ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

ORIGINAL

Facility/Project Identification

Facility Name: Presence Lakeshore Gastroenterology
Street Address:150 N. River Road.
City and Zip Code:DesPlaines, Illinois 60016
County: Suburban Cook Health Service Area 007 Health Planning Area: A-07

Applicant /Co-Applicant Identification

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

Exact Legal Name: Presence Lakeshore Gastroenterology, LLC
Address: 150 N. River Road, DesPlaines, IL. 60016
Name of Registered Agent: Michael McConnell
Name of Chief Executive Officer: Pamela Bell, Administrator
CEO Address: Same as above
Telephone Number: 847-813-3215

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: Clare Connor Ranalli
Title: Partner
Company Name: McDermott, Will & Emery
Address: 227 W. Monroe Street, Chicago, IL. 60606
Telephone Number: 312-984-3365
E-mail Address: cranalli@mwe.com
Fax Number:

Additional Contact

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

Name: Shawn Albritton
Title: Enterprise Analytics/Strategy/CON
Company Name: Presence Health
Address: 200 S. Wacker Drive, 11th Floor, Chicago, IL 60606
Telephone Number: 312-308-3937
E-mail Address:SAlbritton@presencehealth.org
Fax Number:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Presence Lakeshore Gastroenterology, LLC
Street Address:150 N. River Road.
City and Zip Code: DesPlaines, Illinois 60016
County: Cook Health Service Area 007 Health Planning Area: 007

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

Exact Legal Name: Presence Holy Family Medical Center
Address: 100 N. River Road, DesPlaines, IL. 60016
Name of Registered Agent: Michael McConnell
Name of Chief Executive Officer: Pamela Bell (Administrator)
CEO Address: Same as above
Telephone Number: 847-813-3215

Type of Ownership of Applicant/Co-Applicant

☒	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

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- 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.

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[Person to receive ALL correspondence or inquiries)

Name: Clare Connor Ranalli
Title: Partner
Company Name: McDermott, Will & Emery
Address: 227 W. Monroe Street, Chicago, IL. 60606
Telephone Number: 312-984-3365
E-mail Address: cranalli@mwe.com
Fax Number:

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

Name: Shawn Albritton
Title: Enterprise Analytics/Strategy/CON
Company Name: Presence Health
Address: 200 S. Wacker Drive, 11th Floor, Chicago, IL 60606
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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Presence Lakeshore Gastroenterology, LLC
Street Address:150 N. River Road.
City and Zip Code: DesPlaines, Illinois 60016
County: Cook Health Service Area 007 Health Planning Area: 007

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

Exact Legal Name: Presence Health
Address: 200 S. Wacker Drive, Chicago, IL 60606
Name of Registered Agent: Evelyn Nelson
Name of Chief Executive Officer: Sandra Bruce
CEO Address: As above
Telephone Number:

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: Clare Connor Ranalli
Title: Partner
Company Name: McDermott, Will & Emery
Address: 227 W. Monroe Street, Chicago, IL. 60606
Telephone Number: 312-984-3365
E-mail Address: cranalli@mwe.com
Fax Number:

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

Name: Shawn Albritton
Title: Enterprise Analytics/Strategy/CON
Company Name: Presence Health
Address: 200 S. Wacker Drive, 11th Floor, Chicago, IL 60606
Telephone Number: 312-308-3937
E-mail Address:SAlbritton@presencehealth.org
Fax Number:

Post Permit Contact

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

Name: Shawn Albritton
Title: Enterprise Analytics/Strategy/CON
Company Name: Presence Health
Address: 200 S. Wacker Drive, 11th Floor, Chicago, IL 60606
Telephone Number: 312-308-3937
E-mail Address: Salbritton@presencehealth.org
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Presence Healthcare Services
Address of Site Owner: 1127 N. Oakley, #268, Chicago, IL 60622
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: Presence Lakeshore Gastroenterology, LLC
Address: 150 N. River Road, DesPlaines, IL. 60016

☐ 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 NOT APPLICABLE – NO CONSTRUCTION

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements NOT APPLICABLE – NO CONSTRUCTION OR MODERNIZATION

[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

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 applicants propose establishing an ambulatory surgery center ("ASC") located in the Medical Office Building adjacent to Presence Holy Family Medical Center ("PHFMC""). Currently, PHFMC has 2 dedicated endoscopy procedure rooms, and upon establishment of the ASC (when it is certified to treat patients) these procedure rooms will no longer be used for endoscopy procedures. The intended use for the space to be vacated is ophthalmology procedure rooms. The proposed ASC will be a limited specialty ASC with two procedure rooms dedicated solely to performing endoscopy procedures. PHFMC will operate the ASC as a joint venture with 51% ownership, and the remaining 49% ownership will be held by Lakeshore Gastroenterology and Liver Disease Institute, S.C. The ASC will be operated in leased space and the total cost of the project is $3,153,639.70.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	$735,000.00	$315,000.00	$1,050,000.00
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)	$782,600.00	$335,400.00	$1,118,000.00
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$690,367.85	$295,871.93	$986,239.79
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	$2,207,367.80	$946,271.93	$3,153,639.70
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$2,207,367.80	$946,271.93	$3,153,639.70
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	$2,207,367.80	$946,271.93	$3,153,639.70
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

TO BE CHANGED

Related Project Costs

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

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

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

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

Estimated start-up costs and operating deficit cost is $192,402.00.

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): 12/31/2015

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

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

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

State Agency Submittals

Are the following submittals up to date as applicable:
☒ Cancer Registry
☒ APORS
☒ 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.**

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

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

Facility Bed Capacity and Utilization NOT APPLICABLE

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

FACILITY NAME: PRESENCE HOLY FAMILY MEDICAL CENTER		**CITY: DES PLAINES**			
REPORTING PERIOD DATES:		**From: 01/01/13**		**to: 12/31/13**	
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	59	597	2,259	0	
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care	129	823	30,729	0	
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	188	1,420	32,988	N/A	188

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

Pamela S Bell
SIGNATURE

Pamela Bell
PRINTED NAME

Administrator
PRINTED TITLE

Notarization:
Subscribed and sworn to before me this 29 day of January 2015

Marie A Singleton
Signature of Notary

Seal

OFFICIAL SEAL
MARIE A. SINGLETON
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8-28-2015

SIGNATURE

Mani Mahdavian, M.D.
PRINTED NAME

President, Lakeshore Gastroenterology Institute
PRINTED TITLE

Notarization:
Subscribed and sworn to before me this 29 day of January 2015

Marie A Singleton
Signature of Notary

Seal

OFFICIAL SEAL
MARIE A. SINGLETON
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8-28-2015

*Insert EXACT legal name of the applicant

CERTIFICATION

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- in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- 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 Presence Holy Family Medical Center* 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

Janelle Reilly
PRINTED NAME

COO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30 day of Jan 2015

Signature of Notary

LINDA M NOYOLA
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
June 08, 2017

SIGNATURE

Jeannie Frey
PRINTED NAME

Chief Legal Officer and General Counsel
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30 day of Jan 2015

Signature of Notary

LINDA M NOYOLA
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
June 08, 2017

*Insert EXACT legal name of the applicant

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 manger 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 Presence Health* 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

Janelle Reilly
PRINTED NAME

COO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30 day of Jan 2015

Signature of Notary

Seal

LINDA M NOYOLA
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
June 08, 2017

SIGNATURE

Jeannie Frey
PRINTED NAME

Chief Legal Officer and General Counsel
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30 day of Jan 2015

Signature of Notary

Seal

LINDA M NOYOLA
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
June 08, 2017

*Insert EXACT legal name of the applicant

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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 tot be allocated to each department, area or function;

3. Evidence that the shell space is being constructed due to
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.

4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data are available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

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

ASSURANCES: NOT APPLICABLE

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.

2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

3. The anticipated date when the shell space will be completed and placed into operation.

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

H. Non-Hospital Based Ambulatory Surgery

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

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

   Read the criterion and complete the following:

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

_____Cardiovascular	_____Obstetrics/Gynecology	_____Pain Management
_____Dermatology	_____Ophthalmology	_____Podiatry
__x__Gastroenterology	_____Oral/Maxillofacial	_____Thoracic
_____General/Other	_____Orthopedic	_____Otolaryngology
_____Neurology	_____Plastic	_____Urology

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

2. **Criterion 1110.1540(b), Target Population**

   Read the criterion and provide the following:

   a. On a map (8 ½" x 11"), outline the intended geographic services area (GSA).

   b. Indicate the population within the GSA and how this number was obtained.

   c. 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:

   a. The number of referrals anticipated annually for each specialty.

   b. 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.

   c. A statement that the projected patient volume will come from within the proposed GSA.

   d. A statement that the information in the referral letter is true and correct to the best of his or her belief.

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

   Read the criterion and provide:

   a. The number of procedure rooms proposed.

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

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

   Read the criterion and provide:

   a. A copy of the letter sent to area surgical facilities regarding the proposed project's impact on their workload. NOTE: This letter must contain: a description of the project including its size, cost, and projected workload; the location of the proposed project; and a request that the facility administrator indicate what the impact of the proposed project will be on the existing facility.

   b. A list of the facilities contacted. **NOTE**: Facilities must be contacted by a service that provides

documentation of receipt such as the US. Postal Service, FedEx or UPS. The documentation must be included in the application for permit.

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

Read the criterion and provide:

a. A list of services that the proposed facility will provide that are not currently available in the GSA; or

b. Documentation that the existing facilities in the GSA have restrictive admission policies; or

c. For co-operative ventures,

a. Patient origin data that documents the existing hospital is providing outpatient surgery services to the target population of the GSA, and

b. The hospital's surgical utilization data for the latest 12 months, and

c. Certification that the existing hospital will not increase its operating room capacity until such a time as the proposed project's operating rooms are operating at or above the target utilization rate for a period of twelve full months; and

d. Certification that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

7. **Criterion 1110.1540(g), Charge Commitment**

Read the criterion and provide:

a. A complete list of the procedures to be performed at the proposed facility with the proposed charge shown for each procedure.

b. A letter from the owner and operator of the proposed facility committing to maintain the above charges for the first two years of operation.

8. **Criterion 1110.1540(h), Change in Scope of Service** **NOT APPLICABLE**

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

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

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:**

X	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$3,153,639.70		**TOTAL FUNDS AVAILABLE**

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

IX. 1120.130 - Financial Viability NOT APPLICABLE – FUNDED THROUGH INTERNAL RESOURCES

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-37, 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		N	/	A
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 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

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

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing NOT APPLICABLE

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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. 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 -39, 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-40, 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-41, 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:

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3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	34
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Certificate of Good Standing

See attached for applicants Presence Lakeshore Gastroenterology, LLC, Presence Health and Presence Holy Family Medical Center.

Attachment 1

File Number 0513910-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

PRESENCE LAKESHORE GASTROENTEROLOGY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 29, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 30TH *day of* JANUARY *A.D.* 2015 .

Jesse White

SECRETARY OF STATE

Authentication #: 1503001870

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

File Number 3823-724-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

PRESENCE HOLY FAMILY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 20, 1958, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 29TH *day of* JANUARY *A.D.* 2015 .

Jesse White

SECRETARY OF STATE

Authentication #: 1502902912

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

File Number 2595-936-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

PRESENCE HEALTH NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 05, 1939, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 29TH *day of* JANUARY *A.D.* 2015 .

Jesse White

SECRETARY OF STATE

Authentication #: 1502903008

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

Site Ownership

The proposed ASTC will be located in leased space in a MOB adjacent to Presence Holy Family Medical Center. The Letter of Intent for the leased space is attached.

Attachment 2

Presence Health

January 29, 2015

Presence Lakeshore Gastroenterology, LLC
150 River Road
Suite 110
Des Plaines, IL 60016

RE: Endoscopy Suite
150 RIVER ROAD
DES PLAINES, ILLINOIS

The following is the "Letter of Intent" outlining the terms upon which Presence Healthcare Services ("Landlord") is willing to enter into a lease (the "Lease") with Presence Lakeshore Gastroenterology, LLC. Once this Letter of Intent is signed, we will finalize on the design and begin construction. The Lease will be created upon approval of the drawings and delivered to you for execution.

PREMISES:	Tenant shall lease approximately 3417 rentable square feet located at 150 River Road, Des Plaines, IL. The actual square footage may change based on the approved design and will be reflected in the Lease.
LEASE COMMENCEMENT DATE:	The later of (i) Substantial Completion of Building Standard Leasehold Improvements or (ii) December 1, 2015.
TERM:	Ten (10) Year
BASE RENT:	$28.00 per Rentable Square Foot, for the First Five Years of the Lease.
RENT ESCALATIONS:	Base Rent shall escalate by 2% annually in years 6 – 10.

Month of Term	Lease Year Payments	Monthly Payment
12/1/15 – 11/30/16	$95,676.00	$7,973.00
12/1/16 – 11/30/17	$95,676.00	$7,973.00
12/1/17 – 11/30/18	$95,676.00	$7,973.00
12/1/18 – 11/30/19	$95,676.00	$7,973.00
12/1/19 – 11/30/20	$95,676.00	$7,973.00
12/1/20 – 11/30/21	$97,589.52	$8,132.46
12/1/21 – 11/30/22	$99,541.31	$8,295.11
12/1/22 – 11/30/23	$101,532.14	$8,461.01
12/1/23 – 11/30/24	$103,562.78	$8,630.23
12/1/24 – 11/30/25	$105,634.04	$8,802.84

BUILDING TAXES AND OPERATING EXPENSES: Tenant shall pay its Proportionate Share of Taxes over a 2014 Base Year; Tenant shall pay for its own utilities, Hazardous Waste disposal and telephone/data, as more fully set forth in the Lease. Tenant shall not be charged CAM charges.

TENANT IMPROVEMENTS/ CONSTRUCTION COST The Premises will be delivered per the approved drawings in accordance with the "Building Standards" as indicated in Exhibit B "Building Standard Leasehold Improvements" attached to the Lease and shall include the "turnkey" build out of the Initial Premises per drawings approved by Landlord and Tenant. Building Standards do not include providing the art work, decorations, furniture, equipment or the tele/data systems for the Premises. Tenant shall not have to remove or restore the initial improvements. The construction cost is $1,050,000.00 and will be paid in full prior to occupancy.

ARCHITECTURAL: Landlord shall provide all architectural and interior design services for the Building Standard Leasehold Improvements. Tenant will pay the architectural fees for any requested changes and Additional Improvements.

SIGNAGE: Landlord shall provide Tenant with Building Standard signage.

PARKING: Tenant shall have use of the parking in the lots surrounding the building in common with other tenants in the building.

SUBLEASE AND ASSIGNMENT: Tenant shall not have the right to sublease or assign any portion of the Premises to any party without Landlord's prior consent.

Presence Health

BROKERAGE COMMISSION:	N/A
SECURITY DEPOSIT:	None
GUARANTOR:	None
EXCLUSIVITY:	From the date of signing of this Letter of Intent, and until execution of a mutually acceptable Lease not to exceed 45 days from the date hereof (the "Exclusivity Period"), Landlord shall not negotiate with another party, or accept an offer to lease the Premises.

The purpose of this Letter of Intent is to set forth the mutual intent of Tenant and Landlord to negotiate and attempt to enter into a Lease. The parties acknowledge and agree that they have not attempted in this Letter of Intent to set forth all essential terms of the subject matter of this transaction, and such remaining essential terms shall be the subject of further negotiations. Neither Tenant nor Landlord shall be legally bound to lease the Initial Premises unless and until the Lease containing terms, conditions, and provisions satisfactory to both Tenant and Landlord in the exercise of their sole and absolute discretion has been executed and delivered by both parties. Notwithstanding the foregoing, the parties specifically acknowledge and agree that the provisions of the above captioned Exclusivity paragraph shall be binding and enforceable against the parties.

Sincerely,

PRESENCE HEALTHCARE SERVICES

By: Robert M Hauptman

Name: Robert M Hauptman

ACCEPTED BY TENANT THIS 29 **day of** January, **2015:**

By: Pamela S Bell

Presence Lakeshore Gastroenterology

Operating Entity/Licensee Information

I. Certificate of Good Standing

Please find attached a Certificate of Good Standing issued by the Illinois Secretary of State for Presence Lakeshore Gastroenterology, LLC.

II. Ownership Disclosures

The following persons hold a 5 percent (5%) or greater ownership interest in the licensed entity Presence Lakeshore Gastroenterology, LLC that will own/operate the proposed LLC.

Name	Entity/Individual	Ownership %
Lakeshore Gastroenterology and Liver Disease Institute, S.C.	Corporate LLC	49%
Presence Holy Family Medical Center	Corporate - NFP	51%

Attachment 3

File Number 0513910-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

PRESENCE LAKESHORE GASTROENTEROLOGY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 29, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 30TH *day of* JANUARY *A.D.* 2015 .

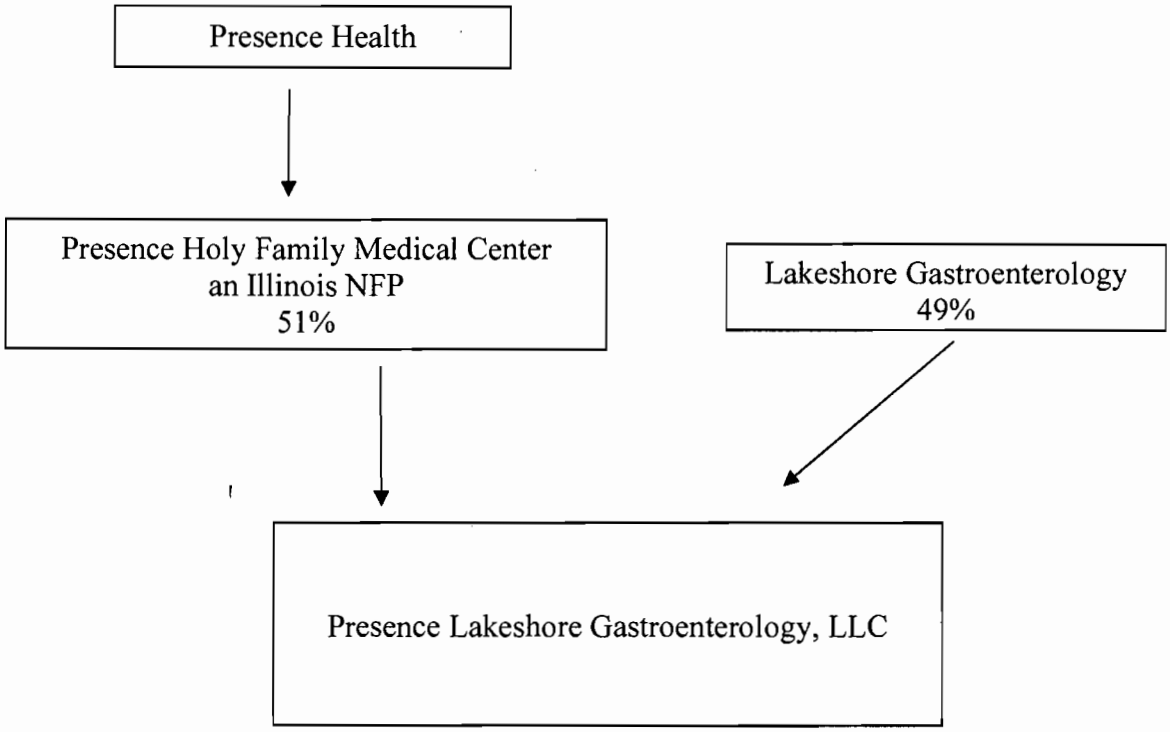
Authentication #: 1503001870

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

Jesse White

SECRETARY OF STATE

Organizational Relationship



Attachment 4

Flood Plain Requirements

Not Applicable – No Construction.

Historic Preservation Agency Letter

N/A – The modernization is in a building constructed in 1997 and will consist solely of knocking down and moving a wall within existing space, and aesthetic improvements such as painting, changing light fixtures, etc.

Attachment 6

Itemization of Project Costs

FMV of Leased Space:

- Lease cost – 10-year term

Movable Equipment:

- Anesthesia Cart - $6,000
- Stryker Stretchers - $45,520
- Wheel Chairs - $1,813
- Olympus Equipment - $127,607
- Scopes and Related Equipment - $719,443
- Proration - $91,296
- Baarrk Cart and Generator - $90,000
- Coagulator - $36,321
- Miscellaneous - $92,658

Modernization:

- -Moving Wall
- -New Furniture
- -Painting
- -New Light Fixtures

Attachment 7

Cost Space Requirements

Reviewable		GSF	Amount of Proposed Total GSF that is:			
Dept.	Cost	Prop.	New Cust.	Mod.	As Is	Vacated
Ambulatory Surgery	$2,207,367.80	2,196	0	2,196	0	0
Non Reviewable		**GSF**	**Amount of Proposed Cost That is:**			
Dept.	Cost	Prop.	New Cust.	Mod.	As Is	Vacated
Registration/ Waiting/ Admin	$946,271.93	1,221	0	1,221	0	0
Total ASC	$3,153,639.70	3,417	0	3,417	0	0

Cost Per GSF for the Reviewable (Clinical) Portion of the Project is $1,005*.

The costs for this project include the FMV of leased space, the FMV of leased equipment and the purchase price of movable equipment.

*Includes all equipment cost.

Attachment 9

Pursuant to 77 Il. Adm. Code § 1110.230: Presence Health and Presence Holy Family Medical Center hereby certify:

I. Facilities Owned or Operated by Applicant

The Applicant ASC is a newly formed company and does not own, operate, or manage any other ambulatory surgical treatment centers or any other type of health care facilities or health care provider entities. Accordingly, this applicant has no history regarding adverse action taken against the Applicant's facility. The applicants Presence Health and Presence Holy Family Medical Center own and operate acute care hospitals. Presence Health owns the following health care facilities as defined by HFSRB:

See attached.

II. No Adverse Action Certification

Pursuant to 77 Ill. Adm. Code 1110.230(b), the Applicants hereby certifies that no adverse actions has been taken against any health care facility owned or operated by the Applicants during the three (3) years prior to filing of this certificate of need application.

III. Authorization

Pursuant to 77 Ill. Adm. Code 1110.230(b), the Applicants hereby authorizes the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health ("IDPH") to access any documents necessary to verify the information submitted, including, but not limited to: (i) official records of IDPH or other State of Illinois agencies; (ii) the licensing or certification of records of other states, where applicable; and (iii) the records of nationally recognized accreditation organizations.

IV. Prior Applications

The Applicants have not submitted a prior application for permit this calendar year.

By: Jeannie Frey	Chief Legal Officer and General Counsel, Presence Health

NOTARY:

Subscribed and sworn to me this 30 day of June, 2015

Notary Public

Seal:

LINDA M NOYOLA
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
June 08, 2017

Attachment 11

Denotes not-for-profit corporation or other legal business entity

Denotes assumed name (d/b/a) on file with the Secretary of State

PRESENCE HEALTH NETWORK
CORPORATE NAMES

CORPORATE NAME	*EIN*	*IDPH*	*TJC ID*	*Medicare/ State ID*
Presence Health Network	361649520		7364	
Presence Health				
Presence PRV Health	363366652			
Presence RHC Corporation	362235165			
Presence Hospitals PRV	364195126			
Presence Covenant Medical Center		HF107140	4968	140113
Presence Mercy Medical Center		HF107143	7240	140174
Presence Saint Joseph Hospital - Elgin		HF107142	7338	140217
Presence Saint Joseph Medical Center		HF107138	7364	140007
Presence St. Mary's Hospital		HF107141	7367	140155
Presence United Samaritans Medical Center		HF107139	4928	140093
Presence Holy Family Medical Center	362439318	HF106056	7326	142011
Presence Resurrection Medical Center	363330926	HF107107	3836	140117
Presence Saint Francis Hospital	362167800	HF107116	4176	140080
Presence Saint Joseph Hospital - Chicago	363200170	HF106197	7307	140224
Presence Saints Mary and Elizabeth Medical Center	362171079		7308	140180
Presence Saint Elizabeth Hospital		HF104587		
Presence Saint Mary of Nazareth Hospital		HF104561		
Presence Life Connections	371127787			
Presence Cor Mariae Center		2172231	544370	145972-IL
Presence Fox Knoll		2178213		
Presence Heritage Village			544371	146056-IL
Presence McAuley Manor		2138209	520137	145944-IL
Presence Our Lady of Victory Nursing Home		2195029	544411	145536-IL
Presence Pine View Care Center		2193110	544392	145433-IL
Presence Saint Anne Center		2189103	544388	145563-IL
Presence Saint Joseph Center		2165552	544389	145935-IL
Presence Villa Franciscan		2193109	544412	145029-IL
Presence RHC Senior Services	237061646			
Presence Maryhaven Nursing and			497146	145741

CORPORATE NAME	*EIN*	*IDPH*	*TJC ID*	*Medicare/ State ID*
Rehabilitation Center				
Presence Resurrection Life Center		2119498	544391	145960
Presence Resurrection Nursing and Rehabilitation Center		2132168	497145	145324
Presence Saint Benedict Nursing and Rehabilitation Center			544379	145731
Presence Villa Scalabrini Nursing and Rehabilitation Center		2169124	544372	145956
Presence Nazarethville	362801392	21959281		14E620
Arthur Merkle-Clara Knipprath Nursing Home	362841358			146085
Presence Ambulatory Services	364286236			
Vermillion County Surgery Center, LLC			546838	

Purpose (1110.230)

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.

The project will provide better access to endoscopy procedures in the community. The endoscopy center will be patient centered with navigators to ease the patient through steps of education, diagnosis and treatment of disease. An Advanced Practice Nurse will provide an opportunity to have an office visit and procedure in the same visit. The project will result in strong physician alignment between PHFMC and the physicians on staff to focus on a common Mission and aligned vision. The proposed endoscopy center will focus on a workflow with the patient and employee in mind. Access to care and transportation are primary issues in the community served by PHFMC. The location of the proposed endoscopy center will provide easy access. It is on the PACE bus line, one mile from Metra and Presence PHFMC offers a low cost Care A Van service to the location. One in five people in the community live below 200% of the federal poverty level, and 13% of those who responded to the PHFMC community health needs assessment reported they did not follow up with specialists because of cost. A free standing endoscopy center will provide a more affordable option to those PHFMC serves. Colon cancer is the third most common cancer and the second leading cause of cancer-related deaths in the United States. Cancer is a leading age-adjusted cause of mortality in the PHFMC service area. GI screenings, through endoscopy, are a valuable tool to identify and treat colon cancer in the early stages, saving lives. The bulk of patients served will reside within a 10 mile radius of the PHFMC catchment area (see attached map).

Attachment 12

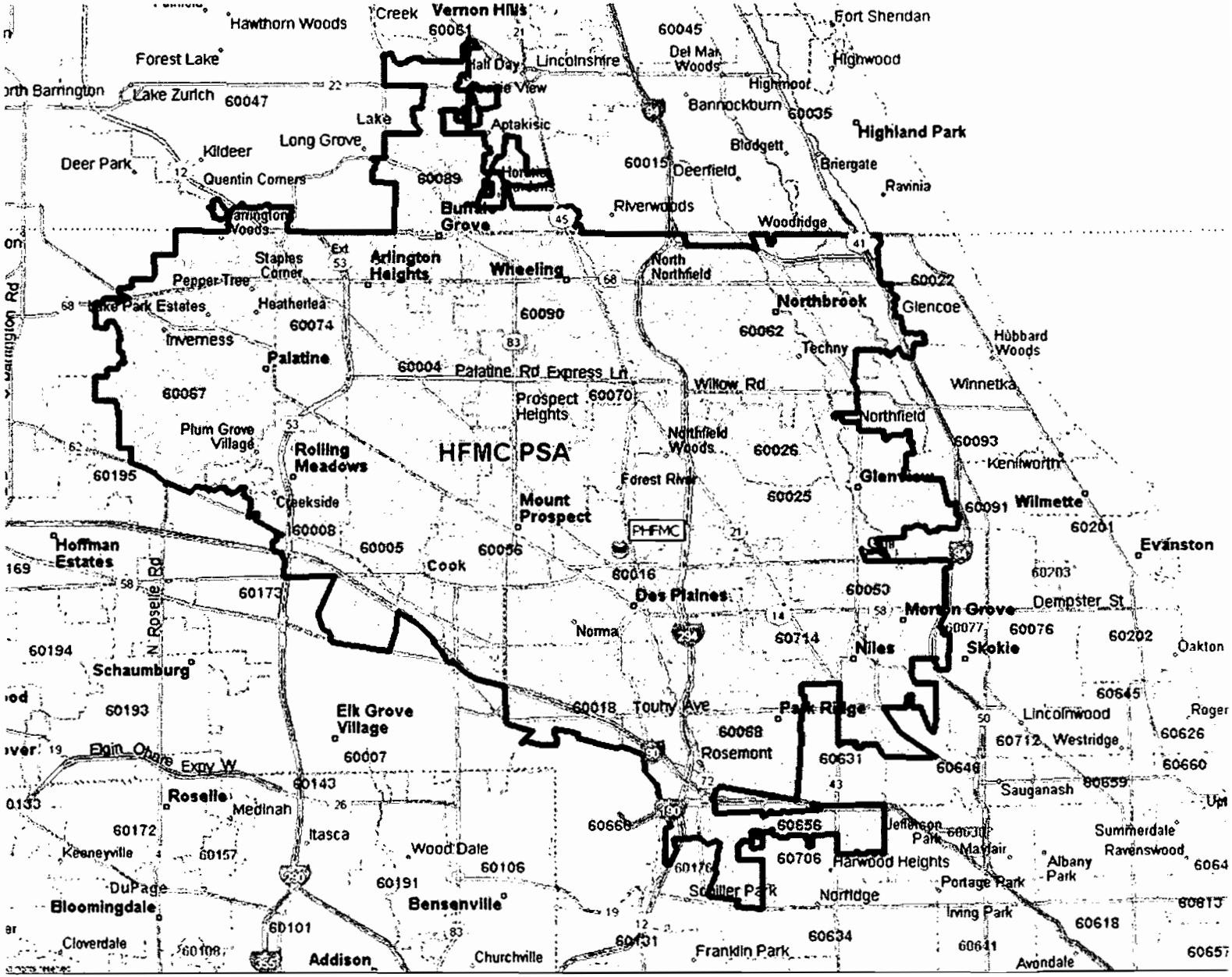
Purpose

2. Define the planning area or market area, or other, per the applicant's definition.

In determining the market area the Applicants reviewed the patient demographics by zip code of the physicians practice and those patients who were referred for surgery by it. The zip codes of the proposed market area are attached, along with population by zip code for the general PHFMC market area. The total population of the area is approximately 2,916,057 (2012 US Census Estimates). However, the proposed ASC will only draw from portions of these zip codes, and the primary service area is reflected on the attached map (30 minutes).

Attachment 12

Presence Holy Family Medical Center
Outpatient Primary Service Area (75% of all Outpatient cases)



Male Population Growth for Age Groups
Area: HFMC GI JV CON
2014 ZIP Code Report
elected Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	Change 2014 - 2019 Male Population Count	%	Change 2014 - 2019 Age 0-14 Count	%	Change 2014 - 2019 Age 15-17 Count	%	Change 2014 - 2019 Age 18-24 Count	%
60004	Arlington Heights	237	1.0%	-221	-4.9%	-19	-1.8%	238	11.1%
60005	Arlington Heights	153	1.0%	-8	-0.3%	67	13.0%	76	6.9%
60007	Elk Grove Village	49	0.3%	-80	-3.0%	-107	-15.5%	-48	-3.2%
60008	Rolling Meadows	293	2.5%	82	3.6%	-6	-1.3%	-48	-4.6%
60010	Barrington	111	0.5%	-619	-14.7%	-29	-2.5%	448	21.0%
60015	Deerfield	-137	-1.1%	-321	-11.8%	0	0.0%	268	19.9%
60016	Des Plaines	817	2.7%	257	4.9%	21	2.1%	-68	-2.9%
60018	Des Plaines	474	3.1%	8	0.3%	2	0.3%	36	2.5%
60022	Glencoe	5	0.1%	-155	-16.4%	13	4.8%	126	28.6%
60025	Glenview	353	1.8%	-210	-5.5%	33	3.7%	280	16.2%
60026	Glenview	459	6.8%	-41	-3.0%	57	19.4%	148	26.3%
60029	Golf	6	3.8%	-5	-13.5%	3	42.9%	7	53.8%
60035	Highland Park	-403	-2.8%	-392	-13.5%	-22	-3.0%	316	24.8%
60037	Fort Sheridan	-1	-33.3%	-1	-100.0%	-1	-100.0%	1	0.0%
60040	Highwood	38	1.4%	-2	-0.3%	13	12.1%	22	9.9%
60043	Kenilworth	14	1.2%	-35	-11.3%	5	6.8%	28	20.6%
60045	Lake Forest	-273	-2.8%	-357	-20.2%	-39	-7.2%	181	14.1%
60047	Lake Zurich	34	0.2%	-529	-13.0%	-73	-6.4%	325	15.6%
60048	Libertyville	-108	-0.7%	-441	-15.2%	-42	-5.3%	274	19.1%
60053	Morton Grove	169	1.5%	25	1.3%	22	5.8%	-18	-2.1%
60056	Mount Prospect	293	1.1%	-17	-0.3%	-14	-1.3%	101	4.3%
60061	Vernon Hills	4	0.0%	-191	-7.0%	-28	-4.6%	154	13.4%
60062	Northbrook	145	0.8%	-327	-9.7%	-27	-3.0%	268	15.7%
60067	Palatine	435	2.2%	-114	-3.3%	-23	-2.8%	199	12.3%
60068	Park Ridge	167	0.9%	-278	-7.9%	5	0.6%	169	9.5%

Male Population Growth for Age Groups
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Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	Change 2014 - 2019 Male Population Count	%	Change 2014 - 2019 Age 0-14 Count	%	Change 2014 - 2019 Age 15-17 Count	%	Change 2014 - 2019 Age 18-24 Count	%
60069	Lincolnshire	38	0.9%	-129	-17.8%	-11	-5.0%	87	21.7%
60070	Prospect Heights	41	0.5%	16	1.1%	14	5.4%	12	2.2%
60074	Palatine	617	3.1%	107	2.5%	33	4.1%	59	3.4%
60076	Skokie	163	1.0%	-71	-2.4%	-39	-5.4%	32	2.1%
60077	Skokie	531	4.1%	63	2.8%	-36	-6.9%	24	2.1%
60089	Buffalo Grove	-178	-0.9%	-376	-10.9%	-92	-9.9%	141	7.8%
60090	Wheeling	603	3.1%	195	5.1%	47	7.0%	-44	-2.9%
60091	Wilmette	173	1.3%	-275	-9.5%	-11	-1.5%	291	21.4%
60093	Winnetka	89	0.9%	-198	-9.0%	10	1.8%	200	20.6%
60101	Addison	353	1.8%	-27	-0.6%	5	0.6%	6	0.3%
60104	Bellwood	31	0.3%	-90	-4.7%	-53	-11.2%	-26	-2.6%
60106	Bensenville	104	1.0%	-29	-1.4%	-9	-2.1%	-14	-1.4%
60107	Streamwood	450	2.3%	97	2.1%	53	6.4%	36	2.1%
60108	Bloomingdale	183	1.6%	-13	-0.7%	-22	-5.3%	12	1.3%
60126	Elmhurst	320	1.4%	-372	-7.6%	22	2.0%	365	14.8%
60130	Forest Park	-43	-0.6%	42	3.8%	11	6.1%	-6	-1.6%
60131	Franklin Park	12	0.1%	-34	-1.8%	-29	-7.3%	-35	-4.0%
60137	Glen Ellyn	305	1.6%	-225	-5.7%	-2	-0.2%	194	10.6%
60139	Glendale Heights	454	2.5%	-49	-1.3%	25	3.3%	-51	-2.8%
60141	Hines	5	3.6%	0	0.0%	0	0.0%	5	62.5%
60143	Itasca	119	2.4%	-40	-4.3%	-3	-1.4%	63	15.0%
60148	Lombard	562	2.2%	50	1.1%	-49	-4.9%	-24	-1.1%
60153	Maywood	-107	-0.9%	-106	-3.9%	-30	-5.2%	-35	-2.8%
60154	Westchester	126	1.6%	20	1.4%	38	14.5%	74	13.9%
60155	Broadview	30	0.8%	-40	-6.0%	-12	-7.0%	23	6.5%

Male Population Growth for Age Groups
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Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	Change 2014 - 2019 Male Population Count	%	Change 2014 - 2019 Age 0-14 Count	%	Change 2014 - 2019 Age 15-17 Count	%	Change 2014 - 2019 Age 18-24 Count	%
60157	Medinah	4	0.3%	-13	-7.0%	-9	-18.0%	3	2.9%
60160	Melrose Park	341	2.6%	3	0.1%	56	9.6%	80	6.5%
60162	Hillside	79	1.9%	2	0.3%	-16	-8.9%	12	3.2%
60163	Berkeley	39	1.5%	-29	-6.2%	-14	-11.0%	18	6.9%
60164	Melrose Park	155	1.4%	-29	-1.3%	-76	-13.2%	-12	-1.0%
60165	Stone Park	-4	-0.1%	-31	-4.1%	5	3.7%	8	2.9%
60169	Hoffman Estates	261	1.6%	-20	-0.6%	0	0.0%	-59	-3.9%
60171	River Grove	72	1.4%	36	4.1%	-19	-9.8%	-52	-11.3%
60172	Roselle	187	1.5%	-105	-4.9%	-55	-10.1%	58	5.2%
60173	Schaumburg	290	4.4%	126	11.4%	-4	-2.1%	-64	-13.0%
60176	Schiller Park	108	1.8%	91	8.1%	8	4.2%	-78	-15.9%
60181	Villa Park	120	0.8%	-32	-1.2%	-35	-6.0%	-25	-2.0%
60191	Wood Dale	131	1.8%	-32	-2.4%	-8	-2.6%	17	2.5%
60192	Hoffman Estates	206	2.6%	-106	-6.4%	0	0.0%	110	14.6%
60193	Schaumburg	378	1.9%	-59	-1.7%	-50	-6.0%	72	4.1%
60194	Schaumburg	117	1.2%	-6	-0.3%	-6	-1.6%	3	0.4%
60195	Schaumburg	78	2.9%	50	10.1%	15	23.4%	-40	-21.4%
60201	Evanston	541	2.8%	94	2.8%	69	11.0%	-186	-5.5%
60202	Evanston	156	1.0%	23	0.7%	47	9.0%	72	6.6%
60203	Evanston	24	1.1%	-20	-3.9%	14	13.5%	44	22.9%
60208	Evanston	-6	-0.4%	14	38.9%	2	8.0%	-25	-1.8%
60301	Oak Park	28	2.9%	18	12.5%	1	5.0%	1	2.1%
60302	Oak Park	41	0.3%	-137	-4.4%	33	5.4%	111	9.0%
60304	Oak Park	84	1.0%	-37	-1.9%	3	0.8%	115	16.5%
60305	River Forest	-28	-0.5%	-107	-10.2%	-2	-0.7%	65	7.9%

Male Population Growth for Age Groups
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ZIP Code	ZIP City Name	Change 2014 - 2019 Male Population Count	%	Change 2014 - 2019 Age 0-14 Count	%	Change 2014 - 2019 Age 15-17 Count	%	Change 2014 - 2019 Age 18-24 Count	%
60515	Downers Grove	141	1.1%	-161	-6.1%	20	3.5%	188	16.3%
60521	Hinsdale	79	0.9%	-267	-12.3%	-7	-1.3%	178	18.2%
60523	Oak Brook	13	0.3%	-50	-9.4%	-18	-11.6%	9	2.6%
60558	Western Springs	97	1.6%	-130	-8.4%	9	2.4%	151	23.5%
60618	Chicago	257	0.6%	406	4.2%	152	10.4%	-235	-6.8%
60622	Chicago	323	1.2%	498	11.7%	52	9.6%	-285	-19.0%
60625	Chicago	-42	-0.1%	177	2.2%	137	11.0%	-357	-10.0%
60626	Chicago	223	0.9%	238	5.4%	60	8.4%	-481	-18.3%
60630	Chicago	250	0.9%	103	2.0%	-25	-2.5%	-6	-0.3%
60631	Chicago	153	1.1%	-104	-4.1%	67	13.1%	206	21.1%
60634	Chicago	664	1.8%	149	2.1%	32	2.3%	-132	-4.2%
60639	Chicago	209	0.5%	-112	-1.0%	-128	-5.7%	-253	-5.1%
60640	Chicago	359	1.0%	369	8.4%	70	11.4%	-320	-18.8%
60641	Chicago	-56	-0.2%	137	1.8%	16	1.2%	-200	-6.5%
60645	Chicago	573	2.6%	146	2.7%	121	13.7%	171	9.3%
60646	Chicago	81	0.6%	-70	-2.7%	61	12.0%	193	20.0%
60647	Chicago	358	0.8%	308	3.5%	58	4.0%	-524	-14.4%
60656	Chicago	612	4.3%	185	7.1%	82	19.5%	86	9.5%
60659	Chicago	2	0.0%	72	1.8%	9	1.2%	-148	-8.6%
60660	Chicago	400	1.8%	188	6.9%	71	15.7%	-293	-14.5%
60666	Chicago	0	0.0%	0	0.0%	0	0.0%	0	0.0%
60706	Harwood Heights	170	1.6%	-7	-0.5%	-48	-12.3%	-88	-9.3%
60707	Elmwood Park	176	0.8%	-32	-0.8%	-9	-1.1%	-59	-3.1%
60712	Lincolnwood	106	1.7%	-66	-6.1%	-21	-7.2%	41	6.8%
60714	Niles	303	2.1%	30	1.4%	-25	-5.1%	3	0.3%

Male Population Growth for Age Groups
Area: HFMC GI JV CON
2014 ZIP Code Report
elected Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	Change 2014 - 2019 Male Population Count	%	Change 2014 - 2019 Age 0-14 Count	%	Change 2014 - 2019 Age 15-17 Count	%	Change 2014 - 2019 Age 18-24 Count	%
Total		17,168	1.2%	-3,755	-1.3%	366	0.6%	2,965	2.3%

Demographics Expert 2.7
DEMO0046

Change 2014 - 2019 Age 25-34		Change 2014 - 2019 Age 35-54		Change 2014 - 2019 Age 55-64		Change 2014 - 2019 Age 65+	
Count	%	Count	%	Count	%	Count	%
8	0.3%	-589	-8.6%	226	6.3%	594	16.4%
-195	-10.5%	-143	-3.4%	88	4.6%	268	12.2%
-15	-0.7%	-301	-6.6%	177	7.3%	423	18.8%
-150	-8.8%	-4	-0.1%	219	15.5%	200	15.6%
751	56.3%	-1,397	-25.0%	259	6.9%	698	18.9%
298	34.9%	-722	-21.9%	-5	-0.3%	345	19.6%
-655	-14.5%	423	5.0%	86	2.1%	753	18.2%
-145	-6.9%	98	2.3%	125	6.5%	350	19.1%
186	133.8%	-320	-31.6%	52	7.7%	103	15.7%
242	14.8%	-555	-11.1%	63	2.2%	500	15.6%
84	15.0%	-89	-5.2%	106	10.5%	194	15.8%
3	33.3%	-8	-19.5%	0	0.0%	6	25.0%
347	38.5%	-792	-22.0%	-89	-4.1%	229	8.4%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
-71	-16.6%	38	5.0%	8	3.4%	30	12.9%
60	130.4%	-96	-33.6%	23	13.0%	29	16.2%
381	74.3%	-659	-32.2%	13	0.8%	207	11.5%
609	39.1%	-1,335	-22.7%	310	9.4%	727	32.2%
405	39.3%	-886	-22.4%	138	6.0%	444	22.2%
-70	-5.4%	-43	-1.5%	-5	-0.3%	258	12.1%
-259	-7.1%	-238	-3.1%	201	5.9%	519	13.6%
59	4.5%	-528	-13.2%	136	7.7%	402	33.9%
407	30.6%	-716	-15.6%	67	2.2%	473	11.4%
-146	-6.0%	-290	-5.1%	230	8.1%	579	23.0%
367	23.5%	-699	-15.0%	173	6.3%	430	14.1%

Change 2014 - 2019 Age 25-34		Change 2014 - 2019 Age 35-54		Change 2014 - 2019 Age 55-64		Change 2014 - 2019 Age 65+	
Count	%	Count	%	Count	%	Count	%
159	75.0%	-253	-23.8%	58	9.1%	127	13.2%
-220	-16.9%	0	0.0%	48	5.2%	171	17.4%
-442	-12.7%	221	3.8%	243	11.4%	396	22.3%
75	4.1%	-160	-4.0%	-88	-3.5%	414	16.4%
-99	-5.8%	232	6.8%	15	0.8%	332	15.1%
188	9.1%	-790	-13.5%	67	2.1%	684	25.4%
-512	-15.5%	423	7.8%	39	1.7%	455	20.7%
524	79.0%	-826	-26.0%	112	5.3%	358	16.6%
365	80.0%	-615	-27.8%	93	6.3%	234	14.6%
-333	-10.9%	184	3.4%	96	4.2%	422	19.2%
30	2.6%	-10	-0.4%	-25	-2.3%	205	21.7%
-179	-10.5%	29	1.0%	59	4.7%	247	22.7%
-491	-17.7%	120	2.0%	187	8.4%	448	26.7%
-121	-8.2%	-62	-2.0%	33	2.0%	356	20.6%
383	18.7%	-912	-14.8%	283	9.2%	551	18.5%
-362	-31.5%	58	2.7%	15	1.6%	199	26.7%
-145	-10.5%	42	1.6%	22	2.0%	191	20.4%
221	11.4%	-605	-11.7%	192	7.0%	530	22.2%
-286	-9.4%	281	5.6%	91	4.9%	443	30.2%
0	0.0%	-1	-3.2%	2	10.0%	-1	-2.6%
4	0.7%	-101	-7.1%	49	6.9%	147	18.9%
-256	-6.7%	-93	-1.3%	297	9.0%	637	20.4%
-53	-3.4%	-39	-1.4%	36	3.0%	120	10.1%
-82	-10.9%	-94	-4.4%	9	0.8%	161	10.6%
-11	-2.5%	-7	-0.7%	-20	-3.7%	97	16.6%

Change 2014 - 2019 Age 25-34		Change 2014 - 2019 Age 35-54		Change 2014 - 2019 Age 55-64		Change 2014 - 2019 Age 65+	
Count	%	Count	%	Count	%	Count	%
-8	-4.5%	-27	-7.6%	14	7.0%	44	22.9%
-346	-17.1%	284	8.1%	125	11.0%	139	12.4%
-12	-2.5%	-18	-1.5%	29	5.4%	82	15.1%
3	1.0%	-10	-1.4%	5	1.4%	66	20.1%
-7	-0.5%	-66	-2.2%	132	10.0%	213	18.3%
-71	-16.2%	33	4.6%	30	15.2%	22	13.5%
-285	-10.7%	130	2.8%	101	5.2%	394	24.4%
-99	-11.7%	69	4.7%	7	1.0%	130	22.4%
-67	-4.4%	-158	-4.5%	77	4.2%	437	31.9%
-190	-11.8%	176	8.9%	82	11.5%	164	31.2%
-206	-18.8%	155	8.9%	24	3.3%	114	18.4%
-198	-9.1%	-115	-2.7%	191	10.4%	334	21.2%
-20	-2.1%	-64	-3.1%	52	5.1%	186	16.6%
79	10.9%	-256	-10.4%	113	9.5%	266	30.4%
-252	-9.9%	-24	-0.4%	164	5.8%	527	20.3%
-198	-13.7%	37	1.3%	-8	-0.6%	295	25.4%
-104	-12.8%	89	11.9%	20	9.3%	48	29.8%
27	0.9%	160	3.5%	2	0.1%	375	14.9%
-473	-20.6%	86	1.9%	49	2.6%	352	23.2%
35	21.6%	-76	-14.5%	-18	-5.2%	45	11.6%
-10	-14.7%	7	9.5%	4	15.4%	2	4.7%
-61	-31.9%	39	12.4%	12	10.3%	18	13.1%
-203	-11.6%	-206	-4.6%	-6	-0.3%	449	25.0%
-79	-9.2%	-146	-5.9%	-10	-1.0%	238	30.1%
149	44.5%	-262	-22.3%	21	2.7%	108	14.0%

Change 2014 - 2019 Age 25-34		Change 2014 - 2019 Age 35-54		Change 2014 - 2019 Age 55-64		Change 2014 - 2019 Age 65+	
Count	%	Count	%	Count	%	Count	%
23	1.7%	-396	-10.7%	51	2.5%	416	21.6%
407	89.6%	-638	-27.8%	128	9.1%	278	23.8%
50	12.9%	-72	-9.0%	-84	-10.4%	178	12.8%
256	94.1%	-437	-27.2%	108	11.8%	140	16.3%
-2,196	-22.2%	1,059	7.3%	401	9.8%	670	20.6%
-1,673	-18.4%	1,198	14.8%	231	12.3%	302	19.4%
-1,653	-20.2%	724	6.1%	335	9.2%	595	19.8%
-880	-17.0%	413	5.0%	368	14.1%	505	24.3%
-593	-16.1%	27	0.3%	166	4.8%	578	18.8%
-190	-12.3%	-231	-5.7%	81	4.1%	324	15.2%
-847	-15.6%	435	4.0%	103	2.1%	924	20.5%
-858	-12.1%	586	4.8%	298	7.4%	676	23.2%
-1,700	-21.6%	596	4.7%	636	16.4%	708	21.3%
-1,121	-19.3%	282	2.7%	69	1.7%	761	25.0%
-570	-18.2%	231	3.7%	43	1.7%	431	17.8%
-42	-3.5%	-408	-11.1%	104	5.7%	243	11.5%
-1,874	-16.1%	1,375	10.5%	410	12.2%	605	24.0%
-339	-15.7%	156	3.6%	129	7.0%	313	15.6%
-435	-14.9%	159	3.0%	-6	-0.3%	351	16.0%
-914	-20.0%	297	3.9%	478	18.1%	573	25.7%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
-50	-3.5%	29	1.0%	77	4.9%	257	12.9%
-343	-11.7%	49	0.8%	127	4.8%	443	18.4%
108	16.6%	-85	-6.3%	-3	-0.3%	132	10.2%
-95	-5.4%	40	1.1%	17	0.8%	333	10.4%

Change 2014 - 2019 Age 25-34		Change 2014 - 2019 Age 35-54		Change 2014 - 2019 Age 55-64		Change 2014 - 2019 Age 65+	
Count	%	Count	%	Count	%	Count	%
-17,267	-8.4%	-7,603	-1.9%	9,993	5.5%	32,469	18.8%

Female Population Growth for Age Groups
Area: HFMC GI JV CON
2014 ZIP Code Report
elected Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	Change 2014 - 2019 Female Population Count	%	Change 2014 - 2019 Age 0-14 Count	%	Change 2014 - 2019 Age 15-17 Count	%	Change 2014 - 2019 Age 18-24 Count	%
60004	Arlington Heights	178	0.7%	-242	-5.5%	34	3.4%	181	9.0%
60005	Arlington Heights	68	0.4%	9	0.3%	45	9.0%	91	9.0%
60007	Elk Grove Village	3	0.0%	-57	-2.3%	-63	-10.2%	-47	-3.5%
60008	Rolling Meadows	270	2.3%	54	2.4%	22	5.2%	54	6.2%
60010	Barrington	188	0.8%	-571	-14.6%	-24	-2.1%	457	23.4%
60015	Deerfield	-140	-1.1%	-315	-12.1%	18	2.9%	237	18.8%
60016	Des Plaines	724	2.3%	280	5.6%	43	4.6%	-91	-4.2%
60018	Des Plaines	437	2.9%	25	0.9%	30	5.1%	20	1.6%
60022	Glencoe	25	0.6%	-148	-16.2%	20	8.9%	106	27.2%
60025	Glenview	291	1.4%	-226	-6.0%	49	5.7%	295	18.3%
60026	Glenview	465	6.3%	-38	-2.9%	61	22.0%	173	35.2%
60029	Golf	-1	-0.6%	0	0.0%	1	12.5%	3	23.1%
60035	Highland Park	-424	-2.8%	-373	-13.4%	27	4.1%	279	24.2%
60037	Fort Sheridan	1	100.0%	1	0.0%	0	0.0%	0	0.0%
60040	Highwood	43	1.8%	9	1.5%	13	12.9%	37	19.8%
60043	Kenilworth	12	0.9%	-37	-12.6%	1	1.2%	28	21.1%
60045	Lake Forest	-284	-2.8%	-319	-19.2%	-35	-6.9%	210	15.4%
60047	Lake Zurich	167	0.8%	-490	-12.5%	-56	-5.2%	294	15.0%
60048	Libertyville	-91	-0.6%	-426	-15.7%	-46	-5.9%	309	23.1%
60053	Morton Grove	124	1.0%	29	1.7%	-26	-6.3%	10	1.1%
60056	Mount Prospect	260	0.9%	-40	-0.8%	42	4.1%	167	8.1%
60061	Vernon Hills	12	0.1%	-221	-8.3%	15	2.6%	167	15.5%
60062	Northbrook	100	0.5%	-286	-8.8%	15	1.9%	264	17.7%
60067	Palatine	454	2.3%	-76	-2.3%	-3	-0.4%	107	7.0%
60068	Park Ridge	66	0.3%	-241	-7.3%	-12	-1.4%	196	12.1%

Female Population Growth for Age Groups
Area: HFMC GI JV CON
2014 ZIP Code Report
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Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	Change 2014 - 2019 Female Population Count	%	Change 2014 - 2019 Age 0-14 Count	%	Change 2014 - 2019 Age 15-17 Count	%	Change 2014 - 2019 Age 18-24 Count	%
60069	Lincolnshire	66	1.4%	-95	-14.5%	-20	-9.9%	71	19.2%
60070	Prospect Heights	58	0.8%	0	0.0%	18	7.2%	11	2.1%
60074	Palatine	609	3.0%	38	0.9%	68	8.9%	84	5.3%
60076	Skokie	62	0.4%	-77	-2.7%	-46	-6.5%	63	4.4%
60077	Skokie	451	3.1%	35	1.7%	-11	-2.2%	17	1.6%
60089	Buffalo Grove	-212	-1.0%	-390	-11.7%	-50	-5.6%	152	8.9%
60090	Wheeling	585	2.9%	189	5.2%	28	4.2%	24	1.7%
60091	Wilmette	143	1.0%	-293	-10.1%	42	6.0%	323	26.8%
60093	Winnetka	60	0.6%	-195	-9.4%	20	4.0%	192	21.6%
60101	Addison	365	1.9%	-69	-1.7%	20	2.5%	106	6.3%
60104	Bellwood	-47	-0.5%	-98	-5.2%	-35	-7.7%	-37	-3.8%
60106	Bensenville	129	1.3%	-4	-0.2%	-2	-0.5%	55	6.8%
60107	Streamwood	448	2.2%	87	2.0%	41	5.1%	88	5.5%
60108	Bloomingdale	184	1.5%	-46	-2.5%	-4	-1.0%	26	3.0%
60126	Elmhurst	218	0.9%	-377	-8.1%	39	3.7%	384	14.9%
60130	Forest Park	-93	-1.3%	39	3.6%	11	6.5%	-22	-5.8%
60131	Franklin Park	-26	-0.3%	-14	-0.8%	-21	-5.8%	-34	-4.3%
60137	Glen Ellyn	259	1.3%	-241	-6.2%	0	0.0%	242	14.0%
60139	Glendale Heights	478	2.8%	-31	-0.8%	53	7.5%	110	7.6%
60141	Hines	-4	-3.3%	-1	-5.9%	0	0.0%	0	0.0%
60143	Itasca	112	2.2%	-40	-4.5%	24	13.0%	66	18.3%
60148	Lombard	480	1.8%	22	0.5%	-32	-3.3%	54	2.6%
60153	Maywood	-223	-1.8%	-89	-3.5%	-71	-11.9%	-51	-4.1%
60154	Westchester	61	0.7%	45	3.2%	34	14.2%	63	13.0%
60155	Broadview	16	0.4%	-31	-4.7%	-22	-12.9%	24	7.3%

Female Population Growth for Age Groups
Area: HFMC GI JV CON
2014 ZIP Code Report
elected Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	Change 2014 - 2019 Female Population Count	%	Change 2014 - 2019 Age 0-14 Count	%	Change 2014 - 2019 Age 15-17 Count	%	Change 2014 - 2019 Age 18-24 Count	%
60157	Medinah	5	0.4%	-17	-9.3%	0	0.0%	1	0.9%
60160	Melrose Park	319	2.5%	2	0.1%	54	9.7%	57	5.0%
60162	Hillside	55	1.3%	0	0.0%	-7	-4.0%	-17	-4.4%
60163	Berkeley	35	1.3%	-29	-6.2%	12	12.0%	5	2.3%
60164	Melrose Park	120	1.1%	-18	-0.8%	-48	-9.3%	-56	-5.0%
60165	Stone Park	6	0.2%	-27	-3.7%	10	8.5%	10	4.2%
60169	Hoffman Estates	272	1.6%	0	0.0%	3	0.5%	-22	-1.6%
60171	River Grove	58	1.1%	37	4.2%	5	3.1%	-30	-7.9%
60172	Roselle	165	1.3%	-157	-7.3%	-12	-2.3%	98	9.4%
60173	Schaumburg	286	4.4%	103	9.6%	-4	-2.0%	-68	-13.5%
60176	Schiller Park	97	1.7%	85	7.9%	-7	-3.6%	-37	-8.2%
60181	Villa Park	77	0.5%	-25	-0.9%	-17	-3.1%	3	0.3%
60191	Wood Dale	134	1.8%	-17	-1.3%	-2	-0.7%	48	8.4%
60192	Hoffman Estates	233	2.8%	-102	-6.3%	14	3.8%	96	13.7%
60193	Schaumburg	294	1.4%	-30	-0.9%	-13	-1.7%	82	5.4%
60194	Schaumburg	116	1.1%	-8	-0.4%	-5	-1.4%	-17	-2.2%
60195	Schaumburg	71	2.7%	54	12.1%	12	20.7%	-68	-33.8%
60201	Evanston	472	2.2%	11	0.3%	92	14.2%	-150	-4.3%
60202	Evanston	47	0.3%	3	0.1%	61	12.2%	49	4.7%
60203	Evanston	-6	-0.2%	-20	-4.1%	4	3.8%	31	15.8%
60208	Evanston	21	1.2%	9	26.5%	-9	-16.7%	-9	-0.6%
60301	Oak Park	8	0.7%	14	11.1%	-5	-21.7%	-13	-22.4%
60302	Oak Park	-65	-0.4%	-134	-4.6%	24	4.1%	112	9.6%
60304	Oak Park	21	0.2%	-98	-5.0%	33	8.9%	113	16.3%
60305	River Forest	-71	-1.2%	-111	-11.2%	-9	-3.3%	67	6.9%

Female Population Growth for Age Groups
Area: HFMC GI JV CON
2014 ZIP Code Report
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Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	Change 2014 - 2019 Female Population Count	%	Change 2014 - 2019 Age 0-14 Count	%	Change 2014 - 2019 Age 15-17 Count	%	Change 2014 - 2019 Age 18-24 Count	%
60515	Downers Grove	100	0.7%	-176	-7.0%	52	9.6%	167	14.5%
60521	Hinsdale	84	0.9%	-247	-11.7%	0	0.0%	192	21.4%
60523	Oak Brook	3	0.1%	-49	-9.5%	-6	-4.3%	25	8.3%
60558	Western Springs	79	1.2%	-124	-8.5%	10	2.9%	133	21.4%
60618	Chicago	234	0.5%	289	3.0%	193	13.4%	-125	-3.9%
60622	Chicago	292	1.1%	529	13.2%	4	0.7%	-643	-35.7%
60625	Chicago	-13	0.0%	218	2.9%	126	10.7%	-234	-7.0%
60626	Chicago	263	1.0%	215	5.1%	80	12.3%	-520	-16.0%
60630	Chicago	76	0.3%	106	2.1%	76	8.6%	-22	-1.1%
60631	Chicago	50	0.3%	-65	-2.6%	45	9.1%	140	14.5%
60634	Chicago	452	1.2%	142	2.1%	-23	-1.7%	-54	-1.8%
60639	Chicago	44	0.1%	-259	-2.3%	-88	-3.9%	-144	-3.0%
60640	Chicago	366	1.1%	359	8.4%	83	14.5%	-377	-22.7%
60641	Chicago	-228	-0.6%	77	1.0%	9	0.7%	-151	-5.1%
60645	Chicago	491	2.1%	110	2.1%	105	11.9%	97	5.3%
60646	Chicago	2	0.0%	-118	-4.7%	75	14.8%	189	20.1%
60647	Chicago	377	0.9%	386	4.6%	-23	-1.6%	-817	-21.7%
60656	Chicago	502	3.4%	233	9.7%	50	12.5%	76	9.1%
60659	Chicago	34	0.2%	-11	-0.3%	48	6.6%	4	0.3%
60660	Chicago	455	2.1%	239	9.3%	19	4.1%	-341	-13.1%
60666	Chicago	0	0.0%	0	0.0%	0	0.0%	0	0.0%
60706	Harwood Heights	120	1.0%	-29	-2.0%	-29	-7.7%	-72	-8.2%
60707	Elmwood Park	-3	0.0%	46	1.2%	-53	-6.6%	-95	-5.3%
60712	Lincolnwood	85	1.3%	-30	-3.1%	-33	-12.1%	16	2.8%
60714	Niles	258	1.6%	28	1.4%	-14	-3.0%	22	2.2%

Female Population Growth for Age Groups
Area: HFMC GI JV CON
2014 ZIP Code Report
elected Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	Change 2014 - 2019 Female Population Count	%	Change 2014 - 2019 Age 0-14 Count	%	Change 2014 - 2019 Age 15-17 Count	%	Change 2014 - 2019 Age 18-24 Count	%
Total		14,020	0.9%	-3,941	-1.5%	1,147	2.1%	3,309	2.7%

Demographics Expert 2.7
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Change 2014 - 2019 Age 25-34		Change 2014 - 2019 Age 35-54		Change 2014 - 2019 Age 55-64		Change 2014 - 2019 Age 65+	
Count	%	Count	%	Count	%	Count	%
-13	-0.5%	-698	-9.7%	329	8.4%	587	11.4%
-211	-11.7%	-239	-5.6%	97	4.7%	276	8.5%
-81	-3.8%	-415	-8.5%	250	9.4%	416	13.2%
-225	-14.7%	17	0.5%	148	9.9%	200	11.1%
620	48.0%	-1,501	-23.8%	357	8.9%	850	20.7%
263	29.9%	-850	-23.0%	148	7.2%	359	16.6%
-720	-16.5%	310	3.7%	28	0.6%	874	14.2%
-112	-5.9%	-12	-0.3%	153	7.9%	333	12.7%
160	98.8%	-321	-27.2%	56	8.0%	152	22.0%
209	13.4%	-749	-13.5%	187	5.9%	526	12.0%
36	6.2%	-137	-7.1%	131	11.6%	239	14.3%
1	9.1%	-12	-25.0%	-1	-3.6%	7	25.9%
284	33.2%	-908	-22.8%	1	0.0%	266	8.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
-79	-23.0%	17	2.4%	41	18.6%	5	1.6%
61	129.8%	-97	-28.7%	22	11.6%	34	16.6%
323	71.5%	-782	-31.7%	95	5.5%	224	10.4%
604	41.8%	-1,481	-22.8%	485	14.6%	811	33.4%
361	37.9%	-985	-22.4%	213	8.8%	483	18.9%
-60	-4.9%	-87	-2.8%	-48	-2.5%	306	10.9%
-356	-10.8%	-341	-4.4%	278	7.6%	510	9.7%
-34	-2.5%	-568	-13.0%	224	11.8%	429	26.0%
341	28.7%	-925	-17.9%	142	4.3%	549	9.9%
-113	-4.8%	-423	-7.2%	304	9.9%	658	20.9%
316	21.5%	-876	-16.8%	237	7.8%	446	11.0%

Change 2014 - 2019 Age 25-34		Change 2014 - 2019 Age 35-54		Change 2014 - 2019 Age 55-64		Change 2014 - 2019 Age 65+	
Count	%	Count	%	Count	%	Count	%
139	61.2%	-276	-23.2%	105	16.5%	142	11.1%
-202	-17.5%	23	1.2%	0	0.0%	208	15.4%
-461	-15.1%	172	3.0%	255	11.1%	453	18.8%
31	1.7%	-271	-6.1%	-77	-2.8%	439	13.1%
-170	-9.7%	133	3.5%	68	3.2%	379	11.5%
116	5.7%	-999	-15.3%	220	6.2%	739	20.9%
-525	-17.6%	250	4.7%	68	2.6%	551	16.5%
431	69.9%	-930	-25.2%	163	7.0%	407	14.5%
343	87.1%	-702	-27.9%	138	8.6%	264	13.9%
-361	-12.7%	102	2.0%	137	5.8%	430	16.7%
6	0.5%	-118	-4.3%	-86	-5.7%	321	24.2%
-240	-16.6%	56	2.1%	100	8.7%	164	11.3%
-538	-19.4%	67	1.1%	133	5.4%	570	26.0%
-170	-11.2%	-98	-3.0%	77	4.2%	399	16.8%
326	16.7%	-986	-14.8%	415	13.4%	417	10.0%
-368	-29.2%	34	1.5%	25	2.3%	188	17.2%
-117	-9.7%	-8	-0.3%	38	3.4%	130	10.6%
176	9.8%	-726	-13.0%	273	9.4%	535	16.6%
-480	-17.3%	264	5.4%	95	4.8%	467	27.4%
0	0.0%	-4	-11.4%	-1	-4.8%	2	8.3%
-29	-5.5%	-115	-7.6%	21	2.7%	185	19.9%
-341	-9.1%	-170	-2.3%	291	8.0%	656	14.3%
-125	-7.5%	12	0.4%	-98	-6.4%	199	11.2%
-131	-17.1%	-101	-4.4%	-24	-1.8%	175	8.1%
-36	-7.8%	-69	-5.9%	7	1.1%	143	21.4%

Change 2014 - 2019 Age 25-34		Change 2014 - 2019 Age 35-54		Change 2014 - 2019 Age 55-64		Change 2014 - 2019 Age 65+	
Count	%	Count	%	Count	%	Count	%
-3	-2.0%	-31	-8.3%	15	7.9%	40	18.3%
-330	-16.6%	342	10.3%	87	7.7%	107	6.8%
5	1.0%	-31	-2.6%	15	2.6%	90	12.1%
-3	-1.0%	-39	-5.2%	27	7.4%	62	14.4%
25	1.7%	-90	-3.0%	160	12.4%	147	8.9%
-72	-19.1%	37	5.6%	23	12.4%	25	13.9%
-307	-12.7%	-6	-0.1%	155	7.3%	449	19.9%
-147	-17.1%	56	3.9%	-22	-2.7%	159	19.2%
-82	-5.4%	-266	-7.1%	87	4.3%	497	27.8%
-182	-12.0%	182	9.8%	84	11.2%	171	27.2%
-201	-20.5%	118	7.3%	22	3.0%	117	15.1%
-230	-11.8%	-115	-2.8%	178	9.7%	283	13.7%
-76	-8.8%	-99	-4.8%	71	6.5%	209	15.1%
26	3.3%	-266	-10.1%	112	8.5%	353	37.1%
-360	-13.7%	-172	-2.8%	230	7.2%	557	15.1%
-202	-14.2%	-84	-2.8%	26	1.7%	406	21.0%
-94	-11.7%	109	16.9%	3	1.3%	55	27.4%
23	0.8%	123	2.6%	-33	-1.4%	406	10.7%
-548	-21.6%	-9	-0.2%	-4	-0.2%	495	22.2%
39	26.4%	-98	-16.6%	-24	-5.8%	62	12.1%
5	8.5%	18	31.0%	3	9.1%	4	5.8%
-48	-18.7%	40	11.8%	2	1.4%	18	6.8%
-356	-15.8%	-256	-4.9%	-40	-1.5%	585	22.9%
-143	-14.3%	-189	-6.6%	22	1.8%	283	27.7%
142	43.3%	-329	-22.9%	25	2.7%	144	14.7%

Change 2014 - 2019 Age 25-34		Change 2014 - 2019 Age 35-54		Change 2014 - 2019 Age 55-64		Change 2014 - 2019 Age 65+	
Count	%	Count	%	Count	%	Count	%
11	0.8%	-479	-12.4%	132	6.1%	393	13.5%
332	73.1%	-694	-26.2%	244	17.4%	257	20.3%
24	6.8%	-114	-12.3%	-60	-6.1%	183	9.9%
238	81.2%	-453	-24.9%	141	15.0%	134	11.1%
-2,225	-23.2%	1,316	9.8%	186	4.4%	600	13.0%
-1,362	-14.9%	1,405	20.1%	119	6.7%	240	12.0%
-1,812	-22.7%	1,012	9.0%	98	2.6%	579	14.7%
-854	-17.4%	654	9.2%	151	5.9%	537	20.7%
-714	-19.1%	109	1.4%	73	2.0%	448	10.0%
-207	-13.0%	-174	-4.2%	100	4.8%	211	5.9%
-793	-15.2%	365	3.5%	-88	-1.6%	903	14.1%
-801	-11.6%	441	3.7%	221	5.0%	674	17.3%
-1,682	-21.6%	1,262	13.1%	134	4.1%	587	12.5%
-1,090	-19.6%	286	2.9%	2	0.0%	639	15.1%
-542	-16.9%	214	3.4%	10	0.4%	497	14.7%
-67	-5.4%	-394	-10.3%	75	3.8%	242	8.5%
-1,658	-14.6%	1,676	14.0%	250	7.4%	563	17.5%
-388	-18.7%	255	6.3%	-45	-2.2%	321	11.1%
-536	-19.2%	174	3.4%	-29	-1.3%	384	13.2%
-880	-20.8%	704	11.9%	156	6.2%	558	19.1%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
-48	-3.5%	-27	-0.9%	74	4.3%	251	8.3%
-401	-13.3%	-64	-1.0%	133	4.3%	431	12.1%
95	15.2%	-95	-6.1%	-27	-2.7%	159	9.6%
-71	-4.5%	-145	-3.8%	42	1.8%	396	8.2%

Change 2014 - 2019 Age 25-34		Change 2014 - 2019 Age 35-54		Change 2014 - 2019 Age 55-64		Change 2014 - 2019 Age 65+	
Count	%	Count	%	Count	%	Count	%
-19,701	-9.8%	-10,344	-2.5%	9,536	4.9%	34,014	14.5%

Total Population Growth for Age Groups
Area: HFMC GI JV CON
2014 ZIP Code Report
elected Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	Change 2014 - 2019 Total Population Count	%	Change 2014 - 2019 Age 0-14 Count	%	Change 2014 - 2019 Age 15-17 Count	%	Cha 2014 Age Count
60004	Arlington Heights	415	0.8%	-463	-5.1%	15	0.7%	419
60005	Arlington Heights	221	0.7%	1	0.0%	112	11.0%	167
60007	Elk Grove Village	52	0.2%	-137	-2.7%	-170	-13.0%	-95
60008	Rolling Meadows	563	2.4%	136	3.0%	16	1.8%	6
60010	Barrington	299	0.7%	-1,190	-14.7%	-53	-2.3%	905
60015	Deerfield	-277	-1.1%	-636	-11.9%	18	1.4%	505
60016	Des Plaines	1,541	2.5%	537	5.2%	64	3.3%	-159
60018	Des Plaines	911	3.0%	33	0.6%	32	2.6%	56
60022	Glencoe	30	0.4%	-303	-16.3%	33	6.7%	232
60025	Glenview	644	1.6%	-436	-5.7%	82	4.7%	575
60026	Glenview	924	6.6%	-79	-3.0%	118	20.7%	321
60029	Golf	5	1.5%	-5	-7.1%	4	26.7%	10
60035	Highland Park	-827	-2.8%	-765	-13.4%	5	0.4%	595
60037	Fort Sheridan	0	0.0%	0	0.0%	-1	-100.0%	1
60040	Highwood	81	1.6%	7	0.6%	26	12.5%	59
60043	Kenilworth	26	1.0%	-72	-11.9%	6	3.9%	56
60045	Lake Forest	-557	-2.8%	-676	-19.7%	-74	-7.0%	391
60047	Lake Zurich	201	0.5%	-1,019	-12.7%	-129	-5.8%	619
60048	Libertyville	-199	-0.7%	-867	-15.5%	-88	-5.6%	583
60053	Morton Grove	293	1.3%	54	1.5%	-4	-0.5%	-8
60056	Mount Prospect	553	1.0%	-57	-0.5%	28	1.3%	268
60061	Vernon Hills	16	0.1%	-412	-7.6%	-13	-1.1%	321
60062	Northbrook	245	0.6%	-613	-9.3%	-12	-0.7%	532
60067	Palatine	889	2.3%	-190	-2.8%	-26	-1.7%	306
60068	Park Ridge	233	0.6%	-519	-7.6%	-7	-0.4%	365

Total Population Growth for Age Groups
Area: HFMC GI JV CON
2014 ZIP Code Report
elected Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	Change 2014 - 2019 Total Population Count	%	Change 2014 - 2019 Age 0-14 Count	%	Change 2014 - 2019 Age 15-17 Count	%	Cha 2014 Age Count
60069	Lincolnshire	104	1.2%	-224	-16.2%	-31	-7.4%	158
60070	Prospect Heights	99	0.7%	16	0.6%	32	6.3%	23
60074	Palatine	1,226	3.1%	145	1.7%	101	6.4%	143
60076	Skokie	225	0.7%	-148	-2.5%	-85	-6.0%	95
60077	Skokie	982	3.6%	98	2.3%	-47	-4.6%	41
60089	Buffalo Grove	-390	-0.9%	-766	-11.3%	-142	-7.8%	293
60090	Wheeling	1,188	3.0%	384	5.2%	75	5.6%	-20
60091	Wilmette	316	1.2%	-568	-9.8%	31	2.1%	614
60093	Winnetka	149	0.8%	-393	-9.2%	30	2.9%	392
60101	Addison	718	1.8%	-96	-1.2%	25	1.5%	112
60104	Bellwood	-16	-0.1%	-188	-4.9%	-88	-9.5%	-63
60106	Bensenville	233	1.1%	-33	-0.8%	-11	-1.3%	41
60107	Streamwood	898	2.2%	184	2.1%	94	5.8%	124
60108	Bloomingdale	367	1.6%	-59	-1.6%	-26	-3.2%	38
60126	Elmhurst	538	1.1%	-749	-7.8%	61	2.8%	749
60130	Forest Park	-136	-1.0%	81	3.7%	22	6.3%	-28
60131	Franklin Park	-14	-0.1%	-48	-1.3%	-50	-6.6%	-69
60137	Glen Ellyn	564	1.4%	-466	-6.0%	-2	-0.1%	436
60139	Glendale Heights	932	2.7%	-80	-1.1%	78	5.3%	59
60141	Hines	1	0.4%	-1	-2.8%	0	0.0%	5
60143	Itasca	231	2.3%	-80	-4.4%	21	5.2%	129
60148	Lombard	1,042	2.0%	72	0.8%	-81	-4.1%	30
60153	Maywood	-330	-1.4%	-195	-3.7%	-101	-8.6%	-86
60154	Westchester	187	1.1%	65	2.3%	72	14.3%	137
60155	Broadview	46	0.6%	-71	-5.4%	-34	-9.9%	47

Total Population Growth for Age Groups
Area: HFMC GI JV CON
2014 ZIP Code Report
elected Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	Change 2014 - 2019 Total Population Count	%	Change 2014 - 2019 Age 0-14 Count	%	Change 2014 - 2019 Age 15-17 Count	%	Cha 2014 Age Count
60157	Medinah	9	0.4%	-30	-8.2%	-9	-9.3%	4
60160	Melrose Park	660	2.5%	5	0.1%	110	9.7%	137
60162	Hillside	134	1.6%	2	0.1%	-23	-6.5%	-5
60163	Berkeley	74	1.4%	-58	-6.2%	-2	-0.9%	23
60164	Melrose Park	275	1.2%	-47	-1.0%	-124	-11.4%	-68
60165	Stone Park	2	0.0%	-58	-3.9%	15	6.0%	18
60169	Hoffman Estates	533	1.6%	-20	-0.3%	3	0.2%	-81
60171	River Grove	130	1.2%	73	4.2%	-14	-3.9%	-82
60172	Roselle	352	1.4%	-262	-6.1%	-67	-6.3%	156
60173	Schaumburg	576	4.4%	229	10.5%	-8	-2.0%	-132
60176	Schiller Park	205	1.7%	176	8.0%	1	0.3%	-115
60181	Villa Park	197	0.7%	-57	-1.1%	-52	-4.6%	-22
60191	Wood Dale	265	1.8%	-49	-1.9%	-10	-1.7%	65
60192	Hoffman Estates	439	2.7%	-208	-6.3%	14	1.8%	206
60193	Schaumburg	672	1.6%	-89	-1.3%	-63	-4.0%	154
60194	Schaumburg	233	1.1%	-14	-0.4%	-11	-1.5%	-14
60195	Schaumburg	149	2.8%	104	11.0%	27	22.1%	-108
60201	Evanston	1,013	2.5%	105	1.6%	161	12.6%	-336
60202	Evanston	203	0.6%	26	0.4%	108	10.6%	121
60203	Evanston	18	0.4%	-40	-4.0%	18	8.6%	75
60208	Evanston	15	0.4%	23	32.9%	-7	-8.9%	-34
60301	Oak Park	36	1.7%	32	11.9%	-4	-9.3%	-12
60302	Oak Park	-24	-0.1%	-271	-4.5%	57	4.8%	223
60304	Oak Park	105	0.6%	-135	-3.5%	36	4.8%	228
60305	River Forest	-99	-0.9%	-218	-10.7%	-11	-2.0%	132

Total Population Growth for Age Groups
Area: HFMC GI JV CON
2014 ZIP Code Report
elected Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	Change 2014 - 2019 Total Population Count	%	Change 2014 - 2019 Age 0-14 Count	%	Change 2014 - 2019 Age 15-17 Count	%	Cha 2014 Age Count
60515	Downers Grove	241	0.9%	-337	-6.5%	72	6.4%	355
60521	Hinsdale	163	0.9%	-514	-12.0%	-7	-0.7%	370
60523	Oak Brook	16	0.2%	-99	-9.4%	-24	-8.2%	34
60558	Western Springs	176	1.4%	-254	-8.5%	19	2.7%	284
60618	Chicago	491	0.5%	695	3.6%	345	11.9%	-360
60622	Chicago	615	1.2%	1,027	12.4%	56	5.1%	-928
60625	Chicago	-55	-0.1%	395	2.6%	263	10.8%	-591
60626	Chicago	486	1.0%	453	5.3%	140	10.3%	-1,001
60630	Chicago	326	0.6%	209	2.1%	51	2.7%	-28
60631	Chicago	203	0.7%	-169	-3.4%	112	11.1%	346
60634	Chicago	1,116	1.5%	291	2.1%	9	0.3%	-186
60639	Chicago	253	0.3%	-371	-1.6%	-216	-4.8%	-397
60640	Chicago	725	1.1%	728	8.4%	153	12.9%	-697
60641	Chicago	-284	-0.4%	214	1.4%	25	0.9%	-351
60645	Chicago	1,064	2.3%	256	2.4%	226	12.8%	268
60646	Chicago	83	0.3%	-188	-3.7%	136	13.4%	382
60647	Chicago	735	0.8%	694	4.1%	35	1.2%	-1,341
60656	Chicago	1,114	3.9%	418	8.3%	132	16.1%	162
60659	Chicago	36	0.1%	61	0.8%	57	3.9%	-144
60660	Chicago	855	2.0%	427	8.0%	90	9.8%	-634
60666	Chicago	0	0.0%	0	0.0%	0	0.0%	0
60706	Harwood Heights	290	1.3%	-36	-1.2%	-77	-10.0%	-160
60707	Elmwood Park	173	0.4%	14	0.2%	-62	-3.7%	-154
60712	Lincolnwood	191	1.5%	-96	-4.7%	-54	-9.6%	57
60714	Niles	561	1.8%	58	1.4%	-39	-4.1%	25

Total Population Growth for Age Groups
Area: HFMC GI JV CON
2014 ZIP Code Report
elected Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	Change 2014 - 2019 Total Population Count	%	Change 2014 - 2019 Age 0-14 Count	%	Change 2014 - 2019 Age 15-17 Count	%	Cha 2014 Age Count
Total		31,188	1.1%	-7,696	-1.4%	1,513	1.3%	6,274

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nge - 2019 18-24 %	Change 2014 - 2019 Age 25-34 Count	%	Change 2014 - 2019 Age 35-54 Count	%	Change 2014 - 2019 Age 55-64 Count	%	Change 2014 - 2019 Age 65+ Count	%
10.0%	-5	-0.1%	-1,287	-9.1%	555	7.4%	1,181	13.5%
7.9%	-406	-11.1%	-382	-4.5%	185	4.7%	544	10.0%
-3.3%	-96	-2.3%	-716	-7.6%	427	8.4%	839	15.5%
0.3%	-375	-11.6%	13	0.2%	367	12.6%	400	13.0%
22.1%	1,371	52.2%	-2,898	-24.3%	616	7.9%	1,548	19.9%
19.3%	561	32.4%	-1,572	-22.5%	143	3.5%	704	18.0%
-3.6%	-1,375	-15.5%	733	4.3%	114	1.3%	1,627	15.8%
2.1%	-257	-6.5%	86	1.0%	278	7.2%	683	15.3%
28.0%	346	115.0%	-641	-29.2%	108	7.9%	255	18.9%
17.2%	451	14.1%	-1,304	-12.3%	250	4.2%	1,026	13.5%
30.4%	120	10.5%	-226	-6.2%	237	11.1%	433	15.0%
38.5%	4	20.0%	-20	-22.5%	-1	-1.9%	13	25.5%
24.5%	631	35.9%	-1,700	-22.4%	-88	-1.9%	495	8.2%
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
14.4%	-150	-19.5%	55	3.8%	49	10.7%	35	6.4%
20.8%	121	130.1%	-193	-30.9%	45	12.3%	63	16.4%
14.8%	704	73.0%	-1,441	-31.9%	108	3.2%	431	10.9%
15.3%	1,213	40.4%	-2,816	-22.8%	795	12.0%	1,538	32.8%
21.0%	766	38.6%	-1,871	-22.4%	351	7.4%	927	20.3%
-0.5%	-130	-5.1%	-130	-2.2%	-53	-1.5%	564	11.4%
6.1%	-615	-8.9%	-579	-3.8%	479	6.7%	1,029	11.4%
14.4%	25	0.9%	-1,096	-13.1%	360	9.8%	831	29.3%
16.6%	748	29.7%	-1,641	-16.8%	209	3.3%	1,022	10.5%
9.7%	-259	-5.4%	-713	-6.2%	534	9.0%	1,237	21.8%
10.7%	683	22.6%	-1,575	-16.0%	410	7.1%	876	12.3%

nge - 2019 18-24	Change 2014 - 2019 Age 25-34		Change 2014 - 2019 Age 35-54		Change 2014 - 2019 Age 55-64		Change 2014 - 2019 Age 65+	
%	Count	%	Count	%	Count	%	Count	%
20.5%	298	67.9%	-529	-23.5%	163	12.8%	269	12.0%
2.1%	-422	-17.2%	23	0.6%	48	2.5%	379	16.3%
4.3%	-903	-13.8%	393	3.4%	498	11.2%	849	20.2%
3.2%	106	2.9%	-431	-5.1%	-165	-3.1%	853	14.5%
1.9%	-269	-7.7%	365	5.1%	83	2.1%	711	13.0%
8.3%	304	7.4%	-1,789	-14.4%	287	4.3%	1,423	22.9%
-0.7%	-1,037	-16.5%	673	6.3%	107	2.2%	1,006	18.2%
23.9%	955	74.6%	-1,756	-25.6%	275	6.2%	765	15.4%
21.1%	708	83.3%	-1,317	-27.9%	231	7.5%	498	14.2%
3.2%	-694	-11.8%	286	2.7%	233	5.0%	852	17.9%
-3.2%	36	1.5%	-128	-2.5%	-111	-4.3%	526	23.1%
2.3%	-419	-13.3%	85	1.5%	159	6.6%	411	16.2%
3.7%	-1,029	-18.6%	187	1.5%	320	6.8%	1,018	26.3%
2.2%	-291	-9.8%	-160	-2.5%	110	3.1%	755	18.4%
14.8%	709	17.7%	-1,898	-14.8%	698	11.3%	968	13.6%
-3.6%	-730	-30.3%	92	2.1%	40	2.0%	387	21.0%
-4.1%	-262	-10.2%	34	0.7%	60	2.7%	321	14.9%
12.3%	397	10.7%	-1,331	-12.3%	465	8.3%	1,065	19.0%
1.8%	-766	-13.2%	545	5.5%	186	4.8%	910	28.7%
29.4%	0	0.0%	-5	-7.6%	1	2.4%	1	1.6%
16.5%	-25	-2.4%	-216	-7.4%	70	4.7%	332	19.4%
0.7%	-597	-7.9%	-263	-1.8%	588	8.5%	1,293	16.8%
-3.5%	-178	-5.5%	-27	-0.5%	-62	-2.3%	319	10.8%
13.5%	-213	-14.0%	-195	-4.4%	-15	-0.6%	336	9.1%
6.9%	-47	-5.2%	-76	-3.6%	-13	-1.1%	240	19.2%

nge - 2019 18-24		Change 2014 - 2019 Age 25-34		Change 2014 - 2019 Age 35-54		Change 2014 - 2019 Age 55-64		Change 2014 - 2019 Age 65+	
%	Count	%	Count	%	Count	%	Count	%	
1.9%	-11	-3.4%	-58	-8.0%	29	7.5%	84	20.4%	
5.8%	-676	-16.9%	626	9.1%	212	9.4%	246	9.1%	
-0.7%	-7	-0.7%	-49	-2.1%	44	3.9%	172	13.4%	
4.8%	0	0.0%	-49	-3.4%	32	4.4%	128	16.9%	
-2.9%	18	0.6%	-156	-2.6%	292	11.2%	360	12.7%	
3.5%	-143	-17.6%	70	5.1%	53	13.8%	47	13.7%	
-2.8%	-592	-11.6%	124	1.3%	256	6.3%	843	21.8%	
-9.8%	-246	-14.5%	125	4.3%	-15	-1.0%	289	20.6%	
7.2%	-149	-4.9%	-424	-5.8%	164	4.3%	934	29.6%	
-13.2%	-372	-11.9%	358	9.3%	166	11.3%	335	29.0%	
-12.2%	-407	-19.6%	273	8.1%	46	3.1%	231	16.5%	
-0.9%	-428	-10.4%	-230	-2.8%	369	10.1%	617	16.9%	
5.3%	-96	-5.4%	-163	-4.0%	123	5.8%	395	15.8%	
14.2%	105	7.0%	-522	-10.3%	225	9.0%	619	33.9%	
4.7%	-612	-11.9%	-196	-1.6%	394	6.6%	1,084	17.3%	
-0.9%	-400	-14.0%	-47	-0.8%	18	0.6%	701	22.7%	
-27.8%	-198	-12.3%	198	14.2%	23	5.2%	103	28.5%	
-4.9%	50	0.9%	283	3.0%	-31	-0.7%	781	12.4%	
5.7%	-1,021	-21.1%	77	0.8%	45	1.1%	847	22.6%	
19.3%	74	23.9%	-174	-15.6%	-42	-5.5%	107	11.9%	
-1.2%	-5	-3.9%	25	18.9%	7	11.9%	6	5.4%	
-11.3%	-109	-24.3%	79	12.1%	14	5.4%	36	9.0%	
9.3%	-559	-14.0%	-462	-4.8%	-46	-1.0%	1,034	23.7%	
16.4%	-222	-12.0%	-335	-6.3%	12	0.5%	521	28.8%	
7.4%	291	43.9%	-591	-22.7%	46	2.7%	252	14.4%	

nge - 2019 18-24 %	Change 2014 - 2019 Age 25-34 Count	%	Change 2014 - 2019 Age 35-54 Count	%	Change 2014 - 2019 Age 55-64 Count	%	Change 2014 - 2019 Age 65+ Count	%
15.4%	34	1.3%	-875	-11.5%	183	4.4%	809	16.7%
19.8%	739	81.4%	-1,332	-26.9%	372	13.3%	535	22.0%
5.3%	74	10.0%	-186	-10.7%	-144	-8.0%	361	11.2%
22.5%	494	87.4%	-890	-26.0%	249	13.5%	274	13.2%
-5.4%	-4,421	-22.7%	2,375	8.5%	587	7.0%	1,270	16.1%
-28.1%	-3,035	-16.6%	2,603	17.2%	350	9.6%	542	15.2%
-8.5%	-3,465	-21.5%	1,736	7.5%	433	5.9%	1,174	16.9%
-17.0%	-1,734	-17.2%	1,067	7.0%	519	10.0%	1,042	22.3%
-0.7%	-1,307	-17.6%	136	0.8%	239	3.4%	1,026	13.6%
17.8%	-397	-12.7%	-405	-4.9%	181	4.5%	535	9.4%
-3.0%	-1,640	-15.4%	800	3.8%	15	0.1%	1,827	16.7%
-4.1%	-1,659	-11.9%	1,027	4.3%	519	6.2%	1,350	19.8%
-20.7%	-3,382	-21.6%	1,858	8.3%	770	10.7%	1,295	16.2%
-5.8%	-2,211	-19.5%	568	2.8%	71	0.8%	1,400	19.2%
7.3%	-1,112	-17.5%	445	3.6%	53	1.0%	928	16.0%
20.1%	-109	-4.5%	-802	-10.7%	179	4.7%	485	9.8%
-18.1%	-3,532	-15.4%	3,051	12.2%	660	9.8%	1,168	20.4%
9.3%	-727	-17.2%	411	4.9%	84	2.2%	634	13.0%
-4.4%	-971	-17.0%	333	3.2%	-35	-0.8%	735	14.4%
-13.7%	-1,794	-20.4%	1,001	7.4%	634	12.3%	1,131	21.9%
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
-8.7%	-98	-3.5%	2	0.0%	151	4.6%	508	10.1%
-4.2%	-744	-12.5%	-15	-0.1%	260	4.6%	874	14.7%
4.9%	203	15.9%	-180	-6.2%	-30	-1.6%	291	9.9%
1.2%	-166	-5.0%	-105	-1.4%	59	1.3%	729	9.1%

nge - 2019 18-24		Change 2014 - 2019 Age 25-34		Change 2014 - 2019 Age 35-54		Change 2014 - 2019 Age 55-64		Change 2014 - 2019 Age 65+	
Count	%	Count	%	Count	%	Count	%	Count	%
	2.5%	-36,968	-9.1%	-17,947	-2.2%	19,529	5.2%	66,483	16.3%

Current Population for Age Group and Sex
Area: HFMC GI JV CON
2014 ZIP Code Report
cted Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	2014 Total Population Count	%Down	Males 0-14	Females 0-14	Males 15-17	Females 15-17
60004	Arlington Heights	50,838	1.7%	4,556	4,437	1,080	1,013
60005	Arlington Heights	30,252	1.0%	2,876	2,700	515	500
60007	Elk Grove Village	33,410	1.1%	2,671	2,497	692	619
60008	Rolling Meadows	23,203	0.8%	2,276	2,215	446	421
60010	Barrington	44,581	1.5%	4,212	3,900	1,171	1,117
60015	Deerfield	25,888	0.9%	2,719	2,606	642	611
60016	Des Plaines	61,339	2.1%	5,281	5,039	1,017	938
60018	Des Plaines	30,438	1.0%	3,078	2,879	654	588
60022	Glencoe	8,398	0.3%	946	914	272	224
60025	Glenview	40,049	1.4%	3,820	3,766	889	864
60026	Glenview	14,088	0.5%	1,350	1,306	294	277
60029	Golf	325	0.0%	37	33	7	8
60035	Highland Park	29,491	1.0%	2,908	2,780	742	662
60037	Fort Sheridan	4	0.0%	1	0	1	0
60040	Highwood	5,074	0.2%	637	594	107	101
60043	Kenilworth	2,494	0.1%	309	294	74	81
60045	Lake Forest	19,910	0.7%	1,766	1,663	544	507
60047	Lake Zurich	40,942	1.4%	4,081	3,927	1,136	1,071
60048	Libertyville	29,563	1.0%	2,893	2,706	796	777
60053	Morton Grove	23,222	0.8%	1,890	1,735	377	411
60056	Mount Prospect	55,448	1.9%	5,277	5,097	1,115	1,031
60061	Vernon Hills	26,350	0.9%	2,732	2,676	608	575
60062	Northbrook	39,817	1.4%	3,368	3,235	896	805
60067	Palatine	39,445	1.4%	3,458	3,301	827	748
60068	Park Ridge	37,760	1.3%	3,500	3,313	879	858
60069	Lincolnshire	8,778	0.3%	723	657	218	203
60070	Prospect Heights	15,196	0.5%	1,465	1,401	259	250
60074	Palatine	40,080	1.4%	4,270	4,173	802	766
60076	Skokie	33,616	1.2%	3,017	2,881	719	703

Current Population for Age Group and Sex
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ZIP Code	ZIP City Name	2014 Total Population Count	%Down	Males 0-14	Females 0-14	Males 15-17	Females 15-17
60077	Skokie	27,629	0.9%	2,211	2,118	519	492
60089	Buffalo Grove	41,587	1.4%	3,459	3,336	929	890
60090	Wheeling	39,169	1.3%	3,795	3,645	667	666
60091	Wilmette	27,365	0.9%	2,907	2,896	756	703
60093	Winnetka	19,346	0.7%	2,208	2,081	544	506
60101	Addison	39,278	1.3%	4,192	4,084	833	814
60104	Bellwood	19,058	0.7%	1,921	1,890	472	457
60106	Bensenville	20,573	0.7%	2,091	1,991	431	401
60107	Streamwood	40,006	1.4%	4,540	4,324	822	799
60108	Bloomingdale	23,320	0.8%	1,844	1,814	416	401
60126	Elmhurst	46,934	1.6%	4,874	4,673	1,115	1,066
60130	Forest Park	14,034	0.5%	1,095	1,070	179	169
60131	Franklin Park	18,155	0.6%	1,860	1,759	396	363
60137	Glen Ellyn	38,897	1.3%	3,921	3,874	900	894
60139	Glendale Heights	35,030	1.2%	3,874	3,720	763	705
60141	Hines	260	0.0%	19	17	6	4
60143	Itasca	10,188	0.3%	923	896	216	185
60148	Lombard	52,657	1.8%	4,699	4,532	1,001	971
60153	Maywood	23,750	0.8%	2,695	2,570	575	598
60154	Westchester	16,474	0.6%	1,423	1,421	262	240
60155	Broadview	7,805	0.3%	668	654	172	171
60157	Medinah	2,526	0.1%	186	182	50	47
60160	Melrose Park	25,898	0.9%	3,378	3,196	584	554
60162	Hillside	8,411	0.3%	796	756	179	173
60163	Berkeley	5,152	0.2%	466	467	127	100
60164	Melrose Park	22,278	0.8%	2,304	2,181	575	515
60165	Stone Park	5,149	0.2%	748	723	134	117
60169	Hoffman Estates	33,016	1.1%	3,279	3,183	670	632
60171	River Grove	10,470	0.4%	883	871	193	163

Current Population for Age Group and Sex
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Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	2014 Total Population Count	%Down	Males 0-14	Females 0-14	Males 15-17	Females 15-17
60172	Roselle	24,894	0.9%	2,163	2,142	546	523
60173	Schaumburg	13,161	0.5%	1,107	1,077	194	203
60176	Schiller Park	11,820	0.4%	1,128	1,073	189	193
60181	Villa Park	28,665	1.0%	2,743	2,639	582	545
60191	Wood Dale	14,962	0.5%	1,338	1,262	307	278
60192	Hoffman Estates	16,409	0.6%	1,667	1,617	395	365
60193	Schaumburg	41,318	1.4%	3,527	3,399	827	748
60194	Schaumburg	20,809	0.7%	1,919	1,810	380	362
60195	Schaumburg	5,267	0.2%	495	447	64	58
60201	Evanston	40,643	1.4%	3,306	3,209	627	649
60202	Evanston	31,757	1.1%	3,088	2,917	520	501
60203	Evanston	4,671	0.2%	507	484	104	105
60208	Evanston	3,474	0.1%	36	34	25	54
60301	Oak Park	2,181	0.1%	144	126	20	23
60302	Oak Park	32,435	1.1%	3,081	2,926	606	589
60304	Oak Park	17,258	0.6%	1,905	1,958	375	372
60305	River Forest	11,123	0.4%	1,053	987	273	276
60515	Downers Grove	27,879	1.0%	2,623	2,531	576	544
60521	Hinsdale	18,311	0.6%	2,168	2,117	540	522
60523	Oak Brook	9,486	0.3%	534	515	155	139
60558	Western Springs	12,882	0.4%	1,540	1,453	369	346
60618	Chicago	92,408	3.2%	9,725	9,490	1,467	1,436
60622	Chicago	53,194	1.8%	4,250	4,008	544	550
60625	Chicago	78,521	2.7%	7,879	7,573	1,247	1,180
60626	Chicago	51,129	1.8%	4,368	4,216	714	648
60630	Chicago	54,190	1.9%	5,073	4,968	1,015	883
60631	Chicago	29,064	1.0%	2,539	2,478	513	494
60634	Chicago	75,693	2.6%	7,005	6,615	1,370	1,368
60639	Chicago	90,164	3.1%	11,452	11,225	2,262	2,250

Males 18-24	Females 18-24	Males 25-34	Females 25-34	Males 35-54	Females 35-54	Males 55-64	Females 55-64
2,153	2,019	2,654	2,606	6,851	7,224	3,567	3,922
1,104	1,015	1,861	1,796	4,239	4,250	1,902	2,050
1,505	1,339	2,088	2,107	4,545	4,868	2,429	2,652
1,034	872	1,697	1,533	3,444	3,269	1,412	1,498
2,132	1,955	1,333	1,293	5,593	6,316	3,762	4,003
1,350	1,262	853	880	3,294	3,701	1,981	2,067
2,331	2,143	4,511	4,372	8,432	8,478	4,063	4,456
1,415	1,269	2,090	1,886	4,255	4,013	1,921	1,939
440	390	139	162	1,014	1,180	672	699
1,726	1,608	1,636	1,560	5,018	5,554	2,824	3,191
563	492	559	582	1,704	1,935	1,005	1,129
13	13	9	11	41	48	26	28
1,276	1,151	902	856	3,593	3,989	2,195	2,383
0	0	0	0	1	1	0	0
222	187	427	343	760	694	238	220
136	133	46	47	286	338	177	189
1,283	1,366	513	452	2,047	2,466	1,633	1,714
2,085	1,965	1,557	1,446	5,869	6,503	3,305	3,312
1,436	1,337	1,031	953	3,950	4,391	2,309	2,426
876	872	1,291	1,234	2,865	3,085	1,703	1,938
2,327	2,072	3,648	3,291	7,747	7,681	3,435	3,670
1,150	1,078	1,306	1,378	3,987	4,362	1,766	1,894
1,709	1,492	1,329	1,190	4,583	5,168	2,980	3,325
1,623	1,526	2,429	2,367	5,659	5,903	2,849	3,086
1,775	1,625	1,559	1,468	4,653	5,221	2,767	3,030
401	369	212	227	1,062	1,192	639	637
558	533	1,303	1,152	2,071	1,937	923	1,013
1,712	1,591	3,484	3,050	5,816	5,779	2,140	2,303
1,521	1,442	1,830	1,833	4,022	4,474	2,530	2,763

Males 18-24	Females 18-24	Males 25-34	Females 25-34	Males 35-54	Females 35-54	Males 55-64	Females 55-64
1,133	1,070	1,719	1,758	3,400	3,823	1,798	2,101
1,819	1,699	2,063	2,026	5,865	6,530	3,219	3,526
1,540	1,418	3,311	2,989	5,421	5,289	2,325	2,575
1,362	1,206	663	617	3,180	3,684	2,111	2,326
969	890	456	394	2,209	2,519	1,470	1,596
1,827	1,671	3,063	2,834	5,360	5,177	2,278	2,374
1,019	972	1,165	1,217	2,324	2,742	1,102	1,503
1,008	812	1,711	1,442	3,013	2,720	1,264	1,155
1,737	1,594	2,771	2,774	6,093	5,993	2,218	2,470
900	858	1,468	1,515	3,161	3,300	1,686	1,854
2,465	2,582	2,053	1,949	6,168	6,684	3,085	3,089
387	381	1,150	1,261	2,151	2,319	934	1,098
875	790	1,375	1,204	2,603	2,523	1,115	1,134
1,826	1,729	1,932	1,795	5,186	5,595	2,733	2,902
1,805	1,453	3,039	2,777	5,016	4,868	1,870	1,968
8	9	15	12	31	35	20	21
419	361	540	523	1,429	1,506	707	775
2,282	2,098	3,843	3,756	7,417	7,459	3,284	3,615
1,241	1,239	1,569	1,668	2,836	3,061	1,210	1,525
532	483	750	768	2,135	2,293	1,150	1,324
353	330	443	459	945	1,163	535	661
102	107	177	150	353	372	199	190
1,226	1,144	2,026	1,985	3,517	3,332	1,141	1,126
377	387	480	512	1,163	1,182	536	585
259	217	296	288	704	748	357	364
1,197	1,115	1,473	1,444	3,058	2,982	1,322	1,288
276	239	437	376	717	656	198	185
1,525	1,377	2,669	2,421	4,576	4,746	1,943	2,122
459	381	843	858	1,483	1,433	694	803

Males 18-24	Females 18-24	Males 25-34	Females 25-34	Males 35-54	Females 35-54	Males 55-64	Females 55-64
1,113	1,045	1,537	1,520	3,545	3,772	1,828	2,003
493	505	1,613	1,517	1,976	1,858	715	749
490	449	1,098	979	1,740	1,620	736	729
1,279	1,168	2,183	1,947	4,185	4,095	1,829	1,829
669	569	934	860	2,066	2,057	1,023	1,093
753	702	727	778	2,458	2,624	1,184	1,313
1,736	1,527	2,535	2,628	5,882	6,221	2,817	3,197
820	789	1,442	1,420	2,840	3,037	1,335	1,565
187	201	810	805	751	645	214	228
3,389	3,508	2,982	2,849	4,562	4,760	2,143	2,361
1,092	1,049	2,297	2,536	4,629	5,147	1,885	2,352
192	196	162	148	524	590	345	414
1,406	1,489	68	59	74	58	26	33
48	58	191	257	314	338	117	143
1,234	1,164	1,749	2,255	4,442	5,246	2,139	2,650
699	692	855	997	2,467	2,844	1,036	1,246
821	972	335	328	1,175	1,434	784	936
1,154	1,149	1,373	1,308	3,708	3,877	2,037	2,165
976	897	454	454	2,294	2,650	1,400	1,406
342	302	388	353	803	930	811	981
642	621	272	293	1,605	1,821	912	939
3,441	3,204	9,871	9,597	14,531	13,408	4,103	4,266
1,501	1,800	9,084	9,156	8,096	6,996	1,880	1,766
3,581	3,353	8,167	7,970	11,959	11,281	3,639	3,748
2,631	3,249	5,186	4,915	8,231	7,114	2,619	2,568
2,201	1,957	3,687	3,735	8,139	7,886	3,448	3,657
974	966	1,546	1,592	4,055	4,174	1,985	2,070
3,170	2,987	5,418	5,206	10,780	10,545	4,954	5,363
4,961	4,727	7,095	6,883	12,141	11,932	4,039	4,387

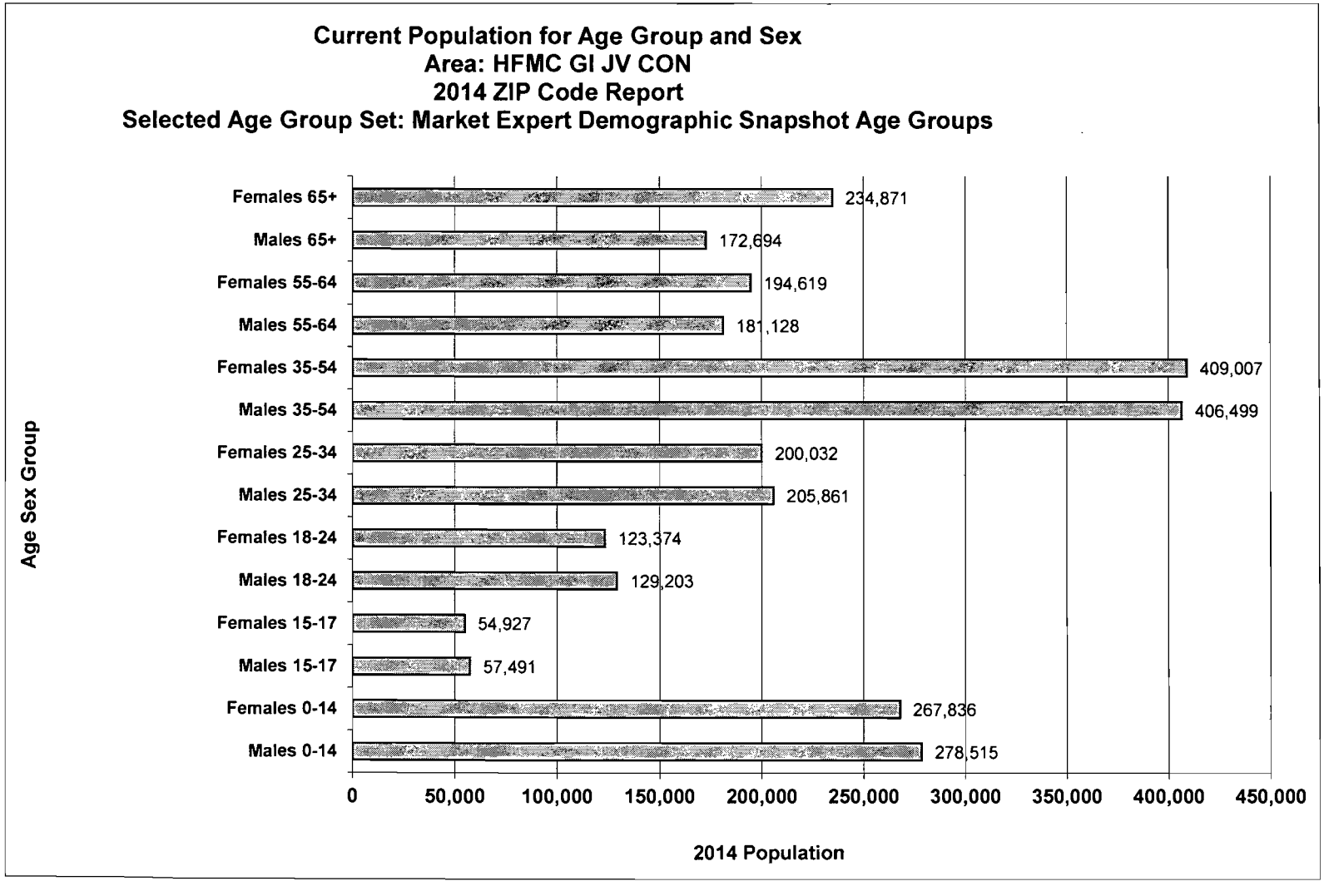
Males 18-24	Females 18-24	Males 25-34	Females 25-34	Males 35-54	Females 35-54	Males 55-64	Females 55-64
1,705	1,664	7,865	7,802	12,662	9,629	3,873	3,300
3,077	2,933	5,803	5,560	10,624	9,973	4,080	4,351
1,832	1,839	3,138	3,199	6,305	6,226	2,574	2,766
965	940	1,186	1,231	3,687	3,843	1,837	1,977
3,650	3,766	11,624	11,331	13,093	11,974	3,358	3,364
909	832	2,153	2,077	4,313	4,050	1,840	2,028
1,718	1,535	2,926	2,798	5,322	5,145	2,132	2,266
2,021	2,606	4,578	4,224	7,689	5,901	2,641	2,527
0	0	0	0	0	0	0	0
951	882	1,415	1,391	2,967	2,994	1,559	1,704
1,906	1,795	2,922	3,009	5,965	6,180	2,630	3,084
604	568	651	625	1,339	1,550	865	993
1,086	991	1,744	1,593	3,646	3,828	2,099	2,310
129,203	123,374	205,861	200,032	406,499	409,007	181,128	194,619

Males 65+	Females 65+
3,613	5,143
2,192	3,252
2,248	3,150
1,279	1,807
3,695	4,099
1,756	2,166
4,141	6,137
1,835	2,616
656	690
3,201	4,392
1,226	1,666
24	27
2,742	3,312
0	0
233	311
179	205
1,805	2,151
2,260	2,425
1,997	2,561
2,139	2,806
3,824	5,233
1,187	1,651
4,164	5,573
2,514	3,155
3,044	4,068
959	1,279
984	1,347
1,779	2,415
2,527	3,354

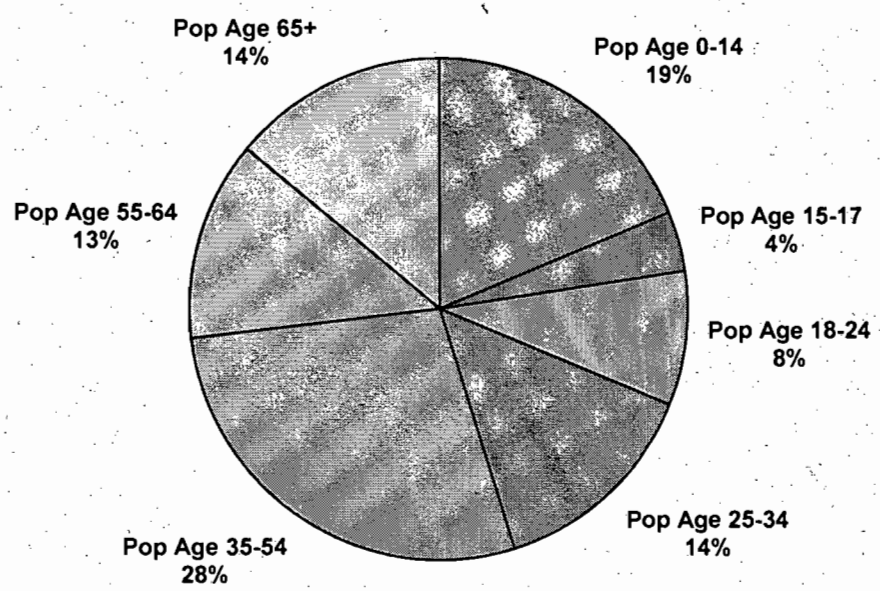
Males 65+	Females 65+
2,195	3,292
2,698	3,528
2,194	3,334
2,154	2,800
1,608	1,896
2,201	2,570
946	1,328
1,087	1,447
1,679	2,192
1,732	2,371
2,972	4,159
746	1,094
935	1,223
2,389	3,221
1,465	1,707
39	24
779	929
3,117	4,583
1,194	1,769
1,522	2,171
583	668
192	219
1,125	1,564
542	743
329	430
1,165	1,659
163	180
1,612	2,261
580	826

Males 65+	Females 65+
1,371	1,786
526	628
621	775
1,577	2,064
1,119	1,387
874	952
2,594	3,680
1,161	1,929
161	201
2,514	3,784
1,518	2,226
387	513
43	69
137	265
1,797	2,557
792	1,020
772	977
1,923	2,911
1,166	1,267
1,392	1,841
860	1,209
3,260	4,609
1,556	2,007
3,011	3,933
2,075	2,595
3,077	4,464
2,128	3,550
4,499	6,413
2,913	3,897

Males 65+	Females 65+
3,327	4,688
3,042	4,234
2,418	3,379
2,104	2,862
2,526	3,208
2,008	2,882
2,188	2,915
2,228	2,929
0	0
1,989	3,038
2,403	3,562
1,296	1,658
3,195	4,828
172,694	234,871


Current Population for Age Group and Sex
Area: HFMC GI JV CON
2014 ZIP Code Report
Selected Age Group Set: Market Expert Demographic Snapshot Age Groups
Age Sex Group
Females 65+
234,871
Males 65+
172,694
Females 55-64
194,619
Males 55-64
181,128
Females 35-54
409,007
Males 35-54
406,499
Females 25-34
200,032
Males 25-34
205,861
Females 18-24
123,374
Males 18-24
129,203
Females 15-17
54,927
Males 15-17
57,491
Females 0-14
267,836
Males 0-14
278,515
0
50,000
100,000
150,000
200,000
250,000
300,000
350,000
400,000
450,000
2014 Population

Current Population by Age Group
Area: HFMC GI JV CON
2014 ZIP Code Report
Selected Age Group Set: Market Expert Demographic Snapshot Age Groups



3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project.

See response to number 1, above.

4. Cite the sources of the information provided as documentation.

Sources include patient origin data from Presence PHFMC, the Lakeshore Gastroenterology practice, information regarding public transit, Mapquest and Claritas.

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

See response to 1 above. The project will allow for user friendly access to an outpatient service (endoscopy) that is currently provided in an inpatient hospital setting. This setting is more costly and less user friendly. It also will allow alignment between the physician specialists and PHFMC, such that the results and follow-up care can be better monitored between the physician practice and PHFMC, which will improve outcomes and patient communication. The project will follow the Navigator model, which calls for a patient advocate to be present to help the patient through the process of receiving IV sedation, being transferred to the procedure room, "recovering" to the point of readiness to send home and providing information about test results and follow up. It also will provide information pre-testing regarding the prep for colonoscopy and will address patient's need in transportation home after the test itself, and any other issues the patient may have upon discharge.

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

There are no quantifiable and measureable objectives, other than lower cost care and more effective management of a fairly straight forward outpatient surgical procedure, which is becoming more and more common giving the aging of the "baby boomer" population, which is recommended to have testing beginning at age 50 – 60 based on risk factors. This population is expected to grow by approximately 10-15% between 2010 to 2020.

Alternatives

The alternatives to the project were few. The only real alternative is one the HFSRB does not consider, which is "doing nothing" and continuing to provide endoscopy as a hospital based service. The cost of this alternative was zero, but it was not seriously considered given the ultimate goals and objectives of the project.

Another alternative was to establish a joint venture to obtain a surgery center license, but have PHFMC be the minority owner versus the majority owner. The cost of this alternative would have been the same, but the return on PHFMC investment would have been less. Given the fact that PHFMC is a NFP, this was not a viable alternative.

Another alternative was to locate the ASC off PHFMC campus. This alternative would cost approximately the same as the chosen alternative assuming similar space could be obtained. It was rejected because the location on PHFMC's campus is much more accessible to the community served and convenient for both patients and Medical staff members.

The chosen alternative does include pursuing a joint venture.

The option of having other health care providers serve the population to be served is currently in place. However, this option is more costly (hospital based outpatient surgery is more costly then ASC based as per attached charge comparison), less convenient for patients and does not achieve the same physician-hospital based alignment as the proposed joint venture.

The chosen alternative was considered a positive one for patient centered care, which is why PHFMC chose to pursue same.

Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**
Clinical*	2,196 DGSF	2075-2750	1,098 DSF per OR	Yes
Non Clinical	1,774	N/A	N/A	N/A

*Any area where patient is taken and present after leaving patient registration and waiting rooms/area.

The size is necessary and not excessive because the Applicant has documented sufficient surgical volume for two operating rooms. There will be six prep and recovery areas (three for each operating room) as required by Illinois regulations.

Attachment 14

UTILIZATION					
	DEPT./ SERVICE	**HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.**	**PROJECTED UTILIZATION**	**STATE STANDARD**	**MET STANDARD?**
YEAR 1	ASC	2,728*	1,500 OR 650 OR	1,500 hours per OR	Yes
YEAR 2	ASC	2,728*	As Above		Yes

See below for calculation on project services utilization.

The surgery center will operate 2 ORs and anticipates 2,728 procedures at a minimum. At an average rate of 1.00 hour per procedure this volume supports the need for 2 operating rooms at 1500 hours of surgery per OR per year.

*procedures

Attachment 15

I, Pamela Bell, attest that the proposed ASC will meet the occupancy standards required of it within 24 months of its operation. My conclusion is based on Lakeshore Gastroenterology historical practice referrals and utilization, as described herein.

Pamela S Bell
Pamela Bell, Administrator

Subscribed and sworn to before me this
29 day of January, 2015

Marie A. Singleton
Notary Public

OFFICIAL SEAL
MARIE A. SINGLETON
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8-28-2015

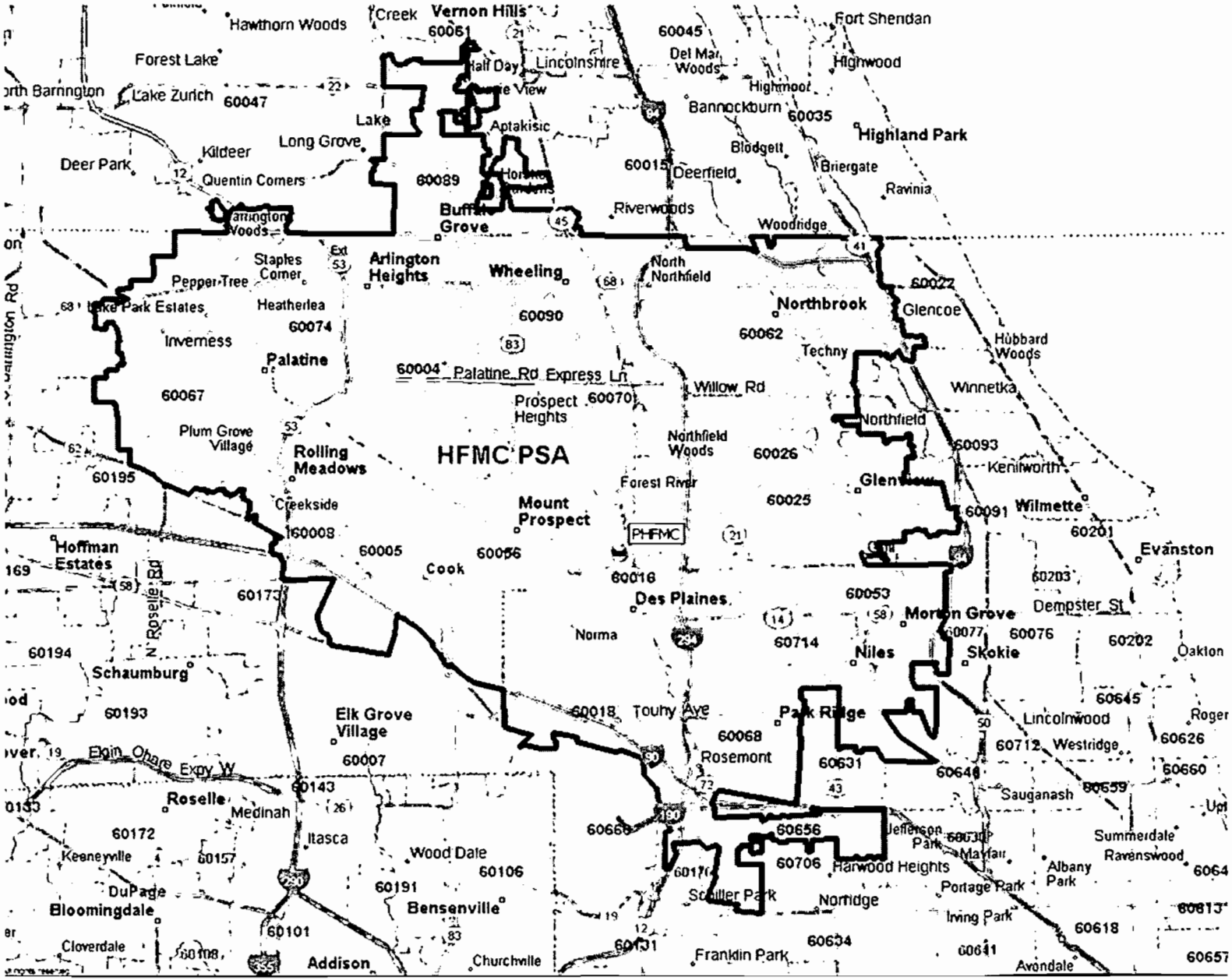
Attachment 15

1110.1540(b)

See attached map of the PHFMC current service area and target area for the proposed ASC to be located in an adjacent MOB simultaneously with PHFMC shutting down its two procedure rooms. The service area is a 30 minute radius, based on Mapquest drive times. Also attached are referrals by zip code for the physician practice that will be primarily referring patients. The general population in the USA is approximately 3 million per US Census estimates for the zip codes at issue.

Attachment 27

Presence Holy Family Medical Center
Outpatient Primary Service Area (75% of all Outpatient cases)



CY 2014 Endoscopy Referrals for Lakeshore GI

Source: Lakeshore GI Physicians; unique patient account numbers

WEST SUBURBAN HOSPITAL OP	3009
LAKESHORE GI LIVER INST DP	1850
LAKESHORE GI LIVER INST AH	1268
LAKESHORE GI LIVER INST OP	1205
NORTHWEST COMMUNITY HOSPITAL - IP	842
LUTHERAN GEN HOSPITAL IP	624
WEST SUBURBAN HOSPITAL IP	618
RPP GASTRO LS GI	618
LUTHERAN GEN HOSPITAL OP	289
NORTHWEST COMMUNITY HOSPITAL - OP	134
HOLY FAMILY MEDICAL CENTER IP	117
LAKESHORE GI LIVER INST PR	84
HOLY FAMILY MEDICAL CENTER OP	36
WESTLAKE IP	32
WESTLAKE OP	32
OUR LADY OF THE RESURRECTION MEDICAL CENTER IP	12
FULLERTON SURGERY CENTER INC.	5
Grand Total	10775

CY 2014 Patient Origin for all Endoscopy Referrals for Lakeshore GI

Source: Lakeshore GI Physicians; unique patient account numbers

Zip	Count
60644	778
60016	598
60651	594
60302	544
60056	504
60004	362
60639	351
60005	320
60067	274
60068	267
60707	267
60714	251
60304	244
60018	220
60090	210
60074	195
60008	181
60089	166
60634	158
60624	150
60153	142
60104	135
60130	129
60305	126
60053	126
60402	120
60631	112
60646	95
60630	93
60070	90
60025	86
60047	82
60007	79
60656	79
60641	72
60193	71
60804	71
60062	69
60706	64
60623	63
60160	63

60010	62
60154	52
60164	49
60169	48
60155	47
60077	46
60162	44
60612	43
60131	37
60076	37
60173	34
60618	33
60171	33
60192	33
60194	33
60546	30
60107	30
60647	28
60625	27
60172	25
60301	24
60191	23
60176	23
60026	23
60103	21
60142	20
60015	20
60061	19
60660	18
60640	18
60659	18
60102	18
60629	18
60513	18
60163	17
60106	17
60126	17
60148	17
60073	16
60060	16
60195	16
60645	16
60608	16
60013	14
60156	14
60607	14
60101	14

60046	14
60626	14
60638	14
60069	13
60526	13
60657	13
60712	13
60610	13
60440	13
60108	12
60133	12
60030	12
60615	12
60110	12
60534	12
60014	12
60649	12
60525	12
60201	12
60202	12
60616	11
60139	11
60617	11
60120	11
60031	11
60035	11
60085	11
60614	10
60517	10
60050	10
60504	10
60091	10
60632	9
60636	9
60621	9
60619	8
60653	8
60118	8
60188	8
60637	8
60527	8
60143	8
60124	7
60643	7
60012	7
60051	7
60453	7

60609	7
60181	7
60099	7
60613	7
60611	7
60020	6
60446	6
60137	6
60523	6
60605	6
60620	6
60165	6
60622	6
60002	6
60045	5
60654	5
60084	5
60628	5
60123	5
60563	4
60098	4
60083	4
60642	4
60087	4
60490	4
60081	4
60503	4
60093	4
60177	4
60516	4
60652	4
60185	4
60048	4
60559	4
53147	3
60555	3
60435	3
60455	3
60443	3
60042	3
60157	3
60189	3
60078	3
60140	3
60174	3
60565	3
60303	3

60803	3
60560	2
60459	2
60115	2
60491	2
60006	2
60502	2
60136	2
60187	2
53142	2
60451	2
60540	2
60506	2
60462	2
60511	2
60690	2
60184	2
60411	2
61104	2
60426	2
60141	2
60458	2
60564	2
46373	2
60454	2
60544	2
60585	2
60554	2
60601	2
60473	2
60521	2
60680	2
60457	2
60041	2
60011	2
60406	2
60021	2
61065	2
60515	2
60096	2
60439	2
60471	1
29615	1
53045	1
47374	1
62979	1
60119	1

13617	1
30043	1
60805	1
30518	1
61740	1
60190	1
85016	1
60532	1
60478	1
53144	1
52722	1
20735	1
60175	1
60541	1
61008	1
60542	1
61201	1
60543	1
62259	1
33955	1
72653	1
60017	1
53125	1
32118	1
60477	1
60197	1
60487	1
60558	1
60499	1
21230	1
60661	1
47714	1
60510	1
60561	1
28270	1
60203	1
60915	1
53158	1
61028	1
34134	1
61107	1
53191	1
61335	1
37075	1
61822	1
60602	1
62471	1

61364	1
33317	1
61761	1
60159	1
61832	1
60633	1
62449	1
42081	1
62557	1
49106	1
63025	1
60161	1
70806	1
08054	1
74129	1
46038	1
80231	1
11787	1
85614	1
60464	1
91602	1
60465	1
60467	1
	1
60403	1
Grand Tota	10775

Per the attached referral letter, the referrals anticipated will be 2,527. This is based on 2014 historical referral volume for the physicians who will be referring patients. The attached referral letter addresses where patients have been referred in the past and affirms the GSA to be served.

Attachment 27

January 29, 2015

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Physician Referral Letter for Proposed Presence Lakeshore GI Endoscopy, LLC

Dear Ms. Avery:

I am a Gastroenterologist who specializes in Endoscopy Procedures. I own and operate the Lakeshore Gastroenterology and Liver Disease Institute, S.C. Over the past twelve months (January 2014-December 2014), Lakeshore Gastroenterology and Liver Disease Institute, S.C. has referred a total of 7,523 outpatient cases in this Specialty, as referenced below. Lakeshore Gastroenterology and Liver Disease Institute, S.C. has performed over 8,393 endoscopies in the same period. Lakeshore Gastroenterology and Liver Disease Institute, S.C. endoscopic caseload will constitute the majority of the work to be referred to the proposed Presence Lakeshore GI Endoscopy, LLC in the future.

Over a twelve month time frame, I referred my ASC cases in this Specialty to the following health care facilities, which includes hospitals and/or ambulatory surgical treatment centers ("ASTCs"). The average time per surgical case including set up and clean-up is one hour. I expect to refer the following percentage of ASC surgical cases to the limited specialty ASTC that will be operated by Presence Lakeshore GI Endoscopy, LLC (the "CON Permit Applicant"), as shown in the chart below. The referred patients will reside within the CON Permit Applicant's proposed geographic service area.

Name and Address of Healthcare Facility	Type of Healthcare Facility (ASTC, Hospital or Other)	Number of Surgical Cases Referred Period	Percentage of cases to be referred to Presence Lakeshore GI Endoscopy, LLC
West Suburban Medical Center	Hospital	3,627	30%
Northwest Community Hospital	Hospital	1657	40%
Advocate Lutheran General Hospital	Hospital	1860	35%
Westlake Hospital	Hospital	64	20%
Community First Medical Center	Hospital	12	100%
Fullerton Surgery Center	ASTC	5	100%
Presence Holy Family Medical Center	Hospital	298	100%
	Total	7,523	2728

In fact, I think the number of referrals will be even higher than the historical referrals due to the anticipated increase in demand for endoscopies (see attached).

I certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. I further certify that the information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Physician's Signature

Mani Mandavian MD.

Physician's Name

403 Old Mill Circle.

Street Address

Lincolnshire. IL. 60069.

City, State & Zip Code

NOTARY:

Subscribed and sworn to me this 29 day of January, 2015.

Notary Public

Seal:

OFFICIAL SEAL
MARIE A. SINGLETON
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8-28-2015

Criterion 1110.1540(d)
Treatment Room Need Assessment

Number of Rooms Proposed

The Applicants are proposing to establish a single specialty ASTC with two (2) operating rooms and six (6) recovery areas.

Estimated Time Per Procedure

The Applicant estimates that the average length of time per procedure will average 1.00 hour, which includes time for surgery preparation and post-surgery clean up. Total surgical hours based on the projected cases of 2,728 is 2,728 surgical hours. This supports the need for two operating rooms. In addition, the endoscopy center will be open to referrals from physicians other than the Lakeshore Gastroenterology Institute, S.C.

The above time frames are arrived at based on many years of experience in performing the procedures at issue.

Attachment 27

Criterion 1110.1540(e)
Impact on Other Facilities

The Applicant does not believe the proposed ASC will negatively impact other area facilities. The physicians who will refer patients currently utilize PHFMC, Lutheran General Hospital and Northwest Community Hospital. While this project may divert endoscopy services that are performed at other area hospitals, the impact will be minimal and not significant. However, providing these services in an outpatient setting will be less costly and much more user friendly for the patients served.

Please note the following:

- A copy of the impact letter sent to surgical facilities located within the Applicant's proposed geographic service are, along with a list of the health care facilities receiving the impact letter, are provided with this application. See Appendix 1 for the impact letters.

- The MapQuest sheets calculating the time and distance to each health care facility receiving an impact letter are attached hereto as Appendix 2, which provide evidence that each facility is located within thirty (30) minutes of the Applicant's proposed site for the ASTC.

- Copies of the certified mail return receipts evidencing receipt of the impact letter, and any copies of written responses that the Applicant received prior to the submission of this CON permit application, are attached hereto as Appendix 3.

- Any responses to the impact letter that are received by the Applicant following the submission of this CON permit application will be forwarded to the Health Facilities and Services Review Board staff.

Attachment 27

Criterion 1110.1540(f)
Establishment of New Facilities

Services Proposed for New ASTC

The facility will offer endoscopy procedures. These procedures are available within the GSA. Some are done at PHFMC. It is going to cease doing procedures in its two procedure rooms when the proposed ASC (also two rooms) is ready to treat patients. The Hospitals surgical utilization data for the past 12 months for the current endoscopy suites is attached.

PHFMC will not increase the number of procedure rooms dedicated to endoscopy until after the proposed ASC is at target capacity. The proposed ASC's charges for endoscopy will be lesser than or comparable to the charges for endoscopy at PHFMC.

Pamela Bell

Pamela Bell

Title: Administrator

Subscribed and sworn to before me this
29 day of January, 2015.

Notary Public

OFFICIAL SEAL
MARIE A. SINGLETON
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8-28-2015

Attachment 27

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	2	2	88	277	88	305	393	1.0	1.1
Gastroenterology	0	0	0	0	74	5	59	3	62	0.8	0.6
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	0	8	0	6	6	0.0	0.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	662	0	463	463	0.0	0.7
Orthopedic	0	0	0	0	5	20	7	42	49	1.4	2.1
Otolaryngology	0	0	0	0	14	8	14	12	26	1.0	1.5
Plastic Surgery	0	0	0	0	0	252	0	731	731	0.0	2.9
Podiatry	0	0	0	0	6	131	8	236	244	1.3	1.8
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	3	7	2	10	12	0.7	1.4
Totals	**0**	**0**	**5**	**5**	**190**	**1370**	**178**	**1808**	**1986**	**0.9**	**1.3**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 13 Stage 2 Recovery Stations 21

Dedicated and Non-Dedicated Procedure Room Utilzation

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	7	793	4	555	559	0.6	0.7
Laser Eye Procedures	0	0	1	1	0	52	0	16	16	0.0	0.3
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	1	1	0	6	0	3	3	0.0	0.5
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	No
Level of Trauma Service	**Level 1** (Not Answered) **Level 2** Not Answered
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Stand-By
Number of Emergency Room Stations	0
Persons Treated by Emergency Services:	0
Patients Admitted from Emergency:	0
Total ED Visits (Emergency+Trauma):	**0**

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	**34,181**
Outpatient Visits at the Hospital/ Campus:	34,181
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**0**
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**0**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**0**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	7	0	6,107	3,354	0
Nuclear Medicine	1	0	51	148	0
Mammography	2	0	0	3,438	0
Ultrasound	3	0	821	2,386	0
Angiography	0	0			
Diagnostic Angiography			0	0	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	1,470	557	0
Magnetic Resonance Imaging	1	0	0	494	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrp			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2013 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Ownership, Management and General Information

ADMINISTRATOR NAME:	John D Baird
ADMINSTRATOR PHONE	773-792-5153
OWNERSHIP:	Presence Holy Family Medical Center
OPERATOR:	Presence Holy Family Medical Center
MANAGEMENT:	Church-Related
CERTIFICATION:	Long-Term Acute Care Hospital (LTACH)
FACILITY DESIGNATION:	(Not Answered)
ADDRESS	100 North River Road **CITY:** Des Plaines **COUNTY:** Suburban Cook County

Patients by Race

White	61.6%
Black	4.5%
American Indian	0.3%
Asian	2.7%
Hawaiian/ Pacific	0.3%
Unknown	30.6%

Patients by Ethnicity

Hispanic or Latino:	6.5%
Not Hispanic or Latino:	83.8%
Unknown:	9.7%

IDPH Number:	1008
HPA	A-07
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2013	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	59	23	13	597	2,259	0	3.8	6.2	10.5	26.9
0-14 Years				*0*	*0*					
15-44 Years				*337*	*1,189*					
45-64 Years				*240*	*945*					
65-74 Years				*17*	*69*					
75 Years +				*3*	*56*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				*0*	*0*					
Transfers				*0*	*0*					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				*0*	*0*					
Clean Gynecology				*0*	*0*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	129	105	99	823	30729	0	37.3	84.2	65.3	80.2
Dedcated Observation	*0*					*0*				
Facility Utilization	**188**			**1,420**	**32,988**	**0**	**23.2**	**90.4**	**48.1**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**44.4%**	**2.7%**	**0.0%**	**50.2%**	**1.8%**	**0.8%**	
	631	39	0	713	26	11	**1,420**
Outpatients	**23.2%**	**19.0%**	**0.0%**	**51.7%**	**6.1%**	**0.1%**	
	7913	6499	6	17662	2074	27	**34,181**

Financial Year Reported: 1/1/2013 *to* 12/31/2013

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**74.8%**	**8.3%**	**0.0%**	**13.1%**	**3.8%**	**100.0%**	
	38,546,472	4,258,943	0	6,751,181	1,955,563	51,512,159	706,227
Outpatient Revenue ($)	**15.5%**	**2.3%**	**0.0%**	**80.5%**	**1.6%**	**100.0%**	
	2,803,667	419,195	0	14,511,828	296,769	18,031,459	140,607

Total Charity Care Expense
846,834

Total Charity Care as % of Net Revenue
1.2%

Birthing Data

Number of Total Births:	0
Number of Live Births:	0
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	0
CSections Performed:	0

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	0	0	0
Patient Days	0	0	0
Total Newborn Patient Days			**0**

Laboratory Studies

Inpatient Studies	126,197
Outpatient Studies	39,378
Studies Performed Under Contract	6,358

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	**0**

6.b. The existing facilities in the area have restrictive admission practices.

To the Applicant's knowledge there is no written policy restricting admission at area facilities. However, many ASCs do not accept Medicaid patients or limit the number, and do not provide charity care. The proposed joint venture with Presence PHFMC will do so, and the ASC charity care policy/financial assistance policy will be consistent with the PHFMC financial assistance policy attached.

Attachment 27

Presence Health

SYSTEM POLICY

Section: Finance

Policy #: PH-210-0002

Subject: Provision for Financial Assistance-Hospitals 2014

Executive Owner: Chief Financial Officer

Approval Date: 04/1/2012
Effective Date: **02/27/2014**
Last Review Date: 02/21/2014
Revised Date: 02/21/2014
Supersedes: 05/1/2013

I. POLICY STATEMENT

A. To promote the health and well-being of our communities, community residents with limited financial resources, and with no or insufficient insurance coverage shall be eligible for free or discounted hospital services as set forth in this Policy.

B. Adoption of this Policy reflects the commitment of Presence Health hospitals to assure that patients with limited financial means have access to needed hospital services in a fair and equitable basis.

C. This Policy is designed to be fully compliant with applicable law, including the Illinois Hospital Uninsured Patient Discount Act, the Illinois Fair Patient Billing Act, and Section 501 (r) of the Internal Revenue Code (instituted by the Patient Protection and Affordable Care Act). In many respects, this Policy exceeds such legal requirements, reflecting our commitment to assuring that the poor and underserved have access to needed heath care.

II. PURPOSE

This Policy sets forth the standards for providing Financial Assistance/Charity Care to hospital patients who lack ability to pay for medically necessary hospital services.

This Policy outlines the process and parameters for Presumptive Eligibility.

This Policy applies to hospital charges and not independent physicians or independent company billings.

III. MISSION / VALUES RATIONALE

Our Mission and Values call us to service those in need. Our hospitals have a long tradition of serving the poor and underserved members of our community. This Policy continues that tradition, while reflecting an appropriate stewardship of resources.

This Policy is one aspect of the many ways in which our hospitals promote the health care needs of the underserved. In addition to providing financial assistance in accordance with the Policy, each Presence Health hospital will continue to play a leadership role in identifying and responding to community health needs, in coordination and partnership with government and private organizations.

IV. SPECIAL INSTRUCTIONS

This Policy is applicable to all Presence Health hospital ministries.

V. DEFINITIONS

A. **Automatic Uninsured Self-Pay Discount:** A discount of 40% of gross charges, provided to all uninsured patients without requiring evidence of inability to pay. This discount is designed to assure that patients are charged at a rate generally comparable to that applied to insured patients.

1. There is no application process for the patient to receive the uninsured discount. The discount is applied based on the account's self-pay/uninsured status.
2. Patients receiving pre-negotiated discounts (package pricing) for hospital services will not be eligible for this uninsured discount.
3. If a patient is subsequently approved for financial assistance/charity care the automatic uninsured discount will be reversed so that the full amount can be recognized as a charity allowance.

B. **Catastrophic Discount:** A discount provided when the patient responsibility portion specific to medical care at Presence Health Hospitals, even after payment by third-party payers, exceeds a designated percentage of the patient's family annual gross income.

C. **Charity Care:** Term often used to refer to the value (at cost) of free or discounted health care services provided to individuals who have been determined eligible for financial assistance based on financial need.

D. **Episode of Care:** A monthly 30-day recurring account will qualify as an episode of care. Recurring accounts are created for patients receiving same type services on periodic basis. Examples of services provided on a periodic basis are physical therapy, occupational therapy, speech therapy, oncology services, laboratory services, etc.

E. **Exempt Assets:** The following assets are considered "Exempt Assets" for purposes of this Policy, such that the value of such assets will not considered in determining a patient's ability to pay or financial need: the patient's primary residence; personal property exempt from judgment under Section 12-1001 of the Code of Civil Procedure; or any amounts held in pension or retirement plan (however, distribution and payments from pension or retirement plans will be included as income).

F. **Family:** The patient, his/her spouse (including a legal common law spouse) and his/her legal dependents according to the Internal Revenue Service rules. For example, if the patient claims someone as a dependent on his/her income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

G. **Family Income:** The sum of a family's gross annual earnings and cash benefits from all sources before taxes, less payment made for child support. Sources of income include but are not limited to: Gross wages, salaries, dividends, interest, Social Security benefits, workers compensation, training stipends, regular support from family members not living in the household, government pensions, private pensions, insurance and annuity payments, income from rents, royalties, estates and trusts.

H. **Financial Assistance Committee**: A team of hospital leaders that meets monthly to review data relating to financial assistance applications and determinations. The committee will consist of the hospital Chief Executive Officer, Chief Financial Officer, VP Mission Services, Revenue Integrity Director (or designee), Director of Case/Care Management, Patient Financial Counselor, or a similar mix of responsible hospital leaders.

I. **Financial Assistance Guidelines and Eligibility Criteria**

1. General. The Financial Assistance Guidelines and Eligibility Criteria below are designed to assure that patients with financial need are charged at a rate substantially less than insured patients, including the opportunity to receive 100% free care. The table below is used to determine the financial assistance discounts by tier for uninsured patients.

Eligibility Criteria		
Percentage of Poverty Guidelines	**Discount Percentage**	**Annual Max Catastrophic Discount***
Up to 200%	100%	n/a
201 - 300%	90%	15%
301 - 400%	80%	15%
401 - 600%	75%	15%
Over 600%	Determined on an exception basis	Determined on an exception basis

*Please see II Procedure; B. Determination of Eligibility, 3. Application of Catastrophic Discount

2. Annual Updates of Criteria Levels. The Federal Poverty Guideline calculations will also be updated annually in conjunction with the published updates by the United States Department of Health and Human Services. The Eligibility Criteria discount percentage will be updated annually based on the calculation set forth by the Illinois Uninsured Patient Discount Act and Section 501(r) of the Internal Revenue Code (instituted by the Patient Protection and Affordable Care Act).

3. Pre-negotiated Rates. Patients receiving pre-negotiated discounts (package pricing) for hospital services will not be eligible for financial assistance.

4. Financial Assistance to Certain Crime Victims. Individuals who are deemed eligible by the State of Illinois to receive assistance under the Violent Crime Victims Compensation Act or the Sexual Assault Victims Compensation Act shall first be evaluated for eligibility for financial assistance based on the Financial Assistance Guidelines and Eligibility Criteria. Applications for reimbursement under such Crime Victims Funds will be made only to the extent of any remaining patient liability after the financial assistance eligibility determination is made.

5. Financial Assistance for Insured Patients. Financial assistance/charity care in the form of 100% discounts (free care) is available for patient-liability amounts remaining after insurance payments, for insured patients who are Illinois residents with family gross income less than 200% of the Federal Poverty guidelines and after satisfying related co-payments/coinsurances up to $300 per episode of care.

6. Financial Assistance for Students. Financial Assistance/Charity care for students with income of 200% or less of the Federal Poverty Level will be eligible for a 100% reduction from charges (i.e., full charity write-off).

J. **Illinois resident:** A person who currently lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement. Acceptable verification of Illinois residency shall include any one (1) of the following:

1. Any of the documents listed in Paragraph (K);
2. A valid state-issued identification card or driver's license;
3. A recent residential utility bill;
4. A lease agreement (for housing);
5. A vehicle registration card;
6. A voter registration card;
7. Mail addressed to the uninsured patient at an Illinois address from a government or other credible source;
8. A statement from a family member of the uninsured patient who resides at the same address and presents verification of residency; or
9. A letter from a homeless shelter, transitional house or other similar facility verifying that the uninsured patient resides at the facility.

K. **Income Documentation:** Acceptable family income documentation shall include any one (1) of the following:
1. A copy of the most recent tax return;
2. A copy of the most recent W-2 form and 1099 forms, or similar forms issued to members of partnerships, limited liability companies or other entities;
3. Copies of the two (2) most recent pay stubs;
4. Written income verification from an employer if paid in cash; or
5. One (1) other reasonable form of third party income verification deemed acceptable to the hospital.

L. **Medically Necessary Service:** Any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the uninsured patient. A "medically necessary" service does not include any of the following: (1) non-medical services such as social and vocational services; or (2) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity.

M. **Presumptive Financial Assistance/Charity Care Eligibility:** Presumptive eligibility for financial assistance/charity care for uninsured patients will be determined on the basis of certain factors that indicate financial need as set forth in Section VI.D below. When such factors are present, a patient is deemed to have family income of 200% or less of the Federal Poverty Level, and therefore eligible for a 100% reduction from charges (i.e., full charity write-off). Patients will receive a minimum of one statement to provide a summary of services and account information.

N. **Uninsured Patient:**

1. A patient of a hospital who is not covered under any commercial health insurance Policy (including third party liability coverage) and is not a beneficiary or eligible to be covered by any governmental or other coverage program, including Medicare, Medicaid, TriCare, high deductible insurance, or other coverage arrangements.
2. If an insured patient's coverage is exhausted, or the patient's insurance does not cover the Medically Necessary hospital service provided to the patient, the patient will be considered uninsured for purposes of financial assistance and the uninsured discount will also apply to these cases.

VI. PROCEDURE

A. **Identification of Potentially Eligible Patients**

1. Prior to Admission. When possible prior to the admission or pre-registration of the patient, the hospital will conduct an appropriate pre-admission/pre-registration interview with the patient, the guarantor, and/or his/her legal representative. If a pre-admission/pre-registration interview is not possible, this interview should be conducted upon admission or registration or as soon as possible thereafter. In case of patients who have come to the hospital's Emergency Department, the hospital's evaluation of payment ability should not take place until an appropriate medical screening has been provided, and in the case of patients determined to have an emergency medical condition, until after such condition has been stabilized.

2. Patient Interview. At the time of the initial patient interview, the following information should be gathered: (a) Routine and comprehensive demographic data and employment information: (b) Complete information regarding all existing third party insurance coverage.

3. Patients Potentially Eligible for Public Programs. Patients who are identified as potentially eligible for healthcare coverage from a governmental program or other source will be referred to a Financial Counselor and expected to cooperate with efforts to determine their eligibility for coverage (e.g. Medicaid), prior to consideration for financial assistance. Such coverage eligibility efforts will be made at the hospital's expense, and will promote such public Policy goals by assuring eligible patients are covered by available health coverage programs.

4. Timing of Financial Assistance/Charity Care Application. A patient may apply for financial assistance at any time during the billing and collection process.

B. **Determination of Eligibility**

1. Provision of Financial Assistance Applications. All patients identified as uninsured will be provided a Financial Assistance application prior to discharge or at point of service (for outpatient services) and offered the opportunity to apply for financial assistance. If uninsured status is not determined until after the patient leaves the hospital, a Patient Financial Services representative will mail a financial assistance application to the uninsured patient upon request.

2. Expectations of Patient Cooperation. It is expected that patients will cooperate with the information gathering and assessment process in order to determine eligibility for financial assistance.

3. Application of Catastrophic Discount. The Catastrophic Discount will be available to patients who have medical expenses over a 12 month period for Medically Necessary Services from a Presence Health hospital that exceed 15% of the patient's family annual gross income, even after payment by third-party payers. Any patient responsibility in excess of the 15% will be written off to charity. Services that are not Medically Necessary will not be eligible for this discount.

4. Non-Illinois/Service Area Residents. Patients who are residents (using the verification standards applicable to Illinois residents specified above) of and adjacent state who reside in an area of such state that falls within a hospital's primary service area will not need to be reviewed by the hospital's Financial Assistance Committee. All other non-IL resident applications will be reviewed by the ministry Financial Assistance Committee.

5. Financial Assistance Committee Reviews of Special Circumstances. The Financial Assistance Committee will review patient accounts identified by a Financial Counselor that involve unique circumstances affecting financial need beyond the standard eligibility criteria.

    a. The Committee may recommend to the System Chief Revenue Cycle Officer or his/her designee, specific exceptions to this Policy based on unusual or uncommon circumstances relating to financial need. All exception decisions must have the rationale clearly and formally documented by the Committee and maintained in the account file and must be made consistently across the System.

    b. Special circumstances approvals of financial assistance for any person affiliated with the Hospital or System, such as employees, medical staff, board members, etc. or family member of such person, shall be subject to the approval of the Chief Legal Officer for Presence Health.

6. Assets Consideration. Assets will be used in the determination of the maximum collectible amount in a 12-month period. Assets will not be used for initial financial assistance eligibility, except to the extent of assets, other than Exempt Assets, that indicate the existence of unreported additional sources of income. (Patient may be excluded if patient has substantial assets, other than Exempt Assets defined as having a value in excess of 600% Federal Poverty Level). Distributions and payments from pension or retirement plans may be included as income.

    a. Acceptable documentation of assets include:

        i. Statements from financial institutions or some other third party verification of an asset's value.
        ii. If no other third party exists the patient shall certify as to the estimated value of the asset.

7. Approval Authorities. The Business Office Financial Counselor may approve financial assistance for amounts up to $25,000. The System Financial Assistance Manager may approve amounts greater than $25,000 but lower than $100,000. Amounts greater than $100,000 will be approved by the hospital's CFO. Approval amounts must be in compliance with the Financial Assistance/Charity Care eligibility criteria.

C. **Notification of Eligibility Determination**

1. Normal Processing Period. Clear expectations as to the length of time required to review the application and provide a decision to the patient should be provided at the time of application. A prompt turn-around and written decision, providing a reason(s) for denial (if appropriate) will be provided, generally within 45 days of the hospital's receipt of completed application. Patients will be notified in the denial letter that they may appeal this decision and will be provided contact information to do so.

2. Patient Right to Appeal. If a patient disagrees with the Financial Assistance eligibility determination, including regarding the extent of discount for which a patient is eligible, the patient may appeal in writing within 45 days of the denial. The Ministry's Chief Financial Officer will review the appeal, and make a recommendation to the Financial Assistance Committee. Decisions reached will normally be communicated to the patient within 60 days, and reflect the Committee's final review. During the appeal process collection activity will be suspended.

3. Suspension of Collection Activities Pending Eligibility Determination. Collection activity will be suspended during the consideration of a completed financial assistance application or an application for any governmental or other available healthcare coverage (i.e. Medicare, or Medicaid, etc.). A note will be entered into the patient's account to suspend collection activity until the financial assistance process is completed. If the account has been placed with a collection agency, the agency will be notified by telephone to suspend collection efforts until a determination is made. This notification will be documented in the account notes.

The patient will also be notified verbally that the collection activity will be suspended during consideration.

4. Other Determinations of Financial Need Based on Objective Data. When a patient has not completed a financial assistance application but there is adequate objective information (family income and family size), to support a determination of the patient's likely inability to pay, the patient's case will be submitted for review to the Ministry's CFO, who will make a recommendation to the Financial Assistance Committee. If approved for assistance, a 100% write off to financial assistance/charity care will be granted for all open accounts. Eligibility for financial assistance discounts for future dates of service will be determined at the dates such services are provided.

5. Refunding Patient Payments. Refunds will be given for payments made on current financial assistance eligible accounts (defined as open accounts on the accounts receivable but not bad debt).

6. Change in Status Notifications. If the patient with an outstanding bill or payment obligation has a change in his/her financial status, the patient should promptly notify the Central Billing Office (CBO) or hospital designee. The patient may request a reevaluation and apply for financial assistance or a change in their payment plan terms.

7. Payment Arrangements. After the financial assistance/charity care discount has been applied, any remaining patient balances will eligible for payment arrangements in accordance with Patient Financial Services policies. If a patient is unable to meet the payment arrangement guidelines due to special patient or family circumstances limiting the patient's payment ability, the Financial Counselor or similar representative may review and recommend additional financial assistance/charity care to the Ministry Financial Assistance Committee for the Committee's review and recommendation.

8. Application of Financial Assistance Discounts to Patient Accounts. Once a financial assistance eligibility determination is made, the applicable discount will be applied to all of the patient's open (defined as open accounts on the accounts receivable) or bad debt accounts for services prior to the approval date. For subsequent applications made within six (6) months of an eligibility determination, patients may be asked to verify information that was provided during the initial application process.

D. **Presumptive Financial Need/Charity Care Eligibility**

1. Criteria. Presumptive Eligibility for uninsured patients may be determined on the basis of the presence of any of the factors listed below, which indicate financial need. In such situations, a patient is deemed to have a family income of 200% or less of the Federal Poverty Level, and therefore eligible for a 100% reduction from medically necessary hospital charges.
    a. Patient is homeless, and such status is determined to be accurate after appropriate review of available facts.

b. Patient is deceased with no estate.
c. Patient is mentally or physically incapacitated and has no one to act on his/her behalf.
d. Patient is eligible for Medicaid, but was not on a prior date of service or for a non-covered service.
e. Enrollment in Women, Infants and Children Nutrition Program (WIC).
f. Enrollment in Supplemental Nutrition Assistance Program (SNAP) or Food Stamp Eligibility (LINK).
g. Enrollment in Illinois Free Lunch and Breakfast Program (eligible for free and reduced price school meals).
h. Enrollment in Low Income Home Energy Assistance Program (LIHEAP) (added per OAG requirement).
i. Enrollment in an organized community-based program or providing access to medical care that assesses and documents limited low-income financial status as criteria (Added per OAG requirement).
j. Patient receives or qualifies for free care from a community clinic affiliated with the hospital or known to have eligibility standards substantially equivalent to that of the hospital under this Policy, and the community clinic refers the patient to the hospital for treatment or for a procedure.
k. Receipt of grant assistance for medical services.
l. Participation in state-funded prescription programs.
m. Enrollment in Illinois Housing Development Authority's Rental Housing Support Program.
n. Evidence from an independent third-party reporting agency that indicates family income is 200% or less than the Federal Poverty Level for the applicable family size.

2. Identification. At the time of registration, all uninsured and self-pay patients as well as patients noting financial assistance will be screened for Presumptive Eligibility for Medicaid, using Electronic Information Technology where possible and appropriate and/or the completion of a Presumptive Eligibility worksheet. Patients do not need to complete a financial assistance application when they provide sufficient evidence that they meet Presumptive Eligibility criteria. Uninsured and self-pay patients may provide evidence of Presumptive Eligibility at any time, before or after receipt of hospital services.

3. Verification. It is the responsibility of the patient to provide any additional required supporting documentation to confirm Presumptive Eligibility determination. Patients will receive a minimum of one communication to provide any needed verifying documents.

4. Assistance with Medicaid Application. Patients meeting Presumptive Medical Eligibility criteria will be provided with assistance in applying for Medicaid via the IL ABE System (Applicant Benefit for Enrolling System). Outcome of the Medicaid application will not affect the financial assistance granted to a Presumptively Eligible patient.

5. No bill may be issued. If Presumptive Eligibility criteria are claimed, no bill will be issued to an uninsured patient until 30 days after a reasonable attempt is made to obtain outstanding verifying documents.

6. Newly eligible individuals. If a patient is currently eligible for Medicaid, but was not eligible on a prior date of service, Presence Health will rely on the financial assistance determination process from Medicaid and apply a 100% discount for such prior service.

E. **Collection Practices**

1. Pre-Litigation Review. Prior to an account being authorized for the filing of suit for non-payment of a patient bill, a final review of the account will be conducted and approved by the Financial Counseling Representative (or designee) to make sure that no application of financial assistance was ever received and that there exists objective evidence that the patient does have sufficient financial means to pay all or part of his/her bill. Prior to a collections suit being filed, the Self-pay Collections Director must review and approve.

2. Residential Liens. No hospital will place a lien on the primary residence of a patient who has been determined to be eligible for Financial Assistance/Charity Care, for payment of the patient's undiscounted balance due. Further, in no case will any hospital execute a lien by forcing the sale or foreclosure of the primary residence of any patient to pay for any outstanding medical bill.

3. No Use of Body Attachments. No hospital will use body attachment to require any person, whether receiving Financial Assistance/Charity Care discounts or not, to appear in court.

4. Collection Agency Referrals. Each hospital Finance accounting will ensure that all collection agencies used to collect patient bills promptly refer any patient who indicates financial need, or otherwise appears to qualify for Financial Assistance/Charity Care discounts, to a financial counselor to determine if the patient is eligible for such a charitable discount.

F. **Patient Awareness of Policy and Availability of Assistance**

1. Signage. Signs, placards or similar written notices regarding the availability of Financial Assistance Charity Care will be visible in all hospitals at points of registration and other patient intake areas, to create awareness of the Financial Assistance program. At a minimum, signage will be posted in the emergency department, and the admission/patient registration area. All public information and/or forms regarding the provision of Financial Assistance will use languages that are appropriate for the Ministry's service area in accordance with the state's Language Assistance Services Act. This Policy will be translated to and made available in Spanish and other languages appropriate for each hospital.

2. Hospital Bill/Invoice. Patient bills, invoices or other summary of charges shall include a prominent statement that patients who meets certain income requirements may qualify for financial assistance and information regarding how a patient may apply for consideration under the hospital's financial assistance Policy.

3. Policy Availability. Upon request, any member of the public or state governmental body will be provided with a copy of this Financial Assistance/Charity Care Policy. A summary of the financial assistance is available pursuant to this Policy and will be available on the Presence Health website.

4. Application Forms. Forms used to determine a patient's eligibility for financial assistance will be made available at each hospital, ministry, and provided at registration to all patients who are identified as uninsured or at other appropriate times or locations if the patient's uninsured status is determined after registration.

G. **Monitoring and Reporting**

1. Maintenance of Financial Assistance/Charity Care A financial assistance database from which periodic reports can be developed shall be maintained. Maintenance of this data will be maintained for ten (10) years. At a minimum, data maintained will include:
    a. Account number
    b. Date of Service
    c. Application submitted
    d. Application complete/incomplete
    e. Total charges
    f. Self-pay balances
    g. Approval status (approved/denied)
    h. Type of approval (Financial Assistance/Presumptive Eligibility)
    i. Amount of Financial Assistance approved
    j. Date financial assistance was approved or rejected

2. Review of Financial Assistance/Charity Care Logs. The Financial Assistance log for each hospital will be printed monthly for review at the hospital Financial Assistance Committee meeting.

3. Financial Assistance Authorization Record Retention. A record, paper or electronic, should be maintained reflecting authorization of financial assistance. These documents shall be kept for a period of ten (10) years.

4. Annual Reports to Governmental Bodies. The cost of financial assistance will be reported annually in the Community Benefit Report to the Community, IRS 990 schedule H and in compliance with the IL Community Benefit Act. Charity Care will be reported as the cost of care provided (not charges) using the documented criteria for the reporting requirements. Required financial assistance statistics will also be submitted as part of the IL Community Benefit Act.

5. Presence Health Board of Directors Approval. The Provision for Financial Assistance – Hospital Policy is a board-approved policy. The Board of Directors has delegated to the Presence Health President/CEO the authority to make, from time to time, and upon the recommendation of the Presence Health Chief Financial Officer and Chief Legal Officer: (1) minor non-substantive clarifications or other revisions, or (2) revisions necessary to comply with new laws, regulations or other requirements, in both cases. All revisions to this policy will be subsequently provided to the Board of Directors for review and ratification.

VII. FORMS AND OTHER DOCUMENTS

Eligibility Criteria for the Financial Assistance Program – Attachment #1
Hospital Financial Assistance Program Cover Letter and Application – Attachment #2 (separate Attachment from the policy.
Room and Board Statement – Attachment # 3

VIII. REFERENCES

Section 12-1001 Illinois Code of Civil Procedure
Title XVIII Federal Social Security Act
Illinois Uninsured Patient Discount Act
Illinois Fair Patient Billing Act
Illinois Violent Crime Victims Compensation Act
Illinois Sexual Crime Victims Compensation Act
Women's, Infant, Children Program (WIC)
IL Community Benefit Act
Internal Revenue Service (IRS) 990 Schedule H
Section 501(r) of the Internal Revenue Code (instituted by the Patient Protection and Affordable Care Act)
Ethical and Religious Directives for Catholic Health Services, Part 1
System Policy – Payment Arrangement

Presence Health

ELIGIBILITY CRITERIA
FINANCIAL ASSISTANCE PROGRAM

The table below is based upon 2014 Federal Poverty Guidelines (FPG).

Family Size	2014 Federal Poverty Guidelines	200%	600%
1	$11,670	$23,340	$70,020
2	$15,730	$31,460	$94,380
3	$19,790	$39,580	$118,740
4	$23,850	$47,700	$143,100
5	$27,910	$55,820	$167,460
6	$31,970	$63,940	$191,820
7	$36,030	$72,060	$216,180
8	$40,090	$80,180	$240,540
9	$44,150	$88,300	$264,900
10	$48,210	$96,420	$289,260

CALCULATION PROCESS
The matrix below is to be utilized for determining the level of assistance for patients who are uninsured.

1. Patients who are uninsured **and at or below the** 200% FPG guideline will receive a full write-off of charges.
2. For uninsured patients who **exceed the 200% FPG guideline**, **but have income less than the 600% FPG** guideline, a sliding scale will be used to determine the percent reduction of charges that will apply. The matrix for the discount provided is noted below.
3. Patients who are **insured and at or below the 200%** FPG guideline must first satisfy any related copayments or coinsurance up to $300 per episode of care prior to being eligible for a full write-off of charges.

Eligibility Criteria		
Percentage of Poverty Guidelines	**Discount Percentage**	**Catastrophic Cap**
Up to 200%	**100%**	n/a
201 - 300%	90%	15%
301 - 400%	80%	15%
401 - 600%	75%	15%
Over 600%	Determined on an exception basis	Determined on an exception basis

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Presence Health

Room and Board Statement

_____
Patient Name: (Print)

The person named above has advised us that you either contribute substantially to their support or you are their sole means of support.

The type of support I / we provide is: (please complete all that apply)

_____ Room and Board, since (date) _____

_____ Allowance of $ _____

_____ Every week
_____ Every two (2) weeks
_____ Every month

_____ Other (please explain)

_____

_____

I / We, (print) _____ have been the sole/substantial support for the person named above and, to the best of my / our knowledge, declare that this person has no other primary means of support. I/We will continue to provide room and board, but will not be responsible for medical expenses incurred.

_____ Signature 1	_____ Signature 2
_____ Relationship to Patient	_____ Relationship to Patient
_____ Address, Street	_____ City, State Zip
_____ Telephone	_____ Date

Criterion 1110.154(g)
Charge Commitment

List of Procedures to be Performed at Proposed ASTC and Accompanying Charges

The following chart provides a list of procedures that will be performed at the proposed ASTC, along with the appropriate CPT/HCPCS code for each procedure and the charge associated with each.

Description	Code	Charge
Balloon Dilation > 30mm	43233	2250.00
EGD	43235	2150.00
Inj/Botx	43236	2250.00
Biopsy	43239	2250.00
Tube Insert	43241	2250.00
Variceal Sclerosis	43243	2250.00
Band Ligation	43244	2250.00
G Tube Placement	43246	2450.00
Removal of foreign body	43247	2650.00
Balloon Dilation <30mm	43249	2200.00
Hot Biopsy	43250	2200.00
Snare	43251	2200.00
Control Bleeding	43255	2200.00
Ablation	43258	2300.00
Flexible Sigmoidoscopy	45330	2010.00
Removal of Foreign Body	45331	2010.00
Snare	45332	2050.00
Hot Biopsy	45333	2050.00
Control Bleeding	45334	2050.00
Sigmoidoscopy w submucing	45335	2050.00
Sigmoidoscopy w/ removal of tumor	45338	2050.00
Sigmoidoscopy w/ balloon dilation	45340	2050.00
Ablation	45339	2550.00
Colonscopy	45378	2450.00
Inj/Botx	45381	2550.00
Biopsy	45380	2550.00
Control Bleeding	45382	2550.00
Ablation	45383	2450.00
Removal of Foreign Body	45379	2550.00
Hot Biopsy	45384	2450.00
Snare	45385	2450.00
Colonscopy w/dilation	45386	2450.00
Ligation of Hemorrhoid	46221	2450.00
Hemorrhoidectomy Ligation; Single	46945	2650.00
Hemorrhoidectomy Ligation; Qty >2	46946	2650.00

Attachment 27

Availability of Funds

I, Pamela Bell, the Administrator of the proposed ASC attest that the project will be funded through internal resources, and that there is sufficient operating capital dedicated to the ASC to fund its internal operations for a period of three (3) years.

Pamela S Bell

Pamela Bell
Title: Administrator

Subscribed and sworn to before me this
29 day of January, 2015.

Marie A Singleton

Notary Public

OFFICIAL SEAL
MARIE A. SINGLETON
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8-26-2015

Attachment 36

Financial Viability Waiver

The Applicant is a new entity and has no historical financials operating data. The applicant is entering into a lease for the space and a copy of the letter of intent for the lease is provided in this application. The lease will be paid via cash although it is considered debt for Board purposes. PHFMC is the majority equity holder in the applicant LLC. The JV will fund the first three years of operating costs of the proposed ASC with cash on hand.

Viability Ratios

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:	**20__**	**20__**	**20__**	**20__**
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage		N	/	A
Days Cash on Hand				
Cushion Ratio				

NOT APPLICABLE – The Applicant is a newly formed entity and has no historical financials. In addition, the applicant is simply leasing space and equipment. The project is being funded through cash, and long term lease(s).

In addition, the project is being funded using internal resources.

Economic Feasibility

The total estimated project costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and/or funded depreciation.

Pamela S Bell

Pamela Bell
Administrator, Presence Lakeshore Gastroenterology, LLC

Subscribed and sworn to before me this
29 day of January, 2015.

Marie A Singleton

Notary Public

OFFICIAL SEAL
MARIE A. SINGLETON
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8-28-2015

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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
ASC*					2,196			$____	_____
Contingency	N/A								
TOTALS									
* Include the percentage (%) of space for circulation									

*Clinical, with circulation. Includes rent over lease term.

Economic Feasibility

The total estimated project costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and/or funded depreciation.

_____
Pamela Bell
Administrator, Presence Lakeshore Gastroenterology, LLC

Subscribed and sworn to before me this
___ day of _____, 2015.

_____
Notary Public

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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
ASC*		$478.13			2,196			$1,050,000.00	$1,050,000.00
Contingency		N/A							
TOTALS									
* Include the percentage (%) of space for circulation									

*Clinical, with circulation. Excludes rent over lease term.

Economic Feasibility

The 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: $1,339 per equivalent patient day. Operating costs will be paid by cash funding through the applicant.

The total projected annual capital costs (in current dollars per equivalent patient day) for the first full year at target utilization (which is anticipated to be within two years following project completion): $0.

Economic Feasibility

Paying for the project, which is not overall a costly project, with cash on hand was the least costly alternative and return on investing the cash was not considered significant enough to warrant taking on debt expense to avoid using cash on hand.

Pamela Bell
Administrator

Subscribed and sworn to before me this
29 day of January, 2015.

Notary Public

OFFICIAL SEAL
MARIE A. SINGLETON
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8-28-2015

Safety Net Impact

To the applicants knowledge the impact on safety net services will be positive in that this project will maintain them.

The applicants do not have knowledge regarding cross subsidization of services.

Attached is a chart reflecting the prior three years charity and Medicaid care for PHFMC. The applicant surgery center is a new entity with no such information available. I hereby certify it is accurate. I also certify that no patient will be turned away due to inability to pay, or any other discriminatory reason.

Janelle Reilly
COO, Presence Health

LINDA M NOYOLA
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
June 08, 2017

Subscribed and sworn to before me this
30 day of June, 2015.

Notary Public

Presence PHFMC Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year 2011**	**Year 2012**	**Year 2013**
Inpatient	27	8	11
Outpatient	93	53	27
Total	**120**	**61**	**38**
Charity (cost In dollars)			
Inpatient	$1,181,322.00	$52,176.80	$706,227
Outpatient	$25,844.00	$13,044.20	$140,607
Total	**$1,207,166**	**$65,221**	**$846,834**
MEDICAID			
Medicaid (# of patients)	**Year 2011**	**Year 2012**	**Year 2013**
Inpatient	92	59	39
Outpatient	6,314	6,687	6,499
Total	6,406	6,746	6,538
Medicaid (revenue)			
Inpatient	$13,735,693.00	$6,282,958.00	$4,258,943
Outpatient	$514,112.00	$1,014,323.00	$419,195
Total	$14,249,805	$7,297,281	$4,678,138

Attachment 41

Charity Care

See below charity care information for PHFMC for the last three audited fiscal years. The applicant surgery center is a new entity, with no such information available.

CHARITY CARE			
	Year 2011	Year 2012	Year 2013
Net Patient Revenue	**$79,158,057**	**$76,738,700**	**$69,543,648**
Amount of Charity Care (charges)	$1,207,166	$65,221	$846,834
Cost of Charity Care	$1,207,166	$65,221	$846,834

Attachment 41

Appendix 1

Presence
Holy Family Medical Center

January 14, 2015

Advocate Lutheran General Hospital
Attn: CEO/Administrator
1775 Dempster Street
Park Ridge, IL 60068

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

We are writing to give you the opportunity to inform us as to whether you believe this facility will have any impact on your services, and if so, why. For your information, our proposed surgery center will provide endoscopy procedures, will be enrolled in the Medicaid program and will take all patients regardless of payer source. Your letter if any in response will be submitted by us, upon receipt, to the Illinois Health Facilities and Services Review Board.

Thank you.

Sincerely,

Pamela S Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

NorthShore Evanston Hospital
Attn: CEO/Administrator
2650 Ridge Avenue
Evanston, IL 60201

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

NorthShore Skokie Hospital
Attn: CEO/Administrator
9600 Gross Point Road
Skokie, IL 60076

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

NorthShore Glenbrook Hospital
Attn: CEO/Administrator
2100 Pfingsten Road
Glenview, IL 60026

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela S Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

NorthShore Highland Park Hospital
Attn: CEO/Administrator
777 Park Avenue West
Highland Park, IL 60035

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

Northwest Community Hospital
Attn: CEO/Administrator
800 W Central Rd
Arlington Heights, IL 60005

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela S Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

Alexian Brothers Medical Center
Attn: CEO/Administrator
800 W Biesterfield Rd
Elk Grove Village, IL 60007

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela S Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

Apollo Health Center
Attn: CEO/Administrator
2750 South River Road
Des Plaines, IL 60016

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

Chicago Endoscopy Center
Attn: CEO/Administrator
3536 W. Fullerton Avenue
Chicago, IL 60647

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela S Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence
Holy Family Medical Center

January 14, 2015

Golf Surgical Center
Attn: CEO/Administrator
8901 Golf Road
Des Plaines, IL 60016

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela S Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

Northwest Community Day Surgery
Attn: CEO/Administrator
675 W. Kirchoff Road
Arlington Heights, IL 60005

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence
Holy Family Medical Center

January 14, 2015

Northwest Community Surgicare Healthsouth
Attn: CEO/Administrator
150 West Central Road, Ste L-4
Arlington Heights, IL 60005

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela S Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

Ravine Way Surgery Center
Attn: CEO/Administrator
2350 Ravine Way, Suite 500
Glenview, IL 60025

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela S Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence
Holy Family Medical Center

January 14, 2015

The Glen Endoscopy Center
Attn: CEO/Administrator
2551 Compass Road, Suite 115
Glenview, IL 60026

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela S Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

Elmhurst Memorial Hospital
Attn: CEO/Administrator
155 E. Brush Hill Road
Elmhurst, IL 60126

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

We are writing to give you the opportunity to inform us as to whether you believe this facility will have any impact on your services, and if so, why. For your information, our proposed surgery center will provide endoscopy procedures, will be enrolled in the Medicaid program and will take all patients regardless of payer source. Your letter if any in response will be submitted by us, upon receipt, to the Illinois Health Facilities and Services Review Board.

Thank you.

Sincerely,

Pamela Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

[illegible]

January 14, 2015

Advocate Hinsdale Hospital
C/O Administrator
120 North Oak Street
Hinsdale, IL 60521

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a single-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela S Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

[illegible]

Presence

January 14, 2015

Adventist LaGrange Hospital
CEO Administrator
5101 South Willow Spring Road
LaGrange, IL 60525

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a multi-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you

Sincerely,

Pamela S Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

Westlake Hospital
Attn: CEO/Administrator
1225 Lake Street
Melrose Park, IL 60160

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela S Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

West Suburban Medical Center
Attn: CFO/Administrator
3 Erie Court
Oak Park, IL 60302

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

Loyola University Medical Center
Attn: CEO/Administrator
2160 South First Avenue
Maywood, IL 60153

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence
Holy Family Medical Center

January 14, 2015

Loyola Gootlieb Memorial Hospital
Attn: CEO/Administrator
701 West North Avenue
Melrose Park, IL 60160

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

Advocate Good Samaritan Hospital
Attn: CEO/Administrator
3815 Highland Avenue
Downers Grove, IL 60515

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a multi-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

St. Alexius Hospital
Attn: CEO/Administrator
1555 Barrington Road
Hoffman Estates, IL 60169

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Resurrection

Presence
Holy Family Medical Center

January 14, 2015

Norwegian American Hospital
Attn: CEO/Administrator
1044 North Francisco Avenue
Chicago, IL 60622

Re: Request for Impact Statement

To whom it may concern,

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you,

Sincerely,

Pamela Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

Swedish Covenant Hospital
Attn: CEO/Administrator
5145 North California Avenue
Chicago, IL 60625

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

Weiss Memorial Hospital
Attn: CEO-Administrator
4646 North Marine Drive
Chicago, IL 60640

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

Northwestern Lake Forest Hospital
Attn: CEO Administrator
660 North Westmoreland Road
Lake Forest, IL 60045

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

PRESENCE

January 14, 2015

Advocate Condell Medical Center
Attn: CEO/Administrator
801 S Milwaukee Avenue
Libertyville, IL 60048

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

First Community Hospital
Attn: CEO/Administrator
5645 West Addison Street
Chicago, IL 60634

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a single-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

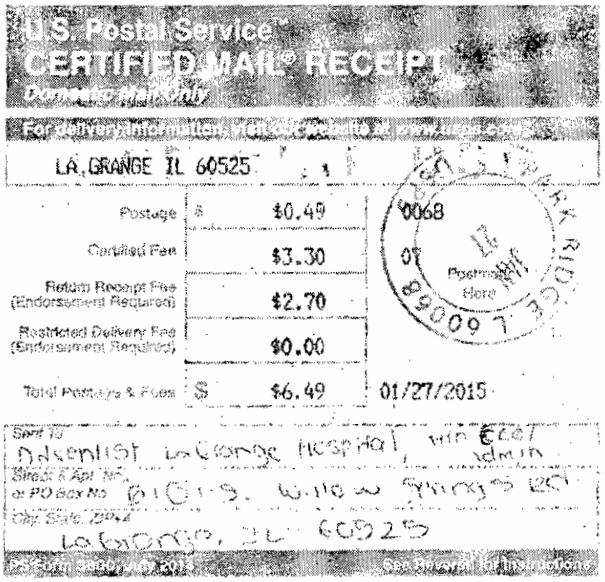
Sincerely,

Pamela Bell

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Appendix 2

7014 2120 0000 7052 4429



U.S. Postal Service™
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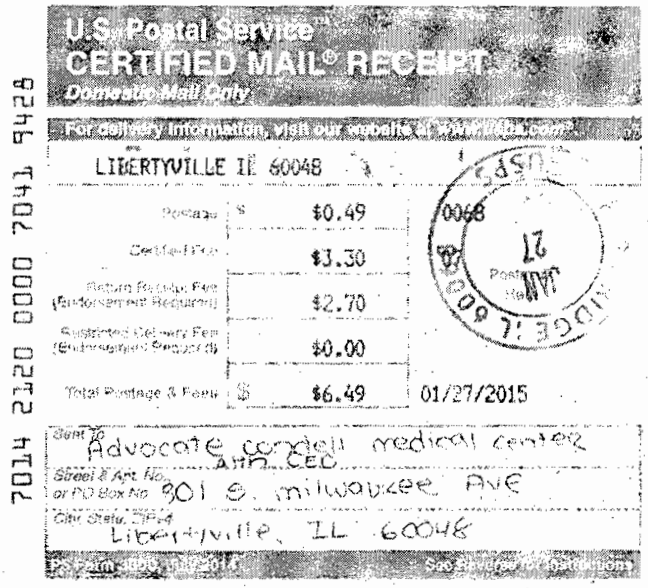
LA GRANGE IL 60525

Postage	$	$0.49
Certified Fee		$3.30
Return Receipt Fee (Endorsement Required)		$2.70
Restricted Delivery Fee (Endorsement Required)		$0.00
Total Postage & Fees	$	$6.49

0068
01
Postmark Here
LA GRANGE IL 60525
01/27/2015

Sent To
Adventist LaGrange Hospital attn CEO admin
Street & Apt. No.
or PO Box No. 6101 S. Willow Springs Rd
City, State, ZIP+4
LaGrange, IL 60525

PS Form 3800, June 2012 — See Reverse for Instructions



U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®

LIBERTYVILLE IL 60048

Postage	$	$0.49
Certified Fee		$3.30
Return Receipt Fee (Endorsement Required)		$2.70
Restricted Delivery Fee (Endorsement Required)		$0.00
Total Postage & Fees	$	$6.49

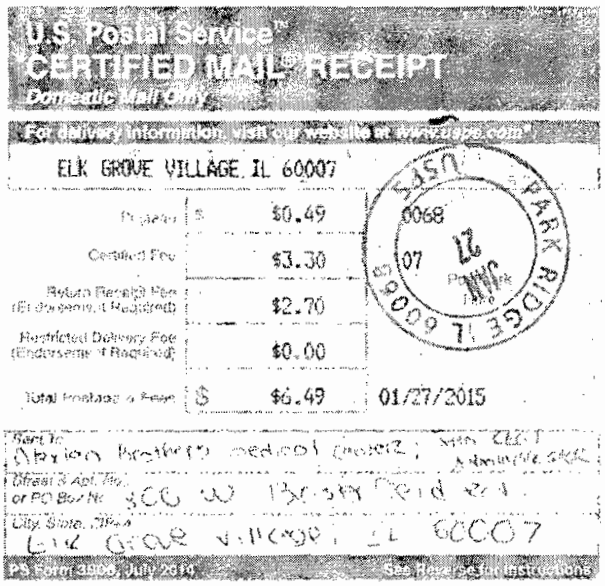
0068
JAN 27
Postmark Here
LIBERTYVILLE IL 60048

01/27/2015

Sent To: Advocate condell medical center
attn CEO
Street & Apt. No., or PO Box No.: 801 e. milwaukee AVE
City, State, ZIP+4: Libertyville, IL 60048

PS Form 3800, August 2006 — See Reverse for Instructions

7014 2120 0000 7041 9428



U.S. Postal Service™
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Domestic Mail Only

For delivery information visit our website at www.usps.com®

ELK GROVE VILLAGE, IL 60007

Postage	$	$0.49
Certified Fee		$3.30
Return Receipt Fee (Endorsement Required)		$2.70
Restricted Delivery Fee (Endorsement Required)		$0.00
Total Postage & Fees	$	$6.49

0068
07
27
Postmark
Here
JAN
PARK RIDGE IL 60068

01/27/2015

Sent To
Abbott Respiratory Medical Products
Street, Apt. No.; or PO Box No.
300 W Thorndale Road #A
City, State, ZIP+4
Elk Grove Village, IL 60007

PS Form 3800, July 2014 — See Reverse for Instructions

7014 2120 0000 7052 4337

7014 2120 0000 7052 4470

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

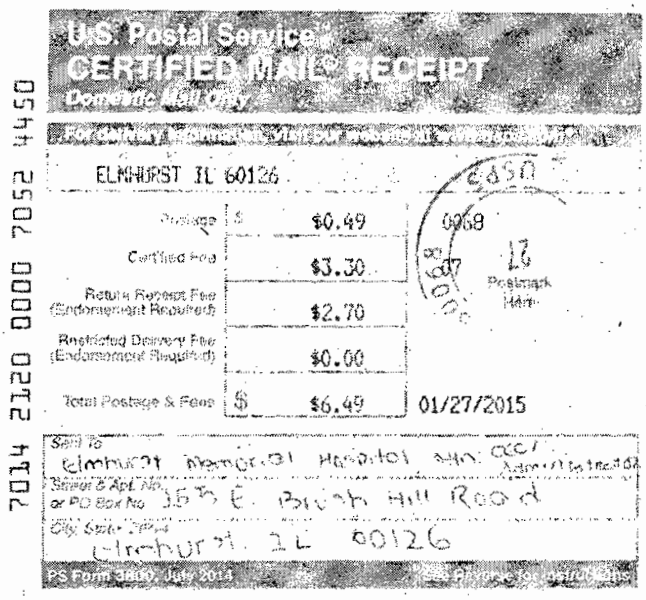
DES PLAINES IL 60018-4103

Postage	$ $0.49	0068
Certified Fee	$3.30	07
Return Receipt Fee (Endorsement Required)	$2.70	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $6.49	01/27/2015

Sent To: Apollo Health Center, attn: CEO/Administrator
Street, Apt. No., or PO Box No. 2750 D Lincoln
City, State, ZIP+4: Des Plaines IL 60018

PS Form 3800, August 2006 — See Reverse for Instructions

FESS P. PARK RIDGE IL 60068



U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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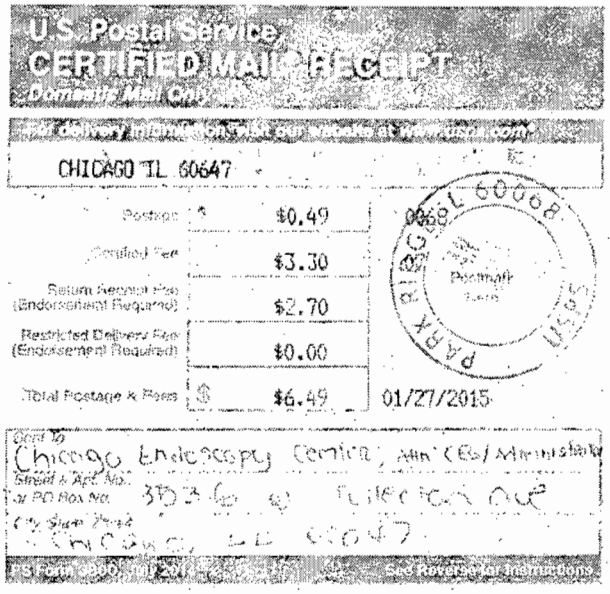
ELMHURST IL 60126

Postage	$ $0.49	0068
Certified Fee	$3.30	27 Postmark Here
Return Receipt Fee (Endorsement Required)	$2.70	
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $6.49	01/27/2015

Sent To: Elmhurst Memorial Hospital attn: ccc / Administrator
Street & Apt. No. or PO Box No: 155 E. Brush Hill Road
City, State, ZIP+4: Elmhurst, IL 60126

PS Form 3800, June 2014

7014 2120 0000 7052 4450



U.S. Postal Service
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For delivery information, visit our website at www.usps.com

CHICAGO IL 60647

Postage	$0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.49

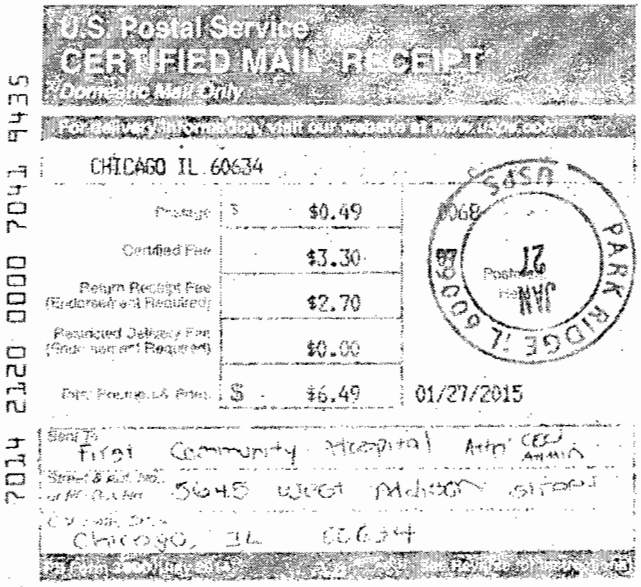
0968 L 60068
PARK RIDGE
Postmark Here

01/27/2015

Sent To
Chicago Endoscopy Center, Attn: CEO/Manager
Street & Apt. No.; or PO Box No. 3036 W Fullerton Ave
City, State, ZIP+4
Chicago IL 60647

PS Form 3800, August 2006 See Reverse for Instructions

7014 2120 0000 7052 4313



U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

CHICAGO IL 60634

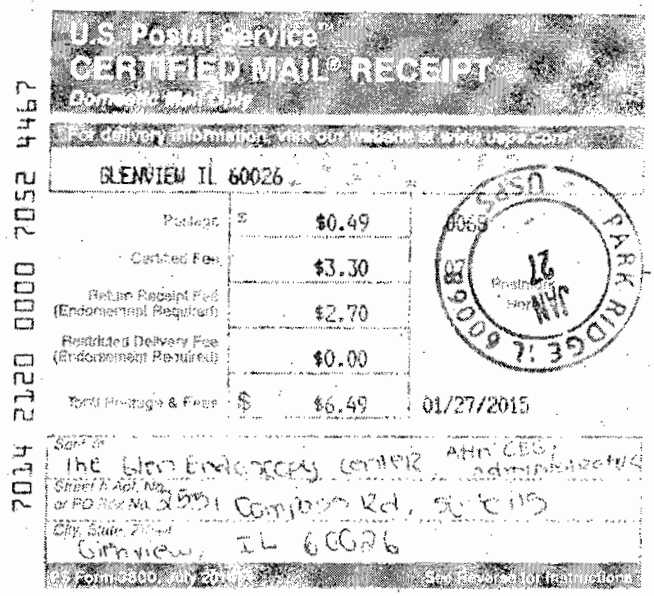
Postage	$0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.49

01/27/2015

Sent To: First Community Hospital Attn: CEO
Street & Apt. No.: 5645 West Madison Street
City, State, ZIP: Chicago, IL 60634

PARK RIDGE IL 60068 JAN 27 USPS

7014 2120 0000 7041 9435



U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®

GLENVIEW IL 60026

Postage	$0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.49

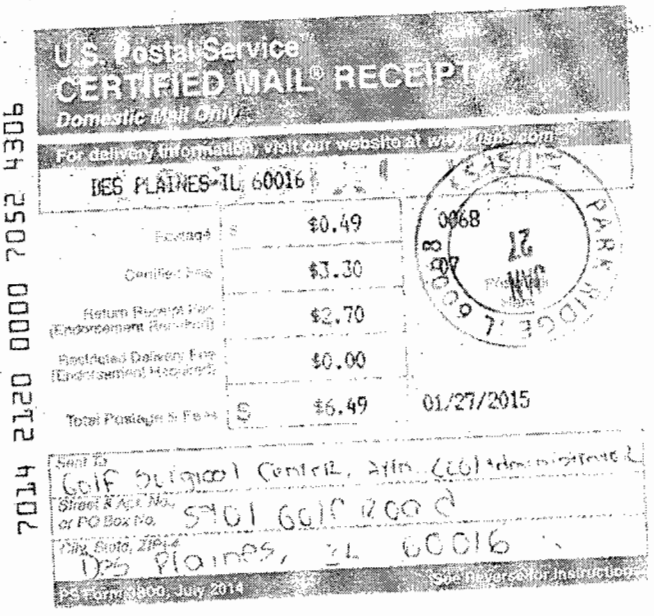
0065
JAN 27 2015
GLENVIEW, IL 60026

01/27/2015

Sent To
The Glen Employees Credit Union Attn: CEO/administrator
Street, Apt. No., or PO Box No. 2501 Compass Rd, Suite 115
City, State, ZIP+4
Glenview, IL 60026

PS Form 3800, July 2006 See Reverse for Instructions

7014 2120 0000 7052 4467



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DES PLAINES IL 60016

Postage	$0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.49

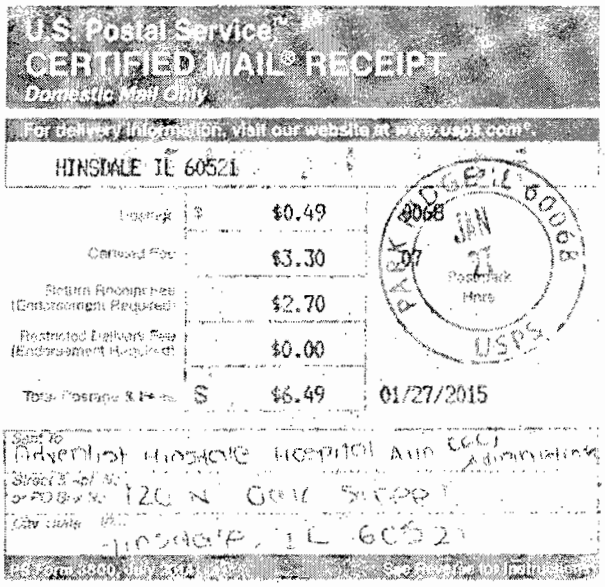
0068
JAN 27
2015
DES PLAINES, IL

01/27/2015

Sent To
Golf School Central, attn. Collection
Street & Apt. No., or PO Box No.
5901 Golf Road
City, State, ZIP+4
Des Plaines, IL 60016

PS Form 3800, July 2014 — See Reverse for Instructions

7014 2120 0000 7052 4306



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HINSDALE IL 60521

Postage	$	$0.49
Certified Fee		$3.30
Return Receipt Fee (Endorsement Required)		$2.70
Restricted Delivery Fee (Endorsement Required)		$0.00
Total Postage & Fees	$	$6.49

PARK RIDGE, IL 60068
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01/27/2015

Sent To
Adventist Hinsdale Hospital Attn CEO Administrator
Street, Apt. No.; or PO Box No. 120 N Oak Street
City, State, ZIP+4 Hinsdale, IL 60521

PS Form 3800, August 2006 See Reverse for Instructions

7014 2120 0000 7052 4436

7014 2120 0000 7052 4399

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MELROSE PARK IL 60160

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

PARK RIDGE IL 60068 · USPS · JAN 27 · Postmark Here · 07 · 01/27/2015

Sent To: Loyola Gottlieb Memorial Hospital attn CCO/Admin
Street & Apt. No., or PO Box No.: 701 W North Ave
City, State, ZIP+4: Melrose Park, IL 60160

PS Form 3800, July 2014 · See Reverse for Instructions

7014 0150 0000 7052 4445

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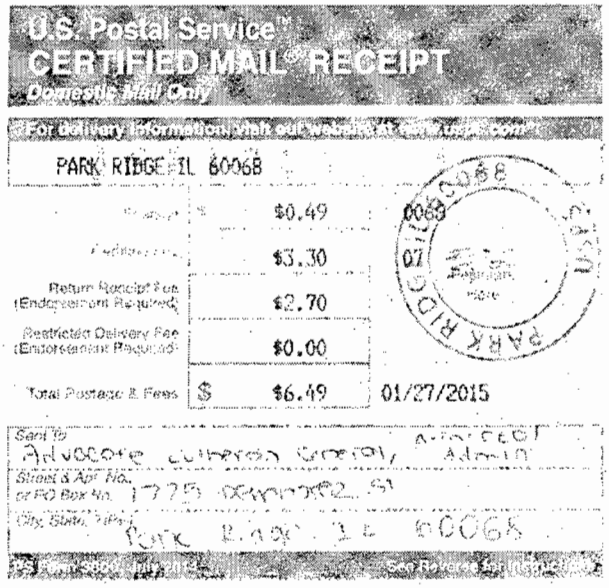
MAYWOOD IL 60153

Postage	$0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

PARK RIDGE IL 60068
01/27/2015
USPS

Sent To
Loyola University Medical Center Attn: CFO/ Admin Director
Street, Apt. No.
or PO Box No. 2160 S. 1st Ave
City, State, ZIP+4
Maywood IL 60153



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PARK RIDGE IL 60068

Postage	$0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.49

0068 07 PARK RIDGE IL

01/27/2015

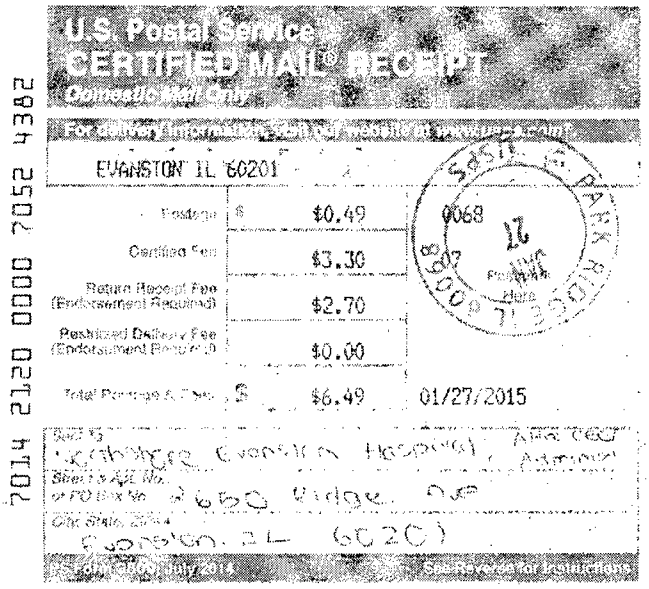
Sent To
Advocate Lutheran General, Admin

Street & Apt. No., or PO Box No. 1775 Dempster St

City, State, ZIP+4 Park Ridge IL 60068

PS Form 3800, August 2006 See Reverse for Instructions

7014 0150 0000 7052 2078



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EVANSTON IL 60201

Postage	$0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.49

0068
01/27/2015

7014 2120 0000 7052 4382

7014 2120 0000 7052 4368

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GLENVIEW IL 60026

Postage	$0.49	0068
Certified Fee	$3.30	07
Return Receipt Fee (Endorsement Required)	$2.70	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$6.49	01/27/2015

PARK RIDGE IL 60068 JAN 27 USPS

Sent To
Northshore Cardiology Assoc
Street, Apt. No.
or PO Box No. 300 Waukegan Rd
City, State, ZIP+4
Glenview IL 60026

PS Form 3800, July 2014 See Reverse for Instructions

7014 2120 0000 7052 4351

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HIGHLAND PARK IL 60035

Postage	$ $0.49	0068
Certified Fee	$3.30	07
Return Receipt Fee (Endorsement Required)	$2.70	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $6.49	01/27/2015

Sent To: Northside Highland Park Hospital Attn: CEO/Admin
Street & Apt. No., or PO Box No: 777 Park Avenue W.
City, State, ZIP+4: Highland Park IL 60035

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7014 2820 0000 7052 4375

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SKOKIE IL 60076

Postage	$ $0.49	0068
Certified Fee	$3.30	02
Return Receipt Fee (Endorsement Required)	$2.70	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $6.49	01/27/2015

Sent To
Street, Apt. No.
or PO Box No.
City, State, ZIP+4

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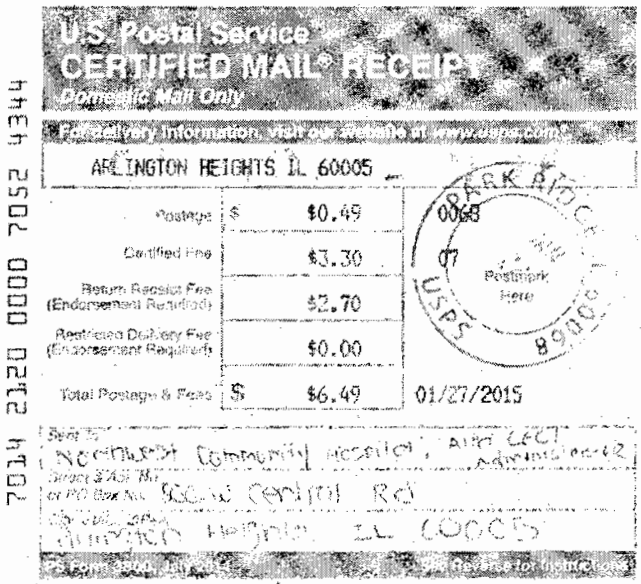

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ARLINGTON HEIGHTS IL 60005

Postage	$ $0.49	
Certified Fee	$3.30	
Return Receipt Fee (Endorsement Required)	$2.70	
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $6.49	01/27/2015

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Postmark Here
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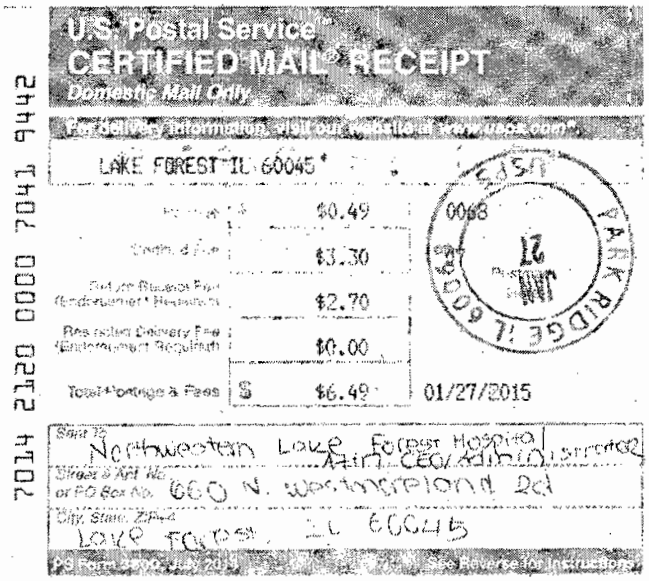
Sent To
Northwest Community Hospital, Attn: CEO/Administrator
Street, Apt. No.; or PO Box No. 800 W Central Rd
City, State, ZIP+4 Arlington Heights, IL 60005

PS Form 3800, August 2006 See Reverse for Instructions

7014 2120 0000 7052 4344



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LAKE FOREST IL 60045

Postage	$0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.49

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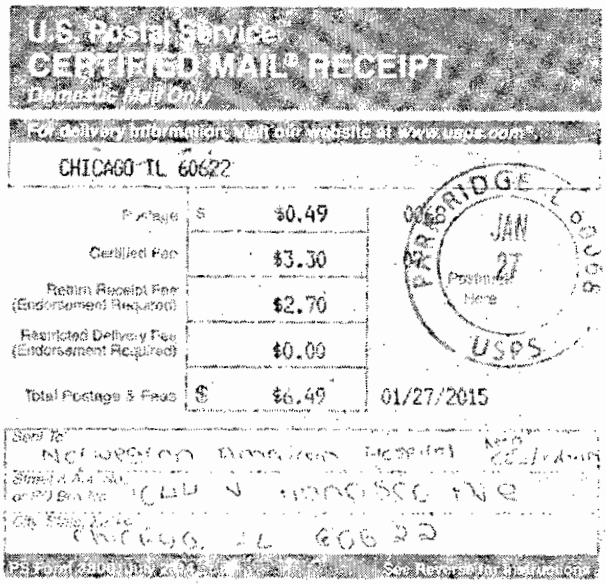
JAN 27 2015
LAKE FOREST IL 60045
01/27/2015

Sent To: Northwestern Lake Forest Hospital Attn: CEO/Administrator
Street & Apt. No. or PO Box No.: 660 N. Westmoreland Rd
City, State, ZIP+4: Lake Forest IL 60045

PS Form 3800, July 2014 — See Reverse for Instructions

7014 2120 0000 7041 9442

7014 2120 0000 7052 4504



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CHICAGO TL 60622

Postage	$	$0.49
Certified Fee		$3.30
Return Receipt Fee (Endorsement Required)		$2.70
Restricted Delivery Fee (Endorsement Required)		$0.00
Total Postage & Fees	$	$6.49

PARK RIDGE IL 60068
JAN 27
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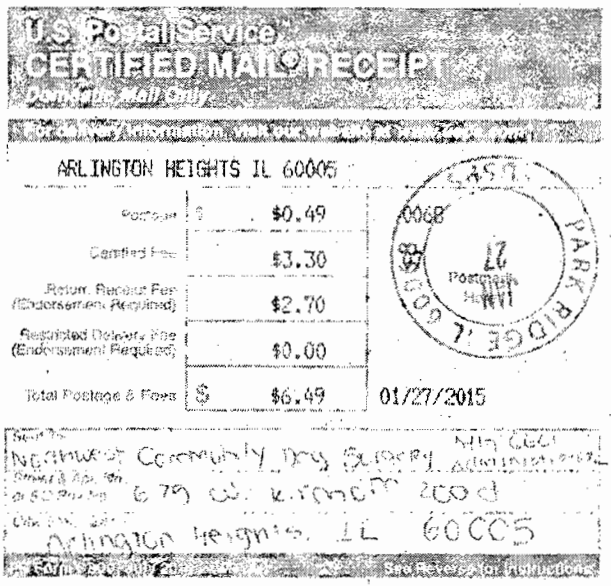
USPS

01/27/2015

Sent To
Northwest Community Hospital
Street, Apt. No.
or PO Box No. 800 W Central Rd
City, State, ZIP+4
Arlington Hts, IL 60005

PS Form 3800, August 2006 See Reverse for Instructions



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ARLINGTON HEIGHTS IL 60005

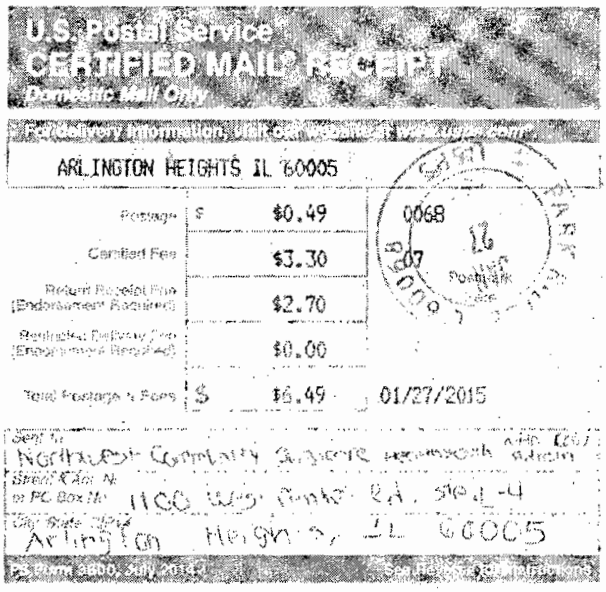
Postage	$0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.49

0068
PARK RIDGE, IL
27
Postmark Here
01/27/2015

Sent To
Northwest Community Day Surgery Center
Street & Apt. No.
or PO Box No. 679 W. Kensington Road
City, State, ZIP+4
Arlington Heights, IL 60005

PS Form 3800, August 2006 See Reverse for Instructions

7014 2120 0000 7052 4290



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ARLINGTON HEIGHTS IL 60005

Postage	$	$0.49
Certified Fee		$3.30
Return Receipt Fee (Endorsement Required)		$2.70
Restricted Delivery Fee (Endorsement Required)		$0.00
Total Postage & Fees	$	$6.49

0068
01/27/2015

Sent To
Northwest Community Hospital Admin
Street, Apt. No.; or PO Box No.
1100 W Central Rd. Ste 4-4
City, State, ZIP+4
Arlington Heights, IL 60005

PS Form 3800, July 2014 — See Reverse for Instructions

7014 2120 0000 7052 4461

7014 2120 0000 7052 4474

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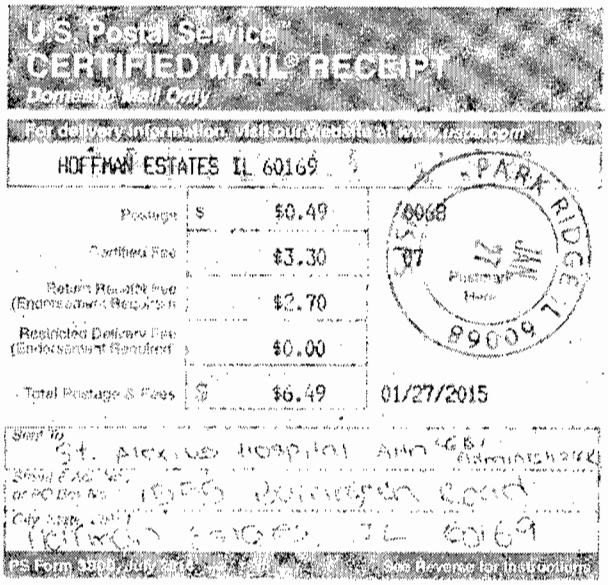
GLENVIEW IL 60025

Postage	$	$0.49
Certified Fee		$3.30
Return Receipt Fee (Endorsement Required)		$2.70
Restricted Delivery Fee (Endorsement Required)		$0.00
Total Postage & Fees	$	$6.49

0068
07
GLENVIEW PARK DISTRICT IL 60025
01/27/2015

Sent To
Rovine Body Supply center, attn CEO/ Administrator
Street & Apt. No.
or PO Box No. 2300 Rovine Way, Suite 500
City, State, ZIP+4
Glenview IL 60025

PS Form 3800, July 2013 — See Reverse for Instructions



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HOFFMAN ESTATES IL 60169

PARK RIDGE IL 60068

Postage	$	$0.49
Certified Fee		$3.30
Return Receipt Fee (Endorsement Required)		$2.70
Restricted Delivery Fee (Endorsement Required)		$0.00
Total Postage & Fees	$	$6.49

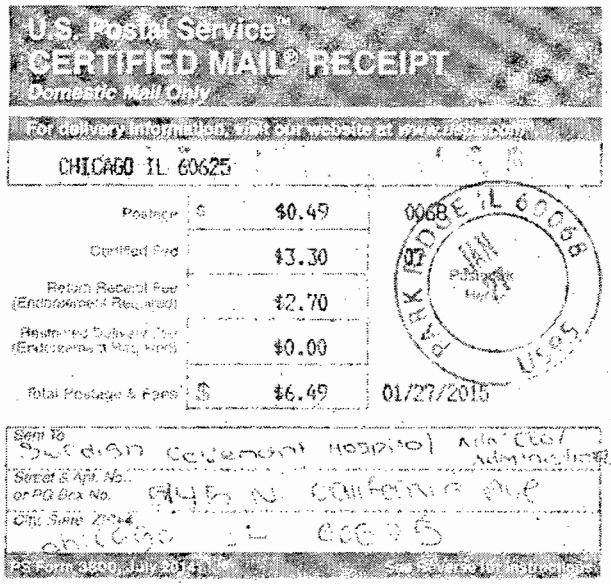
01/27/2015

Sent To: St. Alexius Hospital Attn: CEO/Administrator
Street, Apt. No.; or PO Box No.: 1555 Wellington Court
City, State, ZIP+4: Hoffman Estates, IL 60169

PS Form 3800, July 2014 ... See Reverse for Instructions

7014 2120 0000 7052 4513

7014 2120 0000 0252 4446



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CHICAGO IL 60625

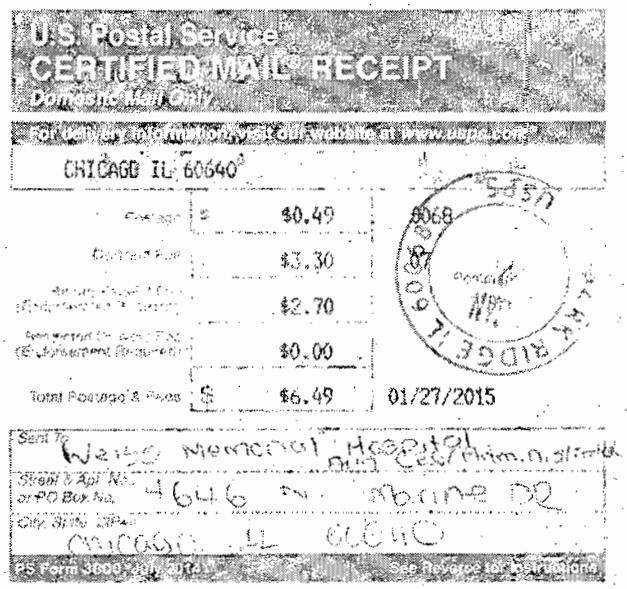
Postage	$0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.49

0068 IL 60068
PARK RIDGE
01/27/2015
USPS

Sent To: Swedish Covenant Hospital Attn: CEO/Administrator
Street & Apt. No., or PO Box No.: 5145 N. California Ave
City, State, ZIP+4: Chicago IL 60625

PS Form 3800, July 2014 — See Reverse for Instructions

7014 2120 0000 7041 9459



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For delivery information, visit our website at www.usps.com®

CHICAGO IL 60640

Certified Fee	$0.49
Return Receipt Fee (Endorsement Required)	$3.30
Restricted Delivery Fee (Endorsement Required)	$2.70
Adult Signature Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.49

USPS 0068 07 CHICAGO IL 60640 JAN 27 2015

01/27/2015

Sent To: Weiss Memorial Hospital
Street & Apt. No. or PO Box No.: 4646 N. Marine Dr.
City, State, ZIP+4: Chicago, IL 60640

PS Form 3800, July 2012 PSN 7530-02-000-9047 See Reverse for Instructions

7014 2120 0000 7052 4443

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OAK PARK IL 60302

Postage	$0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

0068 JAN 27 OAK PARK RIDGE, IL 60068

01/27/2015

Sent To: West Suburban medical center, Attn: CEO Admin
Street & Apt. No., or PO Box No.: 3 Erie Court
City, State, ZIP+4: Oak Park, IL 60302

PS Form 3800, July 2014 See Reverse for Instructions

Appendix 3

Distance of Impacted Providers

1. Advocate Lutheran General Hospital
   1775 Dempster Street
   Park Ridge, IL 60068

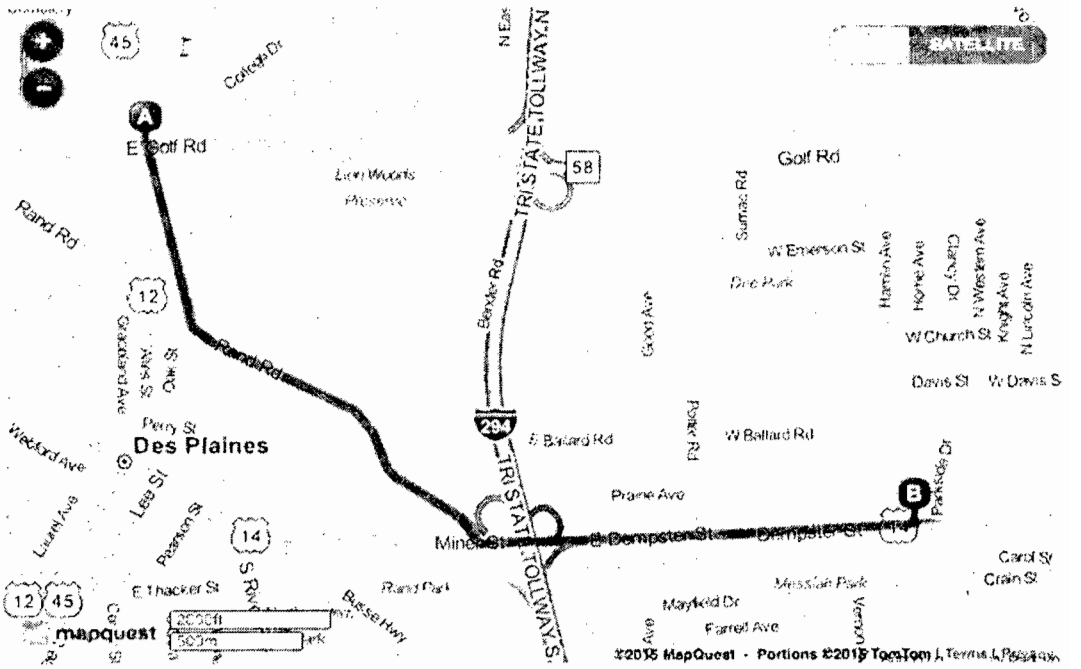
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

	1. Start out going **south** on N River Rd / US-45 S toward E Golf Rd / IL-58 Map	0.5 Mi
	2. Turn **slight left** onto **Rand Rd**. Map	1.0 Mi
EAST 14	3. Turn **left** onto **Miner St / US-14 E**. Continue to follow US-14 E Map	1.2 Mi
	4. **1775 DEMPSTER ST** is on the right. Map	

Advocate Lutheran General Hospital
1775 Dempster St, Park Ridge, IL 60068
(847) 723-2210

Total Travel Estimate: **2.65 miles - about 5 minutes**



2. North Shore Evanston Hospital
   2650 Ridge Avenue
   Evanston, IL 60201

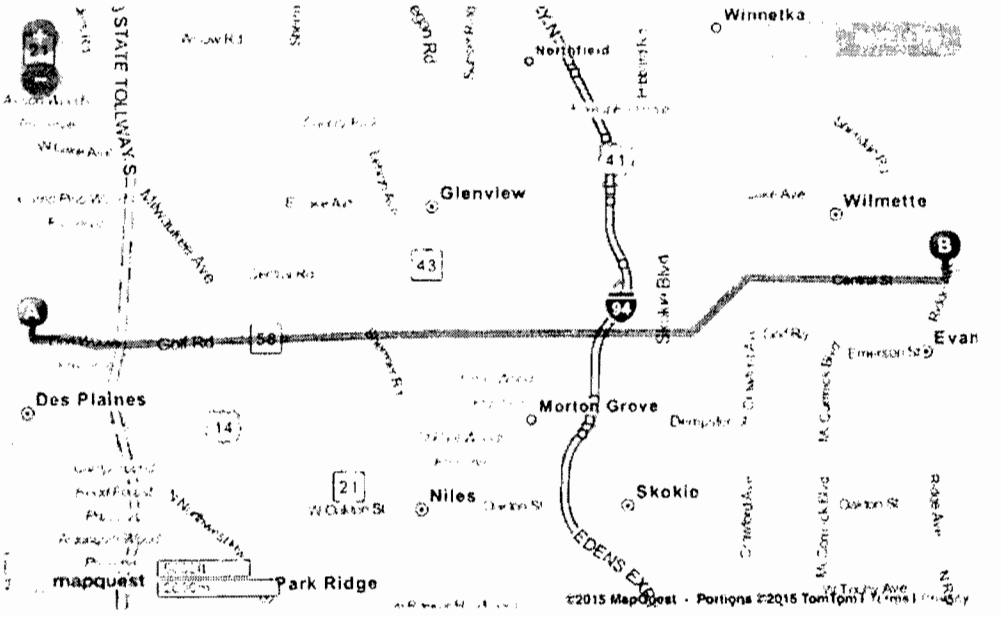
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

	1 Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58	0.01 Mi
58	2 Take the 1st left onto E Golf Rd / IL-58 Continue to follow IL-58	4.6 Mi
	3 Stay straight to go onto Golf Rd	3.1 Mi
	4 Turn left onto Gross Point Rd	0.9 Mi
	5 Turn slight right onto Central St	2.3 Mi
	6 Turn left onto Ridge Ave	0.08 Mi
	7 2650 RIDGE AVE is on the left	

Evanston Hospital
2650 Ridge Ave, Evanston, IL 60201
(847) 570-2000

Total Travel Estimate: **10.91 miles - about 21 minutes**



3. North Shore Skokie Hospital
   9600 Gross Point Road
   Skokie, IL 60076

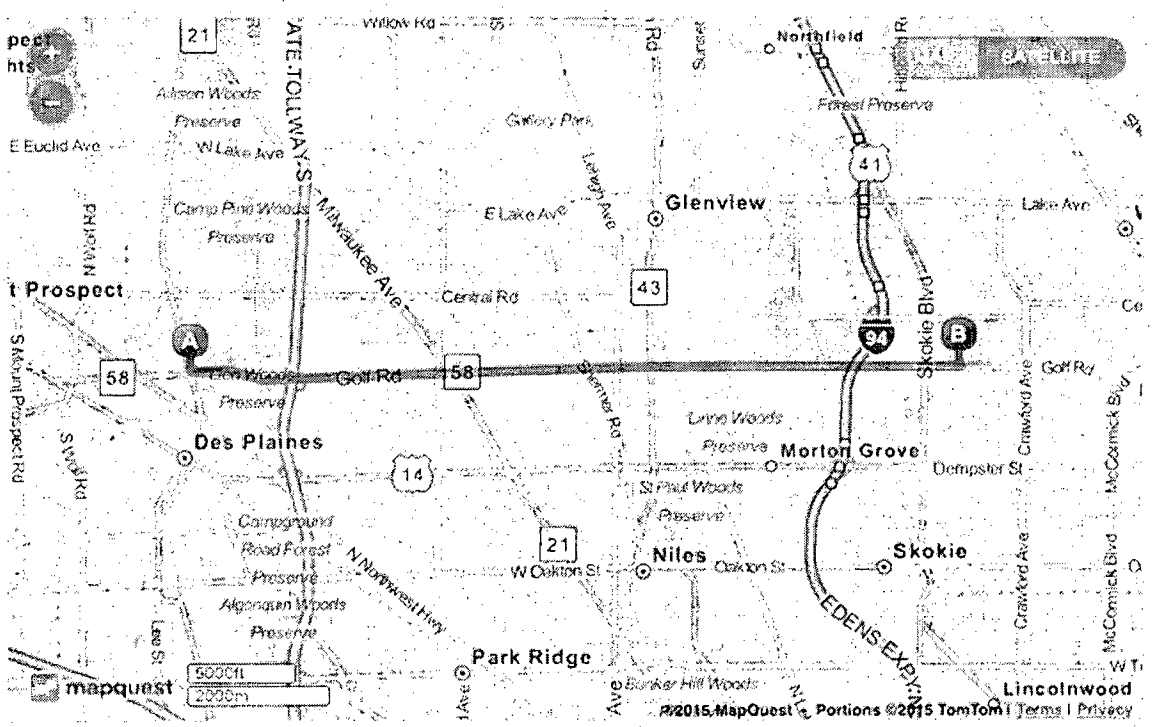
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1. Start out going **south** on **N River Rd / US-45 S** toward **E Golf Rd / IL-58**. Map	0.01 Mi	
	0.01 Mi Total	
2. Take the 1st **left** onto **E Golf Rd / IL-58**. Continue to follow IL-58. Map	4.6 Mi	
Children's Choice Learning Centers is on the right	*4.6 Mi Total*	
If you reach Hodeker Rd you've gone a little too far		
3. Stay **straight** to go onto **Golf Rd**. Map	3.1 Mi	
	7.6 Mi Total	
4. Turn **left** onto **Gross Point Rd**. Map	0.01 Mi	
Gross Point Rd is just past Kenton Ave	*7.7 Mi Total*	
4511 Golf Rd Ste 504 is on the corner		
If you reach Kilbourn Ave you've gone a little too far		
5. **9600 GROSS POINT RD** is on the **left**. Map		
If you reach Payne St you've gone about 0.1 miles too far		

Skokie Hospital
9600 Gross Point Rd, Skokie, IL 60076
(847) 677-9600

Total Travel Estimate: **7.66 miles - about 14 minutes**



4. North Shore Glenbrook Hospital
   2100 Pfingsten Road
   Glenview, IL 60026

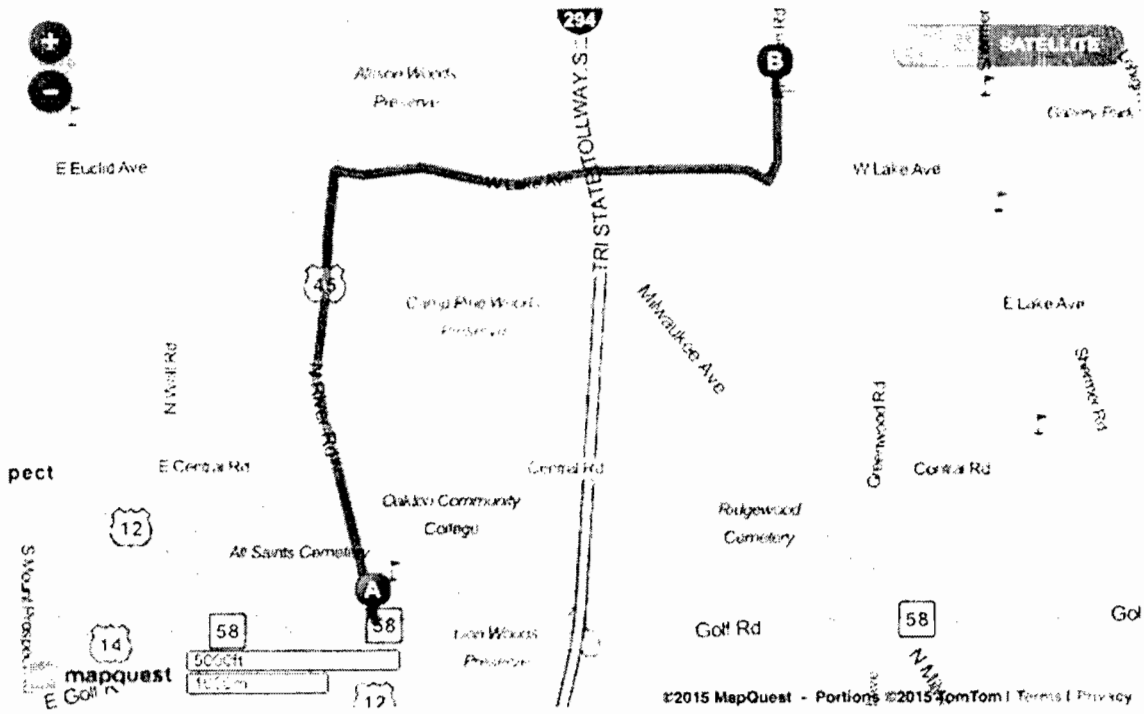
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1. Start out going north on N River Rd / US-45 N toward US-45 S Map — 2.3 Mi
2. Turn right onto W Lake Ave Map — 2.2 Mi
3. Turn left onto Pfingsten Rd Map — 0.4 Mi
4. 2100 PFINGSTEN RD Map

Glenbrook Hospital
Gift Shop
2100 Pfingsten Rd, Glenview, IL 60026
(847) 657-5800

Total Travel Estimate: **4.95 miles - about 8 minutes**



5. North Shore Highland Park Hospital
   777 Park Avenue West
   Highland Park, IL 60035

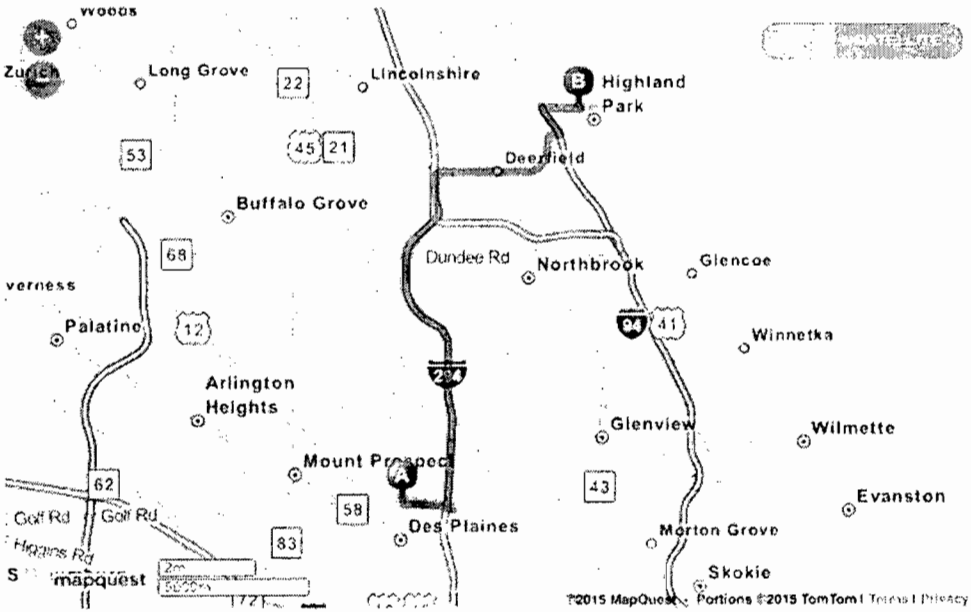
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map		0.01 Mi
2. Take the 1st left onto E Golf Rd / IL-58. Map		1.1 Mi
3. Merge onto I-294 N / Tri State Tollway N toward Wisconsin (Portions toll). Map		8.5 Mi
4. I-294 N / Tri State Tollway N becomes I-94 W / Tri State Tollway N (Portions toll). Map		0.04 Mi
5. Take the Deerfield Road exit. Map	EXIT	0.4 Mi
6. Keep right at the fork in the ramp. Map		0.1 Mi
7. Merge onto Deerfield Rd. Map		3.3 Mi
8. Merge onto US-41 N / Skokie Hwy N toward Skokie Valley Rd. Map		0.8 Mi
9. Turn right onto Park Ave W. Map		1.0 Mi
10. 777 PARK AVE W is on the left. Map		

Highland Park Hospital
Assisted Living
777 Park Ave W, Highland Park, IL 60035
(847) 432-8000

Total Travel Estimate: **15.19 miles - about 21 minutes**



6. Northwest Community Hospital
   800 W Central Rd
   Arlington Heights, IL 60005

Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1. Start out going **south** on **N River Rd / US-45 S** toward **E Golf Rd / IL-58**. Map

2. Take the 1st **right** onto **E Golf Rd / IL-58**. Map — 0.5 Mi

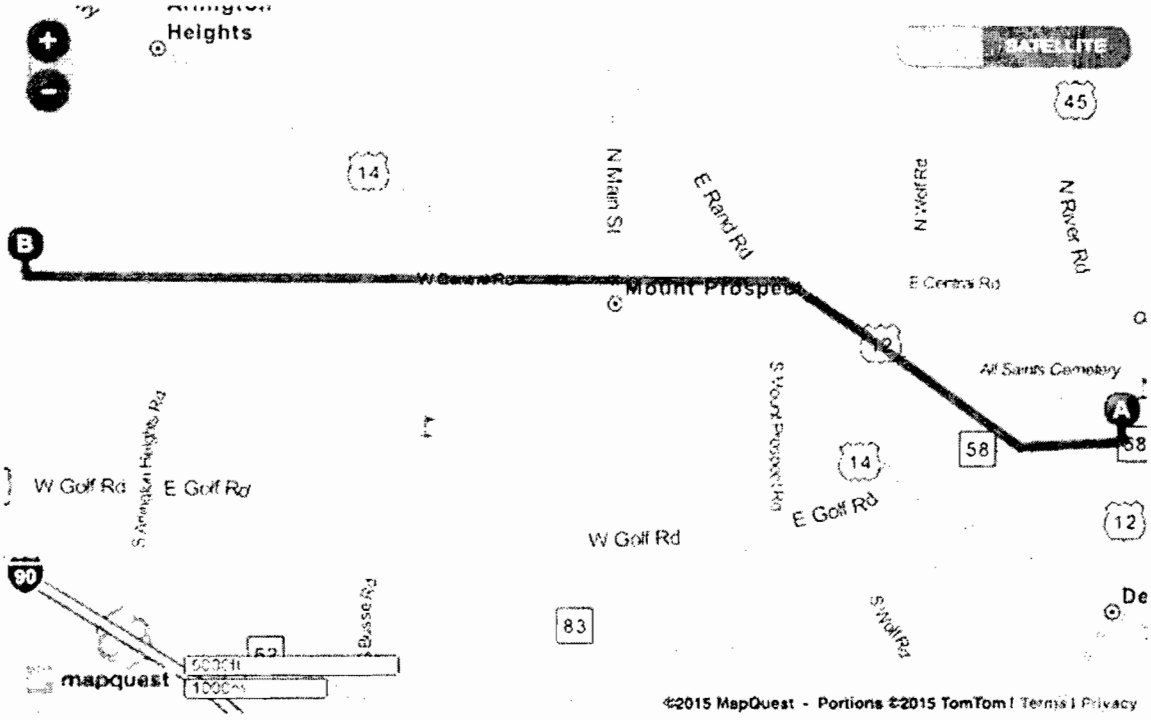
3. Turn **slight right** onto **Rand Rd / US-12 W**. Map — 1.4 Mi

4. Turn **slight left** onto **E Central Rd**. Map — 3.7 Mi

5. **800 W CENTRAL RD** is on the **right**. Map

Northwest Community Hospital
800 W Central Rd, Arlington Heights, IL 60005
(847) 618-1000

Total Travel Estimate: **5.68 miles - about 10 minutes**



7. Alexian Brothers Medical Center
800 W Biesterfield Rd
Elk Grove Village, IL 60007

Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1. Start out going **south** on **N River Rd / US-45 S** toward **E Golf Rd / IL-58**. Map

2. Take the 1st right onto **E Golf Rd / IL-58**. Pass through 1 roundabout. Map — 5.1 MI

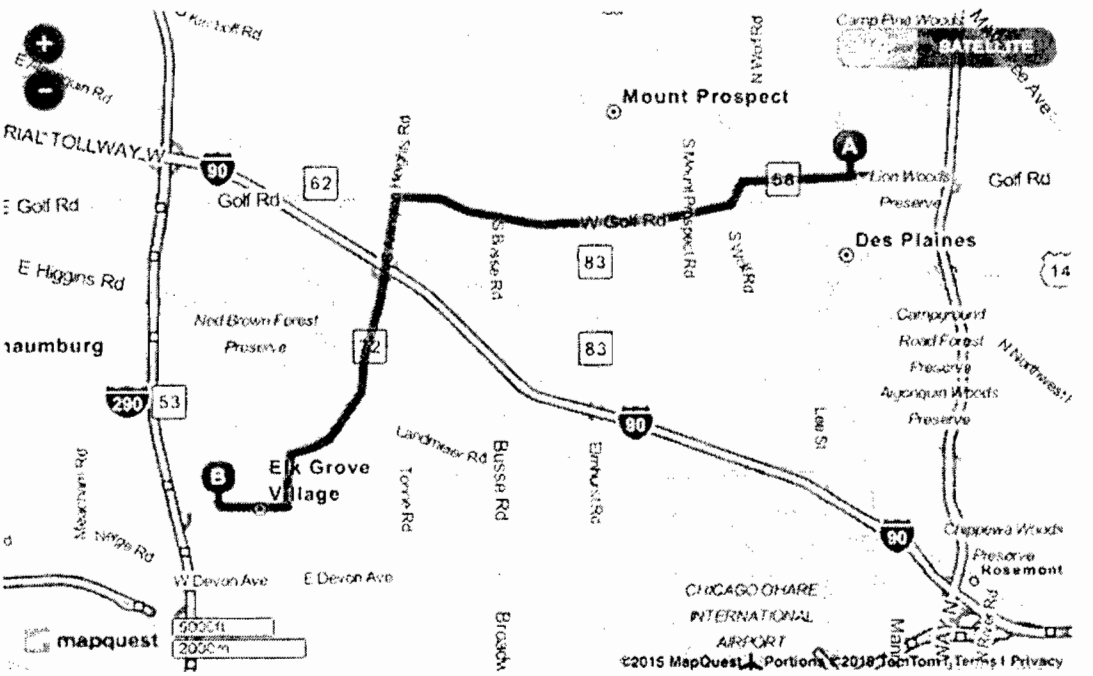
3. Turn **left** onto **S Arlington Heights Rd**. Map — 3.7 MI

4. Turn **right** onto **Biesterfield Rd**. Map — 0.7 MI

5. **800 BIESTERFIELD RD** is on the right. Map

Alexian Brothers Medical Center
800 Biesterfield Rd, Elk Grove Village, IL 60007
(847) 956-5465

Total Travel Estimate: **9.49 miles - about 18 minutes**



8. Apollo Health Center
   2750 South River Road
   Des Plaines, IL 60016

Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

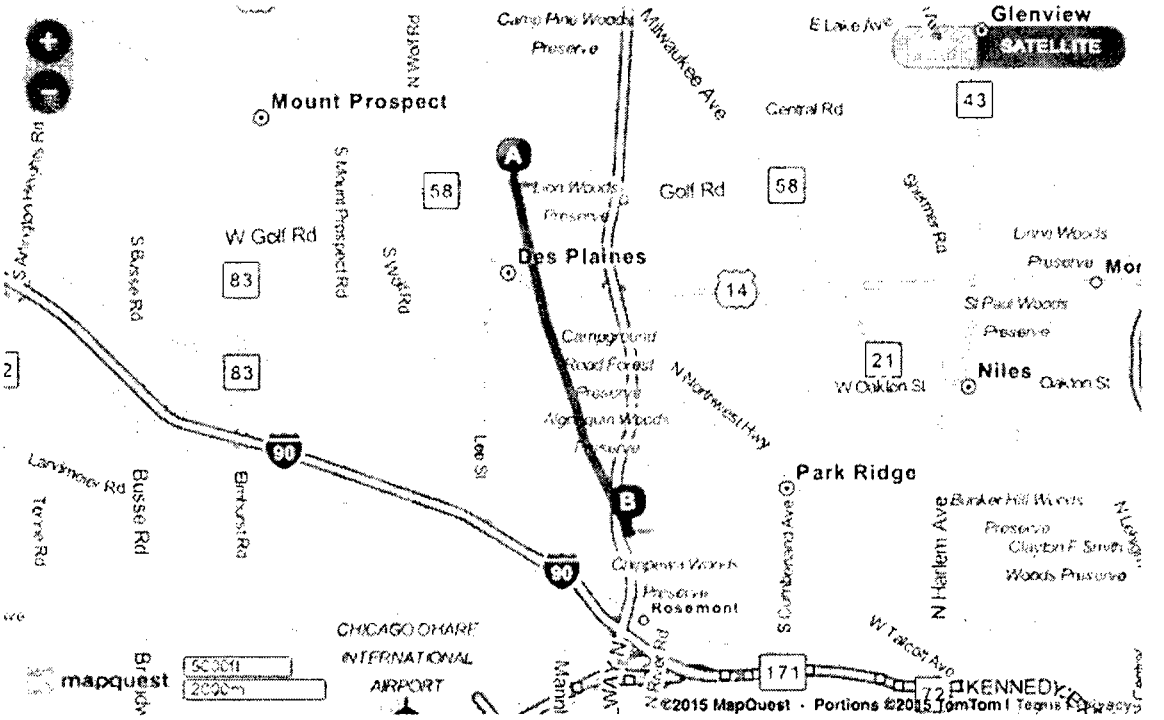
Download Free App

1. Start out going **south** on N River Rd / US-45 S toward E Golf Rd / IL-58. — 3.7 MI
   Continue to follow N River Rd. Map

2. **2750 S RIVER RD** is on the **right**. Map

2750 S River Rd, Des Plaines, IL 60018-4101

Total Travel Estimate: **3.66 miles - about 7 minutes**



9. Chicago Endoscopy Center
   3536 W. Fullerton Avenue
   Chicago, IL 60647

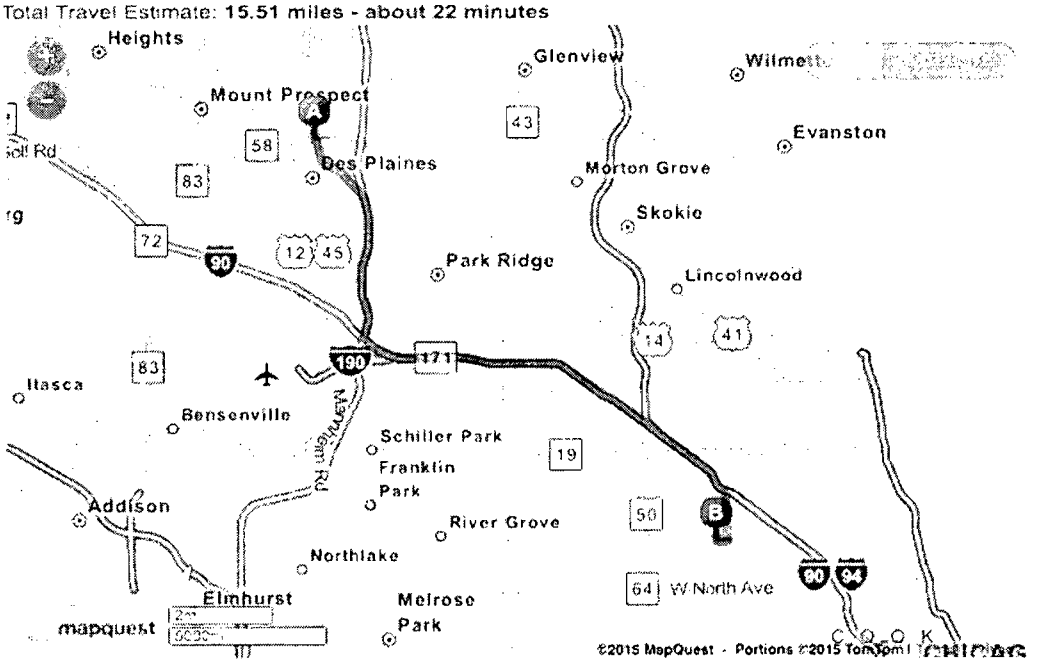
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1.	Start out going **south** on **N River Rd / US-45 S** toward **E Golf Rd / IL-58**. Map	0.5 Mi
2.	Turn **slight left** onto **Rand Rd**. Map	1.0 Mi
3.	**Rand Rd** becomes **N Northwest Hwy**. Map	0.1 Mi
4.	Merge onto **I-294 S / Tri State Tollway S** toward **Indiana** (Portions toll). Map	3.1 Mi
5.	Merge onto **I-90 E** toward **Kennedy Expy / Chicago** (Portions toll). Map	9.3 Mi
6.	Take the **Kimball Ave** exit, **EXIT 45B**, toward **3400 W**. Map	0.2 Mi
7.	Turn **right** onto **N Kimball Ave**. Map	1.1 Mi
8.	Turn **right** onto **W Fullerton Ave**. Map	0.2 Mi
9.	**3536 W FULLERTON AVE** is on the **right**. Map	

3536 W Fullerton Ave, Chicago, IL 60647-2443

Total Travel Estimate: **15.51 miles - about 22 minutes**



10. Golf Surgical Center
    8901 Golf Road
    Des Plaines, IL 60016

Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

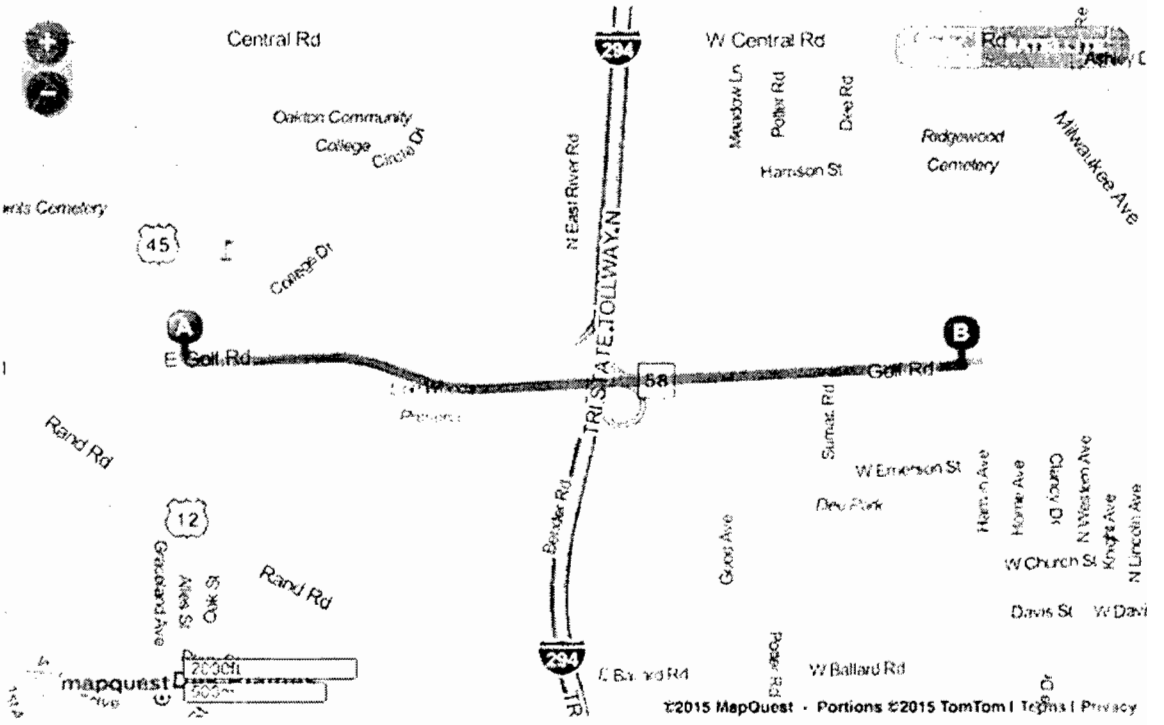
1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map — 0.01 Mi

2. Take the 1st left onto E Golf Rd / IL-58. Map — 1.9 Mi

3. 8901 GOLF RD. Map

Golf Surgical Center
8901 Golf Rd, Des Plaines, IL 60016
(847) 299-2273

Total Travel Estimate: 1.93 miles - about 3 minutes



11. Northwest Community Day Surgery
675 W. Kirchoff Road
Arlington Heights, IL 60005

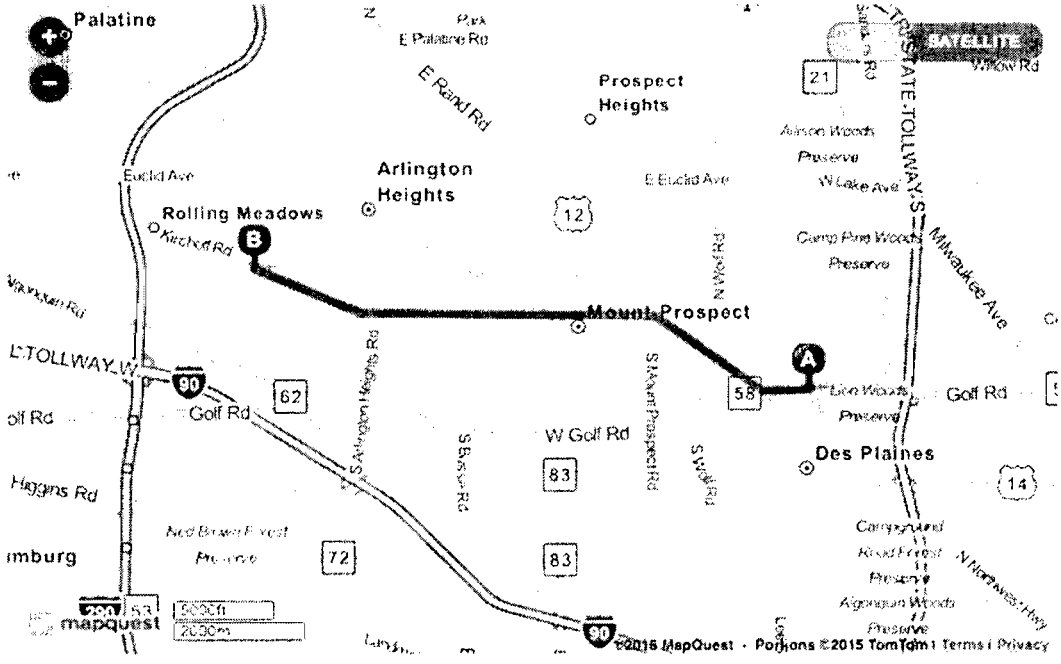
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map
2. Take the 1st right onto E Golf Rd / IL-58. Map — 0.5 Mi
3. Turn slight right onto Rand Rd / US-12 W. Map — 1.4 Mi
4. Turn slight left onto E Central Rd. Map — 3.2 Mi
5. Turn slight right onto W Kirchhoff Rd. Map — 1.2 Mi
6. Turn left onto Kirchoff Rd. Map — 0.01 Mi
7. [1701 - 1703] W KIRCHOFF RD. Map

[1701 - 1703] W Kirchoff Rd, Rolling Meadows, IL 60008

Total Travel Estimate: **6.36 miles - about 12 minutes**



12. Northwest Community Surgicare Healthsouth
1100 West Central Road, Ste L-4
Arlington Heights, IL 60005

Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1. Start out going south on **N River Rd / US-45 S** toward **E Golf Rd / IL-58**. Map

2. Take the 1st right onto **E Golf Rd / IL-58**. Map — 0.5 Mi

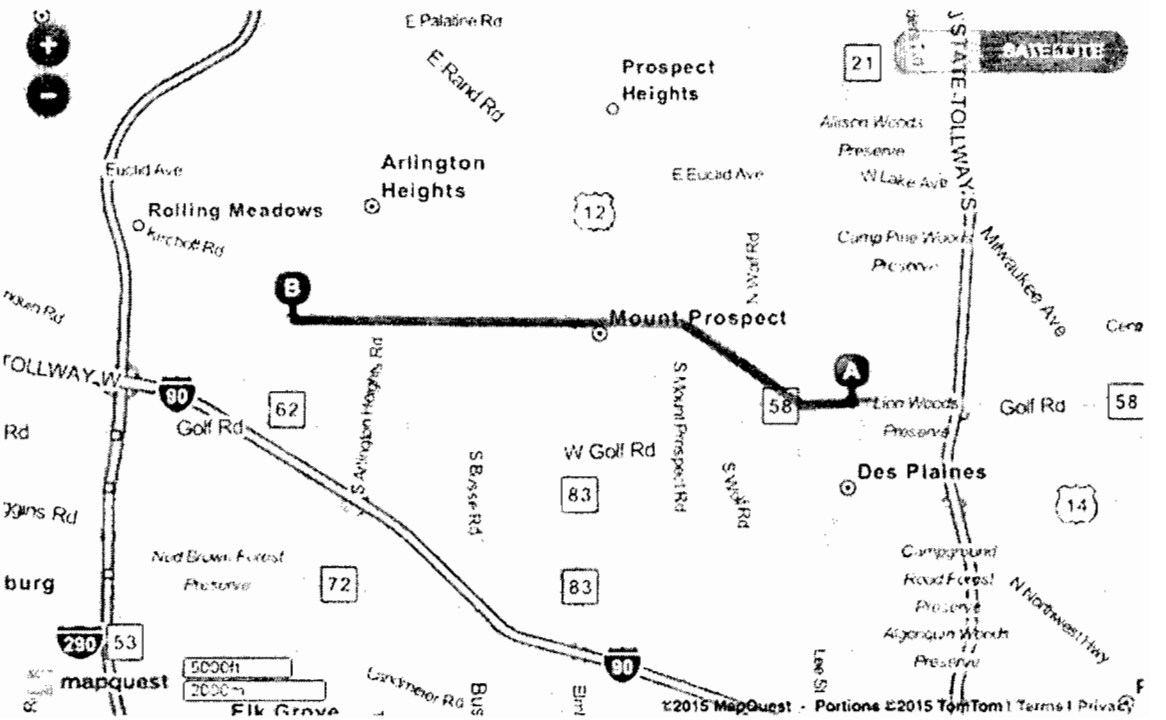
3. Turn slight right onto **Rand Rd / US-12 W**. Map — 1.4 Mi

4. Turn slight left onto **E Central Rd**. Map — 3.9 Mi

5. **1100 W CENTRAL RD**. Map

1100 W Central Rd, Arlington Heights, IL 60005-2401

Total Travel Estimate: **5.81 miles - about 11 minutes**



13. Ravine Way Surgery Center
2350 Ravine Way, Suite 500
Glenview, IL 60025

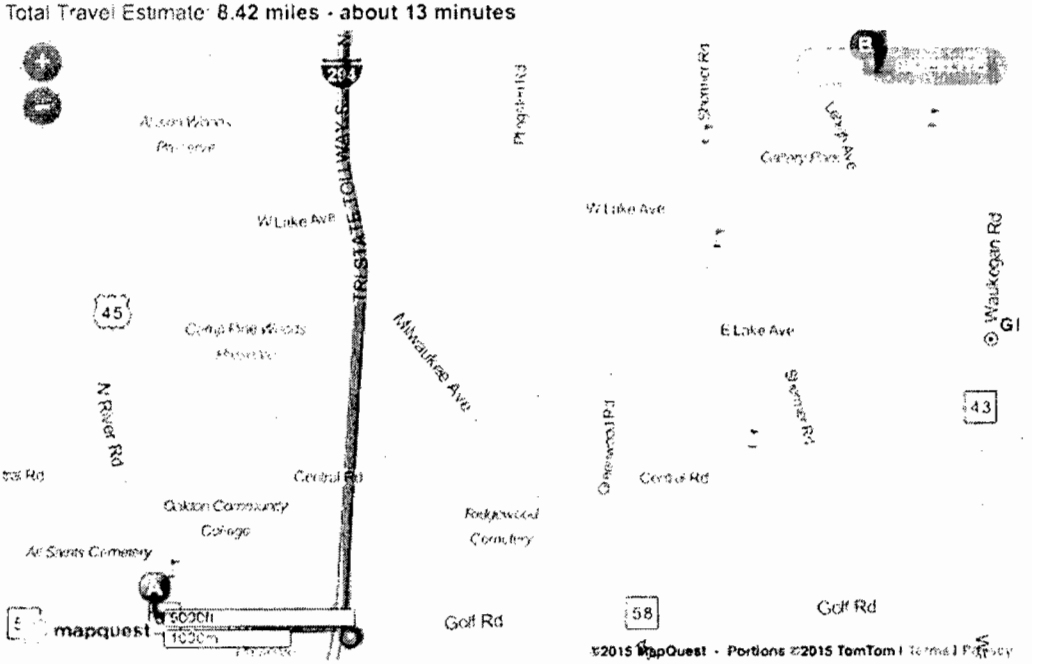
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1. Start out going **south** on **N River Rd / US-45 S** toward **E Golf Rd / IL-58**. Map — 0.01 Mi
2. Take the 1st **left** onto **E Golf Rd / IL-58**. Map — 1.1 Mi
3. Merge onto **I-294 N / Tri State Tollway N** toward **Wisconsin** (Portions toll). Map — 3.4 Mi
4. Take the **Willow Rd** exit. Map — 0.4 Mi
5. Keep **right** to take the ramp toward **GLENVIEW / NORTHBROOK**. Map — 0.09 Mi
6. Turn **right** onto **Willow Rd**. Map — 2.8 Mi
7. Turn **right** onto **Ravine Way**. Map — 0.5 Mi
8. **2350 RAVINE WAY** is on the **right**. Map

2350 Ravine Way, Glenview, IL 60025-7626

Total Travel Estimate: **8.42 miles - about 13 minutes**



14. The Glen Endoscopy Center
2551 Compass Road, Suite 115
Glenview, IL 60026

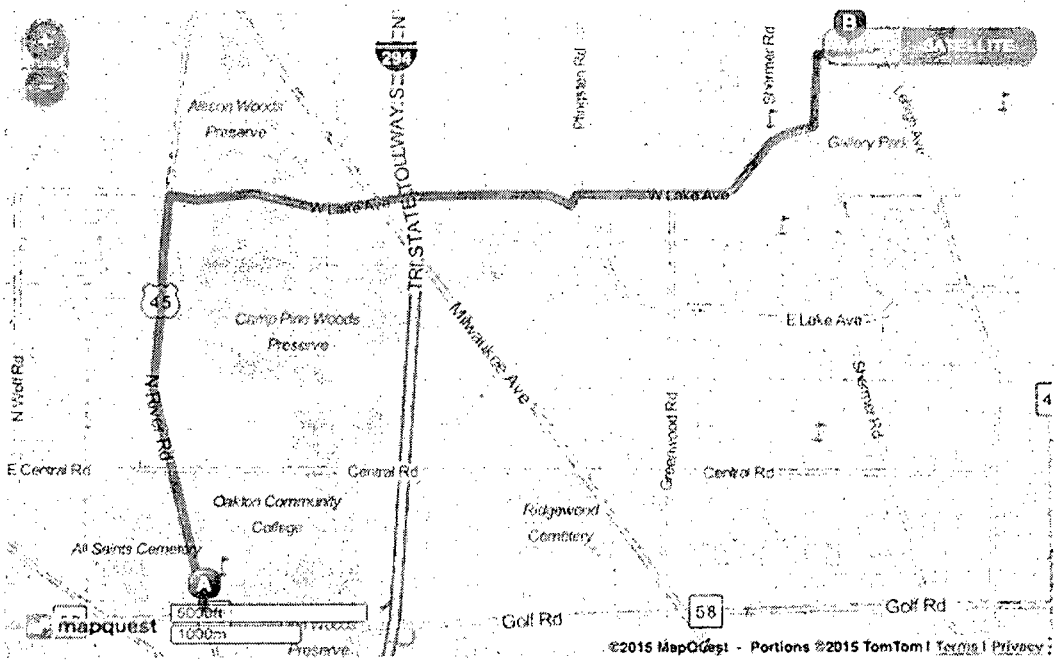
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1.	Start out going north on **N River Rd / US-45 N** toward **US-45 S**. Map	2.3 MI 2.3 Mi Total
2.	Turn **right** onto **W Lake Ave**. Map *W Lake Ave is 0.1 miles past Ivy Ln* *Allstate Insurance Company - Daniel Bjorklund is on the corner* *If you are on US-45 N and reach E Park Cir, you've gone about 0.1 miles too far*	2.2 MI 4.5 Mi Total
3.	Turn **left** onto **Pfingsten Rd**. Map *Pfingsten Rd is 0.1 miles past Robin Ln* *St Philip Lutheran Church is on the corner*	0.07 MI 4.6 Mi Total
4.	Turn **right** onto **W Lake Ave**. Map *If you reach Glenbrook South High School you've gone about 0.1 miles too far*	1.4 MI 6.0 Mi Total
5.	Turn **left** onto **Patriot Blvd**. Map *If you are on W Lake Ave and reach Mint Ln you've gone about 0.1 miles too far*	0.4 MI 6.4 Mi Total
6.	Turn **right** onto **Compass Rd**. Map *Glenview Fire Station 14 is on the corner* *If you reach Lehigh Ave, you've gone about 0.3 miles too far*	0.2 MI 6.6 Mi Total
7.	**2551 COMPASS RD** is on the right. Map *If you reach Lehigh Ave you've gone about 0.1 miles too far*	

Glen Endoscopy Center
2551 Compass Rd, Glenview, IL 60026
(847) 656-2400

Total Travel Estimate: **6.58 miles - about 11 minutes**



15. Elmhurst Memorial Hospital
155 E. Brush Hill Road
Elmhurst, IL 60126

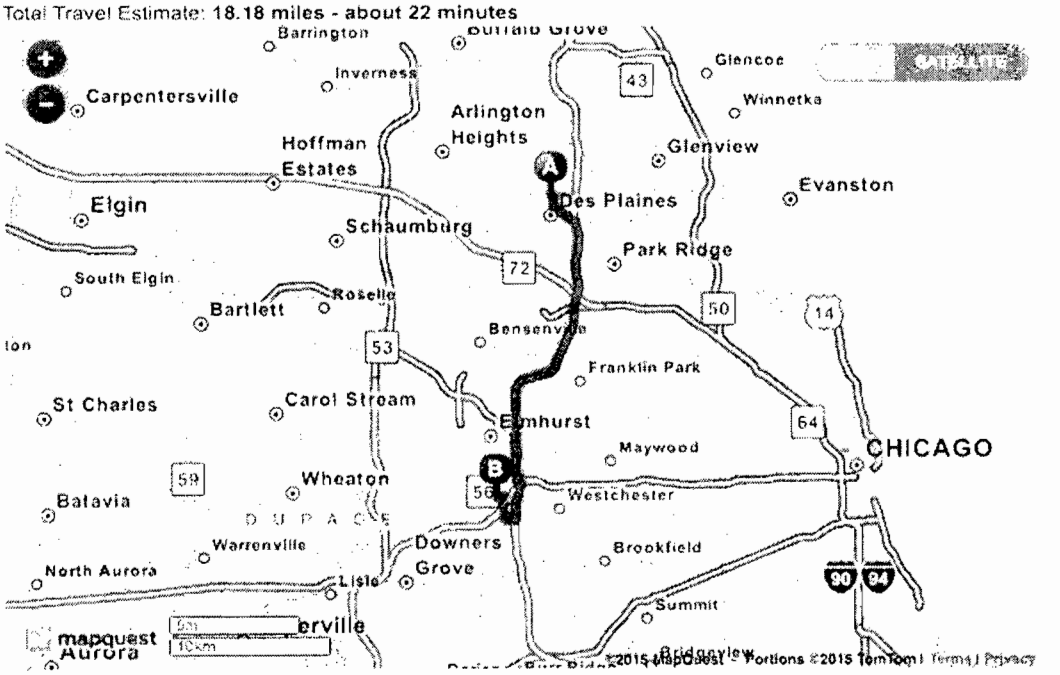
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

	1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map	0.5 Mi
	2. Turn slight left onto Rand Rd. Map	1.0 Mi
	3. Rand Rd becomes N Northwest Hwy. Map	0.1 Mi
SOUTH 294	4. Merge onto I-294 S / Tri State Tollway S toward Indiana (Portions toll). Map	14.5 Mi
EXIT	5. Take the 22nd St / Cermak Rd exit. Map	0.2 Mi
RAMP	6. Keep left to take the ramp toward OAKBROOK. Map	0.05 Mi
	7. Turn left onto W 22nd St. Map	0.3 Mi
	8. Take the 2nd right onto York Rd. Map	1.2 Mi
	9. Turn left onto E Brush Hill Rd. Map	0.3 Mi
	10. 155 E BRUSH HILL RD is on the right. Map	

155 E Brush Hill Rd, Elmhurst, IL 60126-5658

Total Travel Estimate: 18.18 miles - about 22 minutes



16. Advenstist Hinsdale Hospital
120 North Oak Street
Hinsdale,IL 60521

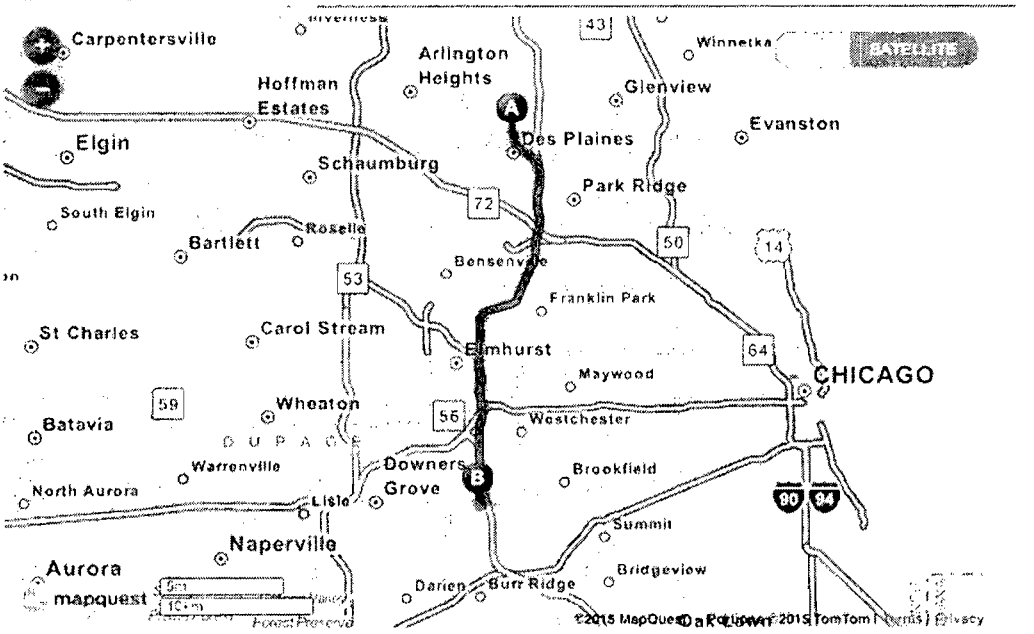
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

●	1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map	0.5 Mi
↖	2. Turn slight left onto Rand Rd. Map	1.0 Mi
↑	3. Rand Rd becomes N Northwest Hwy. Map	0.1 Mi
↑↑	4. Merge onto I-294 S / Tri State Tollway S toward Indiana (Portions toll). Map	16.3 Mi
↑↑	5. Merge onto E Ogden Ave / US-34 W. Map	0.5 Mi
↰	6. Turn left onto N County Line Rd. Map	0.8 Mi
↱	7. Turn right onto E Walnut St. Map	0.1 Mi
↰	8. Take the 1st left onto N Oak St. Map	0.04 Mi
■	9. 120 N OAK ST is on the right. Map	

Adventist Hinsdale Hospital
Patient Information
120 N Oak St, Hinsdale, IL 60521
(630) 856-9000

Total Travel Estimate: 19.34 miles - about 23 minutes



17. Adventist LaGrange Hospital
5101 South Willow Spring Road
La Grange, IL 60525

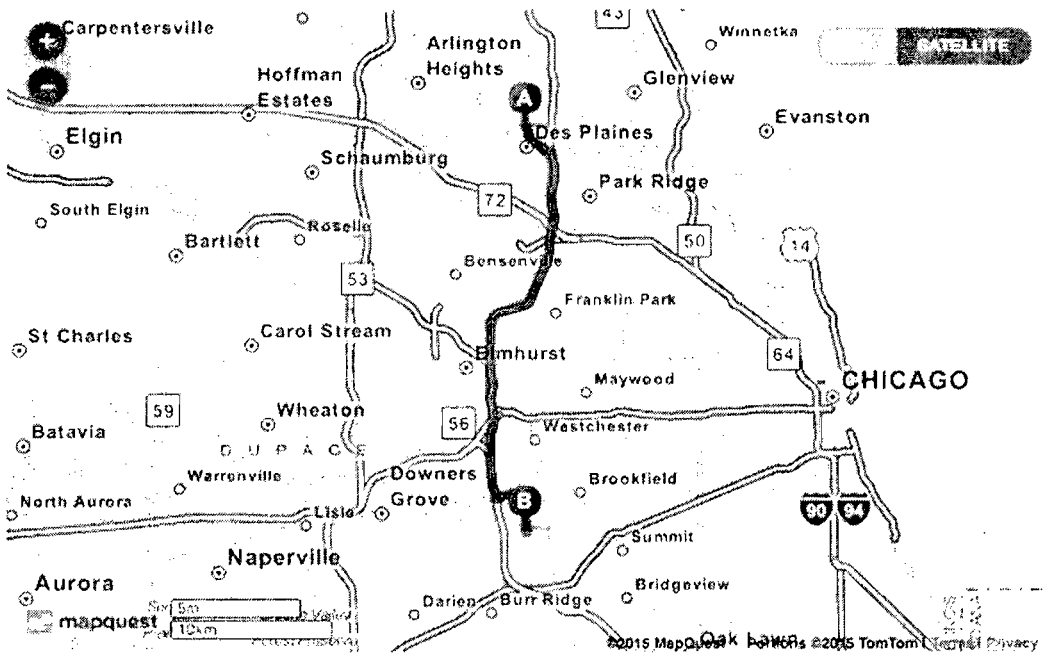
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1.	Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map	0.5 Mi
2.	Turn slight left onto Rand Rd. Map	1.0 Mi
3.	Rand Rd becomes N Northwest Hwy. Map	0.1 Mi
4.	Merge onto I-294 S / Tri State Tollway S toward Indiana (Portions toll). Map	16.7 Mi
5.	Merge onto US-34 E / E Ogden Ave. Map	1.6 Mi
6.	Turn right onto Gilbert Ave. Map	1.0 Mi
7.	Gilbert Ave becomes Willow Springs Rd. Map	0.1 Mi
8.	Willow Springs Rd becomes Gilbert Ave. Map	0.2 Mi
9.	Gilbert Ave becomes Willow Springs Rd. Map	0.2 Mi
10.	Make a U-turn onto Willow Springs Rd. Map	0.07 Mi
11.	5101 WILLOW SPRINGS RD. Map	

Adventist La Grange Memorial Hospital
5101 Willow Springs Rd, La Grange, IL 60525
(708) 245-9000

Total Travel Estimate: 21.55 miles - about 27 minutes



18. Westlake Hospital
1225 Lake Street
Melrose Park, IL 60160

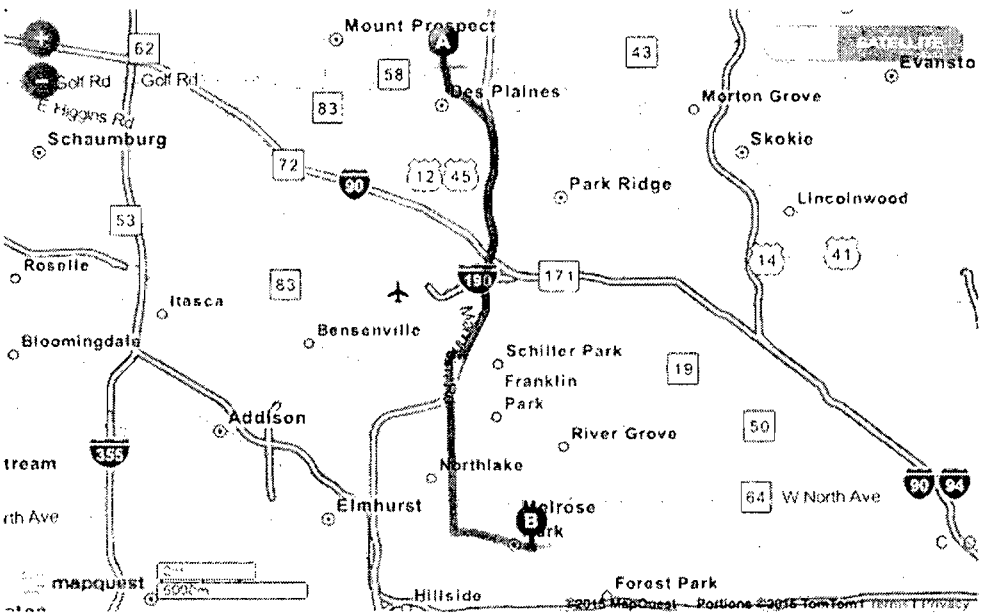
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

●	1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map	0.5 Mi
↖	2. Turn slight left onto Rand Rd. Map	1.0 Mi
↑	3. Rand Rd becomes N Northwest Hwy. Map	0.1 Mi
↱↑	4. Merge onto I-294 S / Tri State Tollway S toward Indiana (Portions toll). Map	5.5 Mi
↱↑	5. Merge onto Irving Park Rd / IL-19 W. Map	0.5 Mi
↰	6. Turn left onto Mannheim Rd / US-45 S / US-12 E. Map	4.2 Mi
↰	7. Turn left onto W Lake St / US-20 E. Continue to follow W Lake St. Map	1.9 Mi
■	8. 1225 LAKE ST. Map	

1225 Lake St, Melrose Park, IL 60160-4039

Total Travel Estimate: 13.79 miles - about 23 minutes



19. West Suburban Medical Center
    3 Erie Court
    Oak Park, IL 60302

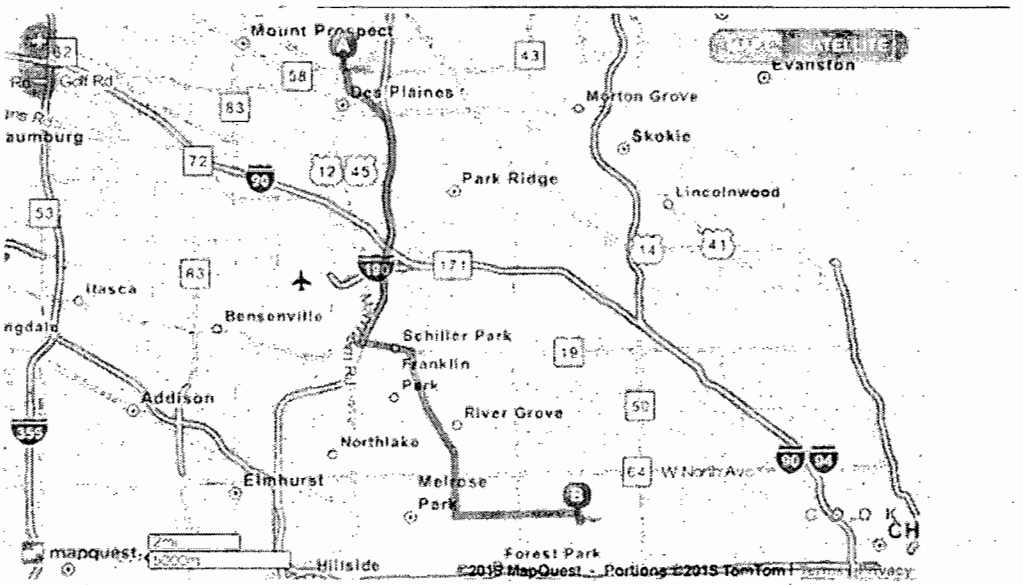
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1. Start out going **south** on **N River Rd / US-45 S** toward **E Golf Rd / IL-58**. Map	0.5 mi	0.5 mi Total
2. Turn **slight left** onto **Rand Rd**. Map Rand Rd is 0.1 miles past Wisconsin Ave If you reach S Forest Rd or E Algonquin Rd you've gone a little too far	1.0 mi	1.5 mi Total
3. Rand Rd becomes **N Northwest Hwy**. Map	0.1 mi	1.6 mi Total
4. Merge onto **I-294 S / Tri State Tollway S** toward **Indiana (Portions toll)**. Map	5.5 mi	7.1 mi Total
5. Merge onto **IL-19 E / Irving Park Rd**. Map	1.8 mi	8.9 mi Total
6. Turn **right** onto **River Rd**. Map River Rd is 0.1 miles past Addison St	2.9 mi	11.8 mi Total
7. Turn **slight right** onto **1st Ave / IL-171**. Map 1st Ave is 0.2 mi past N 9th Ave	1.6 mi	13.4 mi Total
8. Turn **left** onto **Chicago Ave**. Map [illegible] Austin Blvd is on the right If you reach Division St you've gone a little too far	3.1 mi	16.6 mi Total
9. Turn **right** onto **N Austin Blvd**. Map N Austin Blvd is just past W Lawrence Ave Jamaican Grill is on the left If you are on W Chicago Ave and reach N Mayfield Ave you've gone about 0.1 miles too far	0.2 mi	16.8 mi Total
10. Turn **right** onto **Erie St**. Map Erie St is just past W Huron St If you reach W Ohio St you've gone a little too far	0.01 mi	16.8 mi Total
11. **3 ERIE CT**. Map If you reach N Humphrey Ave you've gone a little too far		

Presence Health West Suburban Medical Center
3 Erie Ct, Oak Park, IL 60302
(708) 763-2120

Total Travel Estimate: **16.63 miles - about 28 minutes**



20. Loyola University Medical Center
2160 South First Avenue
Maywood, IL 60153

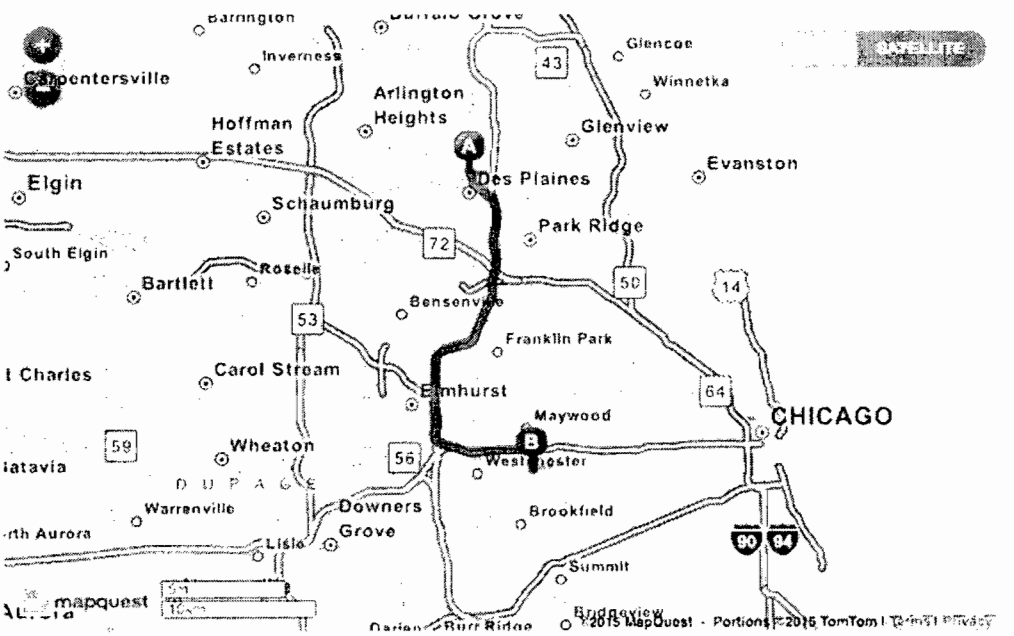
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map	0.5 Mi
2. Turn slight left onto Rand Rd. Map	1.0 Mi
3. Rand Rd becomes N Northwest Hwy. Map	0.1 Mi
4. Merge onto I-294 S / Tri State Tollway S toward Indiana (Portions toll). Map	12.2 Mi
5. Merge onto I-290 E / Eisenhower Expy E toward Chicago. Map	4.7 Mi
6. Take EXIT 20 toward IL-171 / 1st Ave. Map	0.2 Mi
7. Merge onto Bataan Dr. Map	0.07 Mi
8. Turn right onto S 1st Ave / IL-171. Map	0.9 Mi
9. 2160 S 1ST AVE is on the right. Map	

2160 S 1st Ave, Maywood, IL 60153-3328

Total Travel Estimate: **19.70 miles - about 23 minutes**



21. Loyola Gootlieb Memorial Hospital
701 West North Avenue
Melrose Park, IL 60160

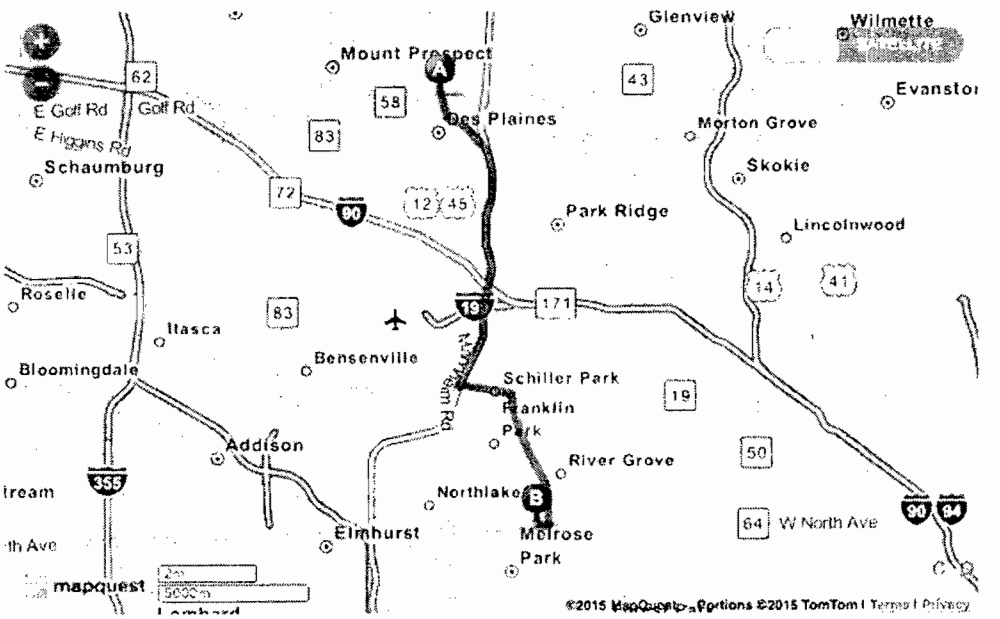
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1. Start out going **south** on **N River Rd / US-45 S** toward **E Golf Rd / IL-58**. Map — 0.5 Mi
2. Turn **slight left** onto **Rand Rd**. Map — 1.0 Mi
3. **Rand Rd** becomes **N Northwest Hwy**. Map — 0.1 Mi
4. Merge onto **I-294 S / Tri State Tollway S** toward **Indiana (Portions toll)**. Map — 5.5 Mi
5. Merge onto **IL-19 E / Irving Park Rd**. Map — 1.8 Mi
6. Turn **right** onto **River Rd**. Map — 2.3 Mi
7. Turn **slight right** onto **N 5th Ave**. Map — 1.0 Mi
8. Turn **right** onto **W North Ave / IL-64**. Map — 0.2 Mi
9. **701 W NORTH AVE**. Map

Gottlieb Memorial Hospital
Eye Care & Optical
701 W North Ave, Melrose Park, IL 60160
(708) 450-4510

Total Travel Estimate: 12.47 miles - about 19 minutes



22. Advocate Good Samaritan Hospital
3815 Highland Avenue
Downers Grove, IL 60515

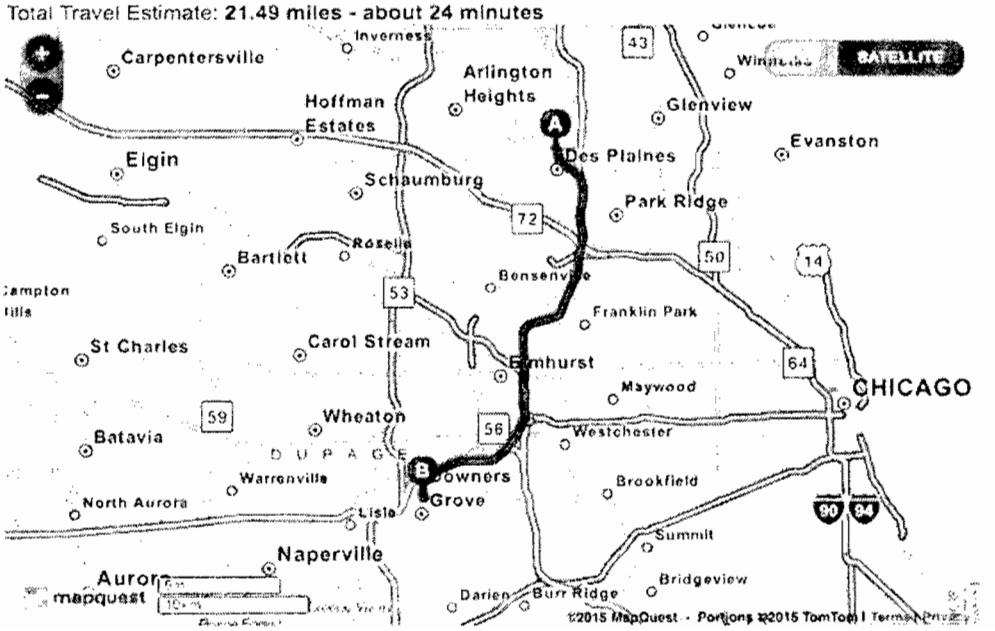
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

●	1. Start out going **south** on **N River Rd / US-45 S** toward **E Golf Rd / IL-58**. Map	0.5 Mi
↖	2. Turn **slight left** onto **Rand Rd**. Map	1.0 Mi
↑	3. **Rand Rd** becomes **N Northwest Hwy**. Map	0.1 Mi
↱↑	4. Merge onto **I-294 S / Tri State Tollway S** toward **Indiana** (Portions toll). Map	12.9 Mi
↱↑	5. Merge onto **I-88 W / Chicago-Kansas City Expressway W / Ronald Reagan Memorial Tollway W** toward **Aurora** (Portions toll). Map	5.6 Mi
EXIT ↗	6. Take the **Highland Ave** exit. Map	0.2 Mi
RAMP	7. Keep **left** to take the ramp toward **MIDWESTERN COLLEGE / Downers Grove**. Map	0.1 Mi
↰	8. Turn **left** onto **Highland Ave / County Hwy-9**. Map	1.1 Mi
↶	9. Make a **U-turn** at **Black Oak Dr** onto **Highland Ave / County Hwy-9**. Map	0.01 Mi
■	10. **3815 HIGHLAND AVE** is on the right. Map	

Advocate Good Samaritan Hospital
3815 Highland Ave, Downers Grove, IL 60515
(630) 275-5900

Total Travel Estimate: **21.49 miles - about 24 minutes**



23. St. Alexius Hospital
1555 Barrington Road
Hoffman Estates, IL 60169

Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map

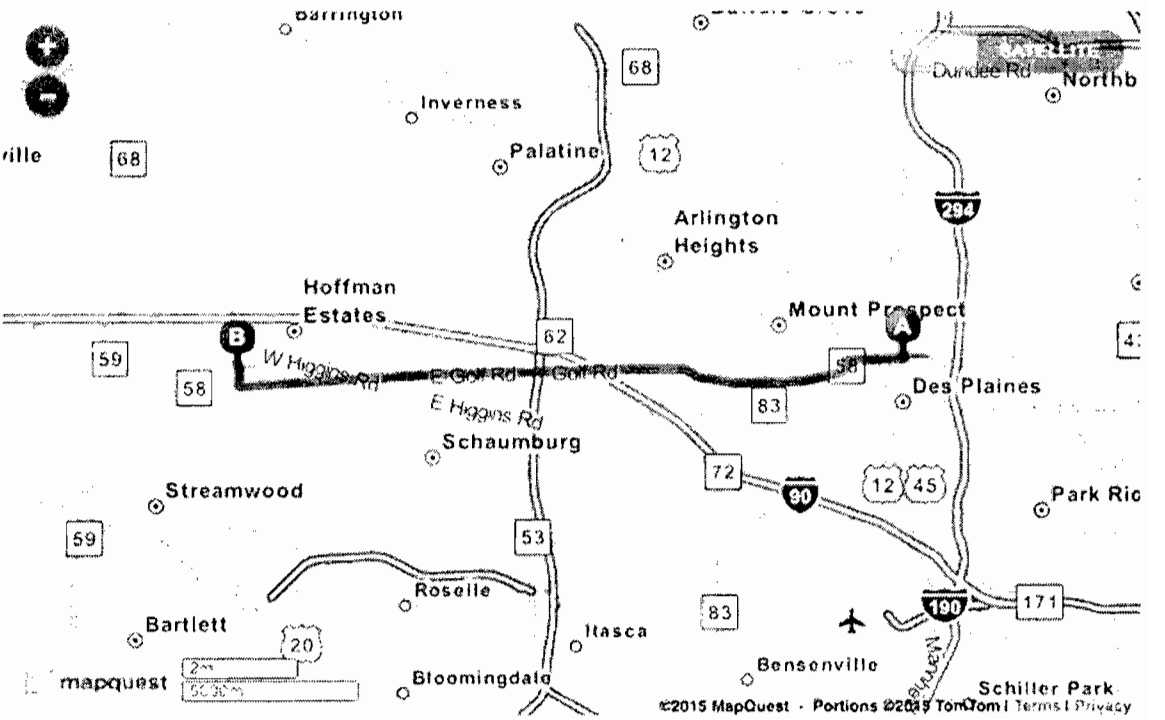
2. Take the 1st right onto E Golf Rd / IL-58. Pass through 1 roundabout. Map — 13.4 mi

3. Turn right onto Barrington Rd. Map — 0.3 mi

4. 1555 BARRINGTON RD. Map

St Alexius Hospital
1555 Barrington Rd, Hoffman Estates, IL 60169
(847) 843-4040

Total Travel Estimate: **13.77 miles - about 26 minutes**



24. Norwegian American Hospital
1044 North Francisco Avenue
Chicago, IL 60622

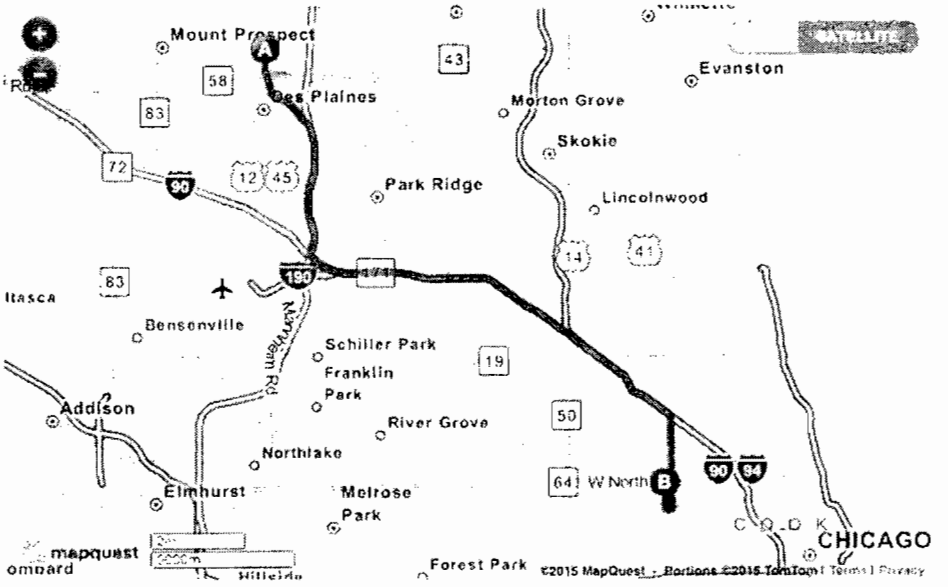
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1	Start out going **south** on **N River Rd / US-45 S** toward **E Golf Rd / IL-58**. Map	0.5 Mi
2	Turn **slight left** onto **Rand Rd**. Map	1.0 Mi
3	**Rand Rd** becomes **N Northwest Hwy**. Map	0.1 Mi
4	Merge onto **I-294 S / Tri State Tollway S** toward **Indiana** (Portions toll). Map	3.1 Mi
5	Merge onto **I-90 E** toward **Kennedy Expy / Chicago** (Portions toll). Map	10.3 Mi
6	Take the **California Ave** exit. **EXIT 46A**, toward **2800 W**. Map	0.1 Mi
7	Turn **slight right** onto **N California Ave**. Map	2.3 Mi
8	Turn **right** onto **W Augusta Blvd**. Map	0.1 Mi
9	Turn **right** onto **N Francisco Ave**. Map	0.04 Mi
10	**1044 N FRANCISCO AVE** is on the left. Map	

Norwegian American Hospital
1044 N Francisco Ave, Chicago, IL 60622
(773) 395-3000

Total Travel Estimate: **17.63 miles - about 26 minutes**



25. Swedish Covenant Hospital
5145 North California Avenue
Chicago, IL 60625

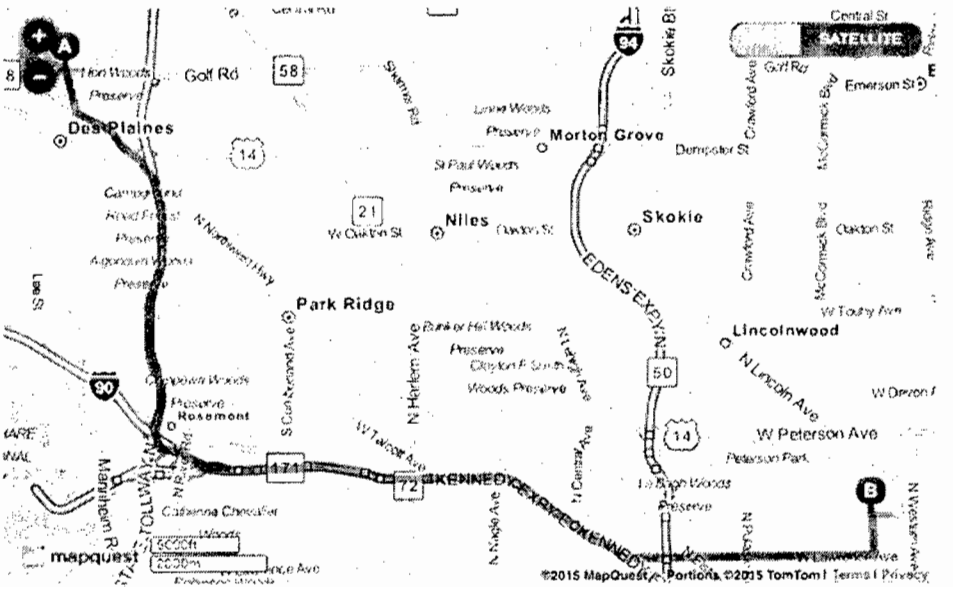
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

●	1. Start out going **south** on **N River Rd / US-45 S** toward **E Golf Rd / IL-58**. Map	0.5 Mi
↖	2. Turn **slight left** onto **Rand Rd**. Map	1.0 Mi
↑	3. **Rand Rd** becomes **N Northwest Hwy**. Map	0.1 Mi
↱↑ SOUTH 294	4. Merge onto **I-294 S / Tri State Tollway S** toward **Indiana** (Portions toll). Map	3.1 Mi
↱↑ EAST 90	5. Merge onto **I-90 E** toward **Kennedy Expy / Chicago** (Portions toll). Map	6.3 Mi
84 EXIT	6. Take the **Lawrence Ave** exit. **EXIT 84**, toward **4800 N**. Map	0.2 Mi
↖	7. Turn **slight left** onto **W Lawrence Ave**. Map	3.0 Mi
↰	8. Turn **left** onto **N California Ave**. Map	0.5 Mi
■	9. **5145 N CALIFORNIA AVE** is on the **right**. Map	

Swedish Covenant Hospital
Emergency
5145 N California Ave, Chicago, IL 60625
(773) 878-8200

Total Travel Estimate: **14.66 miles - about 23 minutes**



26. Weiss Memorial Hospital
4646 North Marine Drive
Chicago, IL 60640

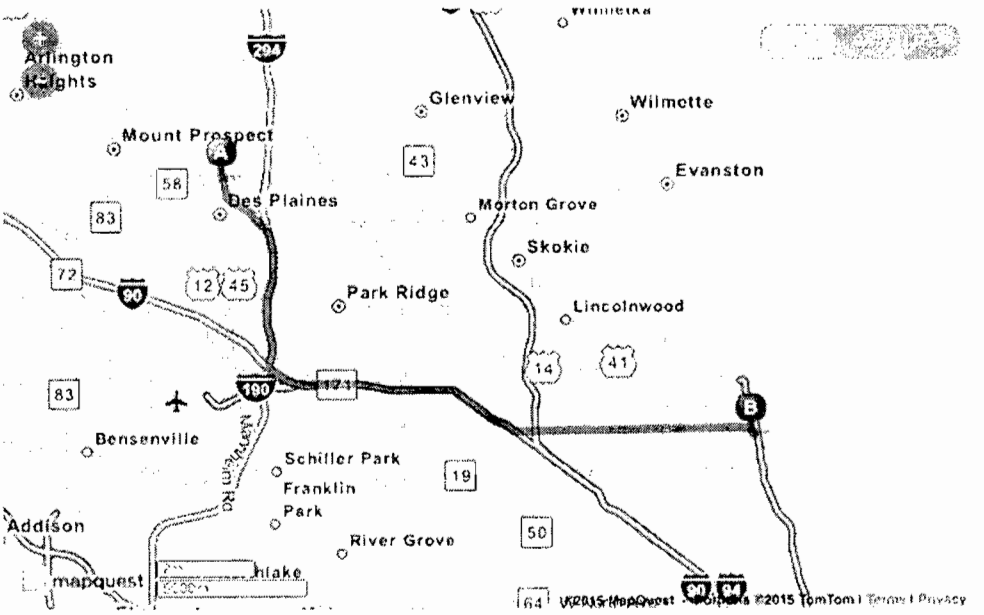
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1. Start out going **south** on **N River Rd / US-45 S** toward **E Golf Rd / IL-58**. Map	0.5 Mi
2. Turn **slight left** onto **Rand Rd**. Map	1.0 Mi
3. **Rand Rd** becomes **N Northwest Hwy**. Map	0.1 Mi
4. Merge onto **I-294 S / Tri State Tollway S** toward **Indiana** (Portions toll). Map	3.1 Mi
5. Merge onto **I-90 E** toward **Kennedy Expy / Chicago** (Portions toll). Map	6.3 Mi
6. Take the **Lawrence Ave** exit, **EXIT 84**, toward **4800 N**. Map	0.2 Mi
7. Turn **slight left** onto **W Lawrence Ave**. Map	5.5 Mi
8. Turn **right** onto **N Marine Dr**. Map	0.2 Mi
9. **4646 N MARINE DR**. Map	

Vanguard Weiss Memorial Hospital
4646 N Marine Dr, Chicago, IL 60640
(800) 503-1234

Total Travel Estimate: **16.92 miles - about 28 minutes**



27. Northwestern Lake Forest Hospital
660 North Westmoreland Road
Lake Forest, IL 60045

Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map		0.01 Mi
2. Take the 1st left onto E Golf Rd / IL-58. Map		1.1 Mi
3. Merge onto I-294 N / Tri State Tollway N toward Wisconsin (Portions toll). Map		8.5 Mi
4. I-294 N / Tri State Tollway N becomes I-94 W / Tri State Tollway N (Portions toll). Map		5.5 Mi
5. Take the IL-60 exit toward Town Line Rd. Map	EXIT	0.2 Mi
6. Merge onto W Kennedy Rd / IL-60 toward LAKE FOREST / COLLEGES / LAKE FOREST AND GRADUATE SCHOOL. Map		1.5 Mi
7. Turn left onto N Waukegan Rd / IL-43. Map		0.5 Mi
8. Turn right onto W Deerpath Rd. Map		0.3 Mi
9. Take the 2nd left onto N Westmoreland Rd. Map		0.3 Mi
10. 660 N WESTMORELAND RD is on the left. Map		

Northwestern Lake Forest Hospital
660 N Westmoreland Rd, Lake Forest, IL 60045
(847) 234-5600

Total Travel Estimate: 17.84 miles - about 20 minutes

28. Advocate Condell Medical Center
801 S Milwaukee Avenue
Libertyville, IL 60048

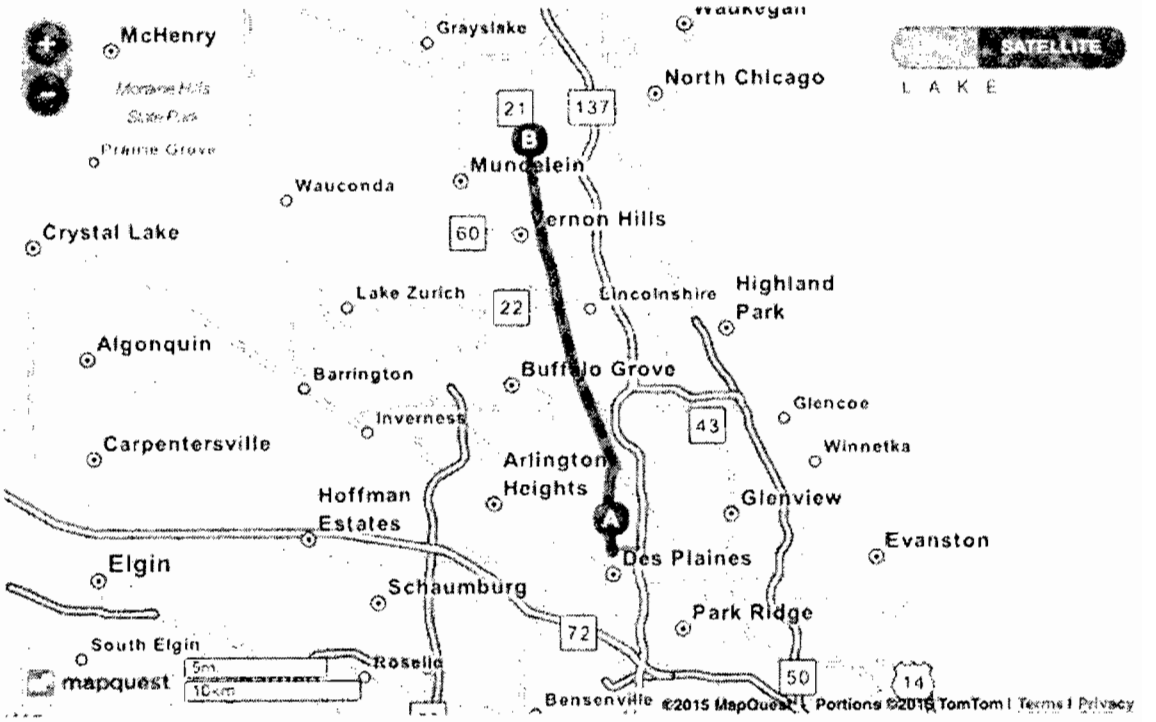
Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

1. Start out going north on N River Rd / US-45 N toward US-45 S. Continue to follow US-45 N. Map	10.8 Mi
2. Stay straight to go onto Milwaukee Ave / IL-21. Continue to follow Milwaukee Ave. Map	5.1 Mi
3. Make a U-turn at Condell Dr onto S Milwaukee Ave / IL-21. Map	0.01 Mi
4. 801 S MILWAUKEE AVE is on the right. Map	

Advocate Condell Medical Center
801 S Milwaukee Ave, Libertyville, IL 60048
(847) 362-2905

Total Travel Estimate: **15.86 miles - about 27 minutes**



29. First Community Hospital
5645 West Addison Street
Chicago, IL 60634

Presence Holy Family Medical Center
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download Free App

●	1. Start out going south on **N River Rd / US-45 S** toward **E Golf Rd / IL-58**. Map	0.5 Mi
↖	2. Turn **slight left** onto **Rand Rd**. Map	1.0 Mi
↑	3. **Rand Rd** becomes **N Northwest Hwy**. Map	0.1 Mi
↗ SOUTH 294	4. Merge onto **I-294 S / Tri State Tollway S** toward **Indiana** (Portions toll). Map	3.1 Mi
↗ EAST 90	5. Merge onto **I-90 E** toward **Kennedy Expy / Chicago** (Portions toll). Map	6.3 Mi
84 EXIT	6. Take the **Lawrence Ave** exit, **EXIT 84**, toward **4800 N**. Map	0.2 Mi
↱	7. Turn **sharp right** onto **W Lawrence Ave**. Map	0.6 Mi
↰	8. Turn **left** onto **N Central Ave**. Map	1.5 Mi
↱	9. Turn **right** onto **W Addison St**. Map	0.06 Mi
■	10. **5645 W ADDISON ST** is on the left. Map	

5645 W Addison St, Chicago, IL 60634-4403

Total Travel Estimate: **13.35 miles - about 19 minutes**