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HEALTH FACILITIES &
SERVICES REVIEW BOARD

August 5, 2016

Via Federal Express

Anne M. Cooper
(312) 873-3606
(312) 276-4317 Direct Fax
acooper@polsinelli.com

Ms. Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review
Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Southern Illinois Gastrointestinal Endoscopy Center (Proj. No. 15-061)

Dear Chair Olson:

Polsinelli PC represents Southern Illinois Gastrointestinal Endoscopy Center, LLC ("SIGEC"); Southern Illinois G.I. Specialists, LLC ("SIGIS") and Zahoor Makhdoom, M.D. (collectively, the "Applicants"). We are writing in response to the issuance by the Illinois Health Facilities and Services Review Board (the "State Board") of an intent-to-deny the Applicants' certificate of need ("CON") permit application for SIGEC, Project No. 15-061. The Applicants seek to establish a limited specialty endoscopy center to be located in Carbondale, Illinois. With this letter, the Applicants submit additional information in support of their proposal.

Patient Transfer Agreement

As part of its opposition to the project, Southern Illinois Healthcare ("SIH") criticized the Applicants' failure to submit a patient transfer agreement with a licensed hospital as part of its CON Permit Application. As noted by State Board staff during the June 21, 2016 State Board meeting, a patient transfer agreement *is not a requirement for a CON permit*, but rather is required for an ambulatory surgical treatment center license. To address this issue, the Applicants entered into a Patient Transfer Agreement with Heartland Regional Medical Center. See Attachment – 1.

Payor Mix

As noted in its opposition to the project, SIH criticized the Applicants for failing to provide sufficient levels of Medicaid care to residents of Southern Illinois. It is important to

Ms. Kathryn J. Olson
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understand that neither SIGIS nor SIGEC are non-profit corporations and are not obligated by law to provide any levels Medicaid or charity care. Despite having no charitable obligations, Dr. Makhdoom firmly believes in giving back to his community. Both SIGEC and its affiliated medical practice, SIGIS accept all patients that are medically appropriate for gastrointestinal procedures in an ambulatory surgery center regardless of payor. As reported in the Applicants' supplemental information submitted on April 7, 2016, SIGIS provided 5 percent Medicaid care to residents of Southern Illinois in 2015. That number has nearly doubled in 2016 to 9 percent. ***Importantly, this is nearly four times the 2014 ambulatory surgery center statewide average of 2.3 percent.*** A comparison of SIGIS' current payor mix to its 2015 payor mix is provided in the table below.

SIGIS Payor Mix		
	2015	2016
Medicare	45%	44%
Medicaid	5%	9%
Private Insurance	40%	34%
Assist Program	10%	12%
Shawnee	0%	1%

Furthermore, it is worth noting SIGIS and SIGEC focus exclusively on gastrointestinal care. Endoscopy is one of the ancillary services provided by the medical practice, and colonoscopy is a core function of endoscopy services. Unlike hospitals and other types of ambulatory surgery centers, endoscopy centers serve an older cohort, due in large part to the U.S. Preventative Services Task Force (USPSTF) recommendation advocating screening for colorectal cancer in adults, beginning at age 50 years and continuing until age 75. In fact, only 16.7 percent of the Carbondale population is over the age of 50. Of those individuals 50 and older, 44 percent are over 65, and likely qualify for Medicare. Conversely, 56 percent of those 50 and older are between 50 and 65 and would have either Medicaid, private insurance or no insurance. Importantly, SIGIS' payor mix accurately reflects the age 50+ cohort, i.e., 44% (those age 65 and older) are Medicare beneficiaries while the remaining 56% qualify for Medicaid, have private insurance or are uninsured or underinsured.

Assistance Programs and Medicare Charges

As discussed in detail at the State Board meeting, SIGIS and SIGEC offer colonoscopy assist and upper GI financial assistance programs to uninsured and underinsured patients, e.g.,

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patients with high deductibles who could not otherwise afford a lifesaving colonoscopy. The goal of the assistance programs is to improve the colorectal cancer screening rates in Southern Illinois by making them affordable to all. Based upon a recent evaluation of similar programs in Southern Illinois and Southeast Missouri, Dr. Makhdoom adjusted the charges for the two assistance programs. Under the newly revised assistance programs, eligible patients can receive a colonoscopy for \$1,250 or an EGD for \$750 (previously the assistance programs offered a colonoscopy for \$1,500 and an EGD for \$900). *See Attachment – 2.*

The \$1,250 charge for a colonoscopy and \$750 charge for an EGD are flat rates and include fees for the physician, anesthesiologist, pathologist, and radiologist. These fees are commensurate to the reimbursement SIGIS receives from Medicare for these services. Specifically, Medicare pays SIGIS between \$1,151 and \$1,770 per colonoscopy, depending on whether pathology is involved, i.e., biopsy of polyps removed during colonoscopy. Likewise, Medicare reimbursement for an EGD is \$1,091 for an EGD without pathology and \$1,612 for an EGD with polyp removal and pathology. Finally, Medicare reimbursement for a flexible sigmoidoscopy is between \$897 and \$967, depending on whether pathology is required.

Finally, it is important to note, regardless of whether the amounts charged under the two assistance programs are equal to, greater than or less than the amount received from Medicare, they are lower than the median charges of any area hospital or surgery center.

Colonoscopy and EGD Median Charges¹		
Facility	Colonoscopy	EGD
Memorial Hospital of Carbondale	\$ 7,115.96	\$ 8,040.38
St. Joseph Memorial Hospital	\$ 6,840.34	\$ 6,796.86
Marshall Browning Hospital	\$ 3,462.50	\$ 3,710.00
Herrin Hospital	\$ 7,988.94	\$ 8,016.28
Heartland Regional Medical Center	\$ 13,972.51	\$ 13,447.37
Pinckneyville Community Hospital	\$ 3,604.84	N/A
Physicians' Surgery Center	\$ 2,072.00	\$ 3,984.00
Marion Healthcare Surgery Center	\$ 5,702.19	\$ 7,374.50
SIGIEC Assist Program	\$ 1,250.00	\$ 750.00

¹ Ill. Dep't Pub. Health, Illinois Hospital Report Card and Consumer Guide to Health Care available at <http://www.healthcarereportcard.illinois.gov/> (last visited Aug. 1, 2016).



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Accreditation

Attached at Attachment – 3 are copies of SIGIS' Joint Commission Office Based Surgery Accreditation and American Society for Gastrointestinal Endoscopy ("ASGE") recognition for promotions of quality in endoscopy. Joint Commission Accreditation demonstrates a commitment to the highest levels of patient safety and patient care and is nationally recognized as a benchmark of quality. ASGE recognition distinguishes those providers who advance patient care through excellence and innovation in endoscopy. Further, ASGE quality recommendations include the use of at least two endoscopes at an endoscopy center. As noted in the CON application and discussed at the June 21, 2016 State Board meeting, the Applicants propose two endoscopy procedure rooms to ensure high quality endoscopy services are provided and to reduce patient wait times.

Support

Attached at Attachment – 4 are letters from John "Mike" Henry, Mayor of Carbondale, and John V. Earnhart, M.D., Regional Primary Care, Inc. supporting the establishment of SIGIEC.

Thank you for your time and consideration. If you need any additional information regarding the proposed project, feel free to contact me at 312-873-3606 or acooper@polsinelli.com

Very truly yours,

A handwritten signature in cursive script, appearing to read "Anne M. Cooper".

Anne M. Cooper

Attachments
082226 / 494082

PATIENT TRANSFER AGREEMENT

THIS TRANSFER AGREEMENT (the "Agreement") is made as of 7/11/2016, by and between Marion Hospital Corporation doing business as Heartland Regional Medical Center and Southern Illinois GI Specialists, LLC, a/k/a Southern Illinois Gastrointestinal Endoscopy Center, LLC 0143, each individually referred to herein as "Transferring Facility" if transferring a patient, or "Receiving Facility" if receiving a patient, pursuant to the terms and provisions of the Agreement, and collectively as "facilities."

WITNESSETH:

WHEREAS, the parties hereto desire to enter into the Agreement governing the transfer of patients between the two facilities; and,

WHEREAS, the parties hereto desire to enter into the Agreement in order to specify the rights and duties of each of the parties and to specify the procedure for ensuring the timely transfer of patients between the facilities.

NOW, THEREFORE, to facilitate the continuity of care and the timely transfer of patients and records between the facilities, the parties agree as follows:

1. **TRANSFER OF PATIENTS.** In the event any patient of either facility is deemed by Transferring Facility as requiring the services of Receiving Facility and the transfer is deemed medically appropriate, a member of the nursing staff of Transferring Facility or the patient's attending physician will contact the admitting office or Emergency Department, whichever is applicable, of Receiving Facility to arrange for appropriate treatment as contemplated herein. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, the standards of The Joint Commission and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities. Neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious, or unreasonable discrimination or based upon the patient's inability to pay for services rendered by either facility. Receiving Facility's responsibility for the patient's care shall begin when the patient is admitted to Receiving Facility.

2. **RESPONSIBILITIES OF TRANSFERRING FACILITY.** Transferring Facility shall be responsible for performing or ensuring performance of the following:

(A) Provide, within its capabilities, stabilizing treatment of the patient prior to transfer;

(B) Arrange for appropriate and safe transportation and care of the patient during transfer, in accordance with applicable federal and state laws and regulations;

(C) Designate a person who has authority to represent Transferring Facility and coordinate the transfer of the patient from the facility;

(D) Notify Receiving Facility's designated representative prior to transfer to receive confirmation as to availability of appropriate facilities, services, and staff necessary to provide care to the patient;

- (E) Prior to patient transfer, if for direct admission, the transferring physician shall contact and secure a receiving physician at Receiving Facility who shall attend to the medical needs of the patient and who will accept responsibility for the patient's medical treatment and hospital care;
- (F) Provide, within its capabilities, appropriate personnel, equipment, and services to assist the transferring physician with the coordination and transfer of the patient;
- (G) Provide, within its capabilities, personnel, equipment, and life support measures determined appropriate for the transfer of the patient by the transferring physician;
- (H) Forward to the receiving physician and Receiving Facility a copy of those portions of the patient's medical record that are available and relevant to the transfer and continued care of the patient, including records related to the patient's condition, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests, and a copy of the patient's executed Advance Directives. If all necessary and relevant medical records are not available at the time the patient is transferred, then the records will be forwarded by Transferring Facility as soon as possible;
- (I) Transfer the patient's personal effects, including, but not limited to, money and valuables, and information related to those items;
- (J) Notify Receiving Facility of the estimated time of arrival of the patient;
- (K) Provide Receiving Facility any information available about the patient's coverage under a third party coverage plan, Medicare or Medicaid, or a healthcare assistance program established by a county, public hospital, or hospital district;
- (L) Acknowledge any contractual obligations and comply with any statutory or regulatory obligations that might exist between a patient and a designated provider;
- (M) Recognize the right of a patient to request to transfer into the care of a physician and facility of the patient's choosing;
- (N) Recognize the right of a patient to refuse to consent to treatment or transfer;
- (O) Establish a policy and/or protocols (i) for maintaining the confidentiality of the patient's medical records in accordance with applicable state and federal law and (ii) for the inventory and safekeeping of any patient valuables sent with the patient to Receiving Facility; and,
- (P) Recognize and comply with the requirements of any state law and regulations or local ordinances that apply to the care and transfer of patients.

3. RESPONSIBILITIES OF RECEIVING FACILITY. Receiving Facility shall be responsible for performing or ensuring performance of the following:

- (A) Provide, as promptly as possible, confirmation to Transferring Facility regarding the availability of bed(s), appropriate facilities, services, and staff necessary to treat the patient and confirmation that Receiving Facility has agreed to accept transfer of the patient. Receiving Facility shall respond to Transferring Facility promptly after receipt of the request to transfer a patient with an emergency medical condition or in active labor;
- (B) Provide, within its capabilities, appropriate personnel, equipment, and services to assist the receiving physician with the receipt and treatment of the patient transferred, maintain a call roster of physicians at Receiving Facility and provide, on request, the names of on-call physicians to Transferring Facility;
- (C) Reserve beds, facilities, and services as appropriate for patients being transferred from Transferring Facility who have been accepted by Receiving Facility and a receiving physician, if

deemed necessary by a transferring physician unless such are needed by Receiving Facility for an emergency;

(D) Designate a person who has authority to represent and coordinate the transfer and receipt of patients into the facility;

(E) When appropriate and within its capabilities, assist with the transportation of the patient as determined appropriate by the transferring or receiving physician;

(F) Upon discharge of the patient back to Transferring Facility, provide Transferring Facility with a copy of the patient's clinical or medical records, including any record generated in the emergency department;

(G) Maintain the confidentiality of the patient's clinical or medical records in accordance with applicable state and federal law;

(H) Establish a policy and/or protocols (i) for maintaining the confidentiality of the patient's clinical or medical records in accordance with applicable state and federal law, (ii) for the receipt of the patient into its facility, and (iii) for the acknowledgment and inventory of any patient valuables transported with the patient;

(I) Provide for the return transfer of the patients to Transferring Facility when requested by the patient or Transferring Facility and ordered by the patient's attending/transferring physician, if Transferring Facility has a statutory or regulatory obligation to provide health care assistance to the patient, and if transferred back to Transferring Facility, provide the items and services required of a Transferring Facility in Section 2 of the Agreement.

(J) Provide Transferring Facility any information available about the patient's coverage or eligibility under a third party coverage plan, Medicare or Medicaid, or a healthcare assistance program established by a county, public hospital, or hospital district;

(K) Upon request, provide current information concerning its eligibility standards and payment practices to Transferring Facility and patient;

(L) Acknowledge any contractual obligations and comply with any statutory or regulatory obligations that might exist between a patient and a designated provider;

(M) Recognize and comply with the requirements of any state law and regulations or local ordinances that apply to the care and transfer of patients.

4. BILLING. All claims or charges incurred with respect to any services performed by either facility for patients received from the other facility pursuant to the Agreement shall be billed and collected by the facility providing such services directly from the patient, third party payer, Medicare or Medicaid, or other sources appropriately billed by that facility, unless applicable law and regulations require that one facility bill the other facility for such services. In addition, it is understood that professional fees will be billed by those physicians or other professional providers who actually participate in the care and treatment of the patient and who are entitled to bill for their professional services at usual and customary rates. Each facility agrees to provide information in its possession to the other facility and such physicians or professional providers sufficient to enable them to bill the patient, responsible party, or appropriate third party payer.

5. TRANSFER BACK; DISCHARGE; POLICIES. At such time as the patient is ready for transfer back to Transferring Facility or another health care facility or discharge from Receiving

Facility, in accordance with the direction from the responsible physician in Transferring Facility and with the proper notification of the patient's family or guardian, the patient will be transferred to the agreed upon location. If the patient is to be transferred back to Transferring Facility, Receiving Facility will be responsible for the care of the patient up until the time the patient is re-admitted to Transferring Facility. In the event the "transferring facility" transfers a resident with a documented chronic antibiotic resistant infection to the "hospital," the "transferring facility" agrees to re-accept this resident upon discharge from the acute "hospital" provided all other transfer and admission criteria is met. Any return transfer must meet acute care admission criteria and be approved by Receiving Facility's case management nurse.

6. COMPLIANCE WITH LAW. Both facilities shall comply with all applicable federal and state laws, rules and regulations, including, without limitation, those laws and regulations governing the maintenance of clinical or medical records and confidentiality of patient information as well as with all standards promulgated by any relevant accrediting agency.

7. INDEMNIFICATION; INSURANCE. The facilities shall each be responsible for their own acts and omissions in the performance of their duties hereunder, and the acts and omissions of their own employees and agents, and shall indemnify and hold harmless the other party from and against any and all claims, liabilities, causes of action, losses, costs, damages and expenses (including reasonable attorney's fees) incurred by the other party as a result of such acts and omissions. In addition, each party shall maintain, throughout the term of the Agreement, comprehensive general and professional liability insurance and property damage insurance coverage in amounts not less than One Million (\$1,000,000.00) per occurrence and Three Million (\$3,000,000.00) in the aggregate, and shall provide evidence of such coverage upon request.

8. TERM; TERMINATION. The term of the Agreement shall be 12 months, commencing on the 7/18/2016, and ending on 7/17/2017, unless sooner terminated as provided herein. Either party may terminate the Agreement without cause upon 30 days advance written notice to the other party. Either party may terminate the Agreement upon breach by the other party of any material provision of the Agreement, provided such breach continues for five (5) days after receipt by the breaching party of written notice of such breach from the non-breaching party. The Agreement may be terminated immediately upon the occurrence of any of the following events:

(A) Either facility closes or discontinues operation to such an extent that patient care cannot be carried out adequately, or

(B) Either facility loses its license, or Medicare certification.

9. ENTIRE AGREEMENT; MODIFICATION. The Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the parties relating to such subject matter. The Agreement may not be amended or modified except by mutual written agreement.

10. GOVERNING LAW. The Agreement shall be construed in accordance with the laws of the state in which Transferring Facility is located.

11. PARTIAL INVALIDITY. If any provision of the Agreement is prohibited by law or court decree of any jurisdiction, said prohibition shall not invalidate or affect the remaining provisions of the Agreement.

12. NOTICES. All notices hereunder by either party to the other shall be in writing, delivered personally, by certified or registered mail, return receipt requested, or by overnight courier, and shall be deemed to have been duly given when delivered personally or when deposited in the United States mail, postage prepaid, addressed as follows:

If to Heartland Regional Medical Center
 Attn: Administration

If to Southern Illinois Gastrointestinal Endoscopy Center, LLC
 Attn: Administration

With copy to: Quorum Health
 Legal Department
 1573 Mallory Lane, Suite 100
 Brentwood, TN 37027
 Attn: General Counsel

or to such other persons or places as either party may from time to time designate by written notice to the other.

13. WAIVER. A waiver by either party of a breach or failure to perform hereunder shall not constitute a waiver of any subsequent breach or failure.

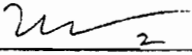
14. ASSIGNMENT; BINDING EFFECT. Facilities shall not assign or transfer, in whole or in part, the Agreement or any of Facilities' rights, duties or obligations under the Agreement without the prior written consent of the other Facility, and any assignment or transfer by either Facility without such consent shall be null and void. The Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective heirs, representatives, successors and permitted assigns.

15. CHANGE IN LAW. Notwithstanding any other provision of the Agreement, if the governmental agencies (or their representatives) which administer Medicare, any other payer, or any other federal, state or local government or agency passes, issues or promulgates any law, rule, regulation, standard or interpretation, or if any court of competent jurisdiction renders any decision or issues any order, at any time while the Agreement is in effect, which prohibits, restricts, limits or in any way substantially changes the method or amount of reimbursement or payment for services rendered under the Agreement, or which otherwise significantly affects either party's rights or obligations hereunder, either party may give the other notice of intent to amend the Agreement to the satisfaction of both parties, to compensate for such prohibition, restriction, limitation or change. If the Agreement is not so amended in writing within three (3) days after said notice was given, the Agreement shall terminate as of midnight local time on the third (3rd) day after said notice was given.

16. EXECUTION OF AGREEMENT. The Agreement shall not become effective or in force until all of the below named parties have fully executed the Agreement.

IN WITNESS WHEREOF, the parties hereto have executed the Agreement as of the day and year written above.

Southern Illinois GI Specialists, LLC, a/k/a
Southern Illinois Gastrointestinal
Endoscopy Center, LLC

By: 

Title: MD - owner

Date: 7/25/16

Marion Hospital Corporation, d/b/a
Heartland Regional Medical Center

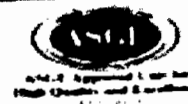
By: 

Title: Hospital CEO

Date: 7/25/16

The Joint Commission
Accredited 2011, 2014
CHSIR Board Member

Southern Illinois GI Specialists, LLC
Z. Makhdoom, MD, FACP, FASGE, AGAF
Board Certified Gastroenterologist



ACCREDITATION FROM THE JOINT COMMISSION AND ASGE ACCREDITED UNIT

BOARD CERTIFIED GASTROENTEROLOGIST SPECIALIZING IN:

- Orbera Weight Loss - Only MD office in Southern Illinois
- Colon Cancer Prevention
- Inflammatory Bowel Disease
- Liver/Biliary Disease
- ERCP
- Hemorrhoid Banding
- Virtual Colonoscopy
- Small Bowel Pill Camera
- Bravo pH test
- Remicade infusion
- Barrett's (laser treatment)

WE ARE COMMITTED TO MAKING GI HEALTHCARE AFFORDABLE TO ALL:

- One flat affordable fee covers all services (includes pathology)
- Available to patients with high deductibles or no insurance
- Patient assistance program available
- EGD \$750 / Colonoscopy \$1250 / CT Scan \$350

We Accept ALL Insurances

- Including IDPA

1100 West Diann Lane • Carbondale, IL 62901
618-549-8006



Z. Makhdoom, MD
MIRCP, FACP, FASGE, AGAF



Andrea Baldwin, ANP-BC
Amanda Reaney, PA-C
Highly Experienced in Womens GI Health/Wellness



RECOGNIZED BY THE

*American Society for Gastrointestinal Endoscopy
for Promoting Quality in Endoscopy*

Southern Illinois GI Specialists, LLC

January 1, 2015

three year recognition valid through the above date

Gregory G. Ginsberg, MD, FASGE
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA, PA
President

Bret T. Petersen, MD, FASGE
MAYO CLINIC COLLEGE OF MEDICINE, ROCHESTER, MN
Chair, Quality Assurance in Endoscopy Committee

This three year recognition was granted based on the unit meeting program eligibility criteria and is contingent upon the unit's continued compliance in meeting the criteria.

Southern Illinois GI Specialists, LLC

Carbondale, IL

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Office Based Surgery Accreditation Program

July 19, 2014

Accreditation is customarily valid for up to 36 months.

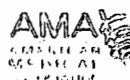
Rebecca J. Patchin, MD
Chair, Board of Commissioners

ID #514297

Print/Reprint Date: 07/30/2014

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.





200 South Illinois Avenue
P.O. Box 2047
Carbondale, Illinois 62902-2047
Telephone 618-549-5302
Fax 618-457-3283
www.explorecarbndale.com

May 31, 2016

Ms. Kathryn J. Olson, Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Southern Illinois Gastrointestinal Endoscopy Center
Project No. 15-061

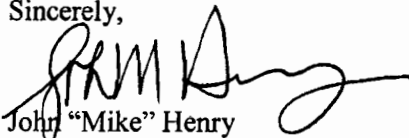
Dear Ms. Olson:

I am honored to write this letter in support of Dr. Zahoor Makhdoom and Southern Illinois Gastrointestinal Endoscopy Center, LLC, in their efforts to establish a licensed endoscopy center to be located in Carbondale, Illinois.

I know Dr. Makhdoom and his wife, Sumera personally and can honestly say that our community benefits from their charity and giving every day. They do this through substantial donations of both time and resources to people in need. Dr. Makhdoom also provides medical services to our family. While we are fortunate to have insurance that covers our medical expenses, I know many others in Southern Illinois who are not in that position. I value Dr. Makhdoom's commitment to make sure that both people like my family and others who are not so lucky, have access to quality endoscopy services.

Dr. Makhdoom's plan is to improve affordable access to quality colonoscopy and other endoscopy services in Carbondale. As you know, these procedures can be performed at a much lower cost in his proposed outpatient center than in the hospital.

Sincerely,


John "Mike" Henry
Mayor

Home of Southern Illinois University

04/27/2013 02:40

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DR EARNHART/RPC

PAGE 02/02

**Regional Primary Care, Inc.**

150 S Mount Auburn Rd, Ste 418
Cape Girardeau MO 63703
Telephone (573) 332-6000
Fax (573) 332-6180

David C. Baerthun, D.O.
Christopher M. Compton, M.D.
John V. Earnhart, M.D.
S. Kent Griffith, M.D.
Mark C. Kasten, M.D.
J. Scott Taylor, D.O.
Angela M. Compton, RN, FNP
Richard E. Kinney, RN, FNP

Ms. Kathryn J. Olson, Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: Southern Illinois Gastrointestinal Endoscopy Center
Project No. 15-061.

Dear Ms. Olson,

I am writing this letter in support for Dr. Zahoor Makhdoom and Southern Illinois Gastrointestinal Endoscopy Center, LLC, in their effort to establish a licensed endoscopy center to be located in Carbondale, Illinois.

I have known and worked with Dr. Makhdoom for over 15 years. I first became acquainted with him when I was a resident physician, where I had the opportunity to observe and learn from him as well as other gastroenterologists. Beyond my residency I have worked with him as a colleague, frequently referring my patients to his care. I can, without reservation, say that he is one of the most technically skilled and personable gastroenterologists I have ever had the privilege to work with. In addition to this, I have seen first hand his care for his patients and the people of southern Illinois. I know that he desires to bring this facility to Carbondale in order to provide a much lower cost option for needed gastrointestinal procedures in an area where many people financially cannot afford them.

I should also make note that not only is Dr Makhdoom an colleague, he is my physician as well. I have entrusted Dr. Makhdoom not only with the care of my patients over the years, but myself and multiple of my family members as well. I value his skills, his compassion and his commitment to Southern Illinois in trying to make this facility a reality.

If I may be of further assistance in this matter, please feel free to contact me.

Sincerely,

John V. Earnhart, M.D.