other grantees as Purchaser shall direct pursuant to Section 17 hereof, and subject only to those title exceptions permitted by the terms of this Agreement. That commitment shall be conclusive evidence of good title as herein shown as to all matters to be insured by such policy subject only to the matters therein stated. At Closing, the balance of the Purchase Price, or part thereof, may be applied by Seller to obtain a release of the Unit Ownership from any prior lien on the Unit Ownership. If there are title exceptions other than the Permitted Exceptions, Seller shall have thirty (30) days from the date the escrow is established to cure or obtain title insurance over the additional exceptions, and Closing shall be delayed until those exceptions are cured or waived over. If Seller fails to have the exceptions removed or, in the alternative, to obtain an endorsement to the title policy by which the Title Insurer guarantees Purchaser against any loss or damage on account of such exceptions, in the event and customary form provided by the Title Insurer, within the specified time, Purchaser may terminate this Agreement on notice to Seller within ten (10) days after the expiration of the 30 day period, in the absence of such notice, Purchaser shall be deemed to have accepted the status of title and shall be obligated to close within five (5) days after the expiration of said 10 day period.

- d. **Provisions.** Real estate taxes shall be provided, at closing, based on 110% of the most recent assessable full year net bill. All provisions shall be final.

SALES PROMOTION

For the purpose of completing the sales promotion for the Units in The Sageman Office Corporate Office Center, Seller and its agents are hereby given full right and authority to place and maintain on, in, and about the Building and the Property (including the Purchased Unit) signs, sales offices, signs, banners, posters, lighting and other promotional material related to this sales promotion purposes, for such period of time, at such locations, and in such forms as shall be determined by Seller, Seller, its agents, employees, successors, assigns and prospective Unit purchasers are also hereby given, for these sales promotion purposes, the right of ingress to, egress from, the Building and other use of the Property (including the Purchased Unit). Purchaser shall not do any act which interferes with Seller's ability to complete the construction and sale of Units in the Building.

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13. WARRANTY

ILLINOIS LAW PROVIDES THAT EVERY CONTRACT FOR THE CONSTRUCTION OF A NEW CONDOMINIUM UNIT CARRIES WITH IT A WARRANTY THAT THE UNIT, WHEN COMPLETED, WILL BE FREE OF DEFECTS AND WILL BE FIT FOR ITS INTENDED USE. THIS LAW FURTHER PROVIDES THAT THIS IMPLIED WARRANTY DOES NOT HAVE TO BE IN WRITING TO BE A PART OF THE CONTRACT, AND THAT IT COVERS NOT ONLY STRUCTURAL AND MECHANICAL DEFECTS SUCH AS MAY BE FOUND IN THE FOUNDATION, ROOF, MASONRY, HEATING, ELECTRICAL AND PLUMBING, BUT ALSO COVERS ANY DEFECT IN WORKMANSHIP WHICH MAY NOT EASILY BE SEEN BY THE PURCHASER. HOWEVER, THIS LAW ALSO PROVIDES THAT A SELLER-BUILDING AND PURCHASER MAY AGREE IN WRITING THAT THIS IMPLIED WARRANTY IS NOT INCLUDED AS PART OF THEIR PARTICULAR CONTRACT.

SELLER DISCLAIMS AND EXCLUDES, AND PURCHASER HEREBY UNDERSTANDS AND WAIVES ANY AND ALL IMPLIED WARRANTIES (INCLUDING ANY WARRANTIES OF MERCHANTABILITY, HABITABILITY AND FITNESS FOR A PARTICULAR PURPOSE) WITH RESPECT TO THE UNIT AND THE COMMON ELEMENTS, WHETHER ARISING BY CUSTOM, USAGE, CUSTOMS OF TRADE, STATUTORY OR DECISIONAL LAW OR OTHERWISE. SELLER AND PURCHASER ACKNOWLEDGE, UNDERSTAND AND AGREE THAT THE AFORESAID WARRANTIES ARE NOT PART OF THIS AGREEMENT.

14. WARRANTIES

ONLY THE EXPRESS WRITTEN WARRANTIES CONTAINED IN THE CERTIFICATE OF LIMITED WARRANTY SUBSTANTIALLY IN THE FORM ATTACHED HERETO ARE INCLUDED IN THIS AGREEMENT. PURCHASER UNDERSTANDS THE CONSEQUENCES OF ACCEPTING THE EXPRESS WARRANTIES AS A SUBSTITUTE FOR THE IMPLIED WARRANTY OF MERCHANTABILITY AND THE OTHER IMPLIED WARRANTIES DESCRIBED ABOVE AND ANY OTHER WARRANTIES EXPRESS OR IMPLIED WITH RESPECT TO THE UNIT, THE COMMON ELEMENTS, AND THE BUILDING OR THE PROPERTY. UNDER NO CIRCUMSTANCES SHALL SELLER OR SELLER'S AGENTS, OFFICERS, OWNERS OR REPRESENTATIVES BE LIABLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR SIMILAR DAMAGES. PURCHASER FURTHER ACKNOWLEDGES THAT PURCHASER'S ACCEPTANCE OF SELLER'S DISCLAIMER OF WARRANTIES IS AN ESSENTIAL PART OF THIS AGREEMENT BETWEEN PURCHASER AND SELLER. PURCHASER ACKNOWLEDGES THAT IT IS BUYING THE UNIT, RIGHTS APPURTENANT THERETO IN OTHER PROPERTY, AND ANY PERSONAL PROPERTY TO BE CONVEYED, ALL WITHOUT WARRANTY OR REPRESENTATION OF ANY KIND, EXPRESS OR IMPLIED, BY SELLER OR ANY OFFICER, EMPLOYEE, AGENT, BROKER, OR OTHER REPRESENTATIVE OF SELLER, OTHER THAN THAT SET FORTH ABOVE. PURCHASER WAIVES ALL RIGHTS AGAINST SELLER, UNDER ANY LOCAL THEORY AND WHATEVER ARISING, BASED IN WHOLE OR IN PART ON CONDITIONS NOT WARRANTED OR FOR DAMAGES HEREBY EXCLUDED.

THIS SECTION MAY NOT BE MODIFIED BY ANY METHOD (INCLUDING, WITHOUT LIMITATION, ORAL REPRESENTATION OR COURSE OF CONDUCT) OTHER THAN A WRITTEN INSTRUMENT EXECUTED ON BEHALF OF SELLER BY ITS OFFICERS OR ATTORNEYS, AND PURCHASER UNDERSTANDS THAT NO OTHER PARTY IS OR WILL BE AUTHORIZED SO TO EXECUTE AN INSTRUMENT.

14. CLOSING, CLOSING DOCUMENTS AND TITLE INSURANCE

- a. *Time and Manner of Closing.* Closing shall occur on or before April 20, 2012. The Unit will be in broom clean condition. This sale shall be closed through an escrow with CLASSIC TITLE, LLC, an agent of Stewart Title Guaranty Company, (the "Title Insurer") in accordance with the general provisions of Seller's form of Deed and Money Escrow Agreement (the "Escrow") then used by Seller. Payment of the balance of the Purchase Price and delivery of the deed shall be made through the escrow. The cost of the Escrow shall be divided equally between Seller and Purchaser, and Purchaser shall bear the cost of any moneylender's escrow then shall be required by Purchaser's mortgage lender.
- b. *Costs.* Illinois and Cook County real estate transfer taxes shall be paid by Seller, and Village of Arlington Heights real estate transfer tax, if any, shall be paid by the party designated in the Village

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11. CONDOMINIUM DOCUMENTS.

- a. *Receipt and Recording of Condominium Documents.* Before Purchaser's execution of this Agreement, a copy of the Declaration or proposed form thereof was delivered to Purchaser, along with a copy of the Bylaws of the Association (the "Bylaws"), the proposed first year's Budget for the Association prepared in accordance with the Act, the floor plan of the Building, the floor plan of the Purchased Unit, the proposed Articles of Incorporation of the Association. Purchaser hereby acknowledges delivery of these documents and the opportunity to review the documents. The Declaration, Bylaws, Budget, and proposed Articles of Incorporation of the Association are herein collectively called the "Condominium Documents." Before Closing, Seller shall cause the Declaration to be recorded in the Recorder's Office of Cook County, Illinois, in accordance with the Illinois Condominium Property Act and shall form the Association. Purchaser, by acceptance of a deed to the Unit, shall become a member of the Association and shall be bound, and abide, by the provisions of the Condominium Documents.
- b. *Changes to Condominium Documents.* Seller reserves the right to amend the Condominium Documents before the Closing in its sole and absolute discretion, to the extent permitted by the Act. To the extent that Section 22 of the Act requires Purchaser's approval of certain changes in the Condominium Documents, Purchaser's sole remedy in the event Purchaser disapproves of any such change shall be to rescind this Agreement within the time and in the manner provided in the Act. This sale and Purchaser's title to the Unit Ownership are subject to the terms and conditions of the Act and Condominium Documents. Purchaser agrees that, from and after Closing, Purchaser will comply with the provisions of the Condominium Documents, as amended from time to time, and to perform the obligations imposed on Unit Owners thereunder.

12. CONVEYANCE OF TITLE.

- a. *Special Warranty Deed.* At Closing, Seller shall convey, or cause to be conveyed, to Purchaser title to the Unit Ownership by a Special Warranty Deed together with a completed State of Illinois real estate transfer tax declaration executed by Seller or Seller's agent. Seller shall pay at Closing all state and county transfer taxes and any transfer or transaction tax imposed by local ordinances shall be paid by the party so designated in the local ordinance. Title to the Unit shall be conveyed subject to (a) general real estate taxes not due and payable at the time of Closing; (b) the Act, including amendments thereto; (c) the Condominium Documents, including all amendments and exhibits thereto; (d) applicable zoning and building laws and ordinances; (e) acts done or suffered by Purchaser or anyone claiming by, through, or under Purchaser; (f) easements, agreements, conditions, covenants, building lines encroachments and restrictions of record, if any, that do not interfere with or adversely affect Grantee's use of the Unit as a surgical center; (g) leases and licenses affecting the Common Elements of Purchaser; (h) special taxes or assessments for improvements not yet completed; and (i) liens and any other matters of title over which the Title Insurer, as hereinafter defined, is willing to insure without cost to Purchaser.
- b. *Multiple Purchasers.* If Purchaser consists of more than one person, title to the Unit Ownership shall be conveyed to such persons as tenants in common, unless Purchaser shall, otherwise direct Seller in writing within thirty (30) days after acceptance hereof by Seller. If Purchaser intends to hold title to the Purchased Unit in an Illinois land trust or other title holding entity, then Purchaser shall so notify Seller in writing within thirty (30) days after acceptance hereof by Seller, identifying the entity to Seller's reasonable satisfaction. Seller shall not be required at Closing to change any deed or other documents to be then passed to reflect a different method of title ownership.

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SHALL THE EXISTENCE OF PUNCH LIST ITEMS OR THE INCOMPLETENESS OF ANY WORK IDENTIFIED BY PURCHASER AND/OR SELLER AT THE PRE-CLOSING INSPECTION OR AT ANY TIME THEREAFTER OR BEFORE (A) BE GROUNDS TO DELAY OR CANCEL THE CLOSING AND/OR (2) BE GROUNDS FOR ANY ADJUSTMENT OF THE PURCHASER PRICE AND PAYMENT THEREOF AS AGREED UPON HEREIN. Purchaser will grant Seller and its agents access to the Unit at reasonable times after Closing to correct Punch List items. There will be no holdback for completion of Punch List items. Any demand by Purchaser's lender that money be held to secure the completion of any Punch List item or other construction items or any other portion of the Building or related amenities, shall be Purchaser's sole responsibility and no such sums shall be withheld from the proceeds due Seller at Closing.

9. SELLER'S POSSESSION PRIOR TO CLOSING

Subject to the provisions of Section 9 hereof, Seller shall retain sole control and exclusive possession of the Unit on all times prior to Closing and Purchaser shall be entitled to possession and occupancy of the Unit only from and after the date of Closing. Any attempt by Purchaser to take possession of the Unit prior to Closing shall be deemed an intentional trespass unless Seller in writing specifically permits such early possession. In addition, Purchaser shall have no right to enter the Unit or the Building at any time prior to the Pre-Closing Inspection (or after the Pre-Closing Inspection until Closing) except by appointment and only during normal construction hours and when accompanied by an authorized representative of Seller. Purchaser acknowledges and agrees that any such inspections shall be done at Purchaser's sole risk, and Seller does not warrant Purchaser's safety during any such inspections. Purchaser does hereby agree for itself, herself, himself and their respective heirs, executors, administrators, personal representatives, successors and assigns, to hold harmless, indemnify and defend Seller and its successors and assigns against all losses, costs, expenses, claims, demands and damages, including reasonable attorneys' fees, which any of the indemnified parties may incur on account of death, personal injury or property damage suffered or incurred by Purchaser directly or indirectly on account of any such inspection, excepting only such losses, costs, expenses, claims, demands and damages arising as a result of Seller's willful misconduct or gross negligence. Any entry by Purchaser onto the Unit or the Building (except in compliance with the provisions of this Section) shall be deemed a trespass.

10. PURCHASER'S IMPROVEMENTS OF UNIT

PURCHASER SHALL ONLY UNDERTAKE CONSTRUCTION OR OTHER IMPROVEMENTS IN THE UNIT AFTER CLOSING. PURCHASER SHALL HAVE NO RIGHT TO UNDERTAKE ANY CONSTRUCTION OR IMPROVEMENTS WHATSOEVER PRIOR TO CLOSING. Seller shall have the right to approve all contractors engaged by Purchaser to construct interior improvements to the Unit. All such contractors shall be licensed if licensing is applicable and shall be bonded. Purchaser shall advise Seller in writing of the identity of Purchaser's contractor(s) together with copies of all required licenses and evidence of insurance coverage prior to executing any contract for the interior improvement of the Unit. In addition, prior to construction of interior improvements, Purchaser shall submit working drawings for such improvements to Seller who shall have the right to reject any interior improvements that in any manner alter the exterior design or any structural aspect of the Building and/or Development in which the Unit is located. PURCHASER SHALL BE LIABLE TO SELLER FOR ANY AND ALL DAMAGE AND INJURY CAUSED OR OCCASIONED UPON THE SELLER (INCLUDING BUT NOT LIMITED TO ITS AGENTS, REPRESENTATIVES, GUESTS, INVITEES, LICENSEES), THE BUILDING, THE PROPERTY AND/OR THE DEVELOPMENT—WHETHER STRUCTURAL OR OTHERWISE AND WHETHER CAUSED OR OCCASIONED DIRECTLY OR INDIRECTLY, INTENTIONALLY OR NEGLIGENCE—BY PURCHASER OR ANY OF ITS AGENTS, GUESTS, LICENSEES, INVITEES, CONTRACTORS, SUBCONTRACTORS, CONSULTANTS AND/OR ADVISORS AS A RESULT OF, OR RELATED TO, PURCHASER'S IMPROVEMENTS, WORK AND/OR CONSTRUCTION TO AND/OR IN THE UNIT, REGARDLESS OF WHETHER SELLER HAD APPROVED ANY WORKING DRAWINGS RELATED THERETO.

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this Agreement shall be null and void, and the earnest money and balance of the unused "extra" funds shall be returned to Purchaser.

This contract shall be contingent upon the appraised value of the property, as determined by the Purchaser's lender, being no less than the sales price. In the event the sales price exceeds the appraised value, and Purchaser notifies Seller thereof in writing on or before April 22, 2012. If Seller is not so notified, IT SHALL BE CONCLUSIVELY PRESUMED THAT THE APPRAISED VALUE IS EQUAL TO OR EXCEEDS THE PURCHASE PRICE, OR THE PURCHASER HAS DECIDED TO WAIVE THIS CONTINGENCY. If Purchaser notifies Seller, within the time specified, this Agreement shall be null and void, and the earnest money and balance of the unused "extra" funds shall be returned to Purchaser.

7. PERSONAL PROPERTY

The Purchase Price does not include any personal property.

8. COMPLETION OF THE UNIT.

a. *Substantial Completion and Plans.* The parties agree that the Unit is substantially complete in accordance with the Plans and Specifications as prepared by Group A Architects, Ltd. and ready for closing even though the exterior of the Building, the interior of the Building and/or landscaping is not complete.

b. *Seller's Right to Modify Unit.* Notwithstanding the existence of Plans and Specifications, it is understood and agreed that Seller is not building the Unit for Purchaser, but is building the Unit as a part of an office complex and related amenities.

1. Any changes and alterations in the Purchased Unit that are desired by Purchaser shall be performed by Seller only if Seller approves in writing such desired changes and alterations and Purchaser deposits with Seller sufficient funds as determined by Seller to pay for such changes and alterations.

2. In order to control the overall design and appearance of the Building, Seller reserves the right to select the exterior colors and finishing materials for all of the Common Elements.

3. If, on the date hereof, a model unit is available for Purchaser's inspection, Purchaser hereby acknowledges and agrees that any equipment, appliances, domestic fixtures, trim, furnishings, decorative floor and wall coverings, and all personal property located in any such model unit are for display purposes only and are not included in the Purchased Unit unless specifically set forth herein to the contrary.

4. *Pre-Closing Inspection and Punchlist.* Not more than 5 days prior to Closing, Seller's representative will notify the Purchaser in writing of the date and time for Purchaser's pre-closing inspection of the Unit. At the pre-closing inspection Purchaser and Purchaser's agent, representative, or inspector, shall make an inspection of the Unit with Seller's representative and shall execute an inspection report (the "Report") listing all items of work which the parties mutually agree are incomplete or subject to correction (the "Punch List items"). If Purchaser does not appear for the inspection in the date and time established by Seller (or at such other date and time as may be agreed upon by the parties), then Seller's representative shall prepare the Report on behalf of Seller and Purchaser and that report shall be conclusively binding on Purchaser. Seller shall complete or correct the Punch List items prior to or within a reasonable time after the Closing, subject to the availability of labor or materials and other circumstances beyond the reasonable control of the Seller. UNDER NO CIRCUMSTANCES WHATSOEVER

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CHICAGO SURGICAL CLC

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CHICAGO SURGICAL CLC

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P 7/29

2012-03-09 15:15 David Belmont's Law

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318 641 0906 P 4/26

PURCHASE PRICE AND ASSOCIATION AGREEMENTS

The total Purchase Price for the Unit Ownership shall be the sum of: (a) Seven hundred thousand and no/100 Dollars (\$700,000.00) ("Purchase Price") and includes ONLY A TWO-BEDROOM UNIT (2BR) WITH STUNNING VIEWS, GAS, HEATING, CUPBOARD, STOVE, FLOOR, CEILING, AND WATER, BUT NOT INCLUDING STUNNING VIEWS, FLOORING, CEILING, ELECTRICAL, HVAC OR PLUMBING. Unit will be delivered "as is" as of the date of this contract. The Purchase Price shall be payable as follows:

Down Payment. The Down Payment, payable on signing of this Agreement or as otherwise agreed to by the Seller in writing as reflected on Page 1 of this Agreement, shall be in the amount of Fifty thousand and no/100 Dollars (\$50,000.00). The Down Payment shall be held by the title company in a joint escrow account to be held and disbursed in accordance with the terms and provisions of the Agreement. The Escrow Account Deposit and the Down Payment Deposit shall be credited against the balance of the Purchase Price due at Closing.

Down Payment. Funds in the amount of the terms and interest referred to by the Buyer, if any, shall be paid to Seller at the time of written acceptance by Seller of any such down payment. Funds shall be deposited in an account established by Seller, and shall be disbursed by Seller for completion of such items, as such items and in such amounts as Seller reasonably deems to be appropriate to pay for or provide for payment for, the items. Purchaser shall not be entitled to demand or obtain funds. In the event that the Closing shall not occur pursuant to this Agreement because of failure of Purchaser to obtain the necessary permits, licenses, and approvals from the Village, County, and State, then Seller shall retain such money paid by Purchaser for such "items" but not from the escrow account, as set forth by Seller without its assignment to the price of all items that may be supplied to the building and/or installed by it or for which Seller shall become obligated to pay before completion of this Agreement, and the balance shall be refunded to Purchaser. In the event that Closing shall not occur for any other reason not attributable to fault of Seller, then Seller shall have the right, in its option, to credit all money paid by Purchaser for items, in accordance with Paragraph 14 of this Agreement or as otherwise provided herein.

Balance Payment Price. The balance of the Purchase Price shall be payable in Cash, by certified check, or by cash, or each such as are acceptable to the title company.

Association Due at Closing. Purchaser shall also pay at Closing an amount equal to two (2) months' maintenance for the Reserve for Contingencies and Replacements, as provided in the Declaration of Condominium Ownership and of Documents, Restrictions, Covenants, and Bylaws for The Springs Office Corporate Office Center Association. Seller shall require an amount equal to two (2) months' maintenance to be paid to The Springs Office Corporate Office Center Association by all other initial purchasers of a Unit Ownership. In addition, Purchaser shall pay to the Association at Closing Purchaser's pro rata share of the maintenance payable for the month during which the Closing occurs.

6. FINANCING

The Purchaser shall apply for a mortgage commitment for a loan to the amount of \$225,000.00, or such lesser amount as Purchaser shall elect, with completion not to exceed one (1) year and with initial interest of not more than six and one half percent (6.5%) per annum, as to be increased over not less than thirty (30) years. Purchaser shall pay the usual and customary charges imposed by the lending institution for such and approved fees. Purchaser shall make timely application for approval for such and shall make every reasonable effort to obtain such commitment to financing by mortgage to obtain, such commitment. Purchaser shall notify Seller thereof in writing on or before April 23, 2012. If Seller is not so notified, it shall be conclusively presumed that Purchaser has accepted such commitment or will purchase the Unit Ownership without mortgage financing, if Purchaser notifies Seller, within the time specified,

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ATTACHMENT 2

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1. SUMMARY INFORMATION.

The foregoing Summary Information is, by this reference, hereby incorporated into this Agreement in its entirety as Section 1 of this Agreement as if fully recited herein in its entirety.

2. DEFINITION OF TERMS.

The terms used herein, to the extent they are not defined in the Act or the Declaration, shall be defined as set forth therein. Wherever appropriate, as used herein, the singular denotes the plural, and the masculine denotes the feminine or neuter and vice versa.

3. PURCHASE OF CONDOMINIUM UNIT.

Seller agrees to convey, or cause to be conveyed, to Purchaser, and Purchaser agrees to purchase from Seller, pursuant to the terms and conditions of this Agreement (a) Unit No. _____ (the "Purchased Unit" or "Unit") in building commonly known as The Seasons Corporate Office Center (the "Building"), situated on the real estate legally described in Exhibit A attached hereto (Building and parcel are herein collectively called the "Property"); and (b) an undivided 14.1 % interest or tenancy-in-common in the Common Elements of the Property as determined by the Seller in accordance with the Illinois Condominium Property Act (the "Act"). The Purchased Unit and its corresponding percentage interest in the Common Elements are herein collectively called the "Unit Ownership." The basic description of the Unit is attached hereto as Exhibit B. Seller shall furnish the exact legal description for the Unit once the Condominium Declaration is recorded.

4. ZONING, USE RESTRICTIONS AND PARKING.

The Property is zoned O-2 under the Village of Arlington Heights Zoning Ordinance. It shall be the obligation of each Owner to comply with the restrictions and limitations imposed by the Village of Arlington Heights Zoning Ordinance with respect, but not limited, to the permitted activities, businesses and/or uses allowed on the Property and it shall be the obligation of the Owner to assure compliance to the same and any other applicable rules, regulations, ordinances and other governing laws.

Parking spaces are part of the Common Elements and are not assigned. Under the provisions of the Village of Arlington Heights Zoning Ordinance, the total number of parking spaces required for the Unit depend on the Purchaser's proposed use of the Unit.

This contract shall be contingent upon the Purchaser obtaining approval from the Village of Arlington Heights for the operation of a surgical center on or before April 23, 2012. Additionally, the contract shall be contingent upon Purchaser obtaining by said date such licenses, permits and approvals (e.g. parking) as may be required by the Village, County and State to operate its business at the building and in the unit. In the event the Purchaser is unable to obtain said approval and notifies the Seller on or before the specified date, the contract shall be terminated. IF SELLER IS NOT SO NOTIFIED, IT SHALL BE CONCLUSIVELY PRESUMED THAT PURCHASER HAS SECURED SUCH APPROVAL, OR WILL PURCHASE THE UNIT OWNERSHIP WITHOUT SAID APPROVAL.

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CHICAGO SURGICAL CLC

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312 641 0906 P 2/24

SEASONS OFFICE LLC
 Comprehensive Financial Agreement for a Unit of
 THE SEASONS CORPORATE OFFICE CENTER

Pursuant to document:

NAME OF PURCHASER

KING ROAD CENTER, LLC, OR SUCCESSOR

ADDRESS

201 EAST SUNDOWN STREET, SUITE 7

WILLOW, ILLINOIS 60092

CONTACT PERSON

ALISON W. BATH, ESQ./SAM BATH

TELEPHONE NO.

(312) 641-0906 FAX: (312) 641-0906 (EXT) 363-7857

UNIT NUMBER

120THD. ONE (1)

SELLER

SEASONS OFFICE LLC

500 N. ARDMORE, CHICAGO, IL

123 W. RAND ROAD, ARLINGTON HEIGHTS, ILLINOIS 60005

PURCHASE PRICE OF UNIT

720,000

RESERVATION DEPOSIT

\$20,000

DATE: 4/14/12

TOTAL CASH/STOCK MONEY

\$20,000

BALANCE OF CASH/STOCK MONEY

\$0

BALANCE DUE AT CLOSING

720,000

TARGET COMPLETION DATE

OFFERING COMPLETION DATE

BROKER NAME (IF ANY)

REARDOUGL

PURCHASER'S PROPOSED USE OF THE UNIT:

OFFICE SPACE

2012 0007/00/01

2012 0007/00/01

P 3/25

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ATTACHMENT 2

18

CHICAGO SURGICAL CLINIC, LTD.

CERTIFICATE OF GOOD STANDING

File Number 6194-805-8



To all to whom these Presents Shall Come, Greeting:

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

CHICAGO SURGICAL CLINIC, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 04, 2001, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1216800345
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 JUNE A.D. 2012

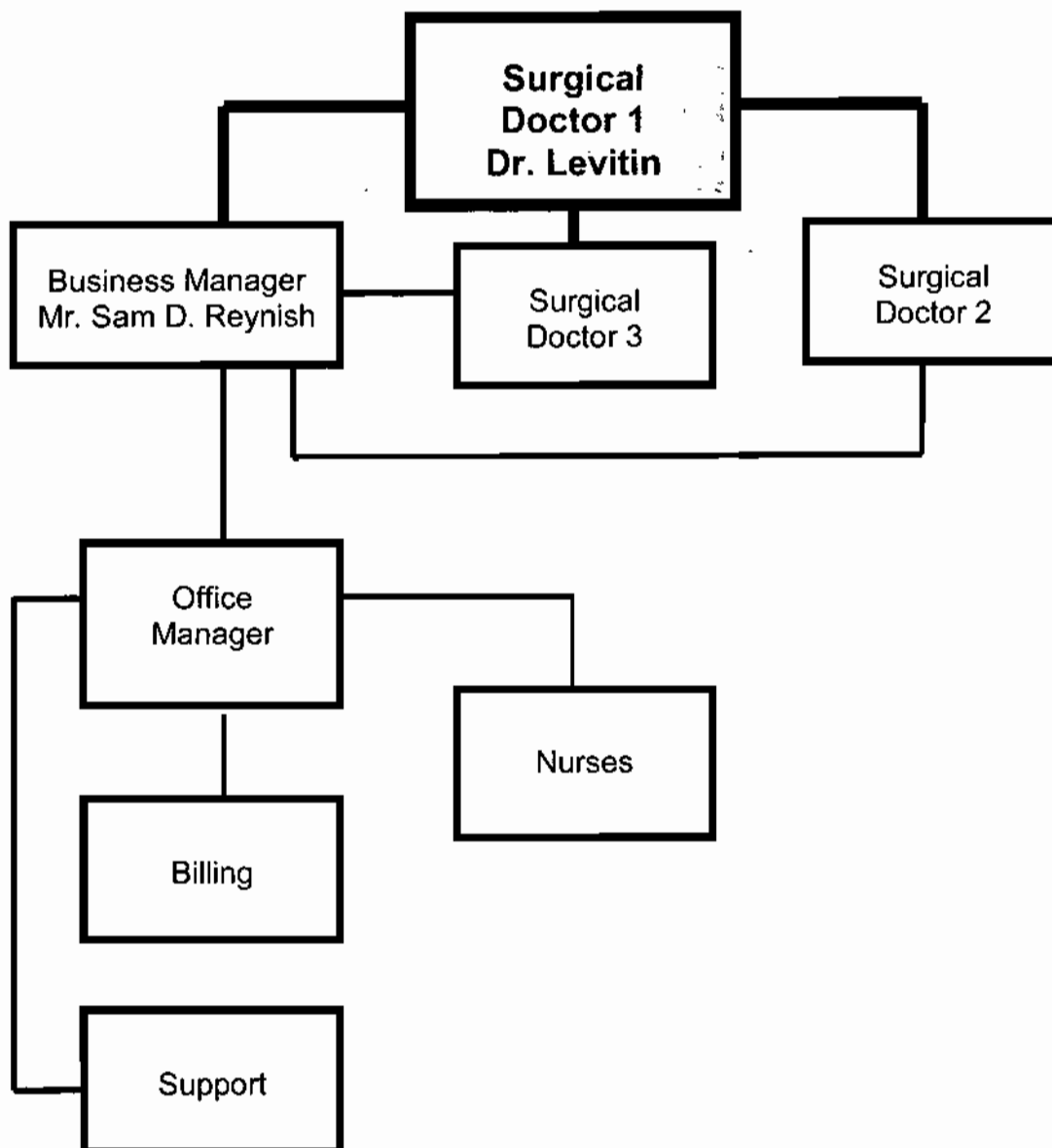
Jesse White

SECRETARY OF STATE

ATTACHMENT 3

ORGANIZATIONAL RELATIONSHIPS

Dr. Yelena Levitin, MD, is the sole applicant, full owner, and the only entity in the development funding of the project.



CHICAGO SURGICAL CLINIC, LTD.

Yelena Levitin, MD, FACS

Business Address

Chicago Surgical Clinic, LTD.
201 E. Strong Avenue Suite 7
Wheeling, IL 60090

Home Address

3653 Oak Avenue
Northbrook, IL 60062

PROFILE

Broad spectrum of general, laparoscopic, and breast surgery. A special interest in minimally invasive procedures including colon resections and surgical endoscopy.

PRACTICE AFFILIATION

01/02-present

Established and independently developed general surgery group practice in Chicago area and Northwest suburbs with loyal patient population. Established successful pattern of patient-to-patient referrals creating independent and self-sustaining patient base. Successful implementation of minimally invasive and endoscopic techniques in general surgery. Bariatric, trauma, and oncologic experience.

Physician Volunteer with ARK- Chicago Jewish Federation
Chicago Surgical Clinic, LTD.
Contribution of time and surgical expertise for the care of the indigent population.

08/00-12/01

Associates in Surgery with A. Patel MDSC.
Involved in multispecialty clinic. Expanded spectrum of practice to surgical critical care. Actively participated in multidisciplinary approach to complicated oncological problems.

RESIDENCY
1995-2000

RUSH PRESBYTERIAN ST. LUKE'S MEDICAL CENTER
COOK COUNTY HOSPITAL
RUSH NORTH SHORE MEDICAL CENTER
General surgery residency

EDUCATION
1991-1995

NORTHWESTERN UNIVERSITY MEDICAL SCHOOL
Chicago, IL
Medical Doctor

1988-1991

NORTHWESTERN UNIVERSITY
Chicago, IL
Biological Sciences with concentration in Biochemistry, Molecular and Cell Biology
Bachelor of Arts
Dean's List

CHICAGO SURGICAL CLINIC, LTD.

BOARD CERTIFICATION

04/2001 The American Board of Surgery
12/2011 Recertification

CERTIFICATION

07/2013 ATLS

CONTINUING MEDICAL EDUCATION

11/2011 Advances in Cancer Management for the Surgeon
Boston, Massachusetts

11/2011 Surgery of the Thyroid and Parathyroid Glands
Boston, Massachusetts

10/2010 General Surgery Board Review Course
Washington, DC

06/2009 Laparoscopic Ventral and Inguinal Hernia Repair
Louisville, KY

06/2008 Adult Medicine GI Conference
Arlington Heights, IL

04/2008 37th Annual Postgraduate Course in Surgery
Charleston, SC

04/2007 CyberKnife System Technical Training Course
Sunnyvale, CA

09/2007 Expanding Chemotherapy Options for Patients with Advanced
Breast Cancer
Chicago, IL

09/2007 Improving the Therapeutic Index of Taxane-Based Therapy
Chicago, IL

09/2007 Enhancing Antitumor Activity by Incorporating Anti-Angiogenic
Strategies
Chicago, IL

09/2007 Raising the Bar: Advance in Adjuvant Endocrine Therapy
Chicago, IL

10/2006 Essential Laparoscopic Skills for the Colorectal Surgeon
Cincinnati, OH

12/2006 Clinician-Patient Communication to Enhance Health Outcomes

CHICAGO SURGICAL CLINIC, LTD.

Gurnee, IL

04/2005	Advanced Breast Ultrasound for Surgeons Hollywood, FL
06/2003	Trauma and Critical Care 2003-Point/Counterpoint XXII Atlantic City, NJ
01/2003	Stereotactic Breast Biopsy Cincinnati, OH
01/2002	GI Masters Program: Healing Horizons in Acid Reflux Disease Chicago, IL

RESEARCH

Role of mutant estrogen receptor in estrogen resistance – breast cancer research project at Northwestern University Cancer Research Center, 1992

Analysis of patterns of poly A mRNS expression in the transformed culture cell lines at Northwestern University, 1991

Sequencing of the cDNA clone of human heat shock protein at Northwestern University, 1990

PROFESSIONAL ORGANIZATIONS

American College of Surgeons
Association of Women Surgeons
Chicago Medical Society
The Society of Laparoendoscopic Surgeons
Society of American Gastro-Endoscopic Surgeons
CyberKnife Society
Strathmore's WHO'S WHO in American medicine
Our Lady of Resurrection, peer review committee
Chicago Medical Society

REFERENCES

Available upon request

CHICAGO SURGICAL CLINIC, LTD.



The American Board of Surgery

Incorporated

1617 John F. Kennedy
Boulevard
Suite 860
Philadelphia, PA 19103
phone 215.568.4000
fax 215.563.5718
www.absurgery.org

May 21, 2012

Re: Yelena Levitin, M.D.

Thank you for your recent inquiry to the American Board of Surgery (ABS) regarding the certification status of the above named surgeon. The specific status of this surgeon with the ABS is listed below.

Please be advised that the American Board of Surgery does not use or condone the term "board eligible" and therefore can neither affirm nor deny such status.

Certification: Surgery

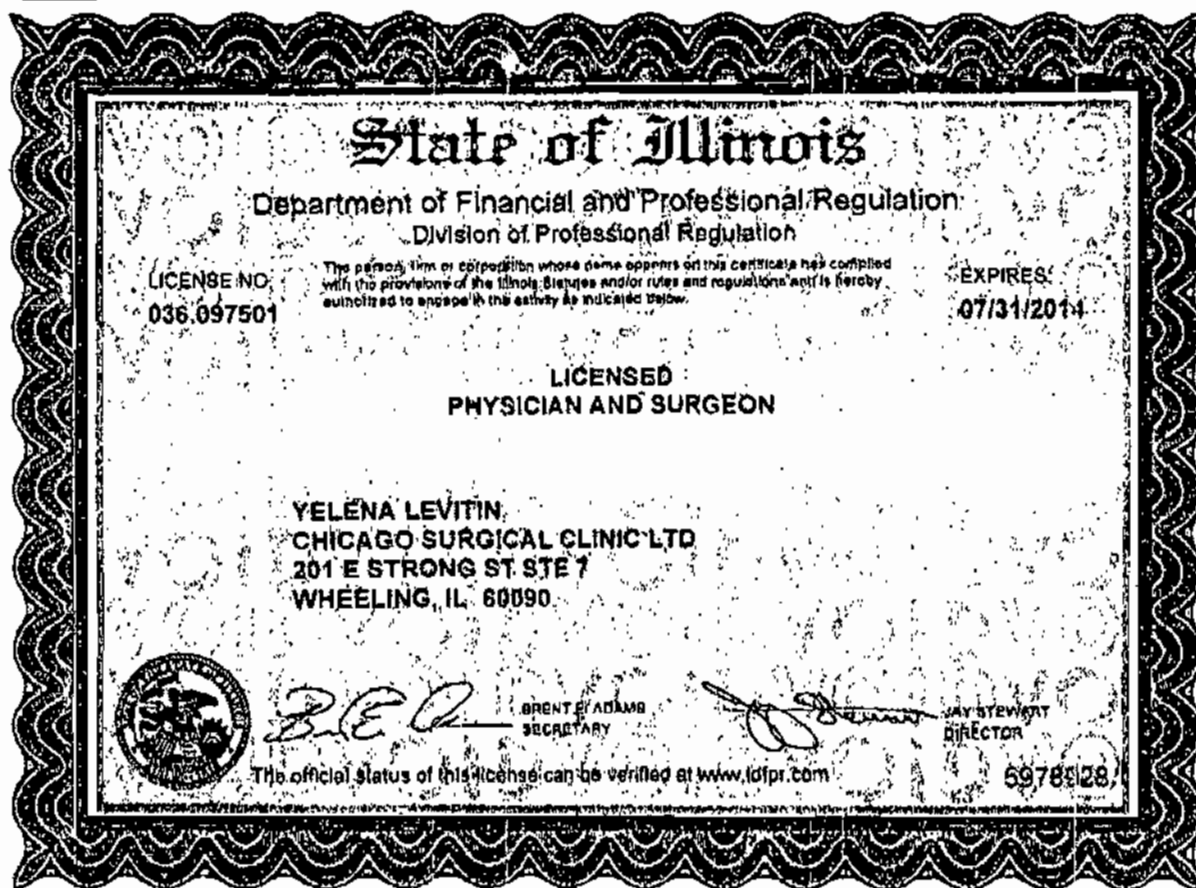
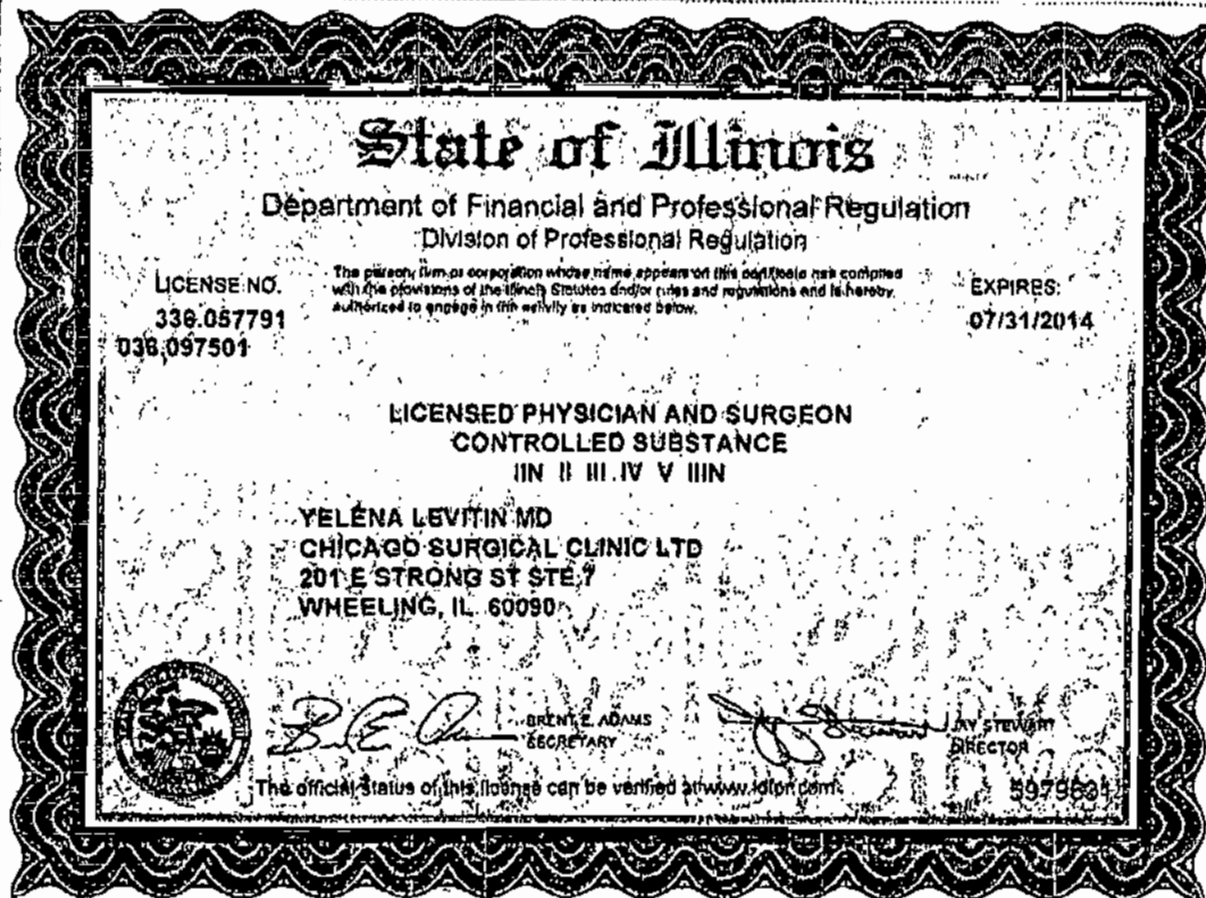
Current Status: Certified

Certification History - Certificate #046055

Status	Occurrence	Duration	Start Date	End Date
Expired	Initial	Time-Limited	02 Apr 2001	01 Jul 2011
Active	Recertification	Time-Limited	10 Dec 2010	01 Jul 2021

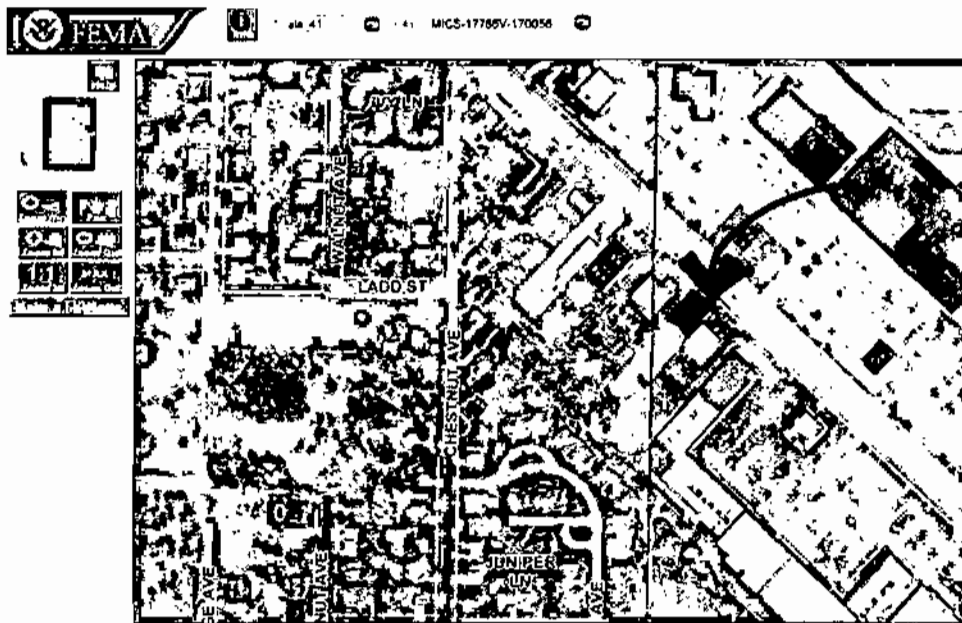
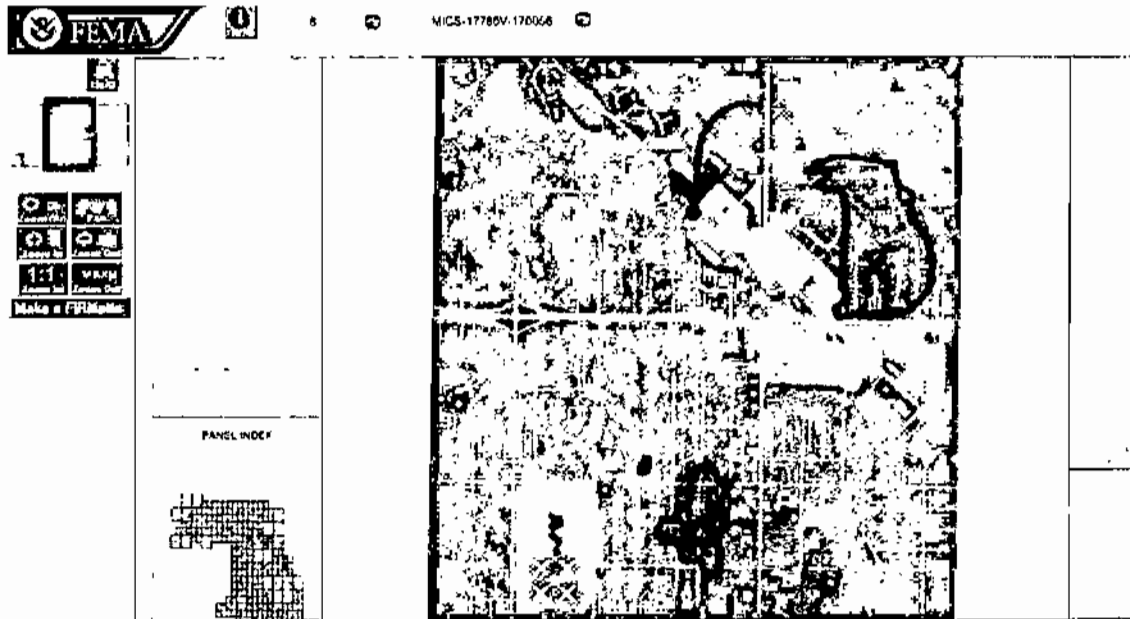
Please inform us immediately if your information differs from what we have supplied above. If you have questions regarding this information, please contact the ABS office.

Frank R. Lewis, Jr., M.D.
Executive Director



FLOOD PLAIN REQUIREMENTS

As per the requirements of the Illinois Executive Order # 2005-S (<http://www.hfsrb.illinois.gov>), the new critical facility is located outside of the 500-year frequency floor elevation as determined by FEMA.





National Weather Service

Advanced Hydrologic Prediction Service



[Home](#)
[News](#)
[Organization](#)
[Search for:](#)

Weather Forecast Office Chicago, IL

Local weather forecast by "City, ST"

City, ST

Go

Adjacent Areas:



National Conditions
Rivers
Satellite
Climate
Observed Precip

Local Conditions
Warnings
Weather Forecast Radar

AHPS Documentation
User Guide
User Brochure

What is AHPS?
Facts
Our Partners

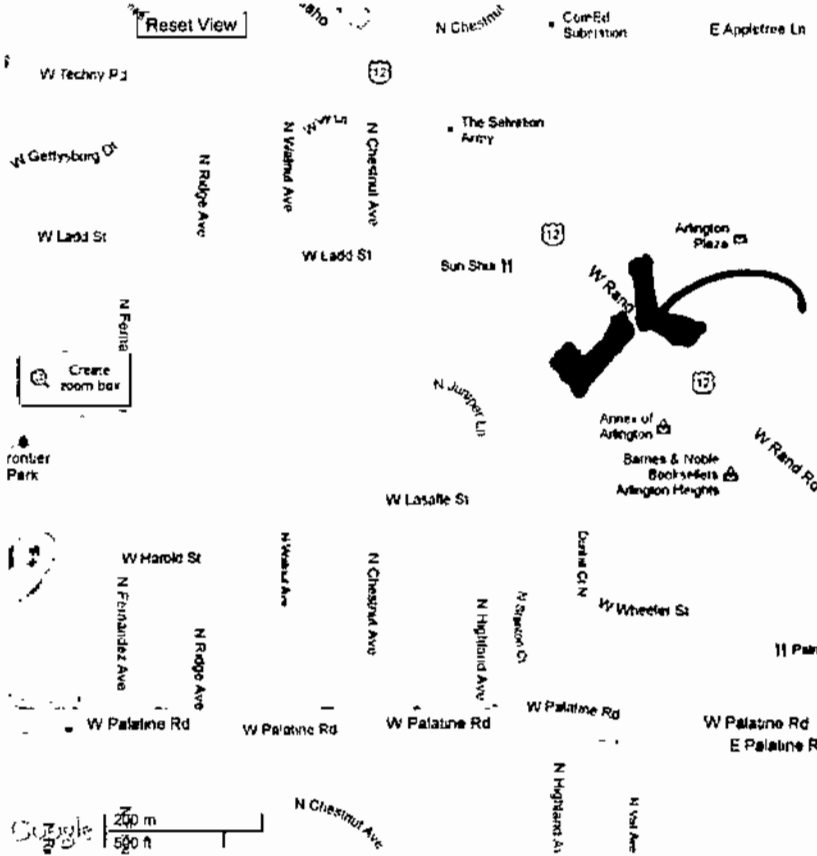
Feedback/Questions
Provide Feedback
Ask Questions

 FLOODSMART.GOV

River Observations

103 total gauges 0 gauges in flood

[Reset View](#)



How to print this map Permalink

BOOKMARK

Precipitation

Download

☐ Hydrograph Available
☐ Probability and Hydrograph Available
Major Flooding
Moderate Flooding
Minor Flooding
Near Flood Stage
No Flooding
Observation More Than 24 Hours Old
Out of Service

Last map update:
05/02/2012 at
05:23 03 pm CDT
05/02/2012 22:23 03 UTC

Disclaimer



Map data ©2012 Google

Scale: 0 to 200 m / 0 to 500 ft

River Menus

- Illinois River - Des Plaines River - Kankakee River - Iroquois River - Little Calumet River - Thorn Creek	- Pecatonica River - Rock River - Kishwaukee River - South Br Kishwaukee River - Vermilion River - Fox River	- Hart Ditch - Du Page River - E Branch Du Page River - W Branch Du Page River - North Branch Chicago River
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[Collapse](#)

Resources

Hydrologic Resources	Additional Resources
▶ Text Products ▶ Past Precipitation ▶ Forecast Precipitation ▶ River Forecast Centers ▶ Northern IL/ NW IN Precipitation last 24 hrs. ▶ Precipitation Frequency Information ▶ Inundation Mapping Locations ▶ Mississippi and Illinois River Ice Information ▶ NWS Chicago River Ice Reports (Dec-Mar) ▶ Flooding FAQ	▶ Area Hydrographs ▶ NWS Precipitation and River Forecasting ▶ U.S. Drought Monitor ▶ Snow Information ▶ Flood Safety ▶ USGS WaterAlert

[Collapse](#)

Collaborative Agencies

[Collapse](#)

The National Weather Service prepares its forecasts and other services in collaboration with agencies like the US Geological Survey, US Bureau of Reclamation, US Army Corps of Engineers, Natural Resource



2006-05

**CONSTRUCTION ACTIVITIES
IN SPECIAL FLOOD HAZARD AREAS**

WHEREAS, the State of Illinois has programs for the construction of buildings, facilities, roads, and other development projects and annually acquires and disposes of lands in floodplains; and

WHEREAS, federal financial assistance for the acquisition or construction of insurable structures in all Special Flood Hazard Areas requires State participation in the National Flood Insurance Program; and

WHEREAS, the Federal Emergency Management Agency has promulgated and adopted regulations governing eligibility of State governments to participate in the National Flood Insurance Program (44 C.F.R. 59-79), as presently enacted or hereafter amended, which requires that State development activities comply with specified minimum floodplain regulation criteria; and

WHEREAS, the Presidential Interagency Floodplain Management Review Committee has published recommendations to strengthen Executive Orders and State floodplain management activities;

NOW THEREFORE, by virtue of the authority vested in me as Governor of the State of Illinois, it is hereby ordered as follows:

2. All State Agencies engaged in any development within a Special Flood Hazard Area shall undertake such development in accordance with the following:
 - A. All development shall comply with all requirements of the National Flood Insurance Program (44 C.F.R. 59-79) and with all requirements of 92 Illinois Administrative Code Part 700 or 92 Illinois Administrative Code Part 708, whichever is applicable.
 - B. In addition to the requirements set forth in preceding Section A, the following additional requirements shall apply where applicable:
 1. All new Critical Facilities shall be located outside of the floodplain. Where this is not practicable, Critical Facilities shall be developed with the lowest floor elevation equal to or greater than the 500-year frequency flood elevation or structurally dry floodproofed to at least the 500-year frequency flood elevation.
 2. All new buildings shall be developed with the lowest floor elevation equal to or greater than the Flood Protection Elevation or structurally dry floodproofed to at least the Flood Protection Elevation.
 3. Modifications, additions, repairs or replacement of existing structures may be allowed so long as the new development does not increase the floor area of the existing structure by more than twenty (20) percent or increase the market value of the structure by fifty (50) percent, and does not obstruct flood flows. Floodproofing activities are permitted and encouraged, but must comply with the requirements noted above.
3. State Agencies which administer grants or loans for financing development within Special Flood Hazard Areas shall take all steps within their authority to ensure that such development meets the requirements of this Order.
4. State Agencies responsible for regulating or permitting development within Special Flood Hazard Areas shall take all steps within their authority to ensure that such development meets the requirements of this Order.
5. State Agencies engaged in planning programs or programs for the promotion of development shall inform participants in their programs of the existence and location of Special Flood Hazard Areas and of any State or local floodplain requirements in effect in such areas. Such State Agencies shall ensure that proposed development within Special Flood Hazard Areas would meet the requirements of this Order.
6. The Office of Water Resources shall provide available flood hazard information to assist State Agencies in carrying out the responsibilities established by this Order. State Agencies which obtain new flood elevation, floodway, or encroachment data developed in conjunction with development or other activities covered by this Order shall submit such data to the Office of Water Resources for their review. If such flood hazard information is used in determining design features or location of any State development, it must first be approved by the Office of Water Resources.

I. For purpose of this Order:

- A. "Critical Facility" means any facility which is critical to the health and welfare of the population and, if flooded, would create an added dimension to the disaster. Damage to these critical facilities can impact the delivery of vital services, can cause greater damage to other sectors of the community, or can put special populations at risk. The determination of Critical Facility will be made by each agency.

Examples of critical facilities where flood protection should be required include:

Emergency Services Facilities (such as fire and police stations)
Schools
Hospitals
Retirement homes and senior care facilities
Major roads and bridges
Critical utility sites (telephone switching stations or electrical transformers)
Hazardous material storage facilities (chemicals, petrochemicals, hazardous or toxic substances)

Examples of critical facilities where flood protection is recommended include:

Sewage treatment plants
Water treatment plants
Pumping stations

- B. "Development" or "Developed" means the placement or erection of structures (including manufactured homes) or earthworks; land filling, excavation or other alteration of the ground surface; installation of public utilities; channel modification; storage of materials or any other activity undertaken to modify the existing physical features of a floodplain.
- C. "Flood Protection Elevation" means one foot above the applicable base flood or 100-year frequency flood elevation.
- D. "Office of Water Resources" means the Illinois Department of Natural Resources, Office of Water Resources.
- E. "Special Flood Hazard Area" or "Floodplain" means an area subject to inundation by the base or 100-year frequency flood and shown as such on the most current Flood Insurance Rate Map published by the Federal Emergency Management Agency.
- F. "State Agencies" means any department, commission, board or agency under the jurisdiction of the Governor; any board, commission, agency or authority which has a majority of its members appointed by the Governor; and the Governor's Office.

7. State Agencies shall work with the Office of Water Resources to establish procedures of such Agencies for effectively carrying out this Order.
8. **Effective Date.** This Order supersedes and replaces Executive Order Number 4 (1979) and shall take effect on the first day of.

Rod R. Blagojevich, Governor

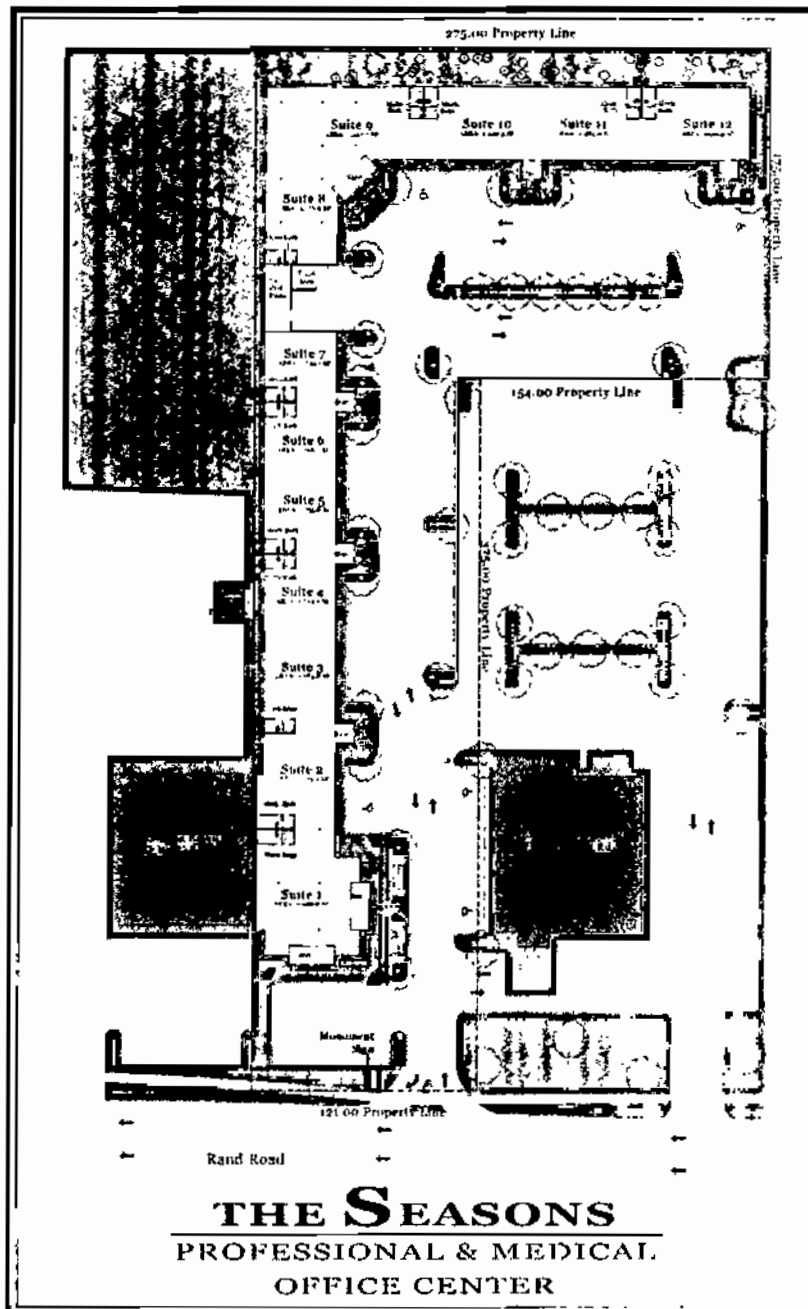
Issued by Governor: March 7, 2006
Filed with Secretary of State: March 7, 2006

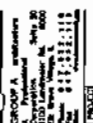
CHICAGO SURGICAL CLINIC, LTD.

HISTORIC RESOURCES PRESERVATION ACT REQUIREMENTS

In accordance with the requirement of the Illinois Historic Resources Preservation Act (IHRP), the new facility is an interior build-out of an existing building built and completed in 2008.

The buildings were built as a medical / professional office center in 2008 on Rand Rd. in Arlington Heights, Illinois. A leasing brochure has been included for review.





2007 **CRIMINAL**

WEEDS AND PESTS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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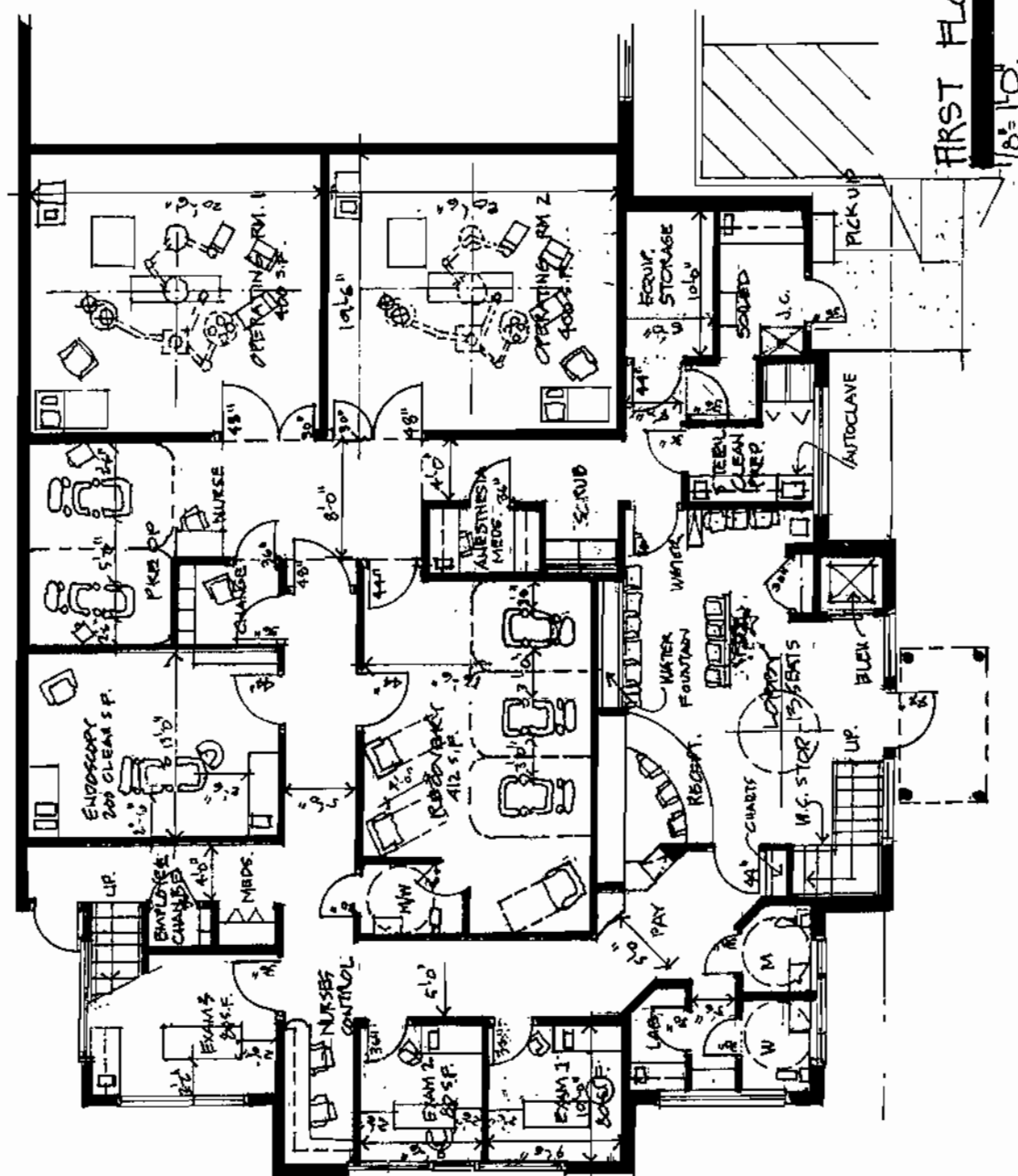
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RESEARCH OF

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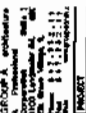
Overall Summary

A1.0



11/8 = 100
FIRST FLOOR PLAN 5.28.2012

**ATTACHMENT 7
APPENDIX 1**



JUST RECEIVED

STRUTTER AND SEAL

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DIME PROJECT

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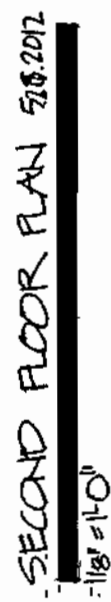
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Appendix A

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SECTION III

BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES

1. The Chicago Surgical Clinic, Ltd. currently operates a clinic at 201 E. Strong St., Suite 7 in Wheeling, IL.
2. No adverse action has been taken against any facility owned and/or operated by the applicant during the three (3) years prior to the filing of the application.
3. A certified authorization letter is included which permits full record and information access by the Health Facilities and Services Review Board.
4. The enclosed application is the only application submitted for the current calendar year.

CHICAGO SURGICAL CLINIC, LTD.

June 29, 2012

Illinois Health Facilities and
Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Re: BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES
Chicago Surgical Clinic, Ltd., ASTC, 129 W. Rand Rd., Arlington Heights, IL

Dear Sir or Madam:

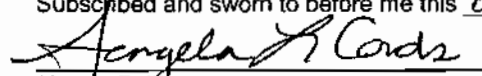
I, Yelena Levitin, MD, FACS, am the sole owner and CEO of Chicago Surgical Clinic, Ltd. I authorize and permit Illinois Health Facilities Services Review Board and DPH access to any documents necessary to verify the information submitted, including but not limited to, official records of DPH or other state agencies, the licensing or certification records of other states when applicable, and the records of nationally-recognized accreditation organizations.

Sincerely,



Dr. Yelena Levitin, MD
Chicago Surgical Clinic, Ltd.

Subscribed and sworn to before me this 2nd day of Aug., 2012.


Notary Public



PURPOSE OF PROJECT

1. The project, as proposed, will provide health services that will improve the healthcare and well-being of the market area population to be served. The new proposed facility will offer state-of-the-art, minimally-invasive surgical techniques and methods that are currently not available in the GSA. The new ASTC will streamline the services and procedures in order to make the experience less traumatic. Because of the new efficiencies and the reduction of a cumbersome registration process, the new proposed facility will be able to provide less of a delay in the actual performance of the needed procedures. The facility will be able to offer substantial cost savings for the market area population to be served. The proposed project will be located on an existing major road artery (Rand Road) which will allow for higher visibility, easier access, and reduced travel distance and time for the serviced population. The site is serviced by major bus routes and public transportation.
2. The enclosed planning area defines a population that will be serviced within a 33-minute travel time. As per the submitted physician patient referrals, the majority of the population served for the new facility will be located towards the northwest of the site. These towns of Palatine, Wheeling, north Arlington Heights, Buffalo Grove, Lake Zurich, Long Grove, and Prospect Heights are currently under-served by surgical facilities. The construction and completion of the proposed ASTC will greatly improve the access and quality of health care and the well-being of the market area population to be served.
3. The target population is an aging population (information from IPLAN) and has an increased need for procedures being offered by the new proposed facility. The increase in required procedures include health maintenance and required procedures that an aging population requires.
4. The increase of required procedures comes from data obtained from information available from IPLAN.
5. The proposed multi-specialty ASTC will address the increased health needs of the targeted population. The lower cost of the procedures, improved physical accessibility to necessary health care, along with state-of-the-art, minimally-invasive surgical technique procedures, will improve the health status and future well-being for the market area population to be served.
6. The proposed ASTC will incorporate state-of-the-art surgical equipment, mechanical systems, high-intensity LED lighting, and cutting-edge processes that will address the future well-being needs of the population.

ALTERNATIVES

1. Alternatives:

- A. There has been research performed on the necessary architectural size, square footage, and scope of the project. Through this research, it has been concluded that the proposed ASTC is an ideal size and scope to meet the current demand of the geographic population. Special care was taken to study the existing and future needs for the multi-specialty ASTC facility. The conclusions formulated dictate the size and scope of the proposed project. A project of lesser or greater scope would not serve the current and future needs of the targeted population.
- B. The existing surgical business consists of three (3) active surgeons with an existing patient clientele that will fit the need of the new surgical center. Alternatives in a joint venture of a number of current providers and entities to meet the projects intended purpose was explored and to serve the health and welfare of the service population, it has been concluded that the proposed ASTC center is the best alternative.
- C. There are current health care surgical facilities that are being utilized for the population that will be served at the proposed ASTC center. These current facilities are not the most effective or the least costly alternative to meet the needs of the targeted population. The proposed ASTC will increase the physical accessibilities, decrease the cost of procedures, and thereby be the most effective alternative to the targeted health care needs.
- D. There was extensive research done on choosing the location at 129 W. Rand Road in Arlington Heights, Illinois. Rand Road is a diagonal access arterial road that serves the prospective population well and benefits the health and welfare of the service population. Other sites considered had less visibility, more difficult site access, and were too remote from public transportation. The high visibility of the site along with access to public transportation made the proposed location an ideal alternative.

2. Alternate sites in the service population were carefully reviewed and studied. It was determined that a main road arterial access (such as Rand Road) was critical. The proposed ASTC at 129 W. Rand Road 'projects' out towards Rand Road and allows for high visibility and easy patient access. Other sites that were considered did not offer the high visibility and ease of access that this site allowed. Since the proposed center is an interior build-out and not a new building, the project overall cost was not the main consideration in choosing the site and location. Other site locations considered were less costly and would have been more economical to build but in the best interest of the targeted population, the current proposed site outweighs the benefits of the other considered sites.
- A. Alternate Project Site 1
- Location: Milwaukee Rd., Wheeling, IL
 - Total Development Costs: \$4.1 million
 - Patient Access: The proposed site has limited visibility and poor patient access. No public transportation or public access is available.
 - Reason for Rejection: Poor access to population, poor visibility, non-central location to improve the health and well-being of the population served.
- B. Alternate Project Site 2
- Location: River Rd., Mt. Prospect, IL
 - Total Development Costs: \$3 million
 - Patient Access: The proposed site has limited access and limited public transportation access.
 - Reason for Rejection: Very poor site identity and very poor visibility, non-central location to serve the needs of the targeted population served.
- C. Alternate Project Site 3
- North Arlington Heights Rd., Buffalo Grove, IL
 - Total Development Costs: \$5 million
 - Patient Access: The proposed site has very limited access to public transportation.
 - Reason for Rejection: Poor site identity, long time construction delay, potential zoning problems with the Village of Buffalo Grove, inability to serve the immediate needs of the majority of the targeted population.
- D. Chosen Site
- 129 W. Rand Rd., Arlington Heights, IL
 - After the review of numerous potential sites, it was determined that the chosen site is the most convenient and easily accessible site location for the targeted population. In addition, the site has public transportation access, is easily identifiable, has adequate parking and access, and has the full support of the Zoning Department and public use analysis of the Village of Arlington Heights.

3. The evidence provided indicates that the main portion of the population is northwest of the proposed site and that the current travel distance for the majority of the targeted population to a surgical center is over 30 minutes. The proposed ASTC at 129 W. Rand Road in Arlington Heights, Illinois, will provide this access and at a distance of less than 30 minutes drive time for the targeted population. This will add to the health and well being of the population served.

The technology, processes, and non-invasive surgical techniques are improving daily. The proposed ASTC at 129 W. Rand Rd. will incorporate these techniques and technologies, thus improving the availability and access to health care services for the targeted population.

Attachment 13, Appendix 1 is evidence that the cost of procedures from Northwest Community Hospital (within 10 minutes drive time from the proposed ASTC) and the proposed cost of procedures that will be charged at the new ASTC at 129 W. Rand Rd. in Arlington Heights, IL will be substantially less. This will have an immediate and important financial impact on the cost of care for the targeted population.

CHICAGO SURGICAL CLINIC, LTD.

VERIFICATION OF IMPROVED QUALITY OF CARE PROCEDURAL COST COMPARISON DATA

ENDOSCOPY	FACILITY AND SURGICAL COST AT CHICAGO SURGICAL CLINIC	FACILITY AND SURGICAL COST AT NORTHWEST COMMUNITY
Upper endoscopy	1,800.00	5,400.00
Lower endoscopy	1,800.00	5,400.00
Lap hernia	4,000.00	12,100.00
Lap gallbladder	4,300.00	13,700.00
Lap band	4,800.00	14,400.00
Hemorrhoidectomy	2,000.00	6,100.00
Fistulectomy	1,900.00	5,800.00
Abscess drainage	1,750.00	5,250.00
Soft tissue tumor	2,050.00	6,150.00
Cutaneous lesion excision	1,500.00	4,400.00
Cutaneous lesion biopsy	1,450.00	4,300.00
Various breast procedures	1,700.00	5,100.00
Breast biopsy	1,000.00	2,900.00
Endocrine procedures	3,900.00	11,600.00
Various traumas	2,100.00	6,400.00
Various lacerations	1,700.00	5,100.00
Wound debridement	250.00	800.00
Foreign body removal	1,200.00	3,600.00
Perirectal abscess	1,930.00	5,700.00
Pilonidal cyst	2,170.00	6,500.00
Proctoscopy, anoscopy	750.00	2,300.00
IRC (infrared coagulation)	780.00	200.00
Oral / maxillofacial	5,800.00	17,500.00

SECTION IV

PROJECT SCOPE / UTILIZATION AND UNFINISHED SHELL SPACE

1. The architect has followed the specific spatial requirements and needs of all of the clinical and support uses of the proposed ASTC. As per the enclosed schematic design plans, the facility will be built on two (2) levels. Special care was taken to be efficient in spatial use and utility. The exam rooms are either the minimum of 80 SF net or slightly larger due to room configuration and special use layouts. The corridors are 4'-0" minimum, with 5'-0" minimum for handicapped access and 8'-0" minimum for procedural room access. Two (2) surgical rooms are 400 net SF to allow for a variety of multi-specialty, efficient procedural treatments. All support uses and accessory spaces have been designed to be the most efficient use of space. The total facility for six (6) exam room, one (1) endoscopy room, and two (2) multi-specialty procedure rooms is 7,700 SF.
2. The gross square footage does not exceed the BGSF / DGSF standards.

Depts.	Unit of Measure	State Standard Unit of Measure	State Standard	Proposed GSF	Diff.	Meets Standard?
ASTC	3 procedure rooms, 3 Level 1, 3 Level 2, Recovery	2,750 BGSF per treatment room / 4 maximum recovery per operating / procedure room	11,290	7,700	3,590	Yes

CHICAGO SURGICAL CLINIC, LTD.

PROJECT SERVICES UTILIZATION

The proposed ASTC projects the following occupancy rates for the first two (2) years after project completion:

Years	Projected Capacity	State Standard	Standard Met
2014	4,900.75	4,501	Yes
2015	5,200	4,501	Yes
1,500 hours / surgery / procedure room / surgical operating rooms = 4,501 occupancy rate			

Chicago Surgical Clinic Ltd. is an active, existing operational surgical clinic with existing patients and a history of general surgical procedures. The facility has been operational since 2001.

The 2014 and the 2015 projections are based on empirical history data. List of procedures has been included with Attachment 27, Appendix 8.

SECTION V MASTER DESIGN AND RELATED PROJECTS SYSTEM IMPACT OF MASTER DESIGN

1. There are enclosed maps that indicate surgical operatory locations within and beyond a 38-minute travel distance. The proposed ASTC at 129 W. Rand Road in Arlington Heights, Illinois, will be within a 30-minute travel distance of the population service area.

The majority of the targeted population for the ASTC does not have access to surgical facilities within a 30-minute drive time. Therefore, the impact on the existing facilities should be minor. In addition, the proposed ASTC will offer multi-specialty procedures and cutting-edge non-invasive surgical treatment options that current existing facilities do not offer. The impact on the existing facilities should be minimal.

2. The proposed ASTC at 129 W. Rand Rd. in Arlington Heights will be able to provide improved access for medical care for the targeted population. The new location will be located less than thirty (30) minutes from the majority of the population. Because of more efficient and less bureaucratic paperwork and processes, the proposed ASTC will be able to offer procedures at a substantially less charge than existing facilities within the geographic target areas. This improved access will benefit the targeted population in improved health care benefits.
3. If the proposed ASTC were not to be built, then the targeted population would not have access to improved health care services. These would include a surgical center that will improve access to area residents, reduce the overall cost of procedures, and for the targeted population to have no convenient access to state-of-the-art, non-invasive surgical techniques and procedures.
4. Chicago Surgical Center, Ltd. currently received eighty percent (80%) of all procedural activity from outside physician referrals. It is anticipated that this patient referral will continue. Enclosed are the referral letters from physicians outlining the anticipated patient procedural referrals. It is also anticipated that ten percent (10%) of the targeted population will proceed with delayed surgical procedures. These procedures may have been delayed because of the excessive cost, overly burdensome paperwork at existing facilities, and inconvenient distances from the patients' residences to existing facilities.

INTERFACILITY TRANSFER AGREEMENT

This AGREEMENT is made between Chicago Surgical Clinic Ltd. located at 129 W. Rand Rd., Arlington Heights, IL (henceforth referred to as the FACILITY) and St. Alexius Medical Center located at 1555 Barrington Rd. in Hoffman Estates, IL (henceforth referred to as the HOSPITAL or referring hospital).

To facilitate continuity of care and the timely transfer of patients and records between the hospital and the facility, the parties named above agree as follows:

1. When a patient's need for transfer from one of the above institutions to the other has been determined and substantiated by the patient's physician, the institution to which transfer is to be made agrees to admit the patient as promptly as possible, provided admission requirements in accordance with federal and state laws and regulations are met.
2. The transferring institution will send with each patient at the time of transfer, or in the case of emergency, as promptly as possible, the completed transfer and referral forms mutually agreed upon to provide the medical and administrative information necessary to determine the appropriateness of the placement and to enable continuing care to the patient. The transfer and referral forms will include such information as current medical findings, diagnoses, a brief summary of the course of treatment followed in the transferring institution, nursing and dietary information, ambulation status, and pertinent administrative and social information, as appropriate.
3. The hospital shall make available its diagnostic and therapeutic services, including emergency dental care, on an outpatient basis as ordered by the attending physician subject to federal and state laws and regulations.
4. The institution responsible for the patient shall be accountable for the recognition of need for social services and for prompt reporting of such needs to the local welfare departments or other appropriate sources.
5. The transferring institution will be responsible for the transfer or other appropriate disposition of personal effects, particularly money and valuables, and information related to these items.
6. The transferring institution will be responsible for affecting the transfer of the patient, including arranging for appropriate and safe transportation and care of the patient during the transfer in accordance with applicable federal and state laws and regulations.
7. Charges for services performed by either facility shall be collected by the institution rendering such services, directly from the patient, third-party payor, or other sources normally billed by the institution. Neither facility shall have any liability to the other for such charges.

8. The governing body of each facility shall have exclusive control of policies, management, assets, and affairs of its respective institutions. Neither institution shall assume any liability by virtue of the agreement for any debts or other obligations incurred by the other party to this agreement.
9. Nothing in this agreement shall be construed as limiting the rights of either institution to contract with any other facility on a limited or general basis.
10. This agreement shall be maintained in the facilities' files.

Chicago Surgical Clinic Ltd.
129 W. Rand Rd.
Arlington Heights, IL 60004

Facility



Administrator – Dr. Yelena Levitin

8-2-12

Date

CHICAGO SURGICAL CLINIC, LTD.

AREA ASTCs WITHIN THE PROPOSED GSA FROM 129 W. RAND ROAD, ARLINGTON HEIGHTS, IL (indicated with BLUE markers on the enclosed map)

Facility Name	Address	Distance from Proposed Facility
Northwest Community Day Surgery Center Ms. Roseanne Matias, Director 847.618.7000	675 W. Kirchoff Rd. Arlington Heights, IL 60005	4.11 miles 10 minutes
Northwest Surgicare, Ltd. Ms. Terri Seidel, Director of Operations 847.259.3080	1100 W. Central Rd. Arlington Heights, IL 60005	4.28 miles 10 minutes
Forest View Medical Center Ms. Nancy Nelson, Administrator 847.375.1000	2750 S. River Rd. Des Plaines, IL 60018	6.68 miles 13 minutes
Foot & Ankle Surgical Center Mr. Lowell S. Weil, Administrator 847.390.7666	1455 Golf Rd., Ste. 134 Des Plaines, IL 60016	6.68 miles 13 minutes
The Glen Endoscopy Center, LLC Mr. Richard Bloom, Medical Director 847.656.2400	2551 Compass Rd. Glenview, IL 60025	9.17 miles 15 minutes
Ravine Way Surgery Center, LLC Ms. Melody Winter-Jabeck, Administrator 847.832.1555	2350 Ravine Way Glenview, IL 60025	9.67 miles 15 minutes
LGH-A/Golf ASTC, LLC Mr. Mark Del Rosario, Administrator 847.299.2273	8901 Golf Rd. Niles, IL 60016	8.72 miles 16 minutes
Illinois Sports Medicine & Orthopedic Surgery Center, LLC Mr. Larry Parrish, Business Administrator 847.213.5444	9000 Waukegan Rd. Morton Grove, IL 60053	14.19 miles 30 minutes
Ritacca Laser Center, Ltd. Mr. Daniel Ritacca, CEO 847.367.8815	230 Center Dr. Vernon Hills, IL 60061	14.96 miles 30 minutes
Advantage Health Care, Ltd. Ms. Vera Schmidt, COO 630.595.1515	203 E. Irving Park Rd. Wood Dale, IL 60191	14.86 miles 31 minutes
Hoffman Estates Surgery Center, LLC Anna Marie York, Administrator 847.519.1600	1555 Barrington Rd. Hoffman Estates, IL 60169	16.74 miles 31 minutes
Hawthorn Place Outpatient Surgery Center, L.P. Ms. Julie Bell, Administrator 847.367.8100	1900 Hollister Dr., Ste. 100 Libertyville, IL 60048	16.97 miles 33 minutes

CHICAGO SURGICAL CLINIC, LTD.

AREA HOSPITALS WITHIN THE PROPOSED GSA FROM 129 W. RAND ROAD, ARLINGTON HEIGHTS, IL (indicated with RED markers on the enclosed map)

Facility Name	Address	Distance from Proposed Facility
Northwest Community Hospital Mr. Bruce Crowther, CEO 847.618.1000	901 W. Kirchoff Rd. Arlington Heights, IL 60005	3.9 miles 11 minutes
Holy Family Hospital Ms. Pamela Bell, CEO 847.297.1800	100 N. River Rd. Des Plaines, IL 60016	6.79 miles 14 minutes
Alexian Brothers Hospital Mr. John Werrbach, CEO 847.437.5500	800 Biesterfield Rd. Elk Grove Village, IL 60007	10.69 miles 15 minutes
Advocate Lutheran General Mr. Anthony Armada, CEO 847.723.2210	1775 W. Dempster St. Park Ridge, IL 60068	9.09 miles 19 minutes
Glenbrook Hospital Mr. David Rahija, Administrator 847.657.5800	2100 Pfingsten Rd. Glenview, IL 60026	8.17 miles 13 minutes
St. Alexius Medical Center Mr. Ed Goldberg, CEO 847.843.2000	1555 Barrington Rd. Hoffman Estates, IL 60169	13.47 miles 20 minutes

112



Notes

Trip to:

675 W Kirchhoff Rd

Arlington Heights, IL 60005-2371

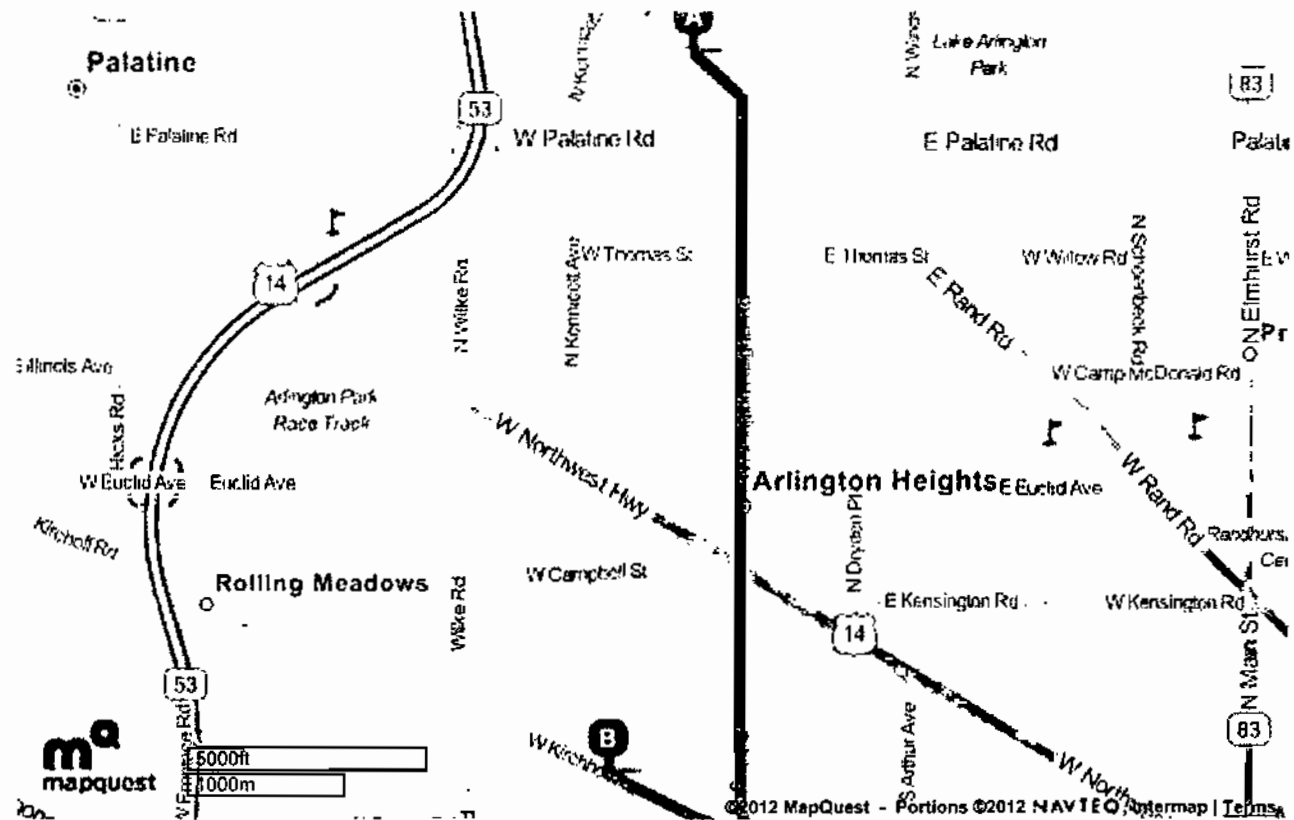
4.11 miles / 10 minutes

A 129 W Rand Rd, Arlington Heights, IL 60004-3142

- | | | |
|---|---|--------------------------------------|
|  | 1. Start out going southeast on W Rand Rd / US-12 toward N Arlington Heights Rd. Map | 0.3 Mi
<i>0.3 Mi Total</i> |
|  | 2. Turn slight right onto N Arlington Heights Rd. Map | 3.2 Mi
<i>3.5 Mi Total</i> |
|  | 3. Turn right onto E Central Rd. Map | 0.1 Mi
<i>3.6 Mi Total</i> |
|  | 4. Turn slight right onto W Kirchhoff Rd. Map | 0.5 Mi
<i>4.1 Mi Total</i> |
|  | 5. 675 W KIRCHHOFF RD is on the left. Map | |

B 675 W Kirchhoff Rd, Arlington Heights, IL 60005-2371

Total Travel Estimate: **4.11 miles - about 10 minutes**



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Notes

Trip to:

1100 W Central Rd

Arlington Heights, IL 60005-2402

4.28 miles / 10 minutes

A 129 W Rand Rd, Arlington Heights, IL 60004-3142

- | | | |
|---|--|--------------------------------------|
|  | 1. Start out going southeast on W Rand Rd / US-12 toward N Arlington Heights Rd. Map | 0.3 Mi
<i>0.3 Mi Total</i> |
|  | 2. Turn slight right onto N Arlington Heights Rd. Map | 3.2 Mi
<i>3.5 Mi Total</i> |
|  | 3. Turn right onto E Central Rd. Map | 0.8 Mi
<i>4.3 Mi Total</i> |
|  | 4. 1100 W CENTRAL RD is on the right. Map | |

B 1100 W Central Rd, Arlington Heights, IL 60005-2402



Notes

Trip to:

2750 S River Rd

Des Plaines, IL 60018-4103

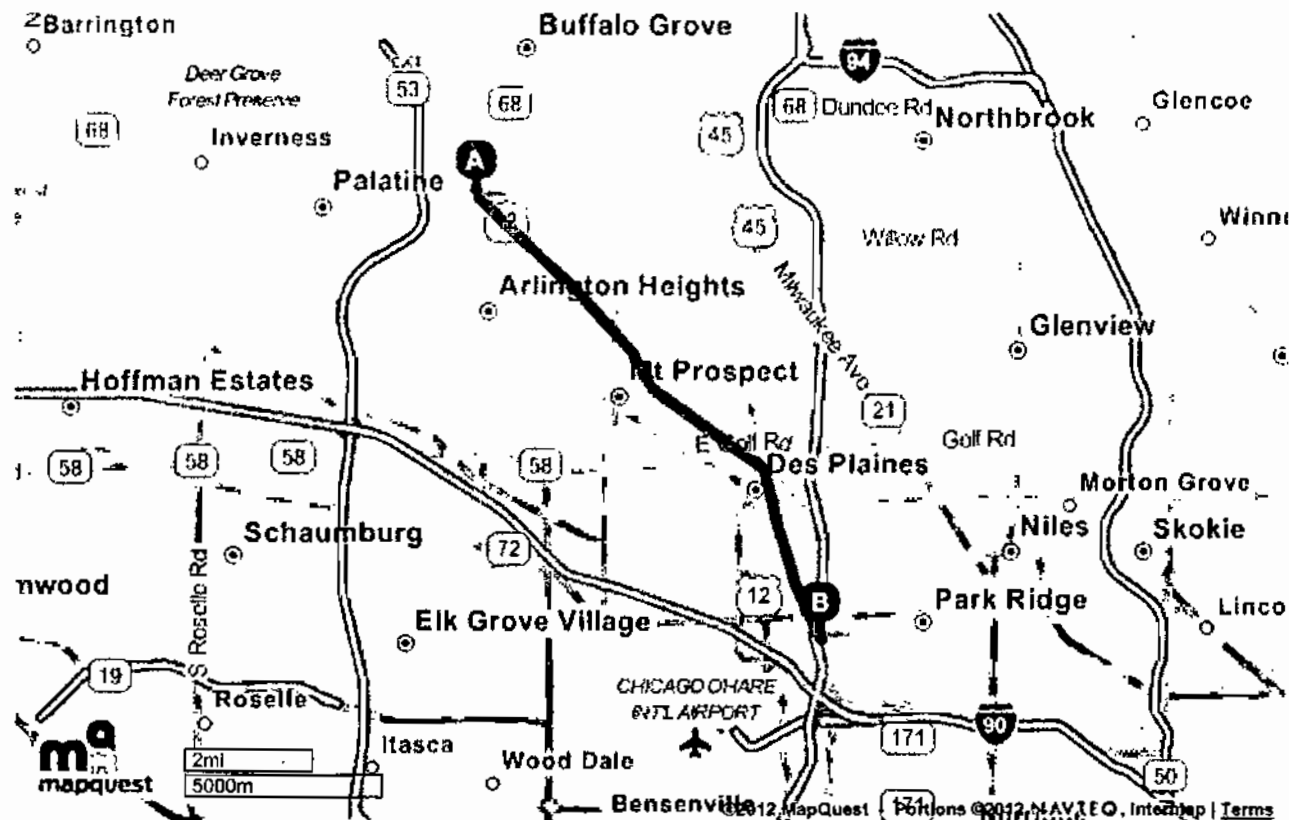
10.15 miles / 21 minutes

A 129 W Rand Rd, Arlington Heights, IL 60004-3142

- O** 1. Start out going southeast on W Rand Rd / US-12 toward N Arlington Heights Rd. [Map](#) 7.0 Mi
7.0 Mi Total
- ↗** 2. Turn slight right onto US-45 / US-12 / S River Rd / S Des Plaines River Rd. Continue to follow S Des Plaines River Rd. [Map](#) 2.7 Mi
9.7 Mi Total
- ↑** 3. S Des Plaines River Rd becomes S River Rd. [Map](#) 0.5 Mi
10.1 Mi Total
- 4. 2750 S RIVER RD is on the right. [Map](#)

B 2750 S River Rd, Des Plaines, IL 60018-4103

Total Travel Estimate: 10.15 miles - about 21 minutes



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Trip to:

1455 E Golf Rd

Des Plaines, IL 60016-1250

6.68 miles / 13 minutes

A 129 W Rand Rd, Arlington Heights, IL 60004-3142



1. Start out going southeast on W Rand Rd / US-12 toward N Arlington Heights Rd. [Map](#)

6.2 MI

6.2 Mi Total



2. Turn slight left onto E Golf Rd / IL-58. [Map](#)

0.5 MI

6.7 Mi Total



3. 1455 E GOLF RD is on the right. [Map](#)



B 1455 E Golf Rd, Des Plaines, IL 60016-1250

Total Travel Estimate: 6.68 miles - about 13 minutes



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Trip to:

2551 Compass Rd

Glenview, IL 60026-8045

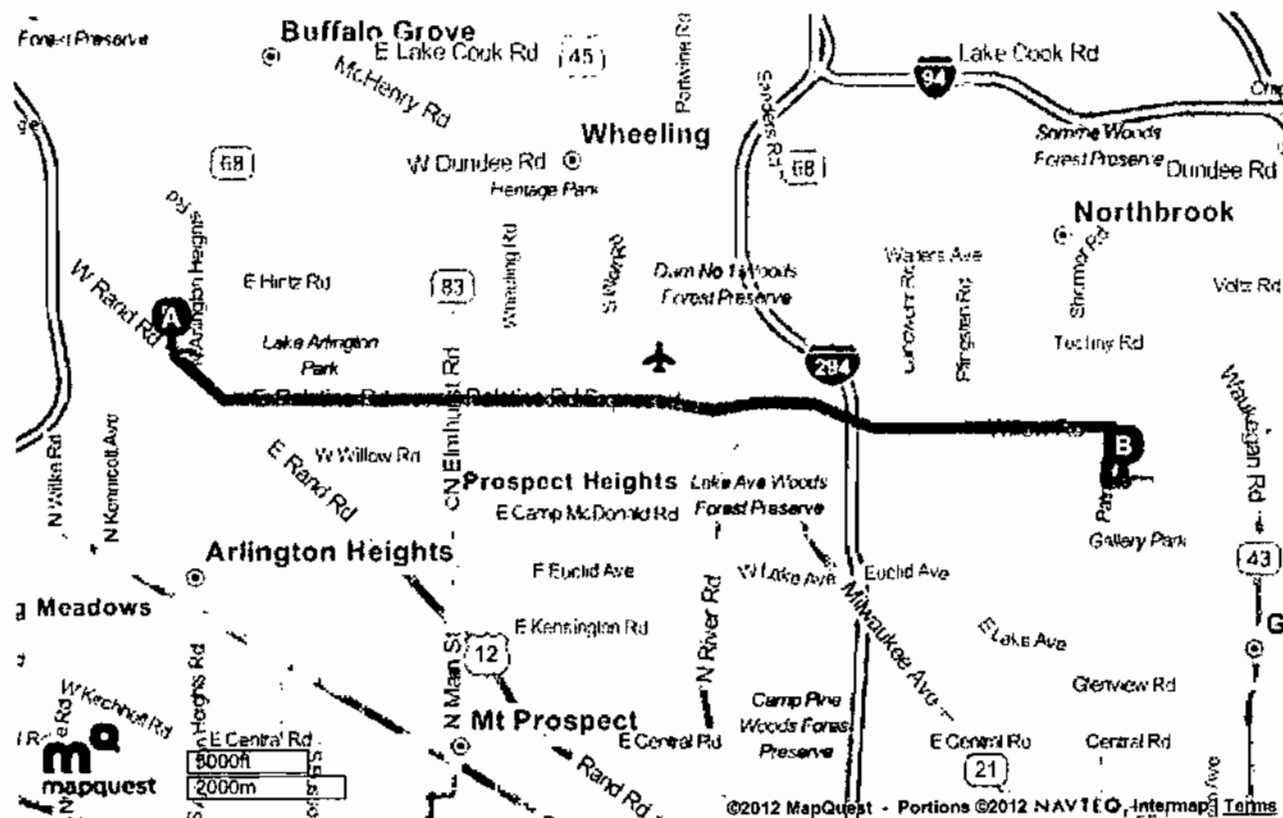
9.17 miles / 15 minutes

A 129 W Rand Rd, Arlington Heights, IL 60004-3142

- | | | |
|--|---|--------------------------------------|
|  | 1. Start out going southeast on W Rand Rd / US-12 toward N Arlington Heights Rd. Map | 0.6 Mi
<i>0.6 Mi Total</i> |
|  | 2. Turn slight left onto E Palatine Rd. Map | 0.2 Mi
<i>0.8 Mi Total</i> |
|  | 3. Stay straight to go onto Palatine Rd Express Ln. Map | 4.5 Mi
<i>5.3 Mi Total</i> |
|  | 4. Palatine Rd Express Ln becomes Willow Rd. Map | 3.2 Mi
<i>8.5 Mi Total</i> |
|  | 5. Turn right onto Patriot Blvd. Map | 0.5 Mi
<i>9.0 Mi Total</i> |
|  | 6. Turn left onto Compass Rd. Map | 0.2 Mi
<i>9.2 Mi Total</i> |
|  | 7. 2551 COMPASS RD is on the right. Map | |

B 2551 Compass Rd, Glenview, IL 60026-8045

Total Travel Estimate: 9.17 miles - about 15 minutes



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Notes

Trip to:

2350 Ravine Way

Glenview, IL 60025-7621

9.67 miles / 15 minutes

A 129 W Rand Rd, Arlington Heights, IL 60004-3142

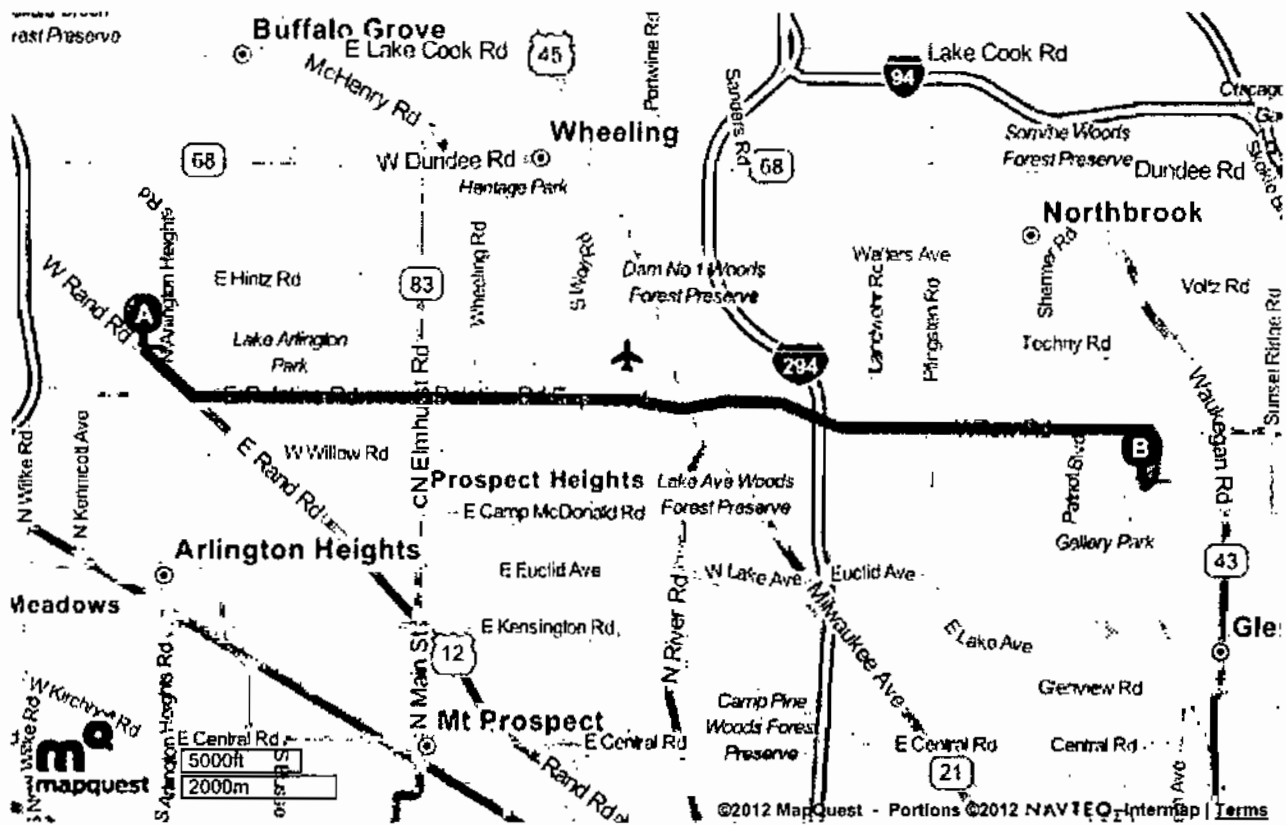
- | | | |
|---|---|--------------------------------------|
|  | 1. Start out going southeast on W Rand Rd / US-12 toward N Arlington Heights Rd. Map | 0.6 Mi
<i>0.6 Mi Total</i> |
|  | 2. Turn slight left onto E Palatine Rd. Map | 0.2 Mi
<i>0.8 Mi Total</i> |
|  | 3. Stay straight to go onto Palatine Rd Express Ln. Map | 4.5 Mi
<i>5.3 Mi Total</i> |
|  | 4. Palatine Rd Express Ln becomes Willow Rd. Map | 3.8 Mi
<i>9.1 Mi Total</i> |
|  | 5. Turn right onto Ravine Way. Map | 0.6 Mi
<i>9.7 Mi Total</i> |
|  | 6. 2350 RAVINE WAY is on the right. Map | |

B 2350 Ravine Way, Glenview, IL 60025-7621

123

**ATTACHMENT 18
APPENDIX 1**

Total Travel Estimate: 9.67 miles - about 15 minutes



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Print

Map & Directions

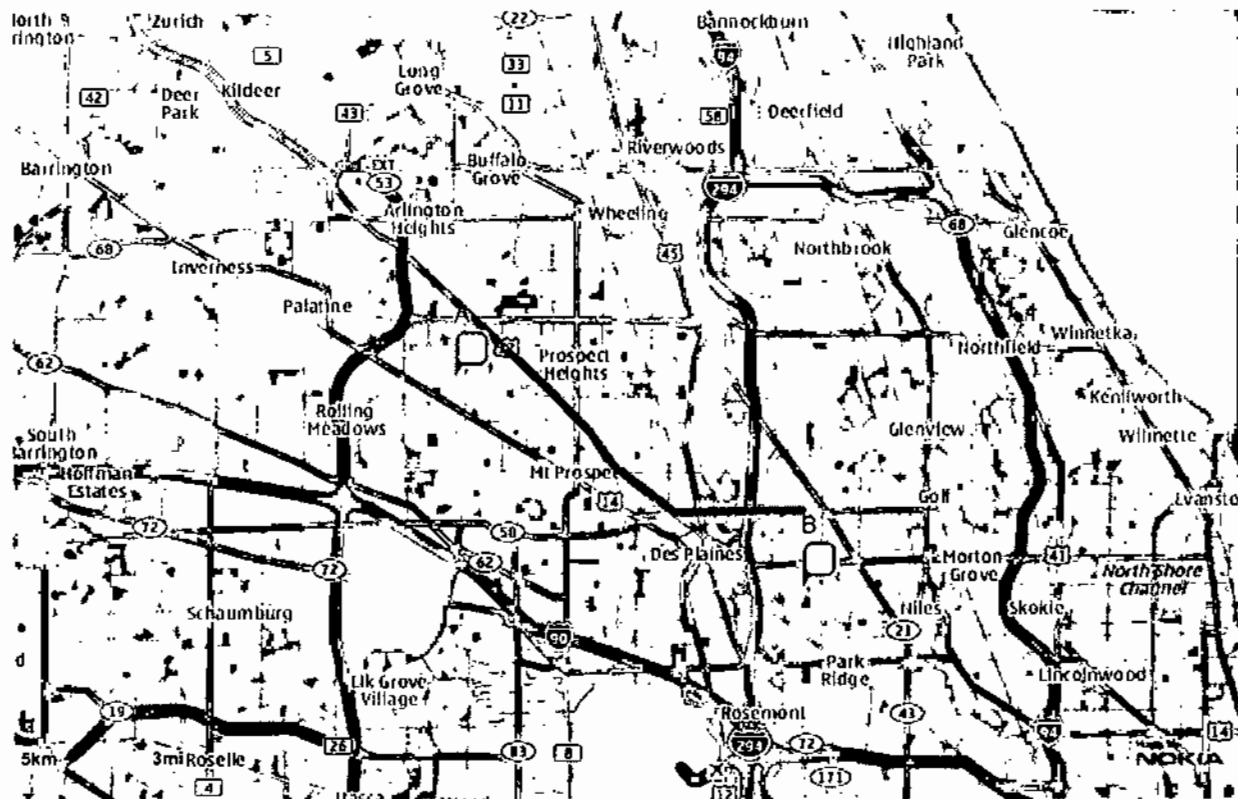
Map Only

Directions Only

YAHOO! MAPS

Driving directions to 8902 Golf Rd, Des Plaines, IL 60016

Distance: 8.72 miles — Time: 16 mins



125

ATTACHMENT 18
APPENDIX 1

A 129 W Rand Rd, Arlington Heights, IL 60004-3142

1. 1. Head toward **N Arlington Heights Rd** on **W Rand Rd (US-12)**.

Go for 6.1 mi

2. 2. Bear **L** onto **E Golf Rd (IL-58)**.

Go for 2.6 mi

3. 3. Your destination on **W Golf Rd (IL-58)** is on the left. The trip takes 8.7 mi and 16 mins.

B 8902 Golf Rd, Des Plaines, IL 60016

When using any driving directions or map, its a good idea to double check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning

NOTE: Neither MapQuest nor Yahoo Maps recognizes 8901 Golf Rd. in Des Plaines



Notes

Trip to:

9000 Waukegan Rd

Morton Grove, IL 60053-2127

14.19 miles / 30 minutes

A 129 W Rand Rd, Arlington Heights, IL 60004-3142

- 
 1. Start out going **southeast** on **W Rand Rd / US-12** toward **N Arlington Heights Rd.** [Map](#) **0.3 Mi**
0.3 Mi Total
- 
 2. Turn **sharp left** onto **N Arlington Heights Rd.** [Map](#) **0.8 Mi**
1.1 Mi Total
- 
 3. Turn **right** onto **E Hintz Rd.** [Map](#) **4.3 Mi**
5.4 Mi Total
- 

 4. Turn **right** onto **S Milwaukee Ave / US-45 S / IL-21 S.** Continue to follow **S Milwaukee Ave / IL-21 S.** [Map](#) **3.0 Mi**
8.4 Mi Total
- 
 5. Turn **left** onto **W Lake Ave / Euclid Ave.** Continue to follow **W Lake Ave.** [Map](#) **2.8 Mi**
11.2 Mi Total
- 
 6. Turn **right** onto **Shermer Rd.** [Map](#) **1.6 Mi**
12.8 Mi Total
- 

 7. Turn **left** onto **Golf Rd / IL-58.** [Map](#) **0.6 Mi**
13.5 Mi Total
- 

 8. Turn **right** onto **Waukegan Rd / IL-58 / IL-43.** [Map](#) **0.7 Mi**
14.2 Mi Total
- 
 9. **9000 WAUKEGAN RD** is on the **right.** [Map](#)

B 9000 Waukegan Rd, Morton Grove, IL 60053-2127

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ATTACHMENT 18
APPENDIX 1

Total Travel Estimate: 14.19 miles - about 30 minutes



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Notes

Trip to:

230 Center Dr

Vernon Hills, IL 60061-1584

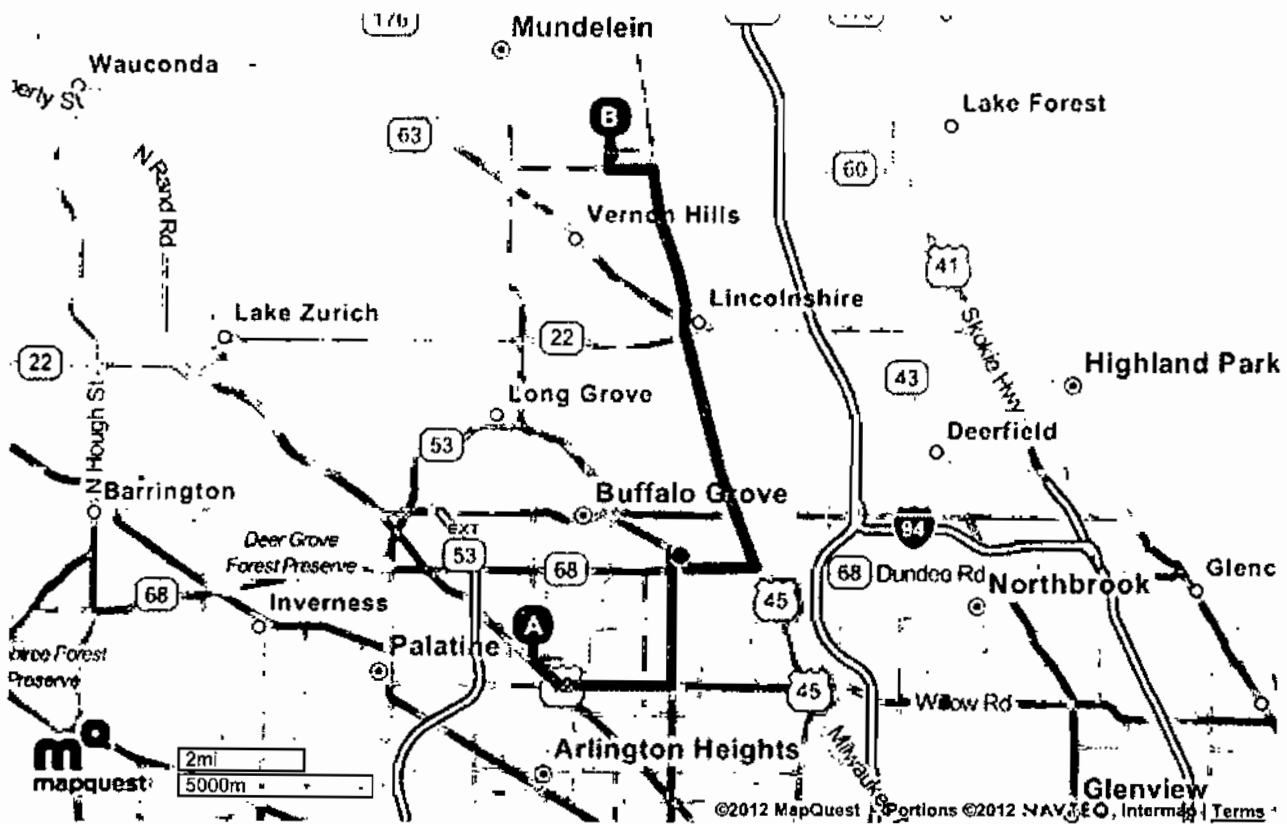
14.96 miles / 30 minutes

A 129 W Rand Rd, Arlington Heights, IL 60004-3142

- | | | |
|--|--|--|
| | 1. Start out going southeast on W Rand Rd / US-12 toward N Arlington Heights Rd. Map | 0.6 Mi
<i>0.6 Mi Total</i> |
| | 2. Turn slight left onto E Palatine Rd. Map | 0.2 Mi
<i>0.8 Mi Total</i> |
| | 3. Stay straight to go onto Palatine Rd Express Ln. Map | 1.5 Mi
<i>2.3 Mi Total</i> |
| | 4. Turn slight right toward Elmhurst Rd / IL-83. Map | 0.06 Mi
<i>2.4 Mi Total</i> |
| | 5. Stay straight to go onto W Palatine Rd. Map | 0.2 Mi
<i>2.6 Mi Total</i> |
| | 6. Take the 2nd left onto IL-83 / N Elmhurst Rd. Map | 2.4 Mi
<i>5.0 Mi Total</i> |
| | 7. Turn right onto McHenry Rd. Map | 0.4 Mi
<i>5.4 Mi Total</i> |
| | 8. Take the 2nd left onto W Dundee Rd / IL-68. Map | 1.2 Mi
<i>6.6 Mi Total</i> |
| | 9. Turn left onto N Milwaukee Ave / US-45 N / IL-21 N. Continue to follow IL-21 N. Map | 7.3 Mi
<i>13.9 Mi Total</i> |
| | 10. Turn left onto IL-60 / E Townline Rd. Map | 0.8 Mi
<i>14.6 Mi Total</i> |
| | 11. Turn right onto Lakeview Pky. Map | 0.2 Mi
<i>14.9 Mi Total</i> |
| | 12. Take the 2nd right onto Center Dr. Map | 0.06 Mi
<i>15.0 Mi Total</i> |
| | 13. 230 CENTER DR is on the left. Map | |

B 230 Center Dr, Vernon Hills, IL 60061-1584

Total Travel Estimate: 14.96 miles - about 30 minutes



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Notes

Trip to:

203 E Irving Park Rd

Wood Dale, IL 60191-2045

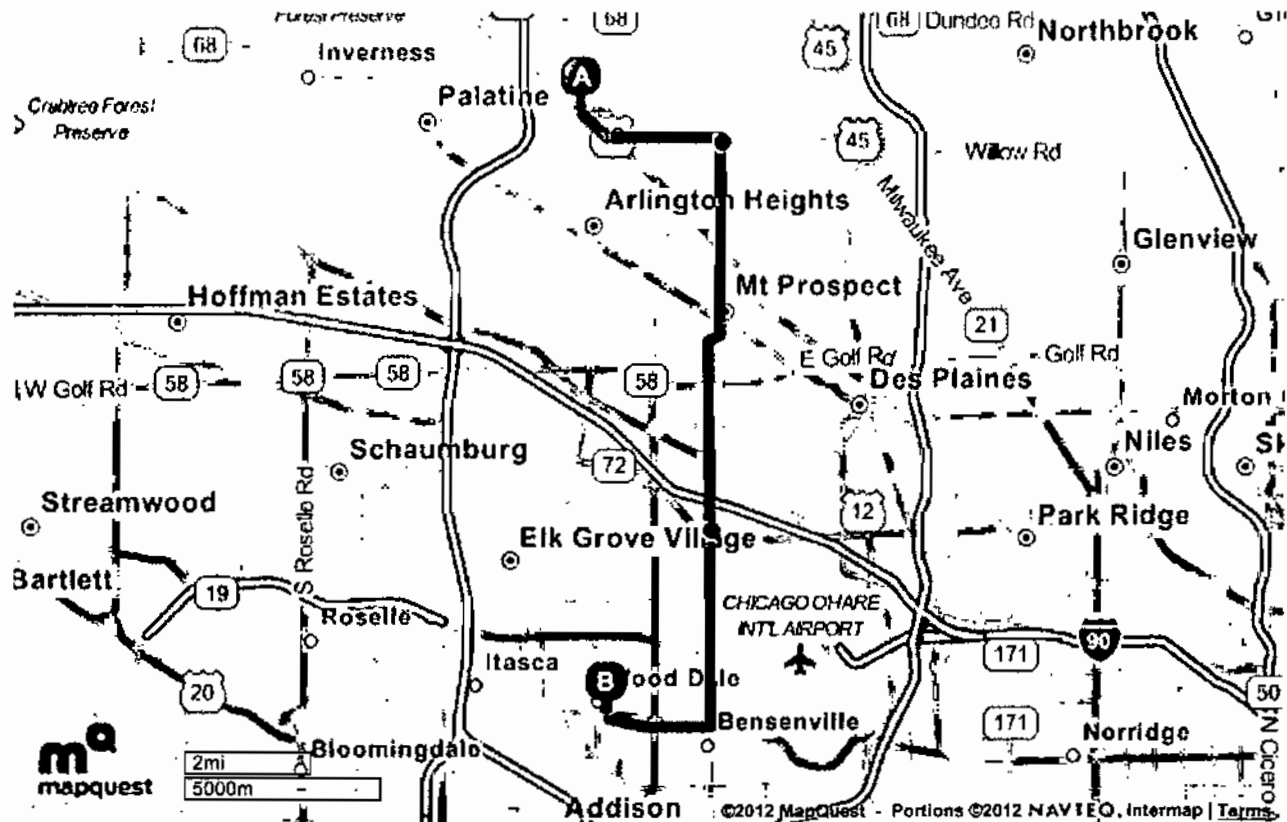
14.86 miles / 31 minutes

A 129 W Rand Rd, Arlington Heights, IL 60004-3142

- | | | |
|---|---|--------------------------------|
|  | 1. Start out going southeast on W Rand Rd / US-12 toward N Arlington Heights Rd. Map | 0.6 Mi
0.6 Mi Total |
|  | 2. Turn slight left onto E Palatine Rd. Map | 0.2 Mi
0.8 Mi Total |
|  | 3. Stay straight to go onto Palatine Rd Express Ln. Map | 1.5 Mi
2.3 Mi Total |
|  | 4. Turn slight right toward Elmhurst Rd / IL-83. Map | 0.06 Mi
2.4 Mi Total |
|  | 5. Stay straight to go onto W Palatine Rd. Map | 0.2 Mi
2.6 Mi Total |
|   | 6. Take the 1st right onto N Elmhurst Rd / IL-83. Continue to follow IL-83. Map | 6.2 Mi
8.8 Mi Total |
|  | 7. Stay straight to go onto Elmhurst Rd. Map | 2.4 Mi
11.2 Mi Total |
|  | 8. Elmhurst Rd becomes N York Rd. Map | 1.8 Mi
13.1 Mi Total |
|   | 9. Turn right onto W Irving Park Rd / IL-19. Map | 1.8 Mi
14.9 Mi Total |
|  | 10. 203 E IRVING PARK RD is on the right. Map | |

B 203 E Irving Park Rd, Wood Dale, IL 60191-2045

Total Travel Estimate: 14.86 miles - about 31 minutes



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APPENDIX 1



Notes

Trip to:

1555 Barrington Rd

Hoffman Estates, IL 60169-1019

16.74 miles / 31 minutes

A 129 W Rand Rd, Arlington Heights, IL 60004-3142

- 

1. Start out going **northwest** on **W Rand Rd / US-12** toward **N Chestnut Ave.** [Map](#) **1.6 Mi**

1.6 Mi Total
- 

2. Turn **left** onto **N Wilke Rd.** [Map](#) **0.6 Mi**

2.2 Mi Total
- 

3. Take the 2nd **right** onto **N Victoria Dr.** [Map](#) **0.1 Mi**

2.4 Mi Total
- 

4. Take the 2nd **right** to stay on **N Victoria Dr.** [Map](#) **0.1 Mi**

2.5 Mi Total
- 

5. Turn **left** onto **N Wilke Rd.** [Map](#) **0.6 Mi**

3.1 Mi Total
- 

6. Turn **left** onto **N Rand Rd / US-12.** [Map](#) **0.9 Mi**

4.0 Mi Total
- 

7. Turn **slight left** onto **E Dundee Rd / IL-68.** [Map](#) **0.6 Mi**

4.7 Mi Total
- 

8. Turn **right** onto **N Hicks Rd.** [Map](#) **0.7 Mi**

5.3 Mi Total
- 

9. Make a **U-turn** onto **N Hicks Rd.** [Map](#) **0.7 Mi**

6.0 Mi Total
- 

10. Turn **right** onto **E Dundee Rd / IL-68.** [Map](#) **5.4 Mi**

11.4 Mi Total
- 

11. Turn **left** onto **S Barrington Rd.** [Map](#) **5.4 Mi**

16.7 Mi Total
- 

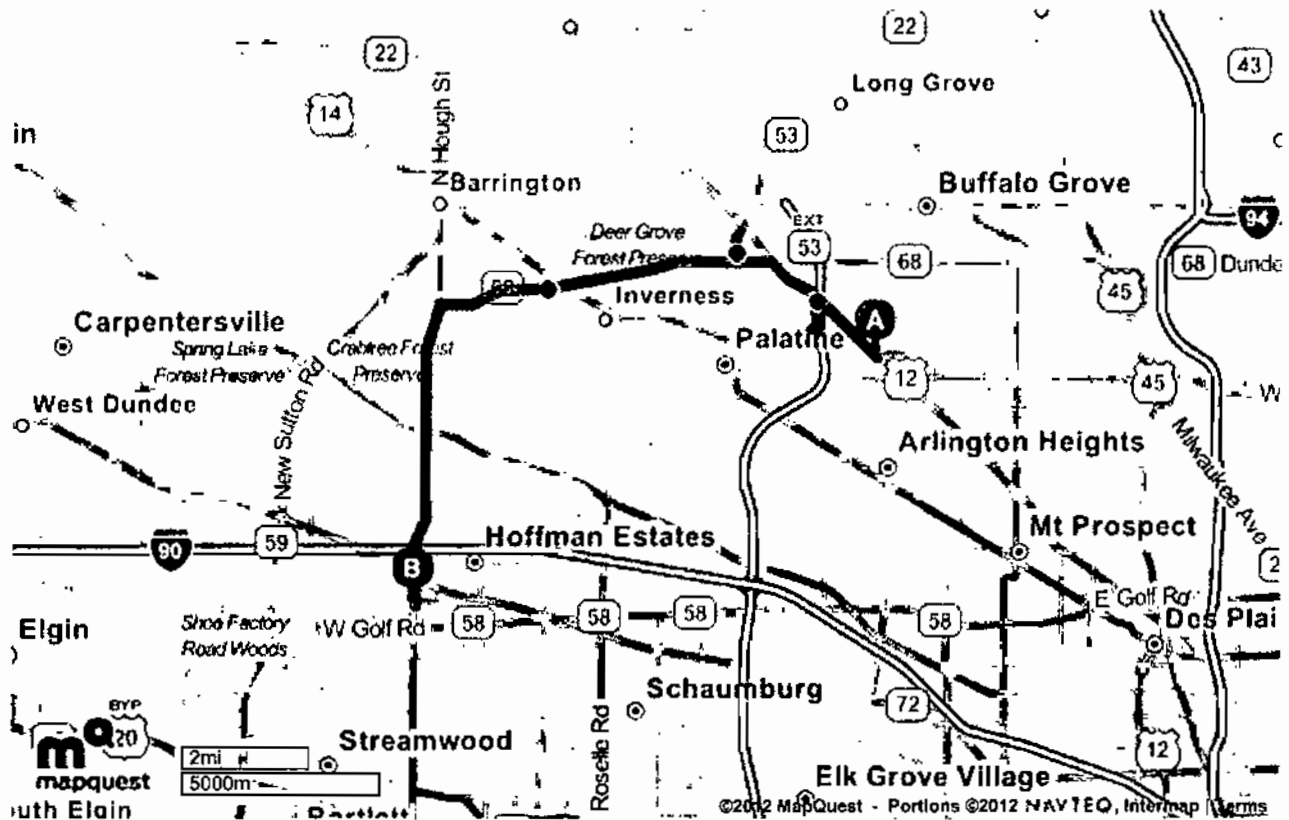
12. Make a **U-turn** onto **Barrington Rd.** [Map](#) **0.01 Mi**

16.7 Mi Total
- 

13. **1555 BARRINGTON RD** is on the right. [Map](#)

B 1555 Barrington Rd, Hoffman Estates, IL 60169-1019

Total Travel Estimate: 16.74 miles - about 31 minutes



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Notes

Trip to:

1900 Hollister Dr

Libertyville, IL 60048-5227

16.97 miles / 33 minutes

A 129 W Rand Rd, Arlington Heights, IL 60004-3142

- 

1. Start out going **southeast** on **W Rand Rd / US-12** toward **N Arlington Heights Rd**. [Map](#)

2.1 Mi
2.1 Mi Total
- 

2. Turn **slight left** onto **W Camp McDonald Rd / E Oakton St**. Continue to follow **W Camp McDonald Rd**. [Map](#)

3.3 Mi
5.3 Mi Total
- 

 3. Turn **left** onto **N River Rd / US-45 N**. [Map](#)

0.6 Mi
6.0 Mi Total
- 

 4. Turn **slight left** onto **US-45 N / IL-21 N / N Milwaukee Ave**. Continue to follow **IL-21 N**. [Map](#)

10.8 Mi
16.8 Mi Total
- 

5. Turn **right** onto **N Hollister Dr**. [Map](#)

0.1 Mi
17.0 Mi Total
- 

6. 1900 HOLLISTER DR is on the left. [Map](#)

B 1900 Hollister Dr, Libertyville, IL 60048-5227

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**ATTACHMENT 18
APPENDIX 1**

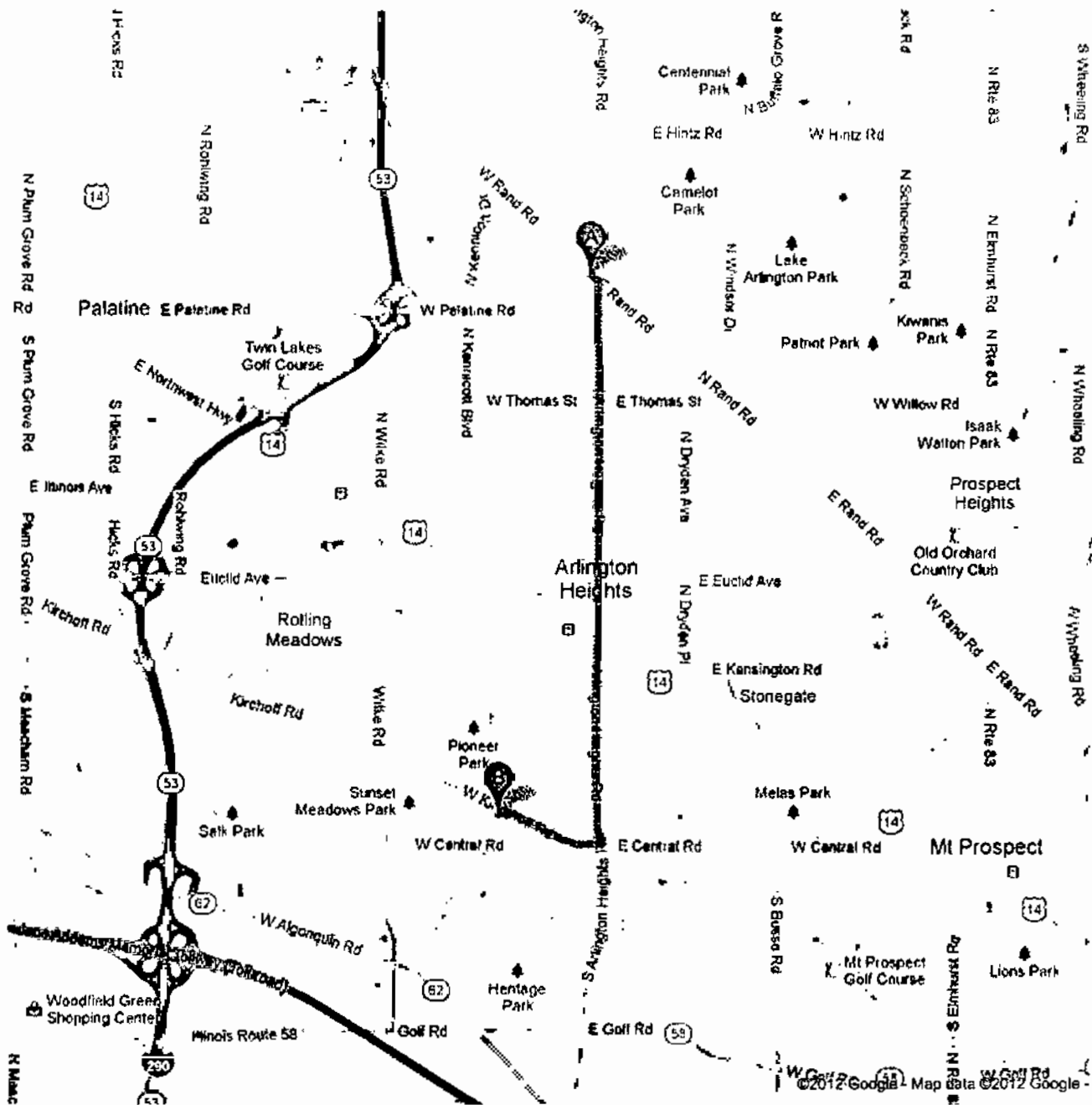
Total Travel Estimate: 16.97 miles - about 33 minutes



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Google

Directions to Northwest Community Healthcare
 901 West Kirchhoff Road, Arlington Hts, IL 60005 -
 (847) 618-1000
 3.9 mi – about 11 mins



ATTACHMENT 18
APPENDIX 1

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129 W Rand Rd, Arlington Heights, IL 60004

1. Head **southeast** on **W Rand Rd** toward **N Arlington Heights Rd**

go 312 ft
total 312 ft
-  2. Take the 1st right onto **N Arlington Heights Rd**
About 8 mins

go 3.2 mi
total 3.2 mi
-  3. Turn right onto **E Central Rd**

go 0.1 mi
total 3.4 mi
-  4. Slight right onto **W Kirchhoff Rd**
About 49 secs

go 0.4 mi
total 3.8 mi
-  5. Turn left at **S Ridge Ave**

go 141 ft
total 3.8 mi
-  6. Turn right
Destination will be on the left

go 272 ft
total 3.9 mi

**Northwest Community Healthcare**

901 West Kirchhoff Road, Arlington Hts, IL 60005 - (847) 618-1000

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2012 Google

Directions weren't right? Please find your route on maps.google.com and click "Report a problem" at the bottom left.



Notes

Trip to:

100 N River Rd

Des Plaines, IL 60016-1209

6.79 miles / 14 minutes

A 129 W Rand Rd, Arlington Heights, IL 60004-3142

- 1. Start out going **southeast** on **W Rand Rd / US-12** toward **N Arlington Heights Rd**. [Map](#) 6.2 Mi
- ⤴  2. Turn **slight left** onto **E Golf Rd / IL-58**. [Map](#) 0.5 Mi
- ⤵  3. Turn **left** onto **N Des Plaines River Rd / US-45 / N River Rd**. [Map](#) 0.10 Mi
- 4. **100 N RIVER RD** is on the **left**. [Map](#)

B 100 N River Rd, Des Plaines, IL 60016-1209

Total Travel Estimate: 6.79 miles - about 14 minutes



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Notes

Trip to:

800 Biesterfield Rd

Elk Grove Village, IL 60007-3361

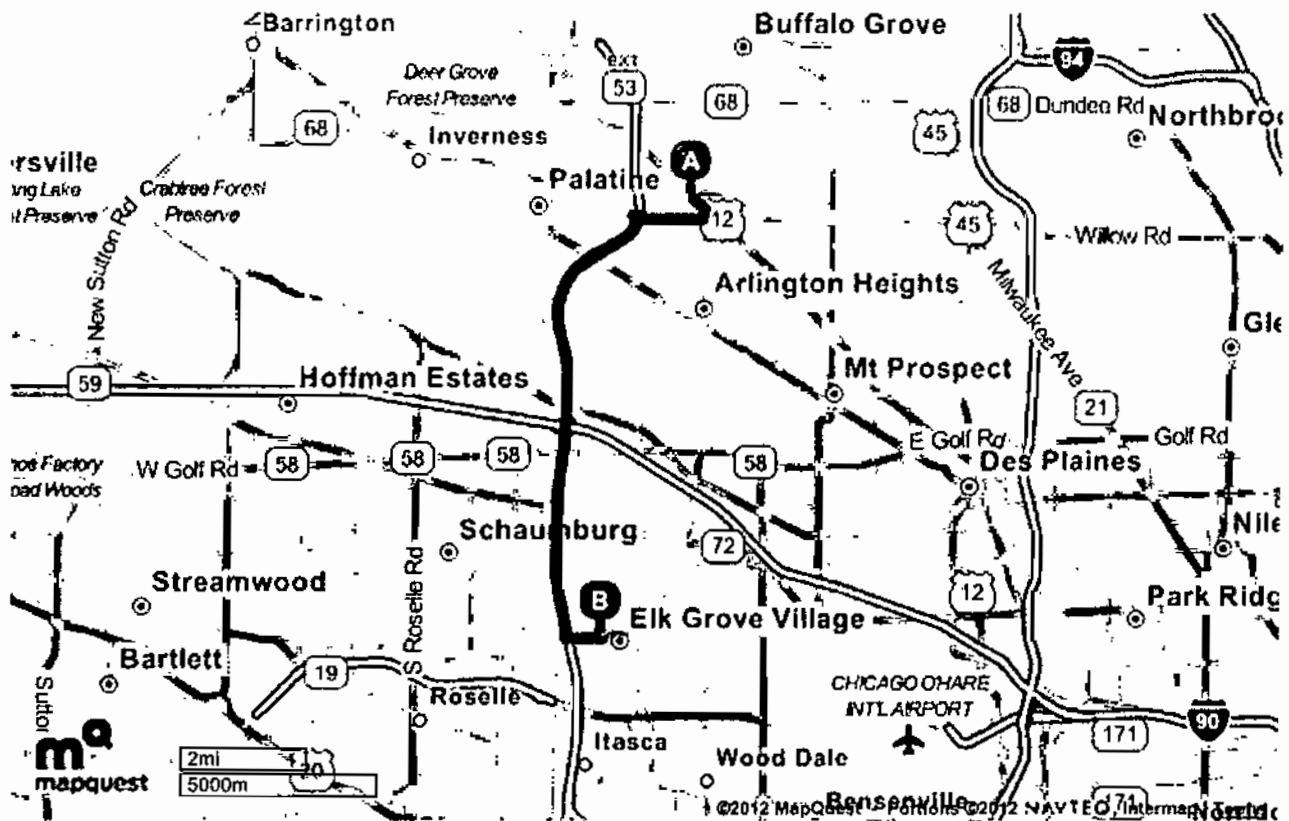
10.69 miles / 15 minutes

A 129 W Rand Rd, Arlington Heights, IL 60004-3142

- | | | |
|---|--|--|
|  | 1. Start out going southeast on W Rand Rd / US-12 toward N Arlington Heights Rd. Map | 0.3 Mi
<i>0.3 Mi Total</i> |
|  | 2. Turn slight right onto N Arlington Heights Rd. Map | 0.2 Mi
<i>0.5 Mi Total</i> |
|  | 3. Take the 1st right onto E Palatine Rd. Map | 1.2 Mi
<i>1.6 Mi Total</i> |
|   | 4. Merge onto IL-53 S. Map | 8.1 Mi
<i>9.8 Mi Total</i> |
|  | 5. Take the IL-53 S / Biesterfield Rd exit, EXIT 4. Map | 0.2 Mi
<i>10.0 Mi Total</i> |
|  | 6. Turn left onto Biesterfield Rd. Map | 0.7 Mi
<i>10.7 Mi Total</i> |
|  | 7. Make a U-turn onto Biesterfield Rd. Map | 0.02 Mi
<i>10.7 Mi Total</i> |
|  | 8. 800 BIESTERFIELD RD is on the right. Map | |

B 800 Biesterfield Rd, Elk Grove Village, IL 60007-3361

Total Travel Estimate: 10.69 miles - about 15 minutes



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Notes

Trip to:

1775 Dempster St

Park Ridge, IL 60068-1143

9.09 miles / 19 minutes

A 129 W Rand Rd, Arlington Heights, IL 60004-3142

- 1. Start out going **southeast** on **W Rand Rd / US-12** toward **N Arlington Heights Rd**. Continue to follow **W Rand Rd**. [Map](#) 7.9 Mi
- ↩ 14 2. Turn **left** onto **US-14 / Dempster St**. [Map](#) 1.1 Mi
- 3. **1775 DEMPSTER ST** is on the right. [Map](#)

B 1775 Dempster St, Park Ridge, IL 60068-1143

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ATTACHMENT 18
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Total Travel Estimate: 9.09 miles - about 19 minutes



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Notes

Trip to:

2100 Pfingsten Rd

Glenview, IL 60026-1301

8.17 miles / 13 minutes

A 129 W Rand Rd, Arlington Heights, IL 60004-3142

-  1. Start out going **southeast** on **W Rand Rd / US-12** toward **N Arlington Heights Rd**. [Map](#) 0.6 Mi
-  2. Turn **slight left** onto **E Palatine Rd**. [Map](#) 0.2 Mi
-  3. Stay **straight** to go onto **Palatine Rd Express Ln**. [Map](#) 4.5 Mi
-  4. **Palatine Rd Express Ln** becomes **Willow Rd**. [Map](#) 1.9 Mi
-  5. Turn **right** onto **Pfingsten Rd**. [Map](#) 1.0 Mi
-  6. **2100 PFINGSTEN RD** is on the **right**. [Map](#)

B 2100 Pfingsten Rd, Glenview, IL 60026-1301

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ATTACHMENT 18
APPENDIX 1

Total Travel Estimate: 8.17 miles - about 13 minutes



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Notes

Trip to:

1555 Barrington Rd

Hoffman Estates, IL 60169-1019

13.47 miles / 20 minutes

A 129 W Rand Rd, Arlington Heights, IL 60004-3142

- 
 1. Start out going **southeast** on **W Rand Rd / US-12** toward **N Arlington Heights Rd.** [Map](#) 0.3 Mi
- 
 2. Turn **slight right** onto **N Arlington Heights Rd.** [Map](#) 0.2 Mi
- 
 3. Take the 1st **right** onto **E Palatine Rd.** [Map](#) 1.2 Mi
- 

 4. Merge onto **IL-53 S.** [Map](#) 3.5 Mi
- 
 5. Take the **I-90-TOLLWAY W** exit toward **Rockford.** [Map](#) 1.5 Mi
- 

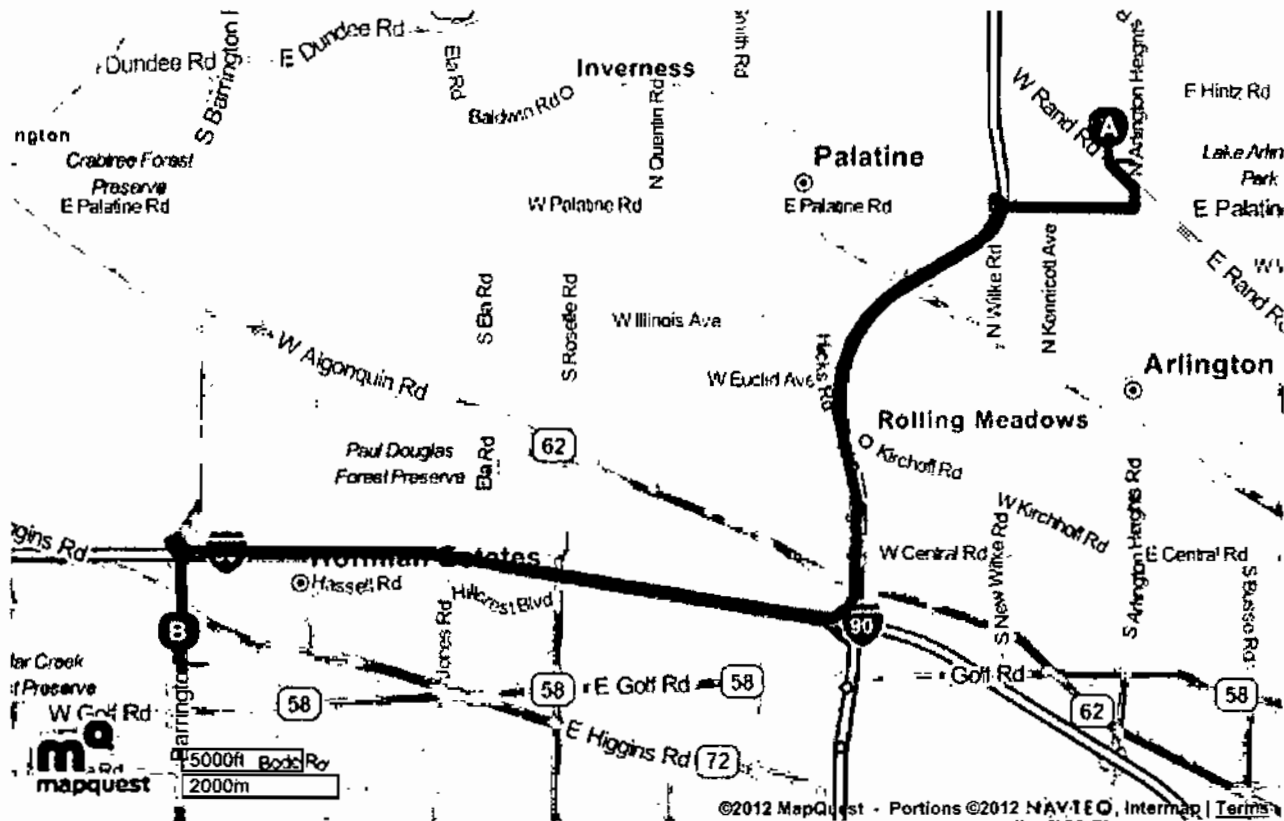
 6. Merge onto **I-90 W / Jane Addams Memorial Tollway** (Portions toll). [Map](#) 4.8 Mi
- 
 7. Take the **Barrington Rd** exit. [Map](#) 0.3 Mi
- 
 8. Keep **left** to take the **Barrington Rd South** ramp. [Map](#) 0.5 Mi
- 
 9. Merge onto **Barrington Rd.** [Map](#) 1.1 Mi
- 
 10. Make a **U-turn** onto **Barrington Rd.** [Map](#) 0.01 Mi
- 
 11. **1555 BARRINGTON RD** is on the **right.** [Map](#)

B 1555 Barrington Rd, Hoffman Estates, IL 60169-1019

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Total Travel Estimate: 13.47 miles - about 20 minutes



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APPENDIX 1

NON HOSPITAL BASED AMBULATORY SURGERY

2. Target Population
 - A. An 8.5" x 11" map with the intended geographic service area (GSA) is enclosed (Appendix 1).
 - B. A list of the zip codes along with the population is enclosed (Appendix 2).
 - C. A map with travel distances from the proposed location to the GSA borders is enclosed. Information for distance and travel time has been provided from Google Maps (Appendix 3).
3. Projected Patient Volume
 - A / D. Individual physician referral letters are enclosed for documentation and review (Appendices 4 – 7).
4. Treatment Room Need Assessment
 - A. The proposed ASTC will have a total of three (3) procedural treatment rooms.
 - B. A table outlining the specific treatment, surgical time, preparation set-up time, and clean-up time has been provided. The surgical procedural time is information provided by the surgeon and the set-up and clean-up time information is provided by the surgical nurses (Appendix 8).
5. Impact on Other Facilities
 - A. A copy of the letter for each surgical facility within the GSA has been included for review (Appendix 9).
 - B. A list of the facilities contacted, along with post office receipts, has been included for review (Appendix 10).
6. Establishment of New Facilities
 - A. Currently, a lap band general procedure is not offered in the GSA but will be offered at the new proposed ASTC.

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- B. There is no restrictive admissions policy for existing facilities in the GSA nor will there be a restrictive admissions policy for the new proposed ASTC (Appendix 11).
- C. The proposed ASTC is not a co-operative venture proposal.

7. Charge Commitment

- A. A complete list of procedures to be performed at the proposed facility with the proposed charges for each procedure has been enclosed (Appendix 12).
- B. A notarized letter from Dr. Levitin, CEO of Chicago Surgical Clinic, Ltd., has been enclosed. In this letter, Dr. Levitin has stated her commitment to maintain the current charge amounts for the first two (2) years of operation (Appendix 13).

8. Change in Scope of Services

The proposed new ASTC will provide service and programs with public access and a central geographic location for the targeted population.

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POPULATION OF GEOGRAPHIC SERVICE AREA (GSA)

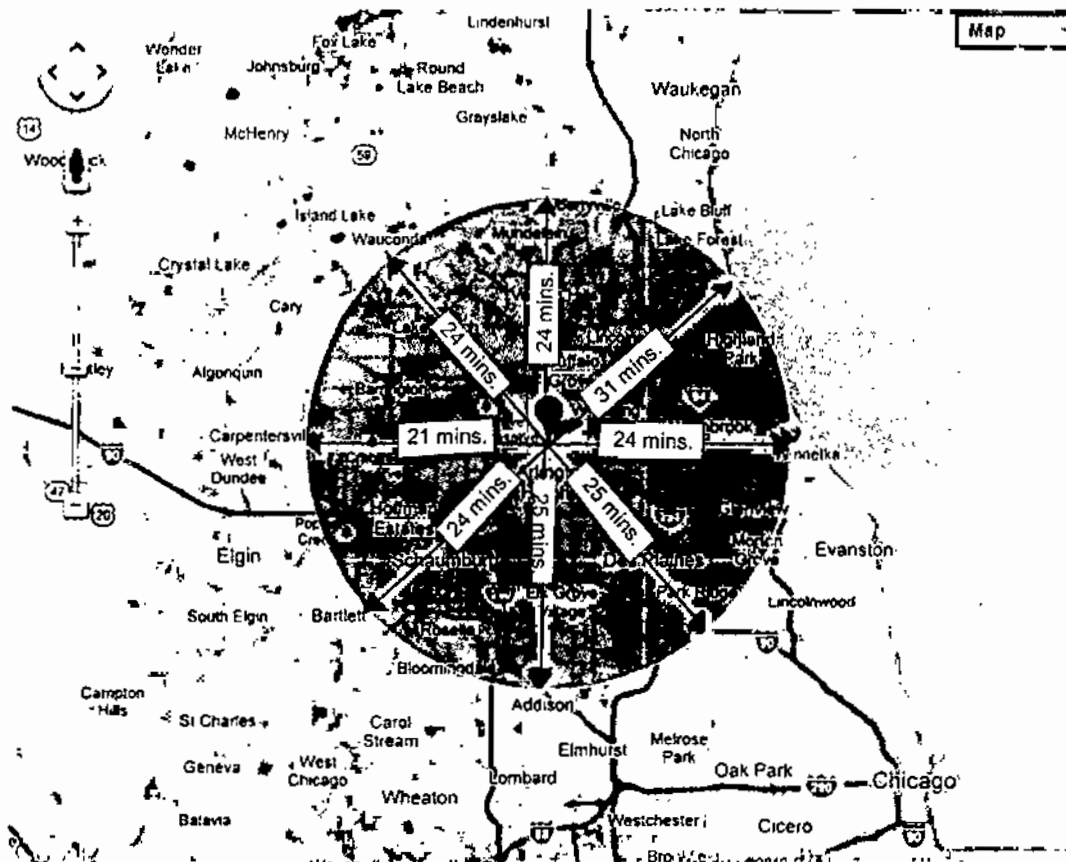
Arlington Heights	60004	56,727
Arlington Heights	60006	75,101
Arlington Heights	60005	30,930
Barrington	60011	10,327
Barrington	60010	47,768
Bensenville	60106	16,603
Bensenville	60105	18,352
Buffalo Grove	60089	33,686
Chicago	60631	32,370
Deerfield	60015	24,039
Des Plaines	60017	58,364
Des Plaines	60018	45,896
Des Plaines	60016	57,458
Elk Grove Village	60007	47,291
Elk Grove Village	60009	33,127
Fort Sheridan	60037	958
Glencoe	60022	9,113
Glenview	60025	52,776
Golf	60029	500
Hanover Park	60133	37,973
Highland Park	60035	32,371
Highwood	60040	4,860
Hoffman Estates	60179	51,895
Itasca	60143	14,019
Lake Forest	60045	23,634
Lake Zurich	60047	38,563

Lincolnshire	60069	9,158
Long Grove	60049	8,043
Medinah	60157	2,639
Morton Grove	60053	27,190
Mount Prospect	60056	51,994
Mundelein	60060	36,358
Niles	60714	30,085
Northbrook	60062	39,777
Northbrook	60065	33,170
Palatine	60055	68,557
Palatine	60074	12,136
Park Ridge	60068	36,323
Prospect Heights	60070	14,653
Rolling Meadows	60008	24,725
Roselle	60172	23,331
Schaumburg	60195	27,513
Schaumburg	60173	13,052
Schaumburg	60194	42,232
Schaumburg	60196	74,227
Schaumburg	60193	34,774
Schaumburg	60192	1,240
Streamwood	60107	38,230
Vernon Hills	60061	25,113
Wheeling	60090	35,603
Wood Dale	60191	15,686
TOTAL		1,580,510

Note: Data obtained from www.city-data.com

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TRAVEL TIME FROM PROPOSED LOCATION TO BORDERS OF INTENDED GEOGRAPHIC SERVICE AREA (GSA)

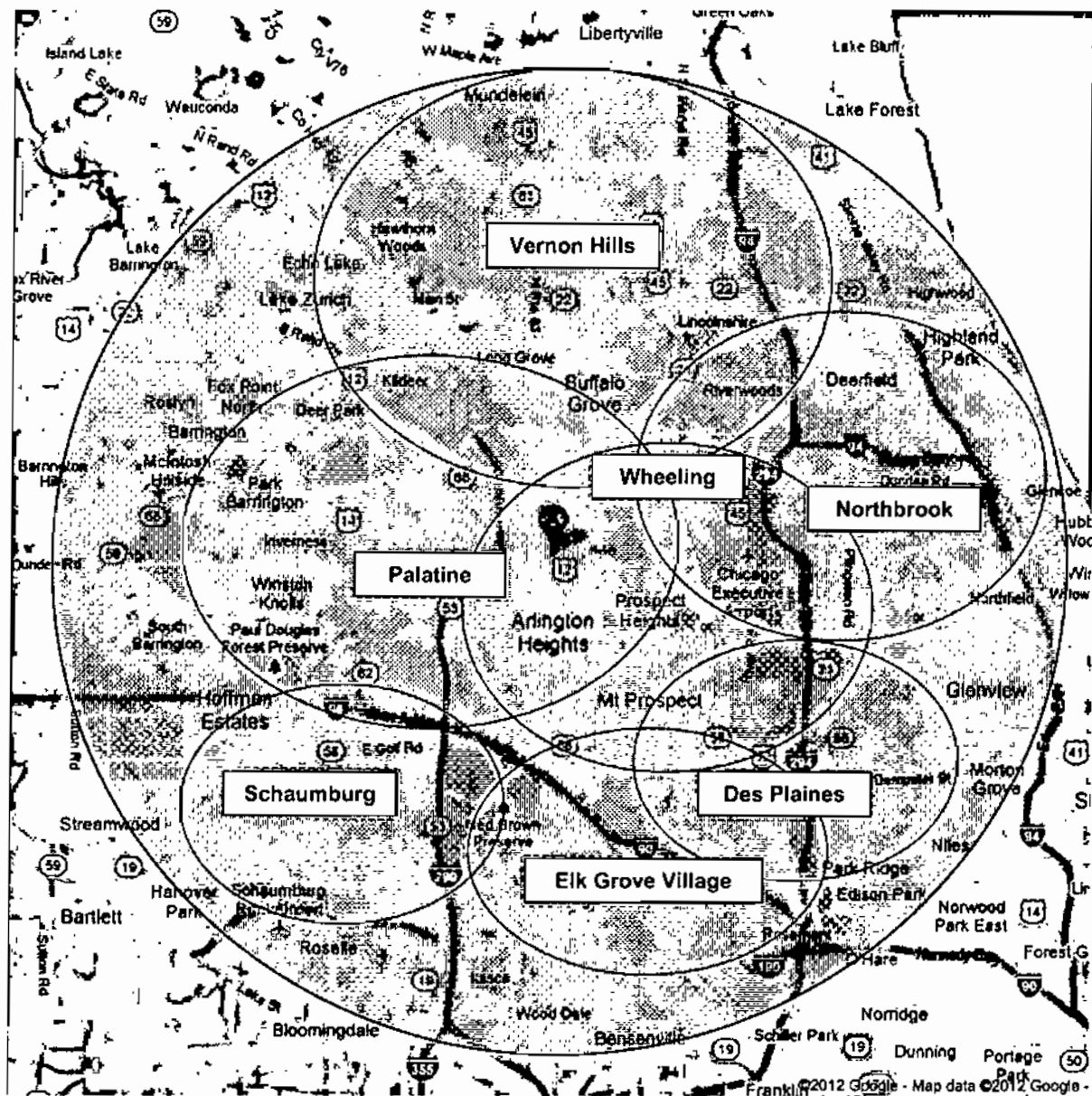


North:	24 minutes / 13.63 miles to Butterfield Rd. and Ridgewood Lane, Libertyville
Northeast:	31 minutes / 20.63 miles to E. Deerpath Rd. and South Western Ave., Lake Forest
East:	24 minutes / 13.29 miles to Tower Rd. and Hibbard Rd., Winnetka
Southeast:	25 minutes / 13.37 miles to W. Harts Rd. and N. Milwaukee Ave., Niles
South:	25 minutes / 16.41 miles to Oak Meadows Dr. and Wood Dale Rd., Wood Dale
Southwest:	24 minutes / 18.02 miles to Barrington Rd. and W. Lake St., Hanover, Park
West:	21 minutes / 12.96 miles to Dundee Rd. and Healy Rd., Barrington, IL
Northwest:	24 minutes / 13.64 miles to Cranberry Ct. and River Rd., Lake Barrington, IL

NOTE: Travel times determined through www.mapquest.com

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GEOGRAPHIC DISTRIBUTION OF REFERRALS



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PHYSICIAN LETTERS PERTAINING TO PROJECTED PATIENT VOLUME

Following is a listing of doctors who have provided referral letters for this application. The total volume of surgical referrals represents 80% of the current and projected volume of procedures.

The enclosed list of doctor patient referrals represents 75% of all of the outside physician referrals.

Name	Address	Type of Surgical Referral	Number of Referrals Per 12 Months	Zip Codes for the Majority of Referrals
Dr. Alexander Galperin	200 N Milwaukee Ave. Ste 100 Buffalo Grove IL 60089	General Surgery or Endoscopy Consultation	102	60089, 60090, 60070, 60004
Dr. Tatyana Galperin	200 N Milwaukee Ave. Ste 100 Buffalo Grove IL 60089	General Surgery or Endoscopy Consultation	48	60089, 60090, 60070, 60004
Dr. Michael Galperin	20570 N Milwaukee Ave. Deerfield IL 60015	General Surgery or Endoscopy Consultation	140	60015, 60062, 60035, 60040, 60065
Dr. Tatyana Scolin	201 E. Strong St., Ste. 6 Wheeling, IL 60090	General Surgery or Endoscopy Consultation	84	60090, 60089, 60056
Dr. Luis Gonzalez Orozco	494 Lee St. Des Plaines, IL 60016	General Surgery or Endoscopy Consultation	105	60017, 60018, 60016, 60056
Dr. Taiya Shevelev	201 E. Strong St., Ste. 9 Wheeling, IL 60090	General Surgery or Endoscopy Consultation	79	60089, 60049, 60061, 60090
Dr. Veronika Kroin	201 E. Strong St., Ste. 6 Wheeling, IL 60090	General Surgery or Endoscopy Consultation	99	60090, 60089, 60055, 60074, 60070
Dr. Yakov Ryabov	201 E. Strong St., Ste. 9 Wheeling, IL 60090	General Surgery or Endoscopy Consultation	193	60055, 60074, 60011, 60010
Dr. Equert Nagaj	333 W. Dundee Rd. Buffalo Grove, IL 60089	General Surgery or Endoscopy Consultation	112	60089, 60007, 60009, 60195, 60274, 60194, 60196, 60193, 60192
Dr. Ramon A. Gonzalez	1635 N Arlington Hts Rd # 203 Arlington Hts, IL 60004	General Surgery or Endoscopy Consultation	73	60107, 60004, 60007, 60074, 60179
Dr. Raymond Gomez	410 E Northwest Hwy. Mt. Prospect, IL 60056	General Surgery or Endoscopy Consultation	82	60056, 60016, 60018, 60007, 60009
Dr. Ghodrat Sarrafi	380 E Northwest Hwy Ste 300 Des Plaines, IL 60016	General Surgery or Endoscopy Consultation	104	60018, 60016, 60007, 60009, 60058, 60068
Dr. Jesus Antonio Manteca-Elias	494 Lee St. Des Plaines, IL 60016	General Surgery or Endoscopy Consultation	100	60016, 60025, 60053
Dr. Maria Gonzalez	794 W Dundee Rd Wheeling, IL 60090	General Surgery or Endoscopy Consultation	178	60090, 60089, 60074, 60005, 60004, 60056
Dr. Valeria Levitin	1460 Market St., Ste. 300 Des Plaines, IL 60016	General Surgery or Endoscopy Consultation	62	60056, 60016, 60018

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Dr. Boris Lelchuk	201 E Strong St., Ste 6 Wheeling, IL 60090	General Surgery or Endoscopy Consultation	64	60089, 60090, 60049
Dr. Sam Akmakjian	4160 McHenry Rd., Suite 102 Long Grove, IL 60047	General Surgery Consultation	40	60047, 60090, 60089, 60005, 60074, 60076, 60010
Dr. Elena Edwards	3295 N Arlington Hts Rd., Ste 102 Arlington Hts., IL 60004	General Surgery or Endoscopy Consultation	210	60060, 60004, 60005, 60069

Total referral (75%) of outside physician patient referral = 1,875

June 12, 2012

Dr. Yelena Levitin, MD., FACS

201 E. Strong Ave, Suite # 7,

Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 102 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

I, ALEXSANDR GALPERIN, M.D. verify that to the best of my belief, the statement above is true and correct.

Sincerely,



June 12, 2012

Dr. Yelena Levitin, MD., FACS

201 E. Strong Ave, Suite # 7,

Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

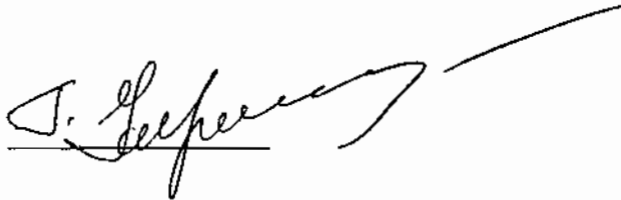
This communication is intended to certify that I have referred at least 48 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

I, T. GALPERIN verify that to the best of my belief, the statement above is true and correct.

Sincerely,



June 12, 2012

Dr. Yelena Levitin, MD., FACS

201 E. Strong Ave, Suite # 7,

Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 146 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

I, H. GALPERIN verify that to the best of my belief, the statement above is true and correct.

Sincerely,



June 12, 2012

Dr. Yelena Levitin, MD., FACS

201 E. Strong Ave, Suite # 7,

Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 84 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

I, Tatiana Scolin, MD verify that to the best of my belief, the statement above is true and correct.

Sincerely,



CHILDREN'S HEALTH CARE, LTD.
DRS. V. KROIN, B. LEICHUK, T. SCOLIN
201 E. STRONG ST., SUITE 6
WHEELING, IL 60090
847-215-5222 / FAX 847-215-5142

June 12, 2012

Dr. Yelena Levitin, MD., FACS

201 E. Strong Ave, Suite # 7,

Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 105 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

I, Luis Gonzalez MD verify that to the best of my belief, the statement above is true and correct.

IL Lic: 036-055907

Sincerely,



Luis Gonzalez Orozco MD
494 Lee St.
Des Plaines, IL 60016

June 12, 2012

Dr. Yelena Levitin, MD., FACS

201 E. Strong Ave, Suite # 7,

Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASCT

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 79 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

I, THIYA SHGVELEV verify that to the best of my belief, the statement above is true and correct.

Sincerely,

Thiya Shgvelev

June 12, 2012

Dr. Yelena Levitin, MD., FACS

201 E. Strong Ave, Suite # 7,

Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASCT

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 99 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

I, Veronika V. Kohn verify that to the best of my belief, the statement above is true and correct.

Sincerely,



June 12, 2012

Dr. Yelena Levitin, MD., FACS

201 E. Strong Ave, Suite # 7,

Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASCT

Dear Dr. Levitin:

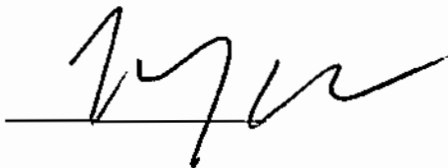
This communication is intended to certify that I have referred at least 193 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

I, YAKOV RYABOV verify that to the best of my belief, the statement above is true and correct.

Sincerely,



June 12, 2012

Dr. Yelena Levitin, MD., FACS

201 E. Strong Ave, Suite # 7,

Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

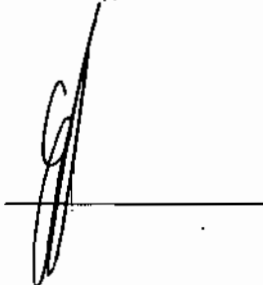
This communication is intended to certify that I have referred at least 112 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

I, Equest Nagji M.D. verify that to the best of my belief, the statement above is true and correct.

Sincerely,



June 12, 2012

Dr. Yelena Levitin, MD., FACS

201 E. Strong Ave, Suite # 7,

Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

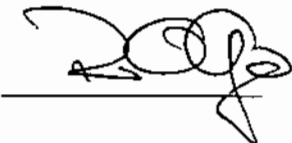
This communication is intended to certify that I have referred at least 73 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

I, RAMON A. GONZALEZ verify that to the best of my belief, the statement above is true and correct.

Sincerely,



June 12, 2012

Dr. Yelena Levitin, MD., FACS

201 E. Strong Ave, Suite # 7,

Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 82 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

Raymond Gomez MD - verify that to the best of my belief,
the statement above is true and correct.

Sincerely,



June 12, 2012

Dr. Yelena Levitin, MD., FACS

201 E. Strong Ave, Suite # 7,

Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 104 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

I, E. Samrafi MD verify that to the best of my belief, the statement above is true and correct.

Sincerely,



June 12, 2012

Dr. Yelena Levitin, MD., FACS

201 E. Strong Ave, Suite # 7,

Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 100 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

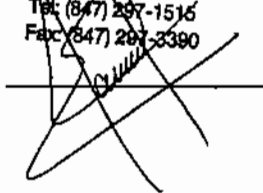
My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

I, JESUS ANTONIO MANTECA-ELIAS, MD verify that to the best of my belief, the statement above is true and correct.

Sincerely,

Jesus Antonio Manteca-Elias MD
Family Medicine
494 Lee Street
Des Plaines, IL 60018
Tel: (847) 297-1515
Fax: (847) 297-3390



June 12, 2012

Dr. Yelena Levitin, MD., FACS

201 E. Strong Ave, Suite # 7,

Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASCT

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 178 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

I, Maria E verify that to the best of my belief, the statement above is true and correct.

Gonzalez M.D.

Sincerely,



June 12, 2012

Dr. Yelena Levitin, MD., FACS

201 E. Strong Ave, Suite # 7,

Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASCT

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 62 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

I, Y. Levitin verify that to the best of my belief, the statement above is true and correct.

Sincerely,

Y. Levitin, MD, PhD

June 12, 2012

Dr. Yelena Levitin, MD., FACS

201 E. Strong Ave, Suite # 7,

Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASCT

Dear Dr. Levitin:

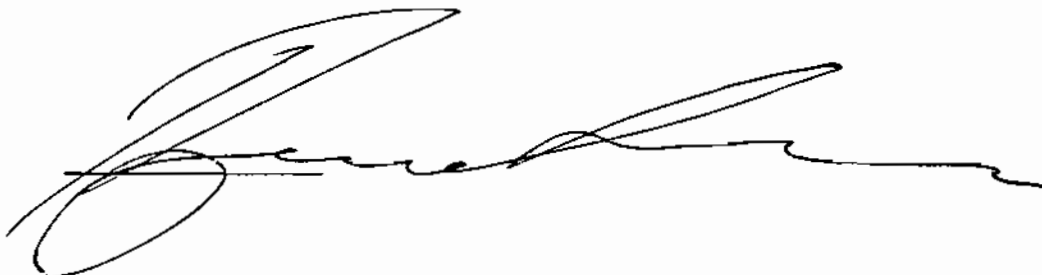
This communication is intended to certify that I have referred at least 64 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

BORIS
I, LELECHUK MD verify that to the best of my belief, the statement above is true and correct.

Sincerely,



June 12, 2012

Dr. Yelena Levitin, MD., FACS
201 E. Strong Ave., Suite #7
Wheeling, IL 60090

RE: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASCT

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 40 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the past 12 months.

My patients and I have been satisfied with the care provided and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

60047, 60090, 60089, 60005, 60074, 60076, 60010

I, Dr. Sam Akmajian, verify that to the best of my belief, the statement above is true and correct.

Sincerely,



Dr. Sam Akmajian
4160 McHenry Rd., Suite 102
Long Grove, IL 60047
847.634.0808

ATTACHMENT 27
APPENDIX 4

June 12, 2012

Dr. Yelena Levitin, MD., FACS

201 E. Strong Ave, Suite # 7,

Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASCT

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 210 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas:

I, Elena Edwards, verify that to the best of my belief, the statement above is true and correct.

Sincerely,



C H I C A G O S U R G I C A L C L I N I C , L T D .

OUTSIDE PHYSICIAN REFERRALS

When necessary to refer a patient to another physician, the physicians listed on Attachment 27, Appendix 4, referred their patients to Dr. Yelena Levitin at Chicago Surgical Clinic, Ltd.

CHICAGO SURGICAL CLINIC, LTD.

June 29, 2012

Illinois Health Facilities and
Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Re: **PROJECTED PATIENT VOLUME**
Chicago Surgical Clinic, Ltd., ASTC, 129 W. Rand Rd., Arlington Heights, IL

Dear Sir or Madam:

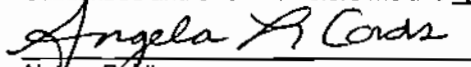
I, Yelena Levitin, MD, FACS, am the sole owner and CEO of Chicago Surgical Clinic, Ltd. The projected patient volume for the new facility, as outlined in this application, will come from within the proposed GSA.

Sincerely,



Dr. Yelena Levitin, MD
Chicago Surgical Clinic, Ltd.

Subscribed and sworn to before me this 2nd day of Aug., 2012.


Notary Public



CHICAGO SURGICAL CLINIC, LTD.

June 29, 2012

Illinois Health Facilities and
Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Re: **PHYSICIANS REFERRAL DOCUMENTS**
Chicago Surgical Clinic, Ltd., ASTC, 129 W. Rand Rd., Arlington Heights, IL

Dear Sir or Madam:

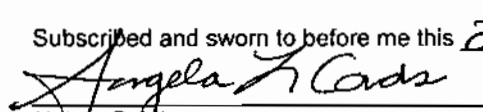
I, Yelena Levitin, MD, FACS, am the sole owner and CEO of Chicago Surgical Clinic, Ltd. I certify that the enclosed physician referral letters and documents are true and correct to the best of my information and knowledge.

Sincerely,



Dr. Yelena Levitin, MD
Chicago Surgical Clinic, Ltd.

Subscribed and sworn to before me this 2nd day of Aug., 2012.


Notary Public

CHICAGO SURGICAL CLINIC, LTD.

LIST OF PROCEDURES WITH TIME CRITERIA

ENDOSCOPY	# OF PROCEDURES WITHIN 12 MOS.	SURGICAL HOURS	PREP TIME	CLEAN-UP TIME	TOTAL 12- MONTH TIME
Upper endoscopy	402	.5	.25	.25	402
Lower endoscopy	576	.75	.25	.25	720

GENERAL PROCEDURES	# OF PROCEDURES WITHIN 12 MOS.	SURGICAL HOURS	PREP TIME	CLEAN-UP TIME	TOTAL 12- MONTH TIME
Lap hernia	94	1.5	.5	.5	235
Lap gallbladder	327	1.5	.5	.5	817.5
Lap band	14	2	.5	.5	42
Hemorrhoidectomy	84	1	.5	.5	168
Fistulectomy	20	.75	.25	.25	25
Abscess drainage	95	.5	.25	.25	95
Soft tissue tumor	305	.75	.25	.25	381.25
Cutaneous lesion excision	226	.25	.25	.25	169.5
Cutaneous lesion biopsy	56	.25	.25	.25	42
Various breast procedures	75	1.5	.5	.5	187.5
Breast biopsy	85	.5	.25	.25	85
Endocrine procedures	35	2	.5	.5	105
Various traumas	40	1	.25	.25	60
Various lacerations	55	1	.25	.25	82.5
Wound debridment	202	.75	.25	.25	252.5
Foreign body removal	42	1	.25	.25	63
Perirectal abscess	49	1	.5	.5	98
Pilonidal cyst	28	1	.5	.5	56
Proctoscopy, anoscopy	29	.5	.25	.25	29
IRC (infrared coagulation)	35	.5	.25	.25	35

ORAL / MAXILLOFACIAL	# OF PROCEDURES WITHIN 12 MOS.	SURGICAL HOURS	PREP TIME	CLEAN-UP TIME	TOTAL 12- MONTH TIME
Oral / maxillofacial	250	2	.5	.5	750

TOTAL	3,124				4,900.75
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CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Mr. Ed Goldberg, CEO
St. Alexius Medical Center
1555 Barrington Rd.
Hoffman Estates, IL 60169

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Mr. Goldberg:

We, at Chicago Surgical Clinic, Ltd., are proposing to construct and operate a new ASTC at 129 W. Rand Road in Arlington Heights, Illinois. The facility will occupy 7,700 SF of an existing medical building and will be built at a cost of \$1,800,000.00. The facility will have two (2) levels with the first level having three (3) treatment rooms and one (1) recovery room.

The proposed ASTC will be multi-specialty, performing minimally invasive and endoscopic techniques in general surgery. The ASTC will be open 24 hours per day and will be available to the general public requiring outpatient surgical procedures, clinical services, and urgent treatment for surgical problems that can be safely approached on an ambulatory basis.

The facility will perform a minimum of 5,000 procedures within a 12-month time period, including Lap hernias, lap gallbladders, lap bands, upper and lower endoscopy, anorectal procedures (such as hemorrhoidectomies, fistulectomies, abscess drainage, etc.), soft tissue tumors and cutaneous lesion excisions and biopsies, various breast procedures and biopsies, endocrine procedures, handling of traumas and lacerations, wound debridments, foreign body removal, and other procedures / surgeries allowed to be performed in such facilities.

The new ASTC will have minimal impact on existing facilities in the geographic service area due to the fact that the majority of patients serviced and the patients referred are not currently using the existing facilities in the immediate geographic area.

Sincerely,


Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:dlg

CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Mr. David Rahija, Administrator
Glenbrook Hospital
2100 Pfingsten Rd.
Glenview, IL 60026

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Mr. Rahija:

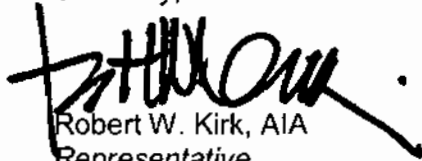
We, at Chicago Surgical Clinic, Ltd., are proposing to construct and operate a new ASTC at 129 W. Rand Road in Arlington Heights, Illinois. The facility will occupy 7,700 SF of an existing medical building and will be built at a cost of \$1,800,000.00. The facility will have two (2) levels with the first level having three (3) treatment rooms and one (1) recovery room.

The proposed ASTC will be multi-specialty, performing minimally invasive and endoscopic techniques in general surgery. The ASTC will be open 24 hours per day and will be available to the general public requiring outpatient surgical procedures, clinical services, and urgent treatment for surgical problems that can be safely approached on an ambulatory basis.

The facility will perform a minimum of 5,000 procedures within a 12-month time period, including Lap hernias, lap gallbladders, lap bands, upper and lower endoscopy, anorectal procedures (such as hemorrhoidectomies, fistulectomies, abscess drainage, etc.), soft tissue tumors and cutaneous lesion excisions and biopsies, various breast procedures and biopsies, endocrine procedures, handling of traumas and lacerations, wound debridments, foreign body removal, and other procedures / surgeries allowed to be performed in such facilities.

The new ASTC will have minimal impact on existing facilities in the geographic service area due to the fact that the majority of patients serviced and the patients referred are not currently using the existing facilities in the immediate geographic area.

Sincerely,



Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:dlg

CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Mr. Anthony Armada, CEO
Advocate Lutheran General
1775 W. Dempster St.
Park Ridge, IL 60068

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Mr. Armada:

We, at Chicago Surgical Clinic, Ltd., are proposing to construct and operate a new ASTC at 129 W. Rand Road in Arlington Heights, Illinois. The facility will occupy 7,700 SF of an existing medical building and will be built at a cost of \$1,800,000.00. The facility will have two (2) levels with the first level having three (3) treatment rooms and one (1) recovery room.

The proposed ASTC will be multi-specialty, performing minimally invasive and endoscopic techniques in general surgery. The ASTC will be open 24 hours per day and will be available to the general public requiring outpatient surgical procedures, clinical services, and urgent treatment for surgical problems that can be safely approached on an ambulatory basis.

The facility will perform a minimum of 5,000 procedures within a 12-month time period, including Lap hernias, lap gallbladders, lap bands, upper and lower endoscopy, anorectal procedures (such as hemorrhoidectomies, fistulectomies, abscess drainage, etc.), soft tissue tumors and cutaneous lesion excisions and biopsies, various breast procedures and biopsies, endocrine procedures, handling of traumas and lacerations, wound debridments, foreign body removal, and other procedures / surgeries allowed to be performed in such facilities.

The new ASTC will have minimal impact on existing facilities in the geographic service area due to the fact that the majority of patients serviced and the patients referred are not currently using the existing facilities in the immediate geographic area.

Sincerely,



Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:dig

CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Mr. John Werrbach, CEO
Alexian Brothers Hospital
800 Biesterfield Rd.
Elk Grove Village, IL 60007

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Mr. Werrbach:

We, at Chicago Surgical Clinic, Ltd., are proposing to construct and operate a new ASTC at 129 W. Rand Road in Arlington Heights, Illinois. The facility will occupy 7,700 SF of an existing medical building and will be built at a cost of \$1,800,000.00. The facility will have two (2) levels with the first level having three (3) treatment rooms and one (1) recovery room.

The proposed ASTC will be multi-specialty, performing minimally invasive and endoscopic techniques in general surgery. The ASTC will be open 24 hours per day and will be available to the general public requiring outpatient surgical procedures, clinical services, and urgent treatment for surgical problems that can be safely approached on an ambulatory basis.

The facility will perform a minimum of 5,000 procedures within a 12-month time period, including Lap hernias, lap gallbladders, lap bands, upper and lower endoscopy, anorectal procedures (such as hemorrhoidectomies, fistulectomies, abscess drainage, etc.), soft tissue tumors and cutaneous lesion excisions and biopsies, various breast procedures and biopsies, endocrine procedures, handling of traumas and lacerations, wound debridments, foreign body removal, and other procedures / surgeries allowed to be performed in such facilities.

The new ASTC will have minimal impact on existing facilities in the geographic service area due to the fact that the majority of patients serviced and the patients referred are not currently using the existing facilities in the immediate geographic area.

Sincerely,



Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:dlg

CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Ms. Pamela Bell, CEO
Holy Family Hospital
100 N. River Rd.
Des Plaines, IL 60016

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Ms. Bell:

We, at Chicago Surgical Clinic, Ltd., are proposing to construct and operate a new ASTC at 129 W. Rand Road in Arlington Heights, Illinois. The facility will occupy 7,700 SF of an existing medical building and will be built at a cost of \$1,800,000.00. The facility will have two (2) levels with the first level having three (3) treatment rooms and one (1) recovery room.

The proposed ASTC will be multi-specialty, performing minimally invasive and endoscopic techniques in general surgery. The ASTC will be open 24 hours per day and will be available to the general public requiring outpatient surgical procedures, clinical services, and urgent treatment for surgical problems that can be safely approached on an ambulatory basis.

The facility will perform a minimum of 5,000 procedures within a 12-month time period, including Lap hernias, lap gallbladders, lap bands, upper and lower endoscopy, anorectal procedures (such as hemorrhoidectomies, fistulectomies, abscess drainage, etc.), soft tissue tumors and cutaneous lesion excisions and biopsies, various breast procedures and biopsies, endocrine procedures, handling of traumas and lacerations, wound debridments, foreign body removal, and other procedures / surgeries allowed to be performed in such facilities.

The new ASTC will have minimal impact on existing facilities in the geographic service area due to the fact that the majority of patients serviced and the patients referred are not currently using the existing facilities in the immediate geographic area.

Sincerely,



Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:dlg

CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Mr. Bruce Crowther, CEO
Northwest Community Hospital
901 W. Kirchoff Rd.
Arlington Heights, IL 60005

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Mr. Crowther:

We, at Chicago Surgical Clinic, Ltd., are proposing to construct and operate a new ASTC at 129 W. Rand Road in Arlington Heights, Illinois. The facility will occupy 7,700 SF of an existing medical building and will be built at a cost of \$1,800,000.00. The facility will have two (2) levels with the first level having three (3) treatment rooms and one (1) recovery room.

The proposed ASTC will be multi-specialty, performing minimally invasive and endoscopic techniques in general surgery. The ASTC will be open 24 hours per day and will be available to the general public requiring outpatient surgical procedures, clinical services, and urgent treatment for surgical problems that can be safely approached on an ambulatory basis.

The facility will perform a minimum of 5,000 procedures within a 12-month time period, including Lap hernias, lap gallbladders, lap bands, upper and lower endoscopy, anorectal procedures (such as hemorrhoidectomies, fistulectomies, abscess drainage, etc.), soft tissue tumors and cutaneous lesion excisions and biopsies, various breast procedures and biopsies, endocrine procedures, handling of traumas and lacerations, wound debridments, foreign body removal, and other procedures / surgeries allowed to be performed in such facilities.

The new ASTC will have minimal impact on existing facilities in the geographic service area due to the fact that the majority of patients serviced and the patients referred are not currently using the existing facilities in the immediate geographic area.

Sincerely,



Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:dlg

800 West Central Road
Arlington Heights, Illinois 60005
www.nch.org



July 30, 2012

Via Certified Mail

Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.
201 E. Strong Street, Suite 7
Wheeling, IL 60090

Dear Mr. Kirk:

Thank you for your notice of intent to build a surgical center on Rand Road in Arlington Heights, IL. As you know, we at Northwest Community Hospital have served the surgical needs of these patients for years. This project negatively impacts our program and ability to serve our patients. We oppose your project. Please advise the Illinois Health Facilities & Services Board.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Crowther".

Bruce K. Crowther
President & CEO

BKC/sl

Copy: Courtney Avery, Administrator
Illinois Health Facilities & Services Board

Bruce K. Crowther
President and Chief Executive Officer

847.618.5015 tel
847.618.5009 fax
bcrowther@nch.org

CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Ms. Julie Bell, Administrator
Hawthorn Place Outpatient Surgery Center, L.P.
1900 Hollister Dr., Ste. 100
Libertyville, IL 60048

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Ms. Bell:

We, at Chicago Surgical Clinic, Ltd., are proposing to construct and operate a new ASTC at 129 W. Rand Road in Arlington Heights, Illinois. The facility will occupy 7,700 SF of an existing medical building and will be built at a cost of \$1,800,000.00. The facility will have two (2) levels with the first level having three (3) treatment rooms and one (1) recovery room.

The proposed ASTC will be multi-specialty, performing minimally invasive and endoscopic techniques in general surgery. The ASTC will be open 24 hours per day and will be available to the general public requiring outpatient surgical procedures, clinical services, and urgent treatment for surgical problems that can be safely approached on an ambulatory basis.

The facility will perform a minimum of 5,000 procedures within a 12-month time period, including Lap hernias, lap gallbladders, lap bands, upper and lower endoscopy, anorectal procedures (such as hemorrhoidectomies, fistulectomies, abscess drainage, etc.), soft tissue tumors and cutaneous lesion excisions and biopsies, various breast procedures and biopsies, endocrine procedures, handling of traumas and lacerations, wound debridments, foreign body removal, and other procedures / surgeries allowed to be performed in such facilities.

The new ASTC will have minimal impact on existing facilities in the geographic service area due to the fact that the majority of patients serviced and the patients referred are not currently using the existing facilities in the immediate geographic area.

Sincerely,



Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:dlg

CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Ms. Anna Marie York, Administrator
Hoffman Estates Surgery Center LLC
1555 Barrington Rd.
Hoffman Estates, IL 60169

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Ms. York:

We, at Chicago Surgical Clinic, Ltd., are proposing to construct and operate a new ASTC at 129 W. Rand Road in Arlington Heights, Illinois. The facility will occupy 7,700 SF of an existing medical building and will be built at a cost of \$1,800,000.00. The facility will have two (2) levels with the first level having three (3) treatment rooms and one (1) recovery room.

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Sincerely,



Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:d1g

CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Ms. Vera Schmidt, COO
Advantage Health Care, Ltd.
203 E. Irving Park Rd.
Wood Dale, IL 60191

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Ms. Schmidt:

We, at Chicago Surgical Clinic, Ltd., are proposing to construct and operate a new ASTC at 129 W. Rand Road in Arlington Heights, Illinois. The facility will occupy 7,700 SF of an existing medical building and will be built at a cost of \$1,800,000.00. The facility will have two (2) levels with the first level having three (3) treatment rooms and one (1) recovery room.

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Sincerely,



Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:dlg

CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Mr. Daniel Ritacca, CEO
Ritacca Laser Center, Ltd.
230 Center Dr.
Vernon Hills, IL 60061

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Mr. Ritacca:

We, at Chicago Surgical Clinic, Ltd., are proposing to construct and operate a new ASTC at 129 W. Rand Road in Arlington Heights, Illinois. The facility will occupy 7,700 SF of an existing medical building and will be built at a cost of \$1,800,000.00. The facility will have two (2) levels with the first level having three (3) treatment rooms and one (1) recovery room.

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Sincerely,


Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:dlg

CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Mr. Larry Parrish, Business Administrator
Illinois Sports Medicine & Orthopedic Surgery Center, LLC
9000 Waukegan Rd.
Morton Grove, IL 60053

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Mr. Parrish:

We, at Chicago Surgical Clinic, Ltd., are proposing to construct and operate a new ASTC at 129 W. Rand Road in Arlington Heights, Illinois. The facility will occupy 7,700 SF of an existing medical building and will be built at a cost of \$1,800,000.00. The facility will have two (2) levels with the first level having three (3) treatment rooms and one (1) recovery room.

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Sincerely,


Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:dlg

CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Mr. Richard Bloom
Medical Director
The Glen Endoscopy Center, LLC
2551 Compass Rd.
Glenview, IL 60025

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Mr. Bloom:

We, at Chicago Surgical Clinic, Ltd., are proposing to construct and operate a new ASTC at 129 W. Rand Road in Arlington Heights, Illinois. The facility will occupy 7,700 SF of an existing medical building and will be built at a cost of \$1,800,000.00. The facility will have two (2) levels with the first level having three (3) treatment rooms and one (1) recovery room.

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Sincerely,


Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:dlg

CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Mr. Mark Del Rosario
Administrator
LGH-A/Golf ASTC, LLC.
8901 Golf Rd.
Des Plaines, IL 60016

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Mr. Del Rosario:

We, at Chicago Surgical Clinic, Ltd., are proposing to construct and operate a new ASTC at 129 W. Rand Road in Arlington Heights, Illinois. The facility will occupy 7,700 SF of an existing medical building and will be built at a cost of \$1,800,000.00. The facility will have two (2) levels with the first level having three (3) treatment rooms and one (1) recovery room.

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Sincerely,


Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:dig

CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Ms. Melody Winter-Jabeck
Administrator
Ravine Way Surgery Center, LLC
2350 Ravine Way
Glenview, IL 60025

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Ms. Winter-Jabeck:

We, at Chicago Surgical Clinic, Ltd., are proposing to construct and operate a new ASTC at 129 W. Rand Road in Arlington Heights, Illinois. The facility will occupy 7,700 SF of an existing medical building and will be built at a cost of \$1,800,000.00. The facility will have two (2) levels with the first level having three (3) treatment rooms and one (1) recovery room.

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Sincerely,


Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:dlg

CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Mr. Lowell S. Weil
Administrator
Foot & Ankle Surgical Center
1455 Golf Rd., Ste. 134
Des Plaines, IL 60016

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Mr. Weil:

We, at Chicago Surgical Clinic, Ltd., are proposing to construct and operate a new ASTC at 129 W. Rand Road in Arlington Heights, Illinois. The facility will occupy 7,700 SF of an existing medical building and will be built at a cost of \$1,800,000.00. The facility will have two (2) levels with the first level having three (3) treatment rooms and one (1) recovery room.

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Sincerely,


Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:dlg

CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Ms. Nancy Nelson
Administrator
Forest View Medical Center
2750 S. River Rd.
Des Plaines, IL 60018

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Ms. Nelson:

We, at Chicago Surgical Clinic, Ltd., are proposing to construct and operate a new ASTC at 129 W. Rand Road in Arlington Heights, Illinois. The facility will occupy 7,700 SF of an existing medical building and will be built at a cost of \$1,800,000.00. The facility will have two (2) levels with the first level having three (3) treatment rooms and one (1) recovery room.

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Sincerely,


Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:dlg

CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Ms. Terri Seidel
Director of Operations
Northwest Surgicare, Ltd.
1100 W. Central Rd.
Arlington Heights, IL 60005

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Ms. Seidel:

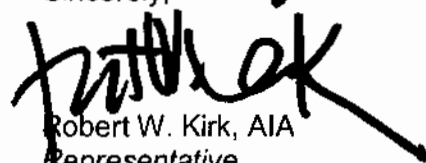
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Sincerely,


Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:dlg

CHICAGO SURGICAL CLINIC, LTD.

June 26, 2012

Via Certified Mail

Ms. Rosanne Matias, Director
Northwest Community Day Surgery Center
675 W. Kirchoff Rd.
Arlington Heights, IL 60005

**Re: Chicago Surgical Clinic, Ltd., Proposed ASTC at
129 W. Rand Rd., Arlington Heights, IL**

Dear Ms. Matias:

We, at Chicago Surgical Clinic, Ltd., are proposing to construct and operate a new ASTC at 129 W. Rand Road in Arlington Heights, Illinois. The facility will occupy 7,700 SF of an existing medical building and will be built at a cost of \$1,800,000.00. The facility will have two (2) levels with the first level having three (3) treatment rooms and one (1) recovery room.

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Sincerely,


Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.

RWK:dlg

CHICAGO SURGICAL CLINIC, LTD.

LIST OF FACILITIES CONTACTED

Northwest Community Hospital Mr. Bruce Crowther, CEO 901 W. Kirchoff Rd. Arlington Heights, IL 60005	Foot & Ankle Surgical Center Mr. Lowell S. Weil, Administrator 1455 Golf Rd., Ste. 134 Des Plaines, IL 60016
Holy Family Hospital Ms. Pamela Bell, CEO 100 N. River Rd. Des Plaines, IL 60016	The Glen Endoscopy Center, LLC Mr. Richard Bloom, Medical Director 2551 Compass Rd. Glenview, IL 60025
Alexian Brothers Hospital Mr. John Werrbach, CEO 800 Biesterfield Rd. Elk Grove Village, IL 60007	Ravine Way Surgery Center, LLC Ms. Melody Winter-Jabeck, Administrator 2350 Ravine Way Glenview, IL 60025
Advocate Lutheran General Mr. Anthony Armada, CEO 1775 W. Dempster St. Park Ridge, IL 60068	LGH-A/Golf ASTC, LLC Mr. Mark Del Rosario, Administrator 8901 Golf Rd. Niles, IL 60016
Glenbrook Hospital Mr. David Rahija, Administrator 2100 Pfingsten Rd. Glenview, IL 60026	Illinois Sports Medicine & Orthopedic Surgery Center, LLC Mr. Larry Parrish, Business Administrator 9000 Waukegan Rd. Morton Grove, IL 60053
St. Alexius Medical Center Mr. Ed Goldberg, CEO 1555 Barrington Rd. Hoffman Estates, IL 60169	Ritacca Laser Center, Ltd. Mr. Daniel Ritacca, CEO 230 Center Dr. Vernon Hills, IL 60061
Northwest Community Day Surgery Center Ms. Roseanne Matias, Director 675 W. Kirchoff Rd. Arlington Heights, IL 60005	Advantage Health Care, Ltd. Ms. Vera Schmidt, COO 203 E. Irving Park Rd. Wood Dale, IL 60191
Northwest Surgicare, Ltd. Ms. Terri Seidel, Director of Operations 1100 W. Central Rd. Arlington Heights, IL 60005	Hoffman Estates Surgery Center, LLC Anna Marie York, Administrator 1555 Barrington Rd. Hoffman Estates, IL 60169
Forest View Medical Center Ms. Nancy Nelson, Administrator 2750 S. River Rd. Des Plaines, IL 60018	Hawthorn Place Outpatient Surgery Center, L.P. Ms. Julie Bell, Administrator 1900 Hollister Dr., Ste. 100 Libertyville, IL 60048

7001 2510 0004 5377 6570

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
DES PLAINES IL 60018 OFFICIAL USE			
Postage	\$.445	0007	
Certified Fee	2.955	21	Postmark Here
Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$ 3.400	06/26/2012	
Sent To Forest View Medical Center Street, Apt. No., or PO Box No. 2750 S. River Rd. City, State, ZIP+4 Des Plaines, IL 60018 PS Form 3800, January 2001 See Reverse for Instructions			

7001 2510 0004 5377 6594

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
ARLINGTON HEIGHTS IL 60005 OFFICIAL USE			
Postage	\$.445	0007	
Certified Fee	2.955	21	Postmark Here
Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$ 3.400	06/26/2012	
Sent To Northwest Comm. Day Surgery Center Street, Apt. No., or PO Box No. 675 W. Kirchoff Rd. City, State, ZIP+4 Arlington Heights, IL 60005 PS Form 3800, January 2001 See Reverse for Instructions			

7007 2680 0003 0856 7294

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit our website at www.usps.com			
PARK RIDGE IL 60068 OFFICIAL USE			
Postage	\$.445	0007	
Certified Fee	2.955	21	Postmark Here
Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$ 3.400	06/26/2012	
Sent To Advocate Lutheran General Street, Apt. No., or PO Box No. 1775 W. Dempster St. City, State, ZIP+4 Park Ridge, IL 60068 PS Form 3800, August 2006 See Reverse for Instructions			

7001 2510 0004 5377 6587

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
ARLINGTON HEIGHTS IL 60005 OFFICIAL USE			
Postage	\$.445	0007	
Certified Fee	2.955	21	Postmark Here
Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$ 3.400	06/26/2012	
Sent To Northwest Surgicare Ltd. Street, Apt. No., or PO Box No. 1100 W. Central Rd. City, State, ZIP+4 Arlington Heights, IL 60005 PS Form 3800, January 2001 See Reverse for Instructions			

7007 2680 0003 0856 7300

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit our website at www.usps.com			
GLENVIEW IL 60026 OFFICIAL USE			
Postage	\$.445	0007	
Certified Fee	2.955	21	Postmark Here
Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$ 3.400	06/26/2012	
Sent To Glenbrook Hospital Street, Apt. No., or PO Box No. 2100 Pfingsten Rd. City, State, ZIP+4 Glenview, IL 60026 PS Form 3800, August 2006 See Reverse for Instructions			

7007 2680 0003 0856 7317

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit our website at www.usps.com			
HOFFMAN ESTATES IL 60169 OFFICIAL USE			
Postage	\$.445	0007	
Certified Fee	2.955	21	Postmark Here
Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$ 3.400	06/26/2012	
Sent To St. Alexis Medical Center Street, Apt. No., or PO Box No. 1555 Barrington Rd. City, State, ZIP+4 Hoffman Estates, IL 60169 PS Form 3800, August 2006 See Reverse for Instructions			

ATTACHMENT 27
APPENDIX 10

7007 2680 0003 0856 7270

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
DES PLAINES IL 60016		

Postage	\$ 4.45	0007
Certified Fee	2.95	21
Return Receipt Fee (Endorsement Required)	\$0.00	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 3.40	06/26/2012

Sent To	
Holy Family Hospital	
Street, Apt. No., or PO Box No.	100 N. River Rd.
City, State, ZIP+4	Des Plaines, IL 60016
PS Form 3800, August 2006 See Reverse for Instructions	

7001 2510 0004 5377 6518

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
GLENVIEW IL 60025		

Postage	\$ 0.45	0007
Certified Fee	2.95	21
Return Receipt Fee (Endorsement Required)	\$0.00	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 3.40	06/26/2012

Sent To	
The Glen Endoscopy Center, LLC	
Street, Apt. No., or PO Box No.	2551 Compass Rd.
City, State, ZIP+4	Glenview, IL 60025
PS Form 3800, January 2001 See Reverse for Instructions	

7001 2510 0004 5377 6532

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
GLENVIEW IL 60025		

Postage	\$ 0.45	0007
Certified Fee	2.95	21
Return Receipt Fee (Endorsement Required)	\$0.00	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 3.40	06/26/2012

Sent To	
Ravine Way Surgery Center, LLC	
Street, Apt. No., or PO Box No.	2350 Ravine Way
City, State, ZIP+4	Glenview, IL 60025
PS Form 3800, January 2001 See Reverse for Instructions	

7007 2680 0003 0856 7287

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
ELK GROVE VILLAGE IL 60007		

Postage	\$ 4.45	0007
Certified Fee	2.95	21
Return Receipt Fee (Endorsement Required)	\$0.00	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 3.40	06/26/2012

Sent To	
Alexian Brothers Hospital	
Street, Apt. No., or PO Box No.	800 Biesterfield Rd.
City, State, ZIP+4	Elk Grove Village, IL 60007
PS Form 3800, August 2006 See Reverse for Instructions	

7001 2510 0004 5377 6556

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
DES PLAINES IL 60016		

Postage	\$ 0.45	0007
Certified Fee	2.95	21
Return Receipt Fee (Endorsement Required)	\$0.00	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 3.40	06/26/2012

Sent To	
LGH-A/Golf ASTC, LLC	
Street, Apt. No., or PO Box No.	8901 Golf Rd.
City, State, ZIP+4	Des Plaines, IL 60016
PS Form 3800, January 2001 See Reverse for Instructions	

7001 2510 0004 5377 6563

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DES PLAINES IL 60016		

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Total Postage & Fees	\$ 3.40	06/26/2012

Sent To	
Foot & Ankle Surgical Center	
Street, Apt. No., or PO Box No.	1455 Golf Rd., Ste. 134
City, State, ZIP+4	Des Plaines, IL 60016
PS Form 3800, January 2001 See Reverse for Instructions	

7007 2680 0003 0856 7218

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Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$ 3.32 ⁴⁰	06/26/2012	

Sent To
 IL Sports Med & Ortho Surgery Ctr
 Street, Apt. No.,
 or PO Box No. 9000 Waukegan Rd.
 City, State, ZIP+4
 Morton Grove, IL 60053
 PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0003 0856 7232

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Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$ 3.32 ⁴⁰	06/26/2012	

Sent To
 Advantage Health Care, Ltd.
 Street, Apt. No.,
 or PO Box No. 203 E. Irving Park Rd.
 City, State, ZIP+4
 Wood Dale, IL 60191
 PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0003 0856 7256

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Certified Fee	2.92 ⁹⁵	21	Postmark Here
Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$ 3.37 ⁴⁰	06/26/2012	

Sent To
 Hawthorn Pl. Outpatient Surgery Ctr.
 Street, Apt. No.,
 or PO Box No. 1900 Hollister Dr., Ste. 100
 City, State, ZIP+4
 Libertyville, IL 60048
 PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0003 0856 7225

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$ 3.32 ⁴⁰	06/26/2012	

Sent To
 Ritacca Laser Center Ltd.
 Street, Apt. No.,
 or PO Box No. 230 Center Dr.
 City, State, ZIP+4
 Vernon Hills, IL 60061
 PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0003 0856 7249

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Certified Fee	2.92 ⁹⁵	21	Postmark Here
Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$ 3.32 ⁴⁰	06/26/2012	

Sent To
 Hoffman Estates Surgery Center LLC
 Street, Apt. No.,
 or PO Box No. 1555 Barrington Rd.
 City, State, ZIP+4
 Hoffman Estates, IL 60169
 PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0003 0856 7263

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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Postage	\$.45 ⁴⁵	0007	
Certified Fee	2.92 ⁹⁵	21	Postmark Here
Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$ 3.37 ⁴⁰	06/26/2012	

Sent To
 Northwest Community Hospital
 Street, Apt. No.,
 or PO Box No. 901 W. Kirchhoff Rd.
 City, State, ZIP+4
 Arlington Heights, IL 60005
 PS Form 3800, August 2006 See Reverse for Instructions

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70012510000453776532	First-Class Mail [®]	Delivered	June 27, 2012, 10:38 am	GLENVIEW, IL 60025	Expected Delivery By: June 27, 2012 Certified Mail [™]
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70012510000453776563	First-Class Mail [®]	Delivered	June 27, 2012, 11:55 am	DES PLAINES, IL 60018	Expected Delivery By: June 27, 2012 Certified Mail [™]
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70012510000453776570	First-Class Mail [®]	Delivered	June 27, 2012, 9:41 am	DES PLAINES, IL 60018	Expected Delivery By: June 27, 2012 Certified Mail [™]
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70012510000453776587	First-Class Mail [®]	Delivered	June 27, 2012, 11:32 am	ARLINGTON HEIGHTS, IL 60005	Expected Delivery By: June 27, 2012 Certified Mail [™]
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70012510000453776594	First-Class Mail [®]	Delivered	June 27, 2012, 8:04 am	ARLINGTON HEIGHTS, IL 60005	Expected Delivery By: June 27, 2012 Certified Mail [™]
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70072680000308567300	First-Class Mail [®]	Delivered	June 27, 2012, 7:03 am	GLENVIEW, IL 60025	Expected Delivery By: June 27, 2012 Certified Mail [™]
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70072680000308567294	First-Class Mail [®]	Delivered	June 27, 2012, 8:40 am	PARK RIDGE, IL 60068	Expected Delivery By: June 27, 2012 Certified Mail [™]
Show Details					
70072680000308567317	First-Class Mail [®]	Depart USPS Sort Facility	June 27, 2012	CAROL STREAM, IL 60199	Expected Delivery By: June 27, 2012 Certified Mail [™]
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ATTACHMENT 27
APPENDIX 10

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70072680000308567218	First-Class Mail®	Delivered	June 27, 2012, 10:17 am	MORTON GROVE, IL 60053	Expected Delivery By: June 27, 2012 Certified Mail™
Show Details					
70072680000308567225	First-Class Mail®	Delivered	June 27, 2012, 9:51 am	VERNON HILLS, IL 60061	Expected Delivery By: June 27, 2012 Certified Mail™
Show Details					
70072680000308567232	First-Class Mail®	Delivered	June 27, 2012, 11:11 am	WOOD DALE, IL 60191	Expected Delivery By: June 27, 2012 Certified Mail™
Show Details					
70072680000308567249	First-Class Mail®	Delivered	June 27, 2012, 7:18 am	HOFFMAN ESTATES, IL 60169	Expected Delivery By: June 27, 2012 Certified Mail™
Show Details					
70072680000308567256	First-Class Mail®	Delivered	June 27, 2012, 9:42 am	LIBERTYVILLE, IL 60048	Expected Delivery By: June 27, 2012 Certified Mail™
Show Details					
70072680000308567263	First-Class Mail®	Delivered	June 28, 2012, 8:05 am	ARLINGTON HEIGHTS, IL 60005	Expected Delivery By: June 27, 2012 Certified Mail™
Show Details					
70072680000308567270	First-Class Mail®	Delivered	June 27, 2012, 8:02 am	DES PLAINES, IL 60018	Expected Delivery By: June 27, 2012 Certified Mail™
Show Details					
70072680000308567287	First-Class Mail®	Delivered	June 27, 2012, 8:42 am	ELK GROVE VILLAGE, IL 60007	Expected Delivery By: June 27, 2012 Certified Mail™
Show Details					
70012510000453776518	First-Class Mail®	Delivered	June 27, 2012, 10:31 am	GLENVIEW, IL 60026	Expected Delivery By: June 27, 2012 Certified Mail™
Show Details					
70012510000453776556	First-Class Mail®	Delivered	June 27, 2012, 9:56 am	DES PLAINES, IL 60016	Expected Delivery By: June 27, 2012 Certified Mail™
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**ATTACHMENT 27
APPENDIX 10**

203

CHICAGO SURGICAL CLINIC, LTD.

June 29, 2012

Illinois Health Facilities and
Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Re: **ADMISSIONS POLICY**
Chicago Surgical Clinic, Ltd., ASTC, 129 W. Rand Rd., Arlington Heights, IL

Dear Sir or Madam:

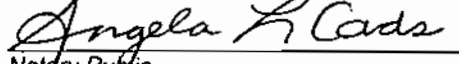
I, Yelena Levitin, MD, FACS, am the sole owner and CEO of Chicago Surgical Clinic, Ltd. I certify that the new ASTC facility at 129 W. Rand Rd. in Arlington Heights, Illinois will have and admissions policy that will not be more restrictive than current access facilities for the target population of the geographic service area.

Sincerely,



Dr. Yelena Levitin, MD
Chicago Surgical Clinic, Ltd.

Subscribed and sworn to before me this 2nd day of Aug, 2012.


Notary Public



CHICAGO SURGICAL CLINIC, LTD.

LIST OF PROCEDURES WITH ASOCIATED COST

ENDOSCOPY	SURGICAL COST	FACILITY COST	TOTAL COST
Upper endoscopy	700.00	1,100.00	1,800.00
Lower endoscopy	700.00	1,100.00	1,800.00

GENERAL PROCEDURES	SURGICAL COST	FACILITY COST	TOTAL COST
Lap hernia	1,200.00	2,800.00	4,000.00
Lap gallbladder	1,500.00	2,800.00	4,300.00
Lap band	2,000.00	2,800.00	4,800.00
Hemorrhoidectomy	600.00	1,400.00	2,000.00
Fistulectomy	500.00	1,400.00	1,900.00
Abscess drainage	450.00	1,300.00	1,750.00
Soft tissue tumor	550.00	1,500.00	2,050.00
Cutaneous lesion excision	300.00	1,200.00	1,500.00
Cutaneous lesion biopsy	250.00	1,200.00	1,450.00
Various breast procedures	1,100.00	600.00	1,700.00
Breast biopsy	550.00	500.00	1,000.00
Endocrine procedures	1,200.00	2,700.00	3,900.00
Various traumas	600.00	1,500.00	2,100.00
Various lacerations	450.00	1,250.00	1,700.00
Wound debridment	100.00	150.00	250.00
Foreign body removal	300.00	900.00	1,200.00
Perirectal abscess	630.00	1,300.00	1,930.00
Pilonidal cyst	770.00	1,400.00	2,170.00
Proctoscopy, anoscopy	150.00	600.00	750.00
IRC (infrared coagulation)	280.00	500.00	780.00

ORAL / MAXILLOFACIAL	SURGICAL COST	FACILITY COST	TOTAL COST
Oral / maxillofacial	2,800.00	3,000.00	5,800.00

CHICAGO SURGICAL CLINIC, LTD.

June 29, 2012

Illinois Health Facilities and
Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Re: CHARGE COMMITMENT
Chicago Surgical Clinic, Ltd., ASTC, 129 W. Rand Rd., Arlington Heights, IL

Dear Sir or Madam:

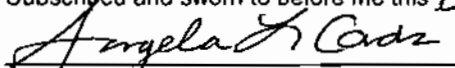
I, Yelena Levitin, MD, FACS, am the sole owner and CEO of Chicago Surgical Clinic, Ltd. I certify that the proposed facility is committed to maintaining the charges outlined in Criterion 1110.1540(g) a. for a minimum period of two (2) years of operation.

Sincerely,

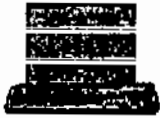


Dr. Yelena Levitin, MD
Chicago Surgical Clinic, Ltd.

Subscribed and sworn to before me this 2nd day of Aug., 2012.


Notary Public



**ALEXANDER BOGACHKOV**

CERTIFIED PUBLIC ACCOUNTANT

4020 GREENLEAF
SKOKIE, IL 60076Tel.: (847) 673.4902
Fax: (847) 673.4903

July 26, 2012

To Whom It May Concern:

Please be informed, that being engaged as a Certified Public Accountant for the company Chicago Surgical Clinic, Ltd., I have been preparing business and individual income tax returns for Dr. Levitin for more than ten years.

Based on the information provided by Dr. Levitin, the corporation Chicago Surgical Clinic, Ltd has access to funds totaling \$1,510,057.00 in the form of bank accounts and investment funds which can be used toward the construction of a new ASTC facility.

Sincerely,

Alexander Bogachkov, CPA

Citibank NA
Buffalo Grove Financial Center
105 W Dundee Rd
Buffalo Grove IL 60089



Citibank

July 24, 2012

Dr. Yelena Levitin
Chicago Surgical Clinic, Ltd.
201 E. Strong St., Ste. 7
Wheeling, IL 60090

Re: **Bank Credit**

Dear Dr. Levitin:

As the primary financial institution for Chicago Surgical Clinic, Ltd., we can confirm that Chicago Surgical Clinic, Ltd. has a strong credit rating with our bank and a loan request of up to \$2,000,000.00 would be favorably considered.

Sincerely,

A handwritten signature in black ink, appearing to read "Ed Osadzinski", written over a horizontal line.

Ed Osadzinski
Business Banker
Citibank, NA
105 W Dundee Rd
Buffalo Grove, IL 60089

C H I C A G O S U R G I C A L C L I N I C , L T D .

FINANCIAL VIABILITY

Dr. Yelena Levitin will be 100% responsible for all project funding. All project costs and capital expenditures will be completely funded through internal sources.

C H I C A G O S U R G I C A L C L I N I C , L T D .

VIABILITY RATIOS

The proposed ASTC will be privately owned and operated. Current audited financial statements for the facility are not available and debt service and cushion ratios have not been established.

ECONOMIC FEASIBILITY

A. Reasonableness of Financing Arrangements:

1. The total estimated project costs and related costs will be funded in total with cash, investment securities and unrestricted funds, letters of credit, and private bank funding loans.

B. Conditions of Debt Financing

All debt financing will be private, personal, and business loans backed by assets and guarantees.

C. Reasonableness of Project and Related Costs

All debt financing will be private, personal, and business loans backed by assets and guarantees.

D. Projected Operating Costs

Once the ASTC is completed and is operational, the total operating estimated costs and pro forma for the ASTC is as follows (see next page).

E. Total Effect of the Project on Capital Costs

Once the ASTC is completed and is operational, the total operating estimated costs and pro forma for the ASTC is as follows (see next page).

CHICAGO SURGICAL CLINIC, LTD.

PRO FORMA

EXPENSES:

Utilities	\$24,000.00
Taxes	30,000.00
Personnel / Expenses	3,000,000.00
Debt Service	220,000.00
Operating Expenses / Insurance	850,000.00
Equipment / Supplies	800,000.00
Overhead / Miscellaneous	<u>700,000.00</u>

TOTAL OPERATING COSTS \$5,624,000.00

INCOME:

Total procedures \$7,309,180.00
(3,124 estimated)

INCOME MINUES EXPENSES: \$1,685,180.00

CHICAGO SURGICAL CLINIC, LTD.

PROJECTED OPERATING COSTS

ENDOSCOPY	SURGICAL COST	FACILITY COST	TOTAL COST	TOTAL # OF PROCEDURES IN 12 MONTHS	TOTAL COST PER 12 MONTHS
Upper endoscopy	700.00	1,100.00	1,800.00	402	723,600.00
Lower endoscopy	700.00	1,100.00	1,800.00	576	1,036,800.00

GENERAL PROCEDURES	SURGICAL COST	FACILITY COST	TOTAL COST	TOTAL # OF PROCEDURES IN 12 MONTHS	TOTAL COST PER 12 MONTHS
Lap hernia	1,200.00	2,800.00	4,000.00	94	376,000.00
Lap gallbladder	1,500.00	2,800.00	4,300.00	327	1,406,100.00
Lap band	2,000.00	2,800.00	4,800.00	14	67,200.00
Hemorrhoidectomy	600.00	1,400.00	2,000.00	84	168,000.00
Fistulectomy	500.00	1,400.00	1,900.00	20	38,000.00
Abscess drainage	450.00	1,300.00	1,750.00	95	166,250.00
Soft tissue tumor	550.00	1,500.00	2,050.00	305	625,250.00
Cutaneous lesion excision	300.00	1,200.00	1,500.00	226	339,000.00
Cutaneous lesion biopsy	250.00	1,200.00	1,450.00	56	81,200.00
Various breast procedures	1,100.00	600.00	1,700.00	75	127,500.00
Breast biopsy	550.00	500.00	1,000.00	85	85,000.00
Endocrine procedures	1,200.00	2,700.00	3,900.00	35	136,500.00
Various traumas	600.00	1,500.00	2,100.00	40	84,000.00
Various lacerations	450.00	1,250.00	1,700.00	55	93,500.00
Wound debridement	100.00	150.00	250.00	202	50,500.00
Foreign body removal	300.00	900.00	1,200.00	42	50,400.00
Perirectal abscess	630.00	1,300.00	1,930.00	49	94,570.00
Pilonidal cyst	770.00	1,400.00	2,170.00	28	60,760.00
Proctoscopy, anoscopy	150.00	600.00	750.00	29	21,750.00
IRC (infrared coagulation)	280.00	500.00	780.00	35	27,300.00

ORAL / MAXILLOFACIAL	SURGICAL COST	FACILITY COST	TOTAL COST	TOTAL # OF PROCEDURES IN 12 MONTHS	TOTAL COST PER 12 MONTHS
Oral / maxillofacial	2,800.00	3,000.00	5,800.00	250	1,450,000.00

TOTAL GROSS INCOME = \$7,309,180.00

CHICAGO SURGICAL CLINIC, LTD.

SAFETY NET IMPACT STATEMENT

The Chicago Surgical Clinic, Ltd. is an independent for profit surgical center. There will be no financial safety net with charity or Medicare financial aid.

CHICAGO SURGICAL CLINIC, LTD.

CHARITY CARE INFORMATION

- The Chicago Surgical Clinic, Ltd. is an independent for profit surgical center and will not be a part of a charity care operation.