

SCHUAMBURG SURGERY CENTER, LLC

929 West Higgins Road
Schaumburg, IL 60169
847-285-4350

RECEIVED

AUG 02 2017

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

July 28, 2017

State of Illinois
Health Facilities and Services Review Board
525 West Jefferson St
Springfield IL 62761

Re: Project Completion and Final Realized Costs
Project Number: #16-007
Facility Name: Schaumburg Surgery Center
Facility Address: 929 West Higgins Road, Schaumburg, IL
Permit Holder: Schaumburg Surgery Center, LLC
Permit Amount: \$2,452,060

Ladies and Gentlemen:

The above noted project was completed on May 31, 2017. The following sets forth the final realized costs:

	Final Realized Costs	HFSRB Approved Costs
Preplanning Costs	\$25,000	\$25,000
Site Preparation	\$0	\$65,000
Modernization Contracts	\$1,355,558	\$901,876
Contingencies	\$0	\$111,327
Architectural/Engineering Fees	\$109,806	\$90,188
Consulting and Other Fees	\$42,000	\$83,210
Movable and Other Equipment	\$550,250	\$700,000
FMV of Leased Space and Equipment	\$357,614	\$540,459
Total	\$2,440,227	\$2,465,060

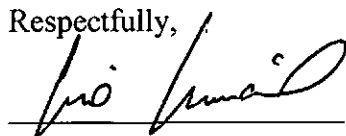
SCHUAMBURG SURGERY CENTER, LLC

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Schaumburg, IL 60169
847-285-4350

Please find the required attestations below.

If you require any additional information, please notify us at your convenience.

Respectfully,



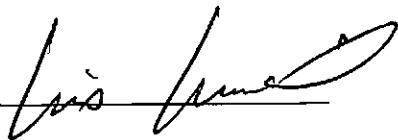
Dr. Ciro Cirrincione
President

I, Ciro Cirrincione, MD, an authorized representative of Schaumburg Surgery Center, LLC,
hereby swears and attests that:

1. Schaumburg Surgery Center, LLC has complied with all the requirements of the HFSRB Permit for the above noted project as set forth in the letter from Ms. Kathy Olson dated March 30, 2016, including the project cost, square footage, and services, and that
2. Schaumburg Surgery Center, LLC has complied with the requirements of Section 11 IAC 1130.770 of the State Board's rules, and that
3. there are no costs associated with this project that will be submitted for reimbursement under Title XVIII (Medicare) and Title XIX (Medicaid), and that
4. the final realized costs are the total costs required to complete the project and there are no additional costs or capital expenditures related to the project that will be submitted for reimbursement under Title XVIII or XIX.

DATED this 1 day of August, 2017.

Name/ Signature

Ciro Cirrincione 

SUBSCRIBED AND SWORN to before me this 1 day of August, 2017
by Roxane Keany.

Witness my hand and official seal.

My Commission Expires: 12-18-2018

Notary Public: Roxane Keany

