

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

ORIGINAL

16-031

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

AUG 03 2016

This Section must be completed for all projects.

Facility/Project Identification

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility Name:	Rush Oak Brook Surgery Center		
Street Address:	2011 York Road		
City and Zip Code:	Oak Brook, IL 60521		
County:	DuPage	Health Service Area	VII Health Planning Area: A-05

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Rush Oak Brook Surgery Center, LLC
Address:	2011 York Road Oak Brook, IL 60521
Name of Registered Agent:	Carl Bergetz
Name of Chief Executive Officer:	Michael J. Dandorph, Manager
CEO Address:	1653 W. Congress Parkway Chicago, IL 60612
Telephone Number:	312/942-5000

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Rush Oak Brook Surgery Center, LLC
Address:	2011 York Road Oak Brook, IL 60521
Name of Registered Agent:	Carl Bergetz
Name of Chief Executive Officer:	Dennis Viellieu, Manager
CEO Address:	1611 W. Harrison Street Chicago, IL 60612
Telephone Number:	312/243-4244

Type of Ownership of Applicant/Co-Applicant

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental | |
| X <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |
- 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:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210, Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

**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.

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City and Zip Code:	Oak Brook, IL 60521		
County:	DuPage	Health Service Area	VII Health Planning Area: A-05

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Rush University Medical Center
Address:	1653 W. Congress Parkway, Chicago, IL 60612
Name of Registered Agent:	Carl Bergetz
Name of Chief Executive Officer:	Larry J. Goodman, MD
CEO Address:	1653 W. Congress Parkway, Chicago, IL 60612
Telephone Number:	312/942-5865

Type of Ownership of Applicant/Co-Applicant

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
X <input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none">o Corporations and limited liability companies must provide an Illinois certificate of good standing.o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.	
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:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210, Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

Additional Contact

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

Name:	Justin T. Johnson
Title:	Sr. Corporate Counsel/Associate General Counsel
Company Name:	Rush University Medical Center
Address:	1700 West Van Buren Street, Suite 301 Chicago, IL 60612
Telephone Number:	312/942-6886
E-mail Address:	Justin_T_Johnson@rush.edu
Fax Number:	312/942-4233

Additional Contact

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

Name:	Randal Johnson
Title:	CFO
Company Name:	Midwest Orthopaedics at Rush
Address:	One Westchester Corporate Center, Suite 240 Westchester, IL 60154
Telephone Number:	708/236-2632
E-mail Address:	randal.johnson@rushortho.com
Fax Number:	

Additional Contact

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

Name:	Clare Connor Ranalli
Title:	Partner
Company Name:	McDermott Will & Emory
Address:	227 W. Monroe Street, Chicago, IL 60606
Telephone Number:	312/984-3365
E-mail Address:	cranalli@mwe.com
Fax Number:	312/277-2964

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:	Justin T. Johnson
Title:	Sr. Corporate Counsel/Associate General Counsel
Company Name:	Rush University Medical Center
Address:	1700 West Van Buren Street, Suite 301 Chicago, IL 60612
Telephone Number:	312/942-6886
E-mail Address:	Justin_T_Johnson@rush.edu
Fax Number:	312/942-4233

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Rush Oak Brook Orthopaedic Center, LLC
Address of Site Owner:	c/o Justin T. Johnson 1653 W. Congress Pkwy Chicago, IL 60612
Street Address or Legal Description of Site:	2011 York Road Oak Brook, IL 60521
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:	Rush Oak Brook Surgery Center, LLC		
Address:	c/o Justin T. Johnson 1653 W. Congress Parkway, Chicago, IL 60612		
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
X	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none">Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.			
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification:

☒ Substantive

☐ Non-substantive

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 the establishment of a multi-specialty ambulatory surgical treatment center ("ASTC"), to be located in a professional building, to be constructed at 2011 York Road in Oak Brook, Illinois. A Certificate of Need application addressing the construction of the proposed professional building was filed concurrent to the filing of this Certificate of Need application. The Applicants anticipate that proceeding with either project is dependent on approval of both projects.

The proposed ASTC will operate as a "closed staff" facility, with only faculty members of Rush University Medical Center being eligible to apply for surgical privileges.

As documented in this Certificate of Need application, the following specialties will be provided at the proposed ASTC:

- orthopaedic surgery
- general surgery
- gynecological surgery
- gastroenterology
- urological surgery
- plastic surgery
- pain management
- otolaryngology
- vascular surgery.

This application is classified as "substantive" because it proposes the establishment of an IDPH-licensed health care facility.

PROJECT COSTS and SOURCES OF FUNDS

		Clinical/ Reviewable		Non-Clinical/ Non-Reviewable		Total
Project Costs:						
Preplanning Costs		\$75,000				\$75,000
Site Survey and Soil Investigation						
Site Preparation						
Off Site Work						
New Construction Contracts		\$5,525,620 *				\$5,525,620
Modernization Contracts						
Contingencies		\$479,100				\$479,100
Architectural/Engineering Fees		\$540,000				\$540,000
Consulting and Other Fees		\$590,000				\$590,000
Movable and Other Equipment		\$3,958,467				\$3,958,467
Bond Issuance Expense						
Net Interest Expense During Construction		\$ 199,824				\$ 199,824
Fair Mkt Value of Leased Space		\$ 10,398,519 **				\$ 10,398,519
Other Costs to be Capitalized						
Acquisition of Building or Other Property						
TOTAL COSTS		\$21,766,530				\$21,766,530
Sources of Funds:						
Cash and Securities		\$1,136,801				\$1,136,801
Pledges						
Gifts and Bequests						
Bond Issues						
Mortgages		\$ 10,231,210				\$ 10,231,210
Leases (fair market value)		\$ 10,398,519				\$ 10,398,519
Government Appropriations						
Grants						
Other Funds and Sources						
TOTAL FUNDS		\$21,766,530				\$21,766,530
*build-out costs						
**please see ATTACHMENT 7						

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 \$ approx. \$700,000.

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): June 1, 2019

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.**

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

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

Facility Bed Capacity and Utilization

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**.

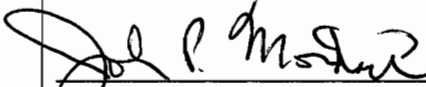
FACILITY NAME: Rush University Medical Center		CITY: Chicago			
REPORTING PERIOD DATES: From: January 1, 2015 to: December 31, 2015					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	342	18,776	89,820	none	342
Obstetrics	34	2,523	8,077	none	34
Pediatrics	18	840	3,630	none	18
Intensive Care	132	6,512	32,922	none	132
Comprehensive Physical Rehabilitation	59	1,047	12,595	none	59
Acute/Chronic Mental Illness	70	1,530	14,338	none	70
Neonatal Intensive Care	72	582	14,769	none	72
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	727	31,810	176,151	none	727

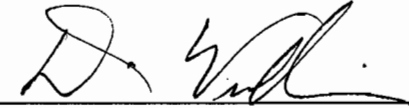
CERTIFICATION

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

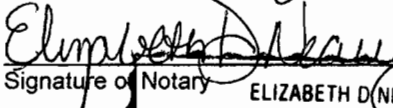
- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its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

This Application for Permit is filed on the behalf of Rush Oak Brook Surgery Center, 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.



SIGNATURE
John P. MORDACH
PRINTED NAME
MANAGER
PRINTED TITLE


SIGNATURE
Dennis Viellieu
PRINTED NAME
CEO / Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29 day of July, 2016


Signature of Notary
ELIZABETH D. NEARY
Official Seal
Seal
Notary Public - State of Illinois
My Commission Expires Jun 10, 2020

Notarization:
Subscribed and sworn to before me
this 29 day of July, 2016


Signature of Notary
ELIZABETH D. NEARY
Official Seal
Seal
Notary Public - State of Illinois
My Commission Expires Jun 10, 2020

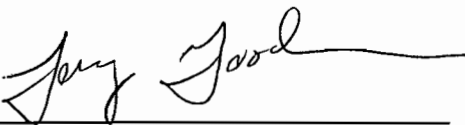
*Insert EXACT legal name of the applicant

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 manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Rush University 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.



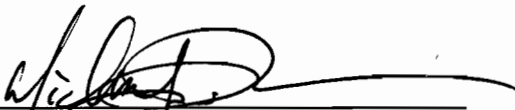
SIGNATURE

LARRY J GOODMAN, MD

PRINTED NAME

CEO

PRINTED TITLE



SIGNATURE

MICHAEL J. DANDORP

PRINTED NAME

COO/EXEC. VICE PRESIDENT

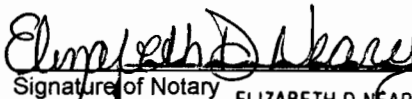
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 29 day of July, 2016

Notarization:

Subscribed and sworn to before me
this 29 day of July, 2016



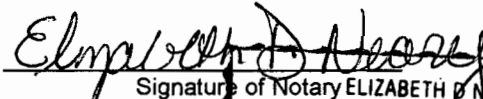
Signature of Notary

ELIZABETH D NEARY

Official Seal

Seal

Notary Public - State of Illinois
My Commission Expires Jun 10, 2020



Signature of Notary ELIZABETH D NEARY

Official Seal

Seal

Notary Public - State of Illinois
My Commission Expires Jun 10, 2020

*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 (1-8) 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, no shell space provided**

Provide the following information:

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

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**ASSURANCES:****not applicable, no shell space provided**

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

PLEASE NOTE THAT APPLICATION FORM NO LONGER SUPPORTS REVISED CRITERIA.

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

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

Read the criterion and complete the following:

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

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

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

2. Criterion 1110.1540(b), Target Population

Read the criterion and provide the following:

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

3. Criterion 1110.1540(c), Projected Patient Volume

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

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

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

Read the criterion and provide:

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

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

Read the criterion and provide:

- A copy of the letter sent to area surgical facilities regarding the proposed project's impact on their workload. NOTE: This letter must contain: a description of the project including its size, cost, and projected workload; the location of the proposed project; and a request that the facility administrator indicate what the impact of the proposed project will be on the existing facility.
- A list of the facilities contacted. NOTE: Facilities must be contacted by a service that provides documentation of receipt such as the US Postal Service, FedEx or UPS. The documentation must be included in the application for permit.

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

Read the criterion and provide:

- a. A list of services that the proposed facility will provide that are not currently available in the GSA; or
- b. Documentation that the existing facilities in the GSA have restrictive admission policies; or
- c. For co-operative ventures,
 - a. Patient origin data that documents the existing hospital is providing outpatient surgery services to the target population of the GSA, and
 - b. The hospital's surgical utilization data for the latest 12 months, and
 - c. Certification that the existing hospital will not increase its operating room capacity until such a time as the proposed project's operating rooms are operating at or above the target utilization rate for a period of twelve full months; and
 - d. Certification that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

7. Criterion 1110.1540(g), Charge Commitment

Read the criterion and provide:

- a. A complete list of the procedures to be performed at the proposed facility with the proposed charge shown for each procedure.
- b. A letter from the owner and operator of the proposed facility committing to maintain the above charges for the first two years of operation.

8. Criterion 1110.1540(h), Change in Scope of Service

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:

<div style="border-bottom: 1px solid black; padding-bottom: 5px;">\$1,136,801</div>	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 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;
<div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div>	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.
<div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div>	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">\$10,231,210</div>	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: <ol style="list-style-type: none"> 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.
<div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div>	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;
<div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div>	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">\$10,398,519</div>	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. ---Fair Market Value of Leased Space
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">\$21,766,530</div>	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

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

bond rating provided

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				
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

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement---Rush University Medical Center

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)	2013	2014	2015
Inpatient	2,146	1,720	705
Outpatient	24,877	22,238	13,573
Total	27,023	23,958	14,278
Charity (cost in dollars)			
Inpatient	\$20,964,033	\$19,040,534	\$10,392,361
Outpatient	\$15,753,055	15,722,789	\$10,413,490
Total	\$36,717,088	\$34,763,323	\$20,805,851
MEDICAID			
Medicaid (# of patients)	2013	2014	2015
Inpatient	6,720	8,842	7,280
Outpatient	83,073	92,486	97,916
Total	89,793	101,328	105,196
Medicaid (revenue)			
Inpatient	\$95,683,000	\$98,482,000	\$94,862,000
Outpatient	\$14,284,000	\$14,646,000	\$24,880,000
Total	\$109,967,000	\$113,128,00	\$119,742,000

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.

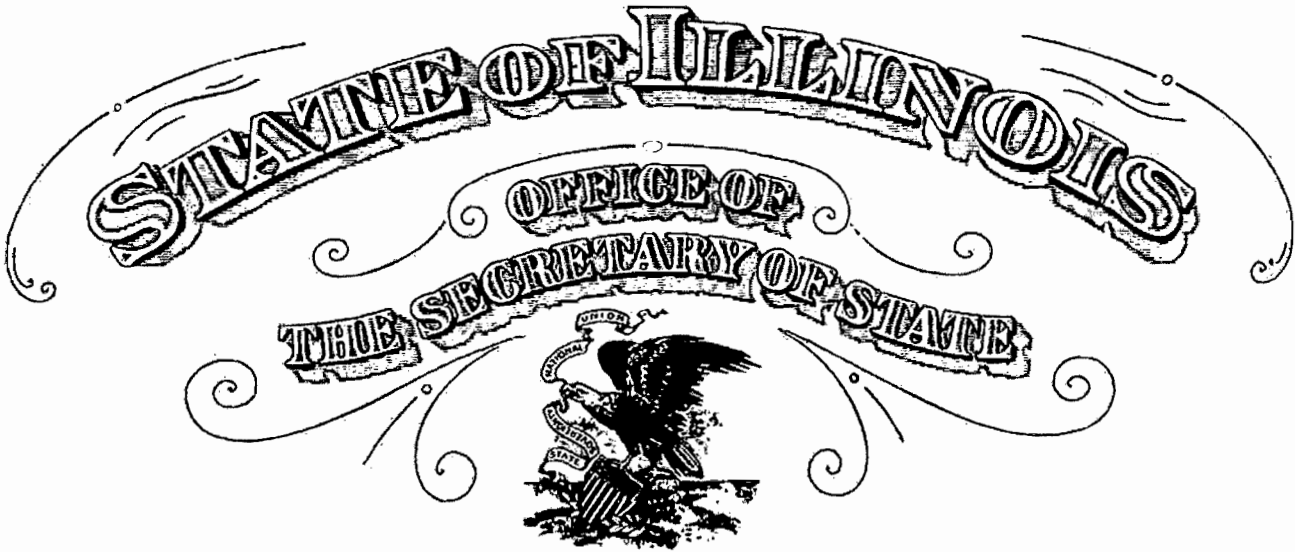
A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	2013	2014	2015
Net Patient Revenue	\$966,970,000	\$1,025,637,800	\$1,081,808,000
Amount of Charity Care (charges)	\$119,657,172	\$138,355,670	\$82,762,401
Cost of Charity Care	\$36,717,088	\$34,763,323	\$20,805,851

APPEND DOCUMENTATION AS **ATTACHMENT-41**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Below are identified the 2015 outpatient surgery payor mix for Rush University Medical Center ("RUMC"), as well as the anticipated payor mix of the proposed ASTC.

	<u>RUMC</u>	<u>ASTC</u>
Commercial Insurance	45.1%	74.0%
Medicare	35.0%	25.0%
Medicaid	17.0%	0.0%
Charity Care/Self Pay/Other	2.9%	1.0%



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RUSH OAK BROOK SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 14, 2016, 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 21ST
day of JULY A.D. 2016 .***



Authentication #: 1620301450 verifiable until 07/21/2017
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE ATTACHMENT 1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RUSH UNIVERSITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 21, 1883, 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.



Authentication #: 1527301862 verifiable until 09/30/2016
Authenticate at: <http://www.cyberdriveillinois.com>

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

Jesse White

SECRETARY OF STATE

ATTACHMENT 1

Rush Oak Brook Orthopaedic Center, LLC

July 29, 2016

Rush Oak Brook Surgery Center, LLC

**Mr. Dennis Viellieu
Manager
1653 W. Congress Pkwy.
Chicago, IL, 60612**

**Mr. Scott Sonnenschein
Manager
1653 W. Congress Pkwy.
Chicago, IL 60612**

**Re: Letter of Intent ("LOI")
Oak Brook ASC**

Gentlemen,

On behalf of ownership, thank you for your interest in the Rush Oak Brook Orthopaedic Center development, located at 2011 York Road, Oak Brook, IL (the "Development"). This LOI is being delivered to you to outline the business terms of the proposed lease ("Lease") for the Premises, as herein defined.

Landlord:	Rush Oak Brook Orthopaedic Center, LLC
Tenant:	Rush Oak Brook Surgery Center, LLC
Premises:	Floor 3 2011 York Road Oak Brook, IL
Area:	Approximately 32,000 SF
LOI Term:	The term of this LOI shall commence upon the last date written below (the "Effective Date") and continue in full force and effect until the earliest to occur of: i) the execution of the Lease; or ii) the date on which either party provides written notice of its termination of this LOI.
Lease Commencement:	Delivery Date
Lease Term:	Fifteen (15) Years; Option for one (1) additional ten (10) year term
Base Rent:	Approximately \$33.00 per RSF

Base Rent Escalation:	Base Rent shall increase 2.00% annually
Operating Expense & RE Taxes:	Tenant shall be responsible for its proportionate share of real estate taxes and operating expenses. NNN
Tenant Improvements:	Allowance of up to \$75.00 per RSF. Tenant shall furnish all furniture, trade fixtures and equipment at its sole expense.
Additional Tenant Improvements:	If requested by Tenant, Landlord shall "turnkey" the Premises and provide an additional allowance over the initial allowance of \$75.00 per RSF which shall be amortized over the term of the Lease at 7.00%. Any additional allowance is limited to hard and soft construction costs and not furniture, fixture, and equipment.
Utilities:	Tenant shall be responsible for the cost of electricity supplied to the Premises which shall be separately metered. Tenant shall pay its proportionate share of common area electricity.
Security Deposit:	None
Janitorial:	Janitorial service shall be provided five (5) days per week. Additional services are available to Tenant through building contracted service. All janitorial services are to be charged as additional rent.
Parking:	Landlord shall provide parking on a first come, first serve basis in a newly constructed parking garage.
Building Access:	Tenant shall have 24 hour per day, 7 days per week access to the Premises.
Confidentiality:	Tenant acknowledges that the terms and conditions contained herein and details of ensuing negotiations will remain confidential between the parties and no proposal, Lease draft or summaries of any kind will be copied, distributed or otherwise translated, orally, or in writing to any other entity or person without the prior written consent of Landlord, which shall not be unreasonably withheld.
CON Contingency:	The obligations of Landlord to proceed forward with the Development are contingent upon receipt of a CON permit from the Illinois Health Facilities and Review Board. Landlord will pursue obtaining a CON permit in good faith and on a reasonable time frame. If Landlord is unsuccessful in obtaining a CON permit from the Illinois Health Facilities and Review Board, <u>Landlord may terminate this LOI or the Lease, as applicable.</u>

This LOI covers only the major Lease terms. Both parties understand that numerous other material terms and conditions have not yet been discussed or agreed upon and will ultimately be contained in the Lease. This LOI is not intended to be contractual in nature (except for the provisions concerning Confidentiality which shall be binding upon the Effective Date and pursuant to the terms and conditions herein); it is only an expression on the basis of which Landlord will consider entering into the Lease. Except for the provisions concerning Confidentiality, neither party will be legally bound by the proposed Lease terms and conditions referenced in this LOI, and no landlord/tenant relationship is intended until a mutually acceptable Lease has been fully executed by both parties.

If you find the aforementioned terms and conditions acceptable, please execute a copy of this LOI in the space provided below and return as soon as possible.

Sincerely,

Landlord:

Rush Oak Brook Orthopaedic Center, LLC:

By: _____

Name: Randall Johnson

Title: Manager

Date: _____

By:  _____

Name: John Mordach

Title: Manager

Date: 7/29/16

Agreed and accepted:

Tenant:

Rush Oak Brook Surgery Center, LLC:

By: _____

Name: Dennis Viellieu

Title: Manager

Date: _____

By:  _____

Name: Scott Sonnenschein

Title: Manager

Date: 8/1/16

This LOI covers only the major Lease terms. Both parties understand that numerous other material terms and conditions have not yet been discussed or agreed upon and will ultimately be contained in the Lease. This LOI is not intended to be contractual in nature (except for the provisions concerning Confidentiality which shall be binding upon the Effective Date and pursuant to the terms and conditions herein); it is only an expression on the basis of which Landlord will consider entering into the Lease. Except for the provisions concerning Confidentiality, neither party will be legally bound by the proposed Lease terms and conditions referenced in this LOI, and no landlord/tenant relationship is intended until a mutually acceptable Lease has been fully executed by both parties.

If you find the aforementioned terms and conditions acceptable, please execute a copy of this LOI in the space provided below and return as soon as possible.

Sincerely,

Landlord:

Rush Oak Brook Orthopaedic Center, LLC:

By: 

Name: Randal Johnson

Title: Manager

Date: 8/1/16

By: _____

Name: John Mordach

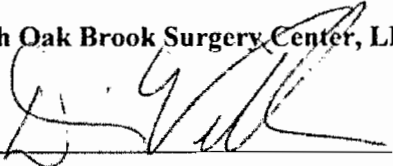
Title: Manager

Date: _____

Agreed and accepted:

Tenant:

Rush Oak Brook Surgery Center, LLC:

By: 

Name: Dennis Viellieu

Title: Manager

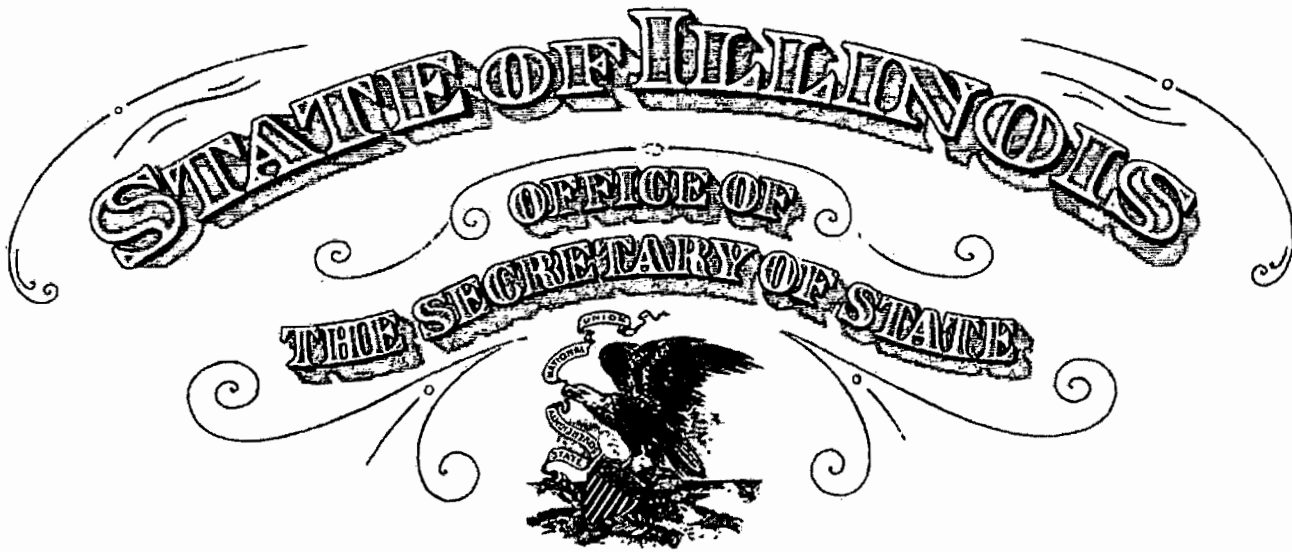
Date: 8/1/16

By: _____

Name: Scott Sonnenschein

Title: Manager

Date: _____



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RUSH OAK BROOK SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 14, 2016, 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 21ST
day of JULY A.D. 2016 .***

Jesse White

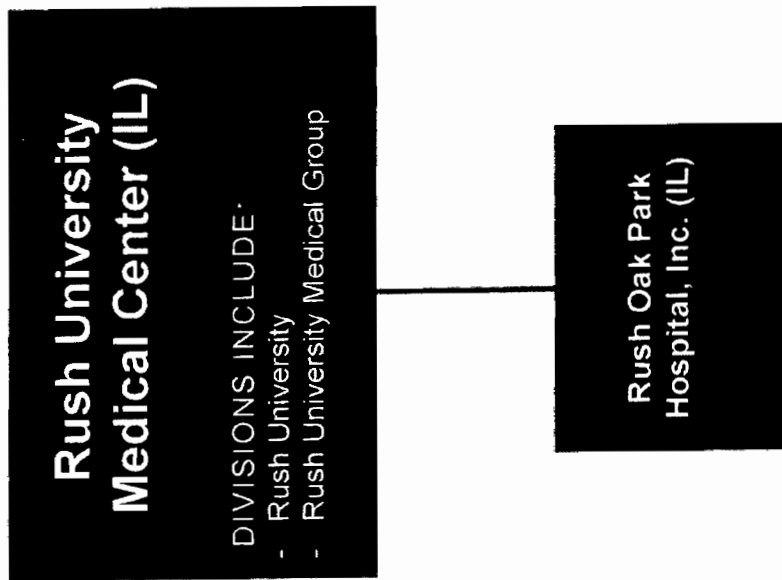
SECRETARY OF STATE


ATTACHMENT 3

OPERATING IDENTITY/LICENSEE

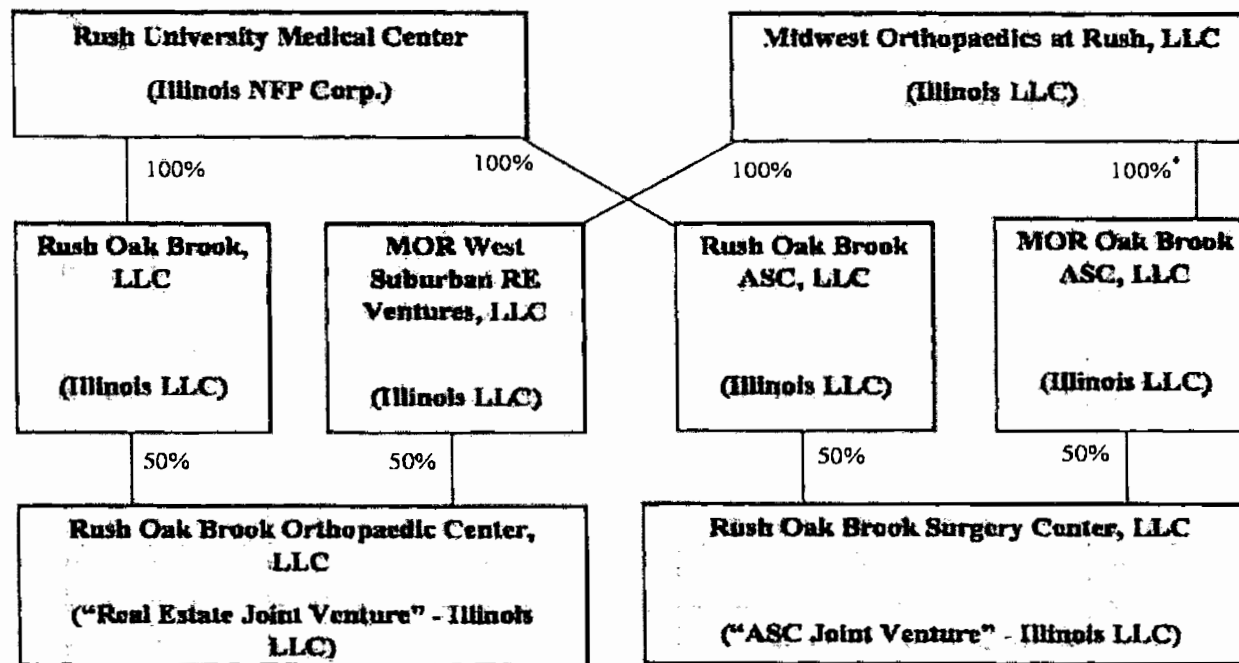
Rush Oak Brook ASC, LLC and MOR Oak Brook ASC, LLC will each hold a 50% ownership interest in Rush Oak Brook Surgery Center, LLC, the operating entity and licensee.

Corporate Organizational Chart



 = Not-for-profit

Rush Oak Brook Organizational Chart



Real Estate Joint Venture:

- To own and develop Real Property Located at 2011 York Rd., Oak Brook, Illinois.

ASC Joint Venture:

- To lease Real Property from Real Estate Venture, in order to operate an ASC.

Michael E. LaMont
Vice President

Facilities Management
1750 West Harrison Street
Suite 319 Jelke
Chicago, IL 60612

Tel 312.942.6765
Fax 312.942.8335
Mike_LaMont@rush.edu
www.rush.edu

RUSH UNIVERSITY
COLLEGE OF NURSING
RUSH MEDICAL COLLEGE
COLLEGE OF HEALTH SCIENCES
THE GRADUATE COLLEGE



July 7, 2016

Illinois Health Facilities and
Services Review Board
Springfield, Illinois

To Whom It May Concern:

I hereby attest that the proposed site of the Professional Building to be constructed at 2011 York Road in Oak Brook, Illinois, is not located in a flood plain, and that the hospital site is in compliance with the Flood Plain Rule under Illinois Executive Order #2006-5.

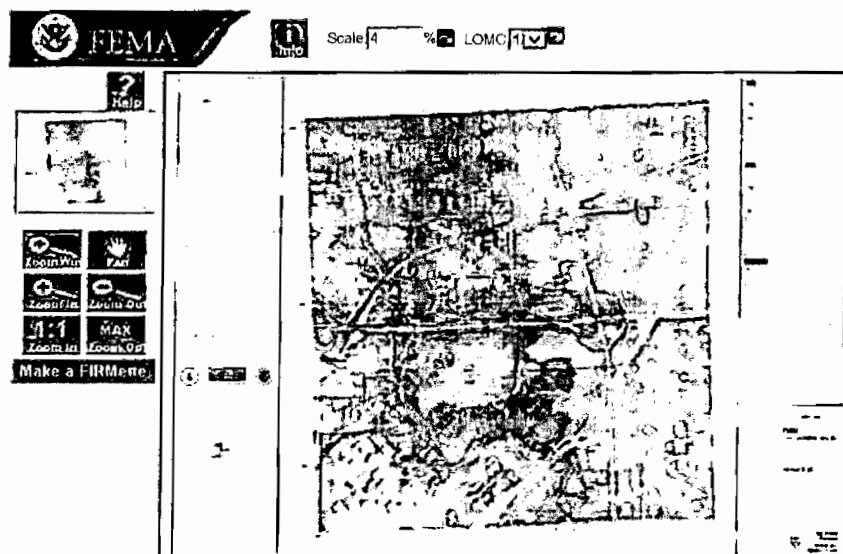
A handwritten signature in black ink, appearing to read 'Mike LaMont', written over a horizontal line.

Michael E. LaMont
Vice President, Facilities Management
Rush University Medical Center

Subscribed and sworn to before me this

7th day of July, 2016

A handwritten signature in black ink, appearing to read 'Jacqueline Burgess', written over a horizontal line.
An official notary seal for Jacqueline Burgess, a Notary Public for the State of Illinois. The seal is rectangular with a decorative border and contains the text: 'OFFICIAL SEAL', 'JACQUELINE BURGESS', 'Notary Public - State of Illinois', and 'My Commission Expires Feb 16, 2019'.



ATTACHMENT 5

34



Illinois Historic Preservation Agency

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX 217/524-7525

www.illinoishistory.gov

DuPage County
Oak Brook
2011 York Road
HFSRB
New construction, Medical Clinics Building-Ambulatory Surgical Treatment Center

PLEASE REFER TO: IHPA LOG #016030416

March 30, 2016

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

Dear Mr. Axel:

The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

Sincerely,

Rachel Leibowitz, Ph.D.
Deputy State Historic
Preservation Officer

ATTACHMENT 6

PROJECT COSTS and SOURCES OF FUNDS

PROJECT COSTS

Preplanning Costs

Market Analyses/Feasibility Assessment	\$40,000	
Scope Determination	\$20,000	
Misc./Other	<u>\$15,000</u>	
		\$75,000

New Construction Contracts

build-out per ATTACHMENT 39C	<u>\$5,525,620</u>	
		\$5,525,620

Contingencies

per ATTACHMENT 39C	<u>\$479,100</u>	
		\$479,100

Architectural and Engineering Fees

Design	\$480,000	
Document Preparation	\$10,000	
Interface with Agencies	\$5,000	
Project Monitoring	\$10,000	
Misc./Other	<u>\$35,000</u>	
		\$540,000

Consulting and Other Fees

CON-related	\$75,000	
Legal & Accounting	\$60,000	
Fees and Permits	\$15,000	
Insurance & Taxes	\$10,000	
Program Mgt. & Const. Admin.	\$50,000	
IT Interface	\$15,000	
Interior Design	\$15,000	
Commissioning	\$300,000	
Misc./Other	\$50,000	
		\$590,000

Movable Equipment

Per Attached Inventory	<u>\$3,958,467</u>	
		\$3,958,467

Net Interest Expense During Const.

Construction Period Interest	<u>\$199,824</u>	
		\$199,824

Fair Market Value of Leased Space*

Core & Shell	\$	5,940,840	
33% of site prep and A & E	\$	894,465	
25% of parking structure		<u>\$3,563,214</u>	
	\$		10,398,519

Total Project Cost **\$21,766,530**

*The FMV of the leased space, for purposes of this CON application is based on the apportioned core and shell cost plus apportioned associated construction-related and "soft" costs.

PROJECT COSTS and SOURCES OF FUNDS

SOURCES OF FUNDS

Mortgage/Bank Loan	\$10,231,210	
Cash-Rush Oak Brook Surgery Center, LLC	\$1,136,801	
FMV of Leased Space	<u>\$ 10,398,519</u>	
Total Sources of Funds		\$21,766,530

Rush Oak Brook Surgery Center
Proposed Equipment Budget

Equipment List (Clinical)		Equipment List (Non-Clinical)	
Intake	\$10,636.40	Lobby	\$12,592.80
Clinical Staff Education	\$5,499.20	Private Counseling Fina	\$1,816.40
PAT	\$3,782.80	Private Offices 2	\$10,352.80
Anes Workroom	\$3,039.02	Consult	\$1,816.40
Nurse Station	\$56,141.15	Lounge Conference	\$13,228.00
Pre Op	\$119,957.76	Mens Lockers	\$4,942.50
Linen	\$1,319.01	Womens Lockers	\$7,835.48
Med Room	\$1,588.53	Telephones System	\$12,000.00
Recovery	\$147,182.37	Artwork	\$95,000.00
Step Down Recovery	\$50,949.33	Estimated Taxes	\$10,938.36
Private Recovery Rooms	\$33,979.08	Freight and Handling	\$4,020.08
Sterile Corridor	\$242,225.72	Total	\$174,542.82
Procedure Room	\$75,358.56		
ORs	\$1,665,393.84		
Ortho Inst	\$157,300.00		
Hand Specialty Items	\$35,850.00		
Ent	\$39,900.00		
Gi Specialty Items	\$151,600.00		
General / Vascularsurgery	\$14,000.00		
Plastics	\$36,000.00		
Decontam	\$171,163.23		
Sterile Process	\$208,647.30		
Cart Picking / Staging	\$10,980.00		
Sterile Storage	\$8,450.00		
Clean Storage	\$2,270.00		
Bulk Storage	\$3,870.00		
Janitor	\$340.00		
Receiving / Adm	\$689.00		
Misc./Other	\$200,000.00		
Estimated Taxes	\$244,358.42		
Freight and Handling	\$81,452.81		
Total	\$3,783,923.53		

Cost Space Requirements

		Gross Square Feet		Amount of Proposed Total Square Feet		
		That is:		New	Modernized	Vacated
Dept./Area	Cost	Existing	Proposed	Const.	As Is	Space
Reviewable						
ASTC	\$ 21,766,530		31,940	31,940		

Office of Legal Affairs
Rush University Medical Center
Triangle Office Building
1700 W. Van Buren St.
Suite 301
Chicago, IL 60612

Tel: 312.942.6886
Fax: 312.942.4233
Carl_Bergetz@rush.edu
www.rush.edu



Carl Bergetz
Rush University Medical Center
Deputy General Counsel and
Associate Vice President


As Acting General Counsel of Rush University Medical Center, I hereby certify that no adverse action has been taken against it, directly or indirectly, within three (3) years prior to the filing of this Application. For the purpose of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.

I hereby authorize HFSRB and IDPH to access any documentation which it finds necessary to verify any information submitted, including, but not limited to: official records of IDPH or other State agencies and the records of nationally recognized accreditation organizations.



Carl Bergetz
Acting General Counsel

Subscribed and sworn to before me this
18th day of May, 2016



Notary Public



ATTACHMENT 11



**Illinois Department of
PUBLIC HEALTH**

HF109518

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D., J.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	LC NUMBER
12/31/2016		0001917
General Hospital		
Effective: 01/01/2016		

Rush University Medical Center
1653 West Congress Parkway
Chicago, IL 60612

The face of this license has a colored background. Printed by Authority of the State of Illinois • PO. #4012320 10M 3/12

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 12/31/2016

Lic Number 0001917

Date Printed 10/28/2015

Rush University Medical Center
1653 West Congress Parkway
Chicago, IL 60612

FEE RECEIPT NO.

ATTACHMENT 11

41

Rush University Medical Center

Chicago, IL

has been Accredited by

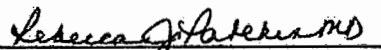


The Joint Commission

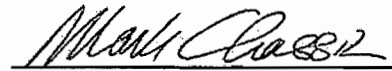
Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

September 19, 2015

Accreditation is customarily valid for up to 36 months.


Rebecca J. Patchin, MD
Chair, Board of Commissioners

ID #7297
Print/Reprint Date: 11/18/2015


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.

LICENSED HEALTHCARE FACILITIES CONTROLLED AND/OR OPERATED
BY AN APPLICANT

Rush University Medical Center
1653 West Congress Parkway
Chicago, Illinois
IDPH License #0001917

Rush Oak Park Hospital, Inc.
520 South Maple Avenue
Oak Park, Illinois
IDPH License #00001750

Rush SurgiCenter at the Professional Building
1725 W. Harrison Street
Chicago, Illinois
IDPH License #7001753

PURPOSE OF PROJECT

The proposed project is limited to the establishment of a multi-specialty Ambulatory Surgery Treatment Center ("ASTC") for use by physician members of the faculty of Rush University Medical Center ("RUMC"). As such, and with the improved accessibility to outpatient surgical services that will result from the proposed project, the health care and well-being of the market area population to be served will be improved. While the ASTC will have an orthopaedic surgery orientation, other surgical specialties, as identified in Section VII.H. of this application will be represented on the medical staff, and surgeries in those specialties will be provided. The purposes of the proposed project are to:

- provide high quality outpatient services in an efficient and cost-effective manner, as mandated by the changing health care delivery environment, including the provisions of the Affordable Care Act and limitations placed on physician and institutional providers by the insurance industry; and
- reduce the high utilization of the surgical suite at RUMC.

During 2014, and as reported in RUMC's 2015 IDPH *Annual Hospital Profile*, RUMC's surgical suite functioned at 34.1% above the IDPH's target utilization level.

The project's Geographic Service Area (GSA), consistent with Section 1110.1540c.2)A), consists of those ZIP Code areas located within 45 minutes of the proposed site, and a listing of those ZIP Code areas is provided, following this narrative. The identified GSA includes a major portion of the metropolitan Chicago area, consistent with the patient origin of the surgeons anticipated to refer patients to the ASTC, and RUMC's status as a regional referral center. That area extends to Hawthorn Woods on the north, the Dan Ryan Expressway on the east, Olympia

Fields on the south and Geneva on the west. The 2018 population of the GSA, based on ZIP Code-specific projections developed by GeoLytics, Inc. will be 4,585,701.

The objective of the proposed project is to proceed, without delay, toward the opening of the proposed ASTC. A measurable goal of the proposed project is to significantly reduce the utilization rate of RUMC's surgical suite.

ZIP Codes Located in GSA

ATTACHMENT 12

2/5

ZIP Codes Located in GSA

60004	ARLINGTON HEIGHTS	60189	WHEATON	60525	LA GRANGE
60005	ARLINGTON HEIGHTS	60190	WINFIELD	60532	LISLE
60007	ELK GROVE VILLAGE	60191	WOOD DALE	60534	LYONS
60008	ROLLING MEADOWS	60301	OAK PARK	60538	MONTGOMERY
60010	BARRINGTON	60302	OAK PARK	60539	MOOSEHEART
60015	DEERFIELD	60304	OAK PARK	60540	NAPERVILLE
60025	GLENVIEW	60305	RIVER FOREST	60542	NORTH AURORA
60035	HIGHLAND PARK	60402	BERWYN	60543	OSWEGO
60056	MOUNT PROSPECT	60406	BLUE ISLAND	60544	PLAINFIELD
60067	PALATINE	60419	DOLTON	60546	RIVERSIDE
60069	LINCOLNSHIRE	60426	HARVEY	60555	WARRENVILLE
60070	PROSPECT HEIGHTS	60429	HAZEL CREST	60558	WESTERN SPRINGS
60074	PALATINE	60430	HOMEWOOD	60559	WESTMONT
60082	TECHNY	60431	JOLIET	60560	YORKVILLE
60089	BUFFALO GROVE	60432	JOLIET	60561	DARIEN
60090	WHEELING	60433	JOLIET	60563	NAPERVILLE
60101	ADDISON	60435	JOLIET	60564	NAPERVILLE
60106	BENSENVILLE	60436	JOLIET	60565	NAPERVILLE
60108	BLOOMINGDALE	60440	BOLINGBROOK	60586	PLAINFIELD
60110	CARPENTERSVILLE	60441	LOCKPORT	60604	CHICAGO
60120	ELGIN	60445	MIDLOTHIAN	60608	CHICAGO
60126	ELMHURST	60446	ROMEOVILLE	60609	CHICAGO
60130	FOREST PARK	60448	MOKENA	60612	CHICAGO
60131	FRANKLIN PARK	60452	OAK FOREST	60617	CHICAGO
60134	GENEVA	60455	BRIDGEVIEW	60618	CHICAGO
60137	GLEN ELLYN	60456	HOMETOWN	60620	CHICAGO
60139	GLENDALE HEIGHTS	60457	HICKORY HILLS	60621	CHICAGO
60141	HINES	60458	JUSTICE	60622	CHICAGO
60143	ITASCA	60459	BURBANK	60623	CHICAGO
60148	LOMBARD	60462	ORLAND PARK	60624	CHICAGO
60153	MAYWOOD	60463	PALOS HEIGHTS	60625	CHICAGO
60154	WESTCHESTER	60464	PALOS PARK	60629	CHICAGO
60157	MEDINAH	60465	PALOS HILLS	60630	CHICAGO
60160	MELROSE PARK	60469	POSEN	60632	CHICAGO
60162	HILLSIDE	60472	ROBBINS	60634	CHICAGO
60163	BERKELEY	60473	SOUTH HOLLAND	60636	CHICAGO
60164	MELROSE PARK	60476	THORNTON	60638	CHICAGO
60171	RIVER GROVE	60477	TINLEY PARK	60639	CHICAGO
60172	ROSELLE	60478	COUNTRY CLUB HILLS	60644	CHICAGO
60173	SCHAUMBURG	60480	WILLOW SPRINGS	60650	CHICAGO
60174	SAINT CHARLES	60501	SUMMIT ARGO	60652	CHICAGO
60175	SAINT CHARLES	60504	AURORA	60656	CHICAGO
60176	SCHILLER PARK	60505	AURORA	60658	CHICAGO
60177	SOUTH ELGIN	60506	AURORA	60805	EVERGREEN PARK
60181	VILLA PARK	60513	BROOKFIELD	60827	RIVERDALE

ATTACHMENT 12

60185 WEST CHICAGO
60187 WHEATON
60188 CAROL STREAM

60514 CLARENDON HILLS
60515 DOWNERS GROVE
60516 DOWNERS GROVE

60517 WOODRIDGE
60519 EOLA
60521 HINSDALE
60523 OAK BROOK

ALTERNATIVES

The need to provide additional outpatient surgical capacity for the physicians identified in ATTACHMENT 27d, as well as the need to reduce outpatient surgery-related costs resulted in the decision to develop an ASTC. The alternative to the proposed project that was considered was the development of a freestanding ASTC, as opposed to an ASTC within a professional building, as is being proposed through this *Application for Permit*. This alternative, however, was dismissed because of the desired proximity of the ASTC to many of the surgeons that would be referring patients to the ASTC. The construction cost associated with a freestanding ASTC of the size being proposed and, in the general area being proposed, would be approximately \$12.1M, with additional costs being incurred for the acquisition of the required land. The operating costs associated with this alternative would be very similar to those of the proposed project, as would the quality of services to be provided. Assuming a site was secured in the general area of the proposed project, patient accessibility would be very similar to that of the proposed project.

SIZE

The proposed project is limited to the development of a multi-specialty ASTC, having four types of functional areas with HFSRB-adopted space standards. The planned spaces for each modality, as documented in the table below, are consistent with the applicable HFSRB size standards, are necessary, and are not excessive. A total of 31,940 DGSF will be provided for the ASTC, to include the functions identified in the table below, as well as all administrative and support functions, which are incorporated into amounts of space identified below.

DEPARTMENT/SERVICE	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC				
Operating Rooms (6)	16,500	16,500	--	YES
Procedure Rooms (2)	4,400	4,400	--	YES
Phase I Recovery (8)	1,440	1,440	--	YES
Phase II Recovery (24)	9,600	9,600	--	YES

PROJECT SERVICES UTILIZATION

The proposed ASTC will, following a ramp-up period during the first year of operation, operate at the IHFSRB-adopted utilization level in subsequent years.

Letters from thirty-one physicians are provided in ATTACHEMENT 27d. Cumulatively, those physicians anticipate referring 6,174 patients to the proposed ASTC during its second year of operation. Surgical specialty-specific time requirements for the eight specialties to be provided through the proposed ASTC are identified in ATTACHMENT 27h, and range from .5 hours to 2.9 hours, including room turnover. As a result, it is anticipated that 10,859 hours of OR time will be used during the second year of operation.

Dept./ Service	Historical Utilization (Hours)	PROJECTED UTILIZATION (Hours)		STATE STANDARD	MET STANDARD?
		YEAR 1	YEAR 2		
ASTC	N/A	8,000	10,859	10,501+	YES

ESTABLISHMENT OF AN ASTC

The proposed ambulatory surgical treatment center ("ASTC") will consist of six Class C operating rooms, two Class B procedure rooms, 32 recovery stations, and support, administrative and public spaces.

The ASTC will operate as a "closed staff" facility, with only faculty members of Rush University Medical Center being eligible to apply for surgical privileges. Referral letters, consistent with the requirements of Section 1110.1540.d, have been provided from physicians practicing the following specialties, as confirmation of the specialties to be provided in the proposed ASTC:

- Gastroenterology
- General Surgery
- Gynecology
- Orthopaedic Surgery
- Otolaryngology
- Plastic Surgery
- Pain Management
- Urology
- Vascular Surgery

GEOGRAPHIC SERVICE AREA NEED

The proposed ASTC's Geographic Service Area ("GSA"), consistent with Section 1110.1540.c)2)A), includes all ZIP Code areas located within a 45 minute driving time of the ASTC's site. A listing of those ZIP Code areas is provided in ATTACHEMNT 12.

The primary purpose of the proposed ASTC, is to provide services to residents of the GSA. Confirmation of such is provided in the letters included in ATTACHMENT 27d, which document the physicians' anticipation that a minimum of 90% of their referrals will be residents of the GSA.

SERVICE DEMAND

The proposed multi-specialty ambulatory surgical treatment center ("ASTC"), of which Rush University Medical Center ("RUMC") holds a 50% ownership share through a wholly-owned subsidiary entity, is necessary to accommodate the service demand experienced by RUMC's surgical suite and to improve access to outpatient surgical services provided by selected RUMC faculty members. RUMC's surgical suite, which consists of 31 operating rooms experienced 62,337 hours of usage in 2015. The IDPH-adopted utilization target of 1,500 annual hours per operating room would support a "need" for eleven additional operating rooms to address its current caseload.

Letters are attached from 31 physicians, each of which is a RUMC faculty member. Consistent with the requirements of Section 1110.1540.d, the letters identify both the physicians' 2015 volume of referrals for outpatient surgery, by hospital/ASTC, as well as the number of patients that would have been referred (service demand) to the ASTC in 2015 by the physician, had the ASTC been available.

The table on the following page summarizes projected service demand, identifying a total of 6,174 projected referrals.

Projected ASTC Referrals

Physician	Specialty	2015 Referrals	Projected Referrals
Anthony, Anuja	Plastic Surgery	73	66
Bach, Bernard	Orthopaedic Surgery	394	346
Bush-Joseph, Charles	Orthopaedic Surgery	368	315
Cheng, David	Pain Management	857	100
Cohen, Mark	Orthopaedic Surgery	701	453
Cole, Brian	Orthopaedic Surgery	970	459
Dewdney, Summer	Gynecology	109	100
Ekbil, Shahid	Urology	110	106
Fernandez, John	Orthopaedic Surgery	918	577
Forsythe, Brian	Orthopaedic Surgery	317	109
Khare, Narendra Kumar	Urology	92	65
Kouris, George	Plastic Surgery	180	114
Lee, Simon	Orthopaedic Surgery	332	281
LoSavio, Phillip	Otolaryngology	253	220
Losurdo, John	Gastroenterology	1,067	93
Madrigano, Andrea	General Surgery	344	317
Maurice, Joseph	Gynecology	51	51
McCarthy, Walter	Vascular Surgery	34	33
Myers, Jonathan	General Surgery	189	175
Nho, Shane	Orthopaedic Surgery	559	295
Nicholson, Gregory	Orthopaedic Surgery	275	154
Nielsen, Thomas	Otolaryngology	134	123
Revenaugh, Peter	Otolaryngology	122	110
Romeo, Anthony	Orthopaedic Surgery	433	203
Sargon, Peter	Gastroenterology	424	162
Singer, Marc	General Surgery	139	117
Verma, Nikil	Orthopaedic Surgery	577	301
Wiet, R. Mark	Otolaryngology	108	89
Wool, Norman	General Surgery	208	181
Wysocki, Robert	Orthopaedic Surgery	434	285
Yanke, Adam	Orthopaedic Surgery	177	174
		<u>10,949</u>	<u>6,174</u>

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Rush University Medical Center
1653 W Congress Parkway
Chicago, IL 60612
www.rush.edu



Anuja Antony, M.D.
Plastic Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 73 patients in the facilities identified below.

Rush University Medical Center	64 patients
Rush Surgicenter	9 patients

I estimate that I would have referred 66 patients to the proposed ASTC in 2015, had it been available.

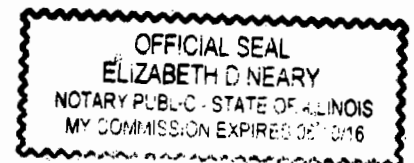
I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anuja Antony'.

Notarized:



Elizabeth D. Neary
4/4/16

ATTACHMENT 27d

Bernard Bach, M.D.
Orthopedic Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 394 patients in the facilities identified below.

Rush Surgicenter

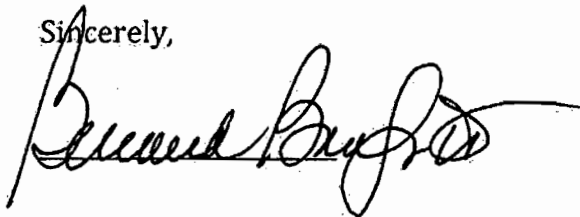
394 patients

I estimate that I would have referred 346 patients to the proposed ASTC in 2015, had it been available.

I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,



Notarized:



Elizabeth D Neary
4/4/16

ATTACHMENT 27d

Rush University Medical Center
1653 W Congress Parkway
Chicago, IL 60612
www.rush.edu



Summer Dewdney, M.D.
Obstetrics & Gynecology

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 109 patients in the facilities identified below.

Rush University Medical Center

109 patients

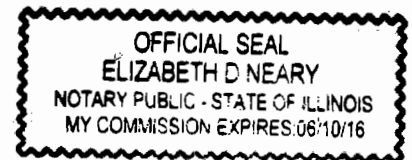
I estimate that I would have referred 100 patients to the proposed ASTC in 2015, had it been available.

I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

Notarized:



Elizabeth D. Neary
4/4/16

ATTACHMENT 27d

Brian Cole, M.D.
Orthopedic Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 970 patients in the facilities identified below.

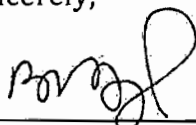
Rush Surgicenter	220 patients
Rush Oak Park Hospital	401 patients
Gold Coast Surgicenter	349 patients

I estimate that I would have referred 459 patients to the proposed ASTC in 2015, had it been available.

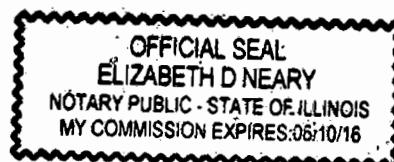
I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

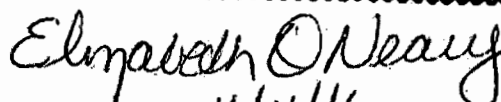
The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,



Notarized:




ATTACHMENT 27d

58

Mark Cohen, M.D.
Orthopedic Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 701 patients in the facilities identified below.

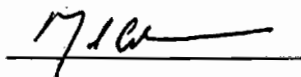
Rush University Medical Center	135 patients
Rush Surgicenter	396 patients
Gold Coast Surgicenter	170 patients

I estimate that I would have referred 453 patients to the proposed ASTC in 2015, had it been available.

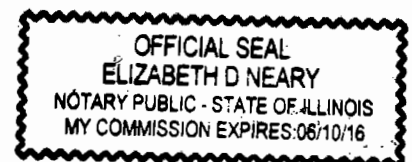
I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

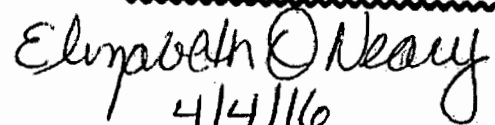
The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,



Notarized:




4/4/16
ATTACHMENT 27d

59

Charles Bush-Joseph, M.D.
Orthopedic Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 368 patients in the facilities identified below.

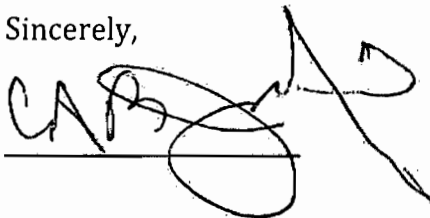
Rush Surgicenter	353 patients
Rush Oak Park Hospital	15 patients

I estimate that I would have referred 315 patients to the proposed ASTC in 2015, had it been available.

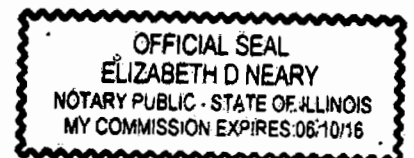
I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,



Notarized:



Elizabeth D. Neary
4/4/16

ATTACHMENT 27d

60

Rush University Medical Center
1653 W Congress Parkway
Chicago, IL 60612
www.rush.edu



Norman Wool, M.D.
General Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 208 patients in the facilities identified below.

Rush University Medical Center

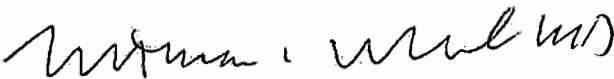
208 patients

I estimate that I would have referred 181 patients to the proposed ASTC in 2015, had it been available.

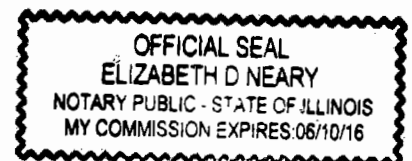
I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

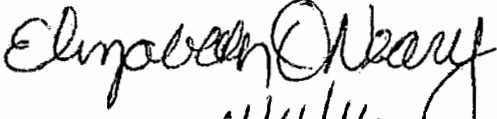
The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,



Notarized:




4/4/16

61

ATTACHMENT 27d

Rush University Medical Center
1653 W Congress Parkway
Chicago, IL 60612
www.rush.edu



R. Mark Wiet, M.D.
Otolaryngology

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 108 patients in the facilities identified below.

Rush University Medical Center

108 patients

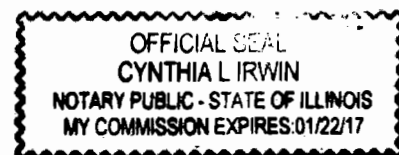
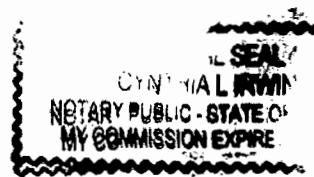
I estimate that I would have referred 89 patients to the proposed ASTC in 2015, had it been available.

I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

Notarized:



ATTACHMENT 27d

62

Robert Wysocki, M.D.
Orthopedic Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 434 patients in the facilities identified below.

Rush University Medical Center	22 patients
Rush Oak Park Hospital	197 patients
Gold Coast Surgicenter	215 patients

I estimate that I would have referred 285 patients to the proposed ASTC in 2015, had it been available.

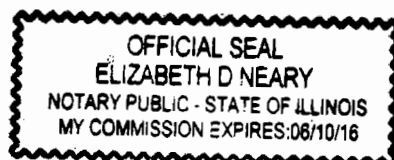
I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

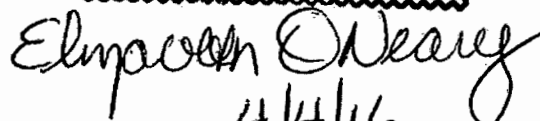
The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,



Notarized:




4/4/16
ATTACHMENT 27d

63

Nikhil Verma, M.D.
Orthopedic Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 577 patients in the facilities identified below.


Rush University Medical Center	1 patient
Rush Surgicenter	168 patients
Rush Oak Park Hospital	170 patients
Gold Coast Surgicenter	238 patients

I estimate that I would have referred 301 patients to the proposed ASTC in 2015, had it been available.

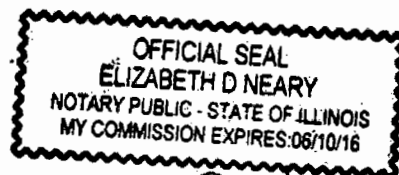
I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

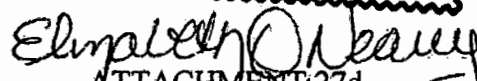
The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,



Notarized:




ATTACHMENT 27d
4/4/16

Rush University Medical Center
1653 W Congress Parkway
Chicago, IL 60612
www.rush.edu



Marc Singer, M.D.
General Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 139 patients in the facilities identified below.

Rush University Medical Center

139 patients

I estimate that I would have referred 117 patients to the proposed ASTC in 2015, had it been available.

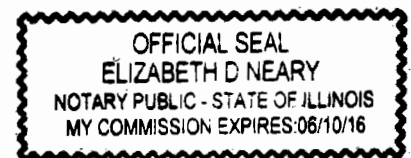
I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

Marc Singer

Notarized:



Elizabeth D. Neary
4/4/16

65

ATTACHMENT 27d



Peter Sargon, M.D.
Gastroenterology

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 424 patients in the facilities identified below.

Rush University Medical Center	422 patients
Rush Oak Park Hospital	2 patients

I estimate that I would have referred 162 patients to the proposed ASTC in 2015, had it been available.

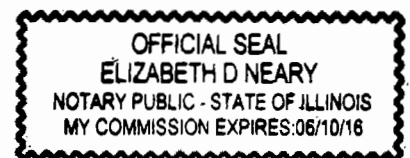
I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

A handwritten signature in black ink, appearing to be 'P. Sargon', written over a horizontal line.

Notarized:



Elizabeth D. Neary
4/4/16

66

ATTACHMENT 27d

Anthony Romeo, M.D.
Orthopedic Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 433 patients in the facilities identified below.

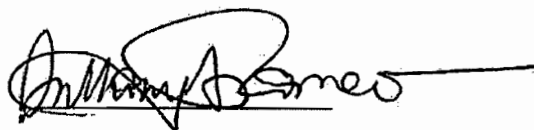
Rush University Medical Center	11 patients
Rush Oak Park Hospital	272 patients
Gold Coast Surgicenter	150 patients

I estimate that I would have referred 203 patients to the proposed ASTC in 2015, had it been available.

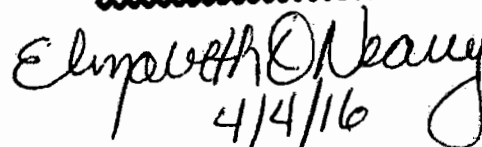
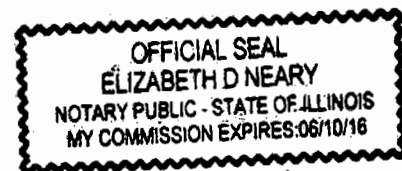
I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,



Notarized:


4/4/16

ATTACHMENT 27d

67

Rush University Medical Center
1653 W Congress Parkway
Chicago, IL 60612
www.rush.edu



Peter Revenaugh, M.D.
Otolaryngology

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 122 patients in the facilities identified below.

Rush University Medical Center	106 patients
Rush Surgicenter	16 patients

I estimate that I would have referred 110 patients to the proposed ASTC in 2015, had it been available.

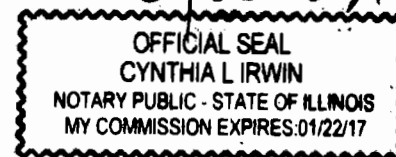
I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

A handwritten signature in black ink, appearing to be 'P. Revenaugh', written over a horizontal line.

Notarized:



68

ATTACHMENT 27d



David Cheng, MD.
Physical Medicine & Pain Management

June 21, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015, I performed 658 outpatient pain procedures at the facility identified below.

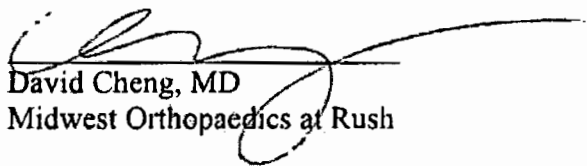
Rush University Medical Center

I estimate that I would have referred 100 patients to the proposed ASTC in 2015, had it been available.

I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

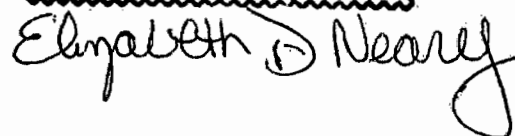
The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,


David Cheng, MD
Midwest Orthopaedics at Rush

Notarized:





Rush University Medical Center
1653 W Congress Parkway
Chicago, IL 60612
www.rush.edu



Thomas Nielsen, M.D.
Otolaryngology

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 134 patients in the facilities identified below.

Rush University Medical Center

134 patients

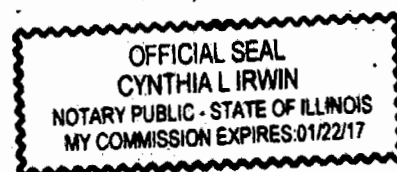
I estimate that I would have referred 123 patients to the proposed ASTC in 2015, had it been available.

I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

Notarized:



Gregory Nicholson, M.D.
Orthopedic Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 275 patients in the facilities identified below.

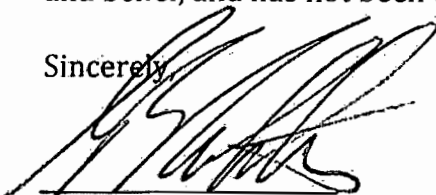
Rush University Medical Center	6 patients
Rush Oak Park Hospital	144 patients
Gold Coast Surgicenter	125 patients

I estimate that I would have referred 154 patients to the proposed ASTC in 2015, had it been available.

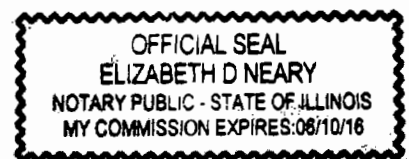
I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

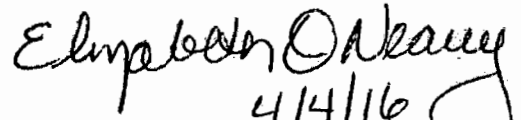
The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,



Notarized:




4/4/16
ATTACHMENT 27d

71

Shane Nho, M.D.
Orthopedic Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 599 patients in the facilities identified below.

Rush University Medical Center	2 patients
Rush Surgicenter	133 patients
Rush Oak Park Hospital	259 patients
Gold Coast Surgicenter	205 patients

I estimate that I would have referred 295 patients to the proposed ASTC in 2015, had it been available.

I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

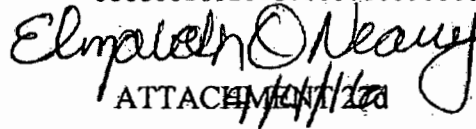
The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,



Notarized:




ATTACHMENT

72

Rush University Medical Center
1653 W Congress Parkway
Chicago, IL 60612
www.rush.edu



Jonathan Myers, M.D.
General Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 189 patients in the facilities identified below.

Rush University Medical Center

189 patients

I estimate that I would have referred 175 patients to the proposed ASTC in 2015, had it been available.

I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

Notarized:



Elizabeth D. Neary
4/4/16

Rush University Medical Center
1653 W Congress Parkway
Chicago, IL 60612
www.rush.edu



Walter McCarthy, M.D.
Vascular Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 34 patients in the facilities identified below.

Rush University Medical Center

34 patients

I estimate that I would have referred 33 patients to the proposed ASTC in 2015, had it been available.

I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

Walter McCarthy, M.D.

Notarized:



State of IL, County of Cook
Signed before me on this 11th day
of April, 2016, by Walter McCarthy
Notary Public Tina Conley

74

ATTACHMENT 27d



Joseph Maurice, M.D.
Obstetrics & Gynecology

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 51 patients in the facilities identified below.

Rush University Medical Center

51 patients

I estimate that I would have referred 51 patients to the proposed ASTC in 2015, had it been available.

I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joseph Maurice', written over a horizontal line.

Notarized:



Elizabeth D. Neary
4/4/16



Andrea Madrigano, M.D.
General Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 344 patients in the facilities identified below.

Rush University Medical Center	237 patients
Rush Surgicenter	103 patients
Rush Oak Park Hospital	4 patients

I estimate that I would have referred 317 patients to the proposed ASTC in 2015, had it been available.

I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

Notarized:



Elizabeth D. Neary
4/4/16

76

ATTACHMENT 27d



John Losurdo, M.D.
Gastroenterology

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 1,067 patients in the facilities identified below.

Rush University Medical Center	942 patients
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Rush Oak Park Hospital	125 patients
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I estimate that I would have referred 93 patients to the proposed ASTC in 2015, had it been available.

I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

Notarized:



Elizabeth D. Neary
4/4/16

77

ATTACHMENT 27d



Narendra Kumar Khare, M.D.
Urology

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 92 patients in the facilities identified below.

Rush University Medical Center	68 patients
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Rush Oak Park Hospital	24 patients
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I estimate that I would have referred 65 patients to the proposed ASTC in 2015, had it been available.

I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

Narendra K. Khare, MD

Notarized:



Elizabeth D Neary
4/4/16

78

ATTACHMENT 27d

Rush University Medical Center
1653 W Congress Parkway
Chicago, IL 60612
www.rush.edu



Phillip LoSavio, M.D.
Otolaryngology

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 253 patients in the facilities identified below.

Rush University Medical Center

253 patients

I estimate that I would have referred 220 patients to the proposed ASTC in 2015, had it been available.

I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

Notarized:

4/4/2016

79

ATTACHMENT 27d

Simon Lee, M.D.
Orthopedic Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 332 patients in the facilities identified below.

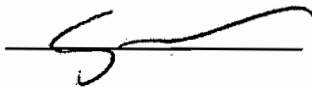
Rush University Medical Center	103 patients
Rush Surgicenter	229 patients

I estimate that I would have referred 281 patients to the proposed ASTC in 2015, had it been available.

I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,



Notarized:



Elizabeth D. Neary
4/4/16

80

ATTACHMENT 27d



George Kouris, M.D.
Plastic Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 180 patients in the facilities identified below.

Rush University Medical Center	157 patients
Rush Surgicenter	23 patients

I estimate that I would have referred 114 patients to the proposed ASTC in 2015, had it been available.

I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

Notarized:



Elizabeth D. Neary
4/4/16

81

ATTACHMENT 27d

Brian Forsythe, M.D.
Orthopedic Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 317 patients in the facilities identified below.

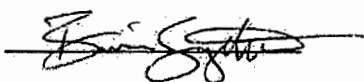
Rush Surgicenter	7 patients
Rush Oak Park Hospital	103 patients
Gold Coast Surgicenter	207 patients

I estimate that I would have referred 109 patients to the proposed ASTC in 2015, had it been available.

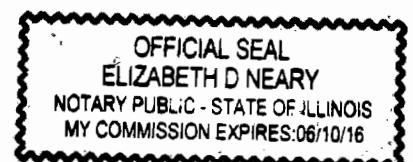
I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

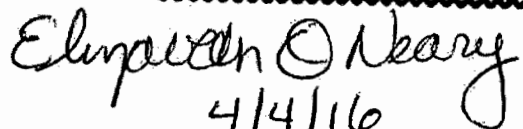
The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,



Notarized:




4/4/16
ATTACHMENT 27d.

82

John Fernandez, M.D.
Orthopedic Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 918 patients in the facilities identified below.

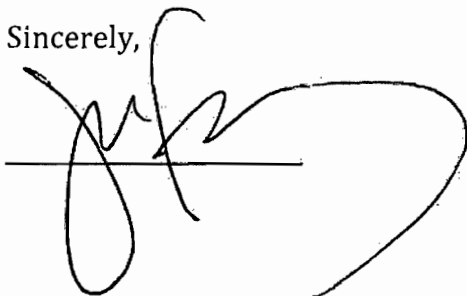
Rush University Medical Center	2 patients
Rush Surgicenter	362 patients
Rush Oak Park Hospital	285 patients
Gold Coast Surgicenter	269 patients

I estimate that I would have referred 577 patients to the proposed ASTC in 2015, had it been available.

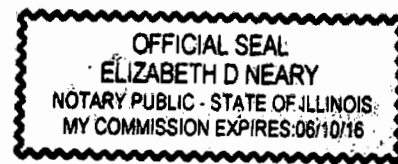
I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,



Notarized:




ATTACHMENT 27d
4/4/16

83



Shahid Ekbal, M.D.
Urology

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 110 patients in the facilities identified below.

Rush University Medical Center

110 patients

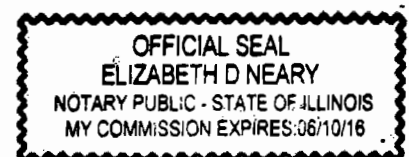
I estimate that I would have referred 106 patients to the proposed ASTC in 2015, had it been available.

I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

Notarized:



Elizabeth D. Neary
4/4/16

Adam Yanke, M.D.
Orthopedic Surgery

April 4, 2016

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed ambulatory surgical treatment center (ASTC) to be established in Oak Brook, Illinois.

During 2015 I performed outpatient surgical procedures on 177 patients in the facilities identified below.

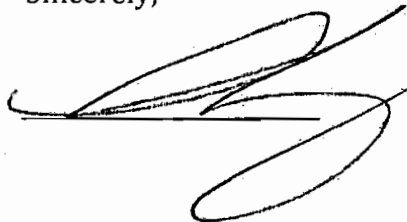
Rush University Medical Center	3 patients
Rush Surgicenter	81 patients
Rush Oak Park Hospital	93 patients

I estimate that I would have referred 174 patients to the proposed ASTC in 2015, had it been available.

I further estimate that 90+% of the patients to use the proposed ASTC reside within the project's geographic service area/ 45 minutes of the proposed ASTC site.

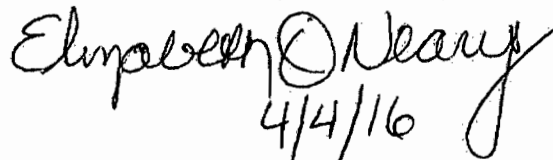
The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,



Notarized:




4/4/16

ATTACHMENT 27d

PS

TREATMENT ROOM NEED ASSESSMENT

The proposed ASTC will include eight operating/procedure rooms. Six of the rooms will be Class C surgical operating suites and two of the rooms will be Class B surgical procedure suites.

Thirty-one letters are provided in ATTACHMENT 27d, documenting a total of 6,174 anticipated cases to be performed at the ASTC.

The physicians providing letters performed outpatient surgery at only four locations in 2015: Rush University Medical Center, Rush Oak Park Hospital, Rush SurgiCenter, and Gold Coast SurgiCenter. The average weighted (by physician/number of cases performed) case times on a surgical specialty-specific basis were used to assign a case time to each proposed surgical specialty to be provided in the proposed ASTC. Those average case times are provided below.

Orthopaedic Surgery	1.5 hrs
Gynecological Surgery	1.9 hrs
Vascular Surgery	2.9 hrs
Plastic Surgery	3.5 hrs
General Surgery	2.2 hrs
Otolaryngology	2.5 hrs
Pain Management	0.5 hrs
Gastroenterology	1.7 hrs
Urology	2.0 hrs

The specialty-specific case times (which include room turn over) were applied to the projected referrals identified earlier in ATTACHMENT 27d, to identify 10,859 hours of required operating room time, as identified in the table on the following page.

Projected ASTC Referrals

Physician	Specialty	2015 Referrals	Projected Referrals	Hrs per Case	Projected Hours
Anthony, Anuja	Plastic Surgery	73	66	3.5	231
Bach, Bernard	Orthopaedic Surgery	394	346	1.5	519
Bush-Joseph, Charles	Orthopaedic Surgery	368	315	1.5	473
Cheng, David	pain Management	857	100	0.5	50
Cohen, Mark	Orthopaedic Surgery	701	453	1.5	680
Cole, Brian	Orthopaedic Surgery	970	459	1.5	689
Dewdney, Summer	Gynecology	109	100	1.9	190
Ekbil, Shahid	Urology	110	106	2.0	212
Fernandez, John	Orthopaedic Surgery	918	577	1.5	866
Forsythe, Brian	Orthopaedic Surgery	317	109	1.5	164
Kouris, George	Plastic Surgery	180	114	3.5	399
Khare, Narendra Kumar	Urology	92	65	2.0	130
Lee, Simon	Orthopaedic Surgery	332	281	1.5	422
LoSavio, Phillip	Otolaryngology	253	220	2.5	550
Losurdo, John	Gastroenterology	1,067	93	1.7	158
Madigrano, Andrea	General Surgery	344	317	2.2	697
Maurice, Joseph	Gynecology	51	51	1.9	97
McCarthy, Walter	Vascular Surgery	34	33	2.9	96
Myers, Jonathan	General Surgery	189	175	2.2	385
Nho, Shane	Orthopaedic Surgery	559	295	1.5	443
Nicholson, Gregory	Orthopaedic Surgery	275	154	1.5	231
Nielsen, Thomas	Otolaryngology	134	123	2.5	308
Revenaugh, Peter	Otolaryngology	122	110	2.5	275
Romeo, Anthony	Orthopaedic Surgery	433	203	1.5	305
Sargon, Peter	Gastroenterology	424	162	1.7	275
Singer, Marc	General Surgery	139	117	2.2	257
Verma, Nikil	Orthopaedic Surgery	577	301	1.5	452
Wiet, R. Mark	Otolaryngology	108	89	2.5	223
Wool, Norman	General Surgery	208	181	2.2	398
Wysocki, Robert	Orthopaedic Surgery	434	285	1.5	428
Yanke, Adam	Orthopaedic Surgery	177	174	1.5	261
		<u>10,949</u>	<u>6,174</u>	<u>1.8</u>	<u>10,859</u>

87

The anticipated 10,859 hours support the proposed eight rooms, based on the IDPH's target utilization level of 1,500 hours per operating/procedure room.

SERVICE ACCESSIBILITY

Consistent with Section 1110.1540.5.4), the proposed multi-specialty ambulatory surgical treatment center ("ASTC") will be developed as a cooperative venture, with Rush University Medical Center (RUMC), through its wholly owned subsidiary, Rush Oak Brook ASC, LLC and Midwest Orthopaedics at Rush, LLC, through its wholly owned subsidiary, MOR Oak Brook ASC, LLC each holding a 50% interest in Rush Oak Brook Surgery Center, LLC, the owner and operator of the ASTC.

During 2015, 9,094 outpatient surgeries were performed at RUMC, with over 90% of those patients residing in the geographic service area ("GSA") identified in ATTACHMENT 12. In addition, during 2015 62,337 surgical hours were provided at RUMC, supporting a "need" for 42 operating rooms, based on the Illinois Health Facilities and Services Board's standard of 1,500 annual hours per operating room. RUMC's surgical suite consists of 31 operating rooms, and therefore, RUMC has sufficient historical workload to support its existing number operating rooms plus the eight included in the proposed project.

RUMC does not intend to, or anticipate increasing RUMC's number of outpatient operating rooms prior to two years from the ASTC's commencement of operations, when it is expected to operate at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for a period of at least 12 consecutive months.

The ASTC's proposed charges, as addressed in ATTACHMENT 27j, will be lower than the charges associated with comparable outpatient surgical procedures performed at RUMC.

UNNECESSARY DUPLICATION/MAL-DISTRIBUTION

The proposed project will not result in an unnecessary duplication of services.

The proposed general service area ("GSA") consists of the portion of Illinois located within 45 minutes of the proposed site, and includes the 145 ZIP Code areas identified in ATTACHMENT 12. The projected 2018 population of that area, per GeoLytics, is 4,585,701.

Listings of hospitals providing outpatient surgery services and ambulatory surgical treatment centers ("ASTCs") located within the GSA are attached. The identified hospitals provide a total of 808 operating rooms and the identified ASTCs provide a total of 255 operating and procedure rooms, resulting in 1,063 rooms in the GSA. Therefore, hospital operating rooms and operating and procedure rooms located in ASTCs are provided at the rate of 1 per 4,314 GSA residents. State-wide, hospital operating rooms and operating and procedure rooms located in ASTCs are provided at the rate of 1 per 5,483 residents. Therefore, the proposed project will not result in or cause a mal-distribution.

As documented in the physician referral letters provided in ATTACHMENT 27d, patients anticipated to utilize the proposed ASTC are currently being referred to Rush University Medical Center-affiliated facilities and Gold Coast Surgicenter, LLC ("Gold Coast"), with all patients referred to Gold Coast being referred by orthopaedic surgeons, and using operating rooms rather than procedure rooms. In 2014 (the most recent data available to the Applicants), the operating rooms at Gold Coast operated nearly 20% above the IDPH's target utilization rate. In addition, and as noted in the Narrative Description to this *Application for Permit*, surgical

privileges at the ASTC will be available only to faculty members of Rush University Medical Center. As a result, it is not anticipated that the proposed project will lower the utilization of any other area hospital or ASTC below the IDPH utilization standard.

PROXIMITY TO GSA
HOSPITALS PROVIDING SURGICAL SERVICES

Hospital	Location	Miles	Minutes
Elmhurst Memorial Hospital	Elmhurst	1.4	2.2
Adventist Hinsdale Hospital	Hinsdale	5.4	9.9
Adventist LaGrange Memorial Hospital	LaGrange	4.6	11
Advocate Good Samaritan Hospital	Downers Grove	6.2	14.3
Loyola Univ. Med. Ctr./Foster G. McGaw	Maywood	7	17.6
VHS Westlake Hospital	Melrose Park	7.4	18.7
Rush Oak Park Hospital	Oak Park	8.1	18.7
Loretto Hospital	Chicago	10.1	19.8
MacNeal Memorial Hospital	Berwyn	11.1	20.9
Adventist Glen Oaks Med. Ctr.	Glendale Heights	11.5	22
Alexian Brothers Medical Center	Elk Grove Village	15.2	22
VHS West Suburban Med. Ctr.	Oak Park	10.8	22
Gottlieb Memorial Hospital	Melrose Park	9.2	23.1
Adventist Bolingbrook Hospital	Bolingbrook	19.7	25.3
Advocate Christ Hospital & Health Ctr.	Oak Lawn	18.4	25.3
Edward Hospital	Naperville	15.3	26.4
Presence Resurrection Med. Ctr.	Chicago	16.2	26.4
Presence Holy Family Hospital	Park Ridge	17.9	26.4
Palos Community Hospital	Palos Heights	18.9	27.5
Mount Sinai Hospital Med. Ctr.	Chicago	14.4	27.5
John H. Stroger Hospital of Cook Cty.	Chicago	14.7	27.5
St. Anthony Hospital	Chicago	14.8	28.6
Presence Mercy Center	Aurora	23.7	30.8
Shriner's Hospitals for Children	Elmwood Park	11.3	30.8
Northwest Community Hospital	Arlington Heights	20.7	31.9
MetroSouth Medical Center	Blue Island	23.5	31.9
St. Bernard Hospital	Chicago	23.1	31.9
Central DuPage Hospital	Winfield	14.2	33
Ingalls Memorial Hospital	Harvey	27.2	33
Presence Our Lady of Resurrection Med. Ctr.	Chicago	14.8	33
Glenbrook Hospital	Des Plaines	22.2	33
Norwegian American Hospital	Chicago	15.1	34.1
Rush University Medical Center	Chicago	14.8	34.1
Swedish Covenant Hospital	Chicago	21.7	34.1
St. Alexius Medical Center	Hoffman Estates	22.5	35.2
Advocate South Suburban Hospital	Hazel Crest	28.4	35.2
Little Company of Mary Hospital & Health Ctr.	Evergreen Park	20.4	35.2
Rush Copley Memorial Hospital	Aurora	23.1	36.3
Silver Cross Hospital	New Lenox	27.7	36.3
Saint Mary of Nazareth Hospital	Chicago	16	36.3
University of Illinois Hospital	Chicago	15.1	36.3
University of Chicago Medical Ctr.	Chicago	23.7	37.4
St. Elizabeth's Hospital	Chicago	16.2	38.5
LaRabida Children's Hospital	Chicago	25.3	40.7
Franciscan St. James Hospital & Health Ctr.	Olympia Fields	34.1	41.8
Holy Cross Hospital	Chicago	22.8	41.8

ATTACHMENT 27h

PROXIMITY TO GSA
HOSPITALS PROVIDING SURGICAL SERVICES

Advocate Trinity Hospital	Chicago	29.2	41.8
Skokie Hospital	Skokie	23.5	41.8
Presence St. Francis Hospital	Evanston	26	41.8
Jackson Park Hosp. Foundation	Chicago	26.7	44
South Shore Hospital	Chicago	27.3	44

Note: Minutes adjusted by a factor of 1.10
November 4, 2016 8AM-4PM

PROXIMITY TO GSA
AMBULATORY SURGICAL TREATMENT CENTERS

ASTC	Location	Miles	Minutes
Elmhurst Outpatient Surgery Center	Elmhurst	1.2	2.2
Children's Memorial Spec. Ped.	Westchester	1.6	3.3
Elmhurst Medical & Surgical Center	Elmhurst	2.5	4.4
Eye Surgery Center of Hinsdale	Hinsdale	2.5	5.5
Loyola Amb. Surgery Center at Oakbrook	Villa Park	3.7	5.5
Hinsdale Surgical Center	Hinsdale	2.7	6.6
Chicago Prostate Cancer Surgery Center	Westmont	4.1	8.8
The Oak Brook Surgical Center	Oakbrook	3.5	9.9
DuPage Medical Group Surgery Center	Lombard	5.9	12.1
Salt Creek Surgery Center	Westmont	5.3	13.2
United Therapy – LaGrange	LaGrange	5.3	13.2
Ambul. Surgicenter of Downers Grove	Downers Grove	6.8	14.3
Midwest Center for Day Surgery	Downers Grove	6.5	14.3
The Center for Surgery	Naperville	12.3	17.6
Lisle Center For Pain Management	Lisle	10.6	17.6
Apollo Health Center	Des Plaines	14.6	18.7
Naperville Fertility Center	Naperville	13	19.8
DuPage Orthopedic Group Surgery Center	Warrenville	14.1	20.9
Advantage Health Care, Ltd.	Wood Dale	10.7	22
Golf Surgical Center	Des Plaines	17.8	23.1
DuPage Eye Surgery Center	Wheaton	12.2	24.2
Alden Center for Day Surgery Center, LLC	Addison	10.5	24.2
Lakeshore Physicians & Surgery Ctr.	Chicago	25.9	24.2
Forest Medical-Surgical Center	Justice	13.4	26.4
Presence Lakeshore Gastroenterology	Des Plaines	17.8	27.5
Palos Hills Surgery Center	Palos Hills	15.8	28.6
Foot & Ankle Surgical Center	Des Plaines	18.5	28.6
Illinois Sports Medicine & Orthopedic Surgery Ctr.	Morton Grove	19.5	28.6
Midwest Endoscopy Center	Naperville	18.1	29.7
Dreyer Ambulatory Surgery Center	Aurora	24.1	31.9
Novamed Surgery Center of Oak Lawn	Oak Lawn	16	31.9
Oak Lawn Endoscopy	Oak Lawn	16.8	31.9
The Glen Endoscopy Center	Glenview	23.4	31.9
Northwest Community Day Surg.	Arlington Heights	21.9	33
Ravine Way Surgery Center	Glenview	23.7	33
Northwest SurgiCare HealthSouth	Arlington Heights	20.3	34.1
Albany Medical Surgical Center	Chicago	19.1	34.1
Rush Surgicenter – Prof. Bldg.	Chicago	14.9	34.1
Chicago Surgical Clinic, Ltd.	Arlington Heights	25.2	35.2
Naperville Surgical Centre	Naperville	18.7	36.3
Palos Surgicenter, LLC	Palos Heights	18	36.3
Loyola University Amb. Surg. Ctr.	Maywood	7	36.3
Castle Surgicenter, LLC	Aurora	23.3	37.4
Edward Plainfield Surgery Center	Plainfield	28.8	38.5
Novamed Surgery Center of River Forest	River Forest	8.6	38.5
Fox Valley Orthopaedic Associates	Geneva	29	39.6

ATTACHMENT 27h

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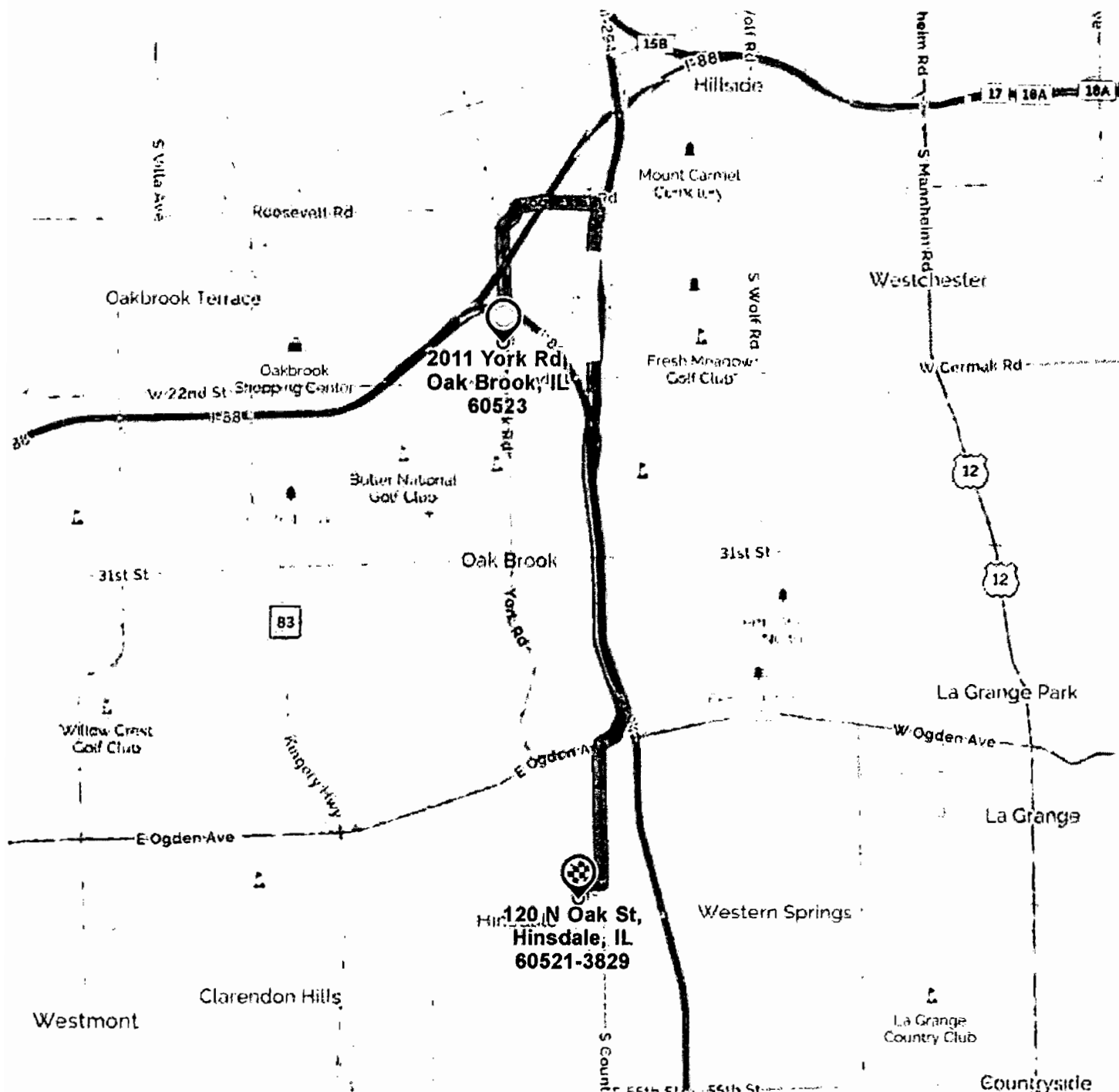
PROXIMITY TO GSA
AMBULATORY SURGICAL TREATMENT CENTERS

The Hoffman Estates Surgery Center	Hoffman Estates	23.2	39.6
Preferred Surgicenter, LLC	Orland Park	20.8	39.6
Poplar Creek Surgical Center	Schaumburg	28.7	40.7
Southwestern Medical Center, LLC	Bedford Park	19.3	40.7
Kendall Pointe Surgery Center, LLC	Oswego	26	41.8
Six Corners Sameday Surgery	Chicago	20.9	41.8
North Shore Same Day Surgery Center	Lincolnwood	23.3	42.9

Note: Minutes adjusted by a factor of 1.10
November 4, 2016 8AM-4PM

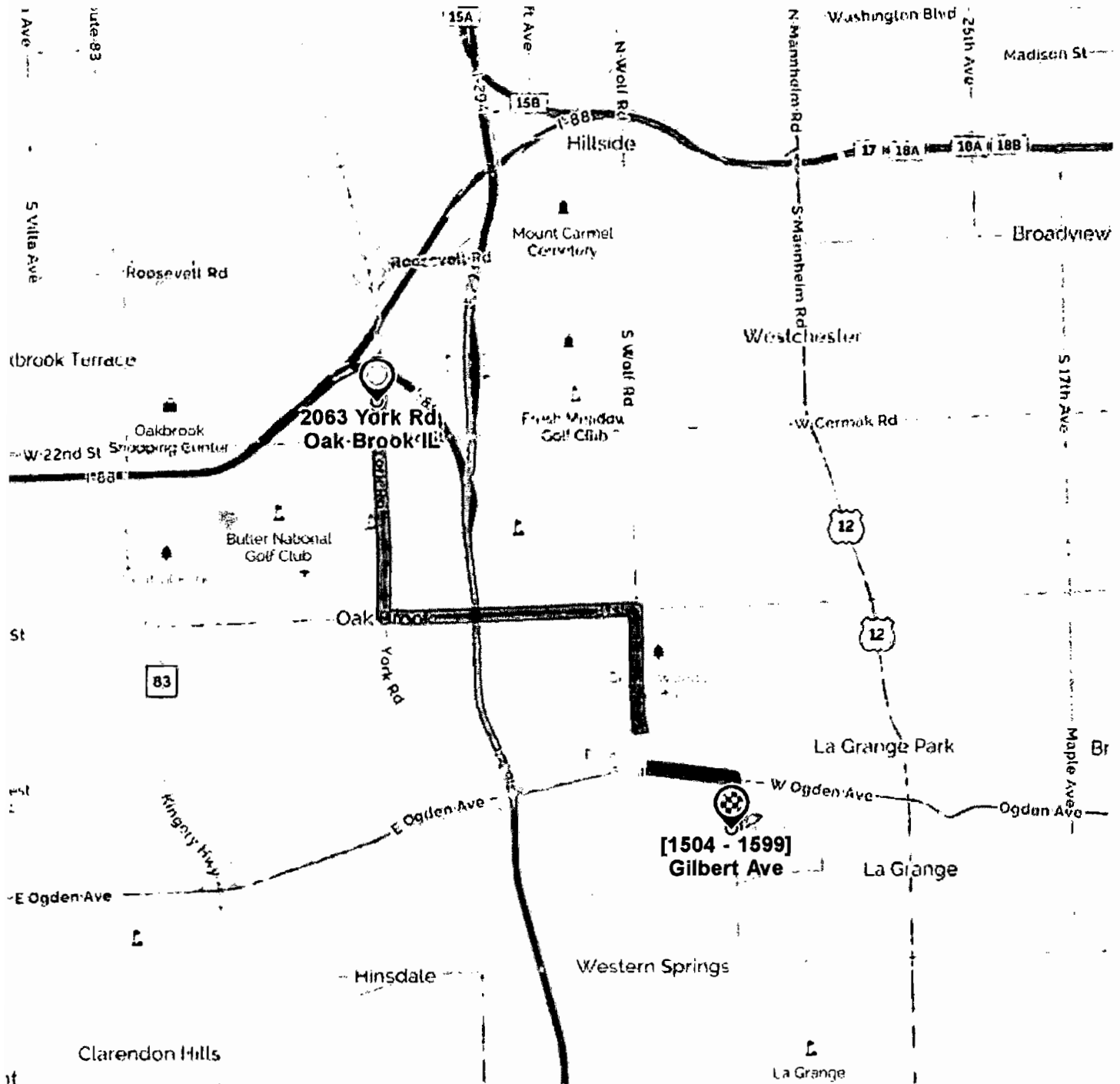
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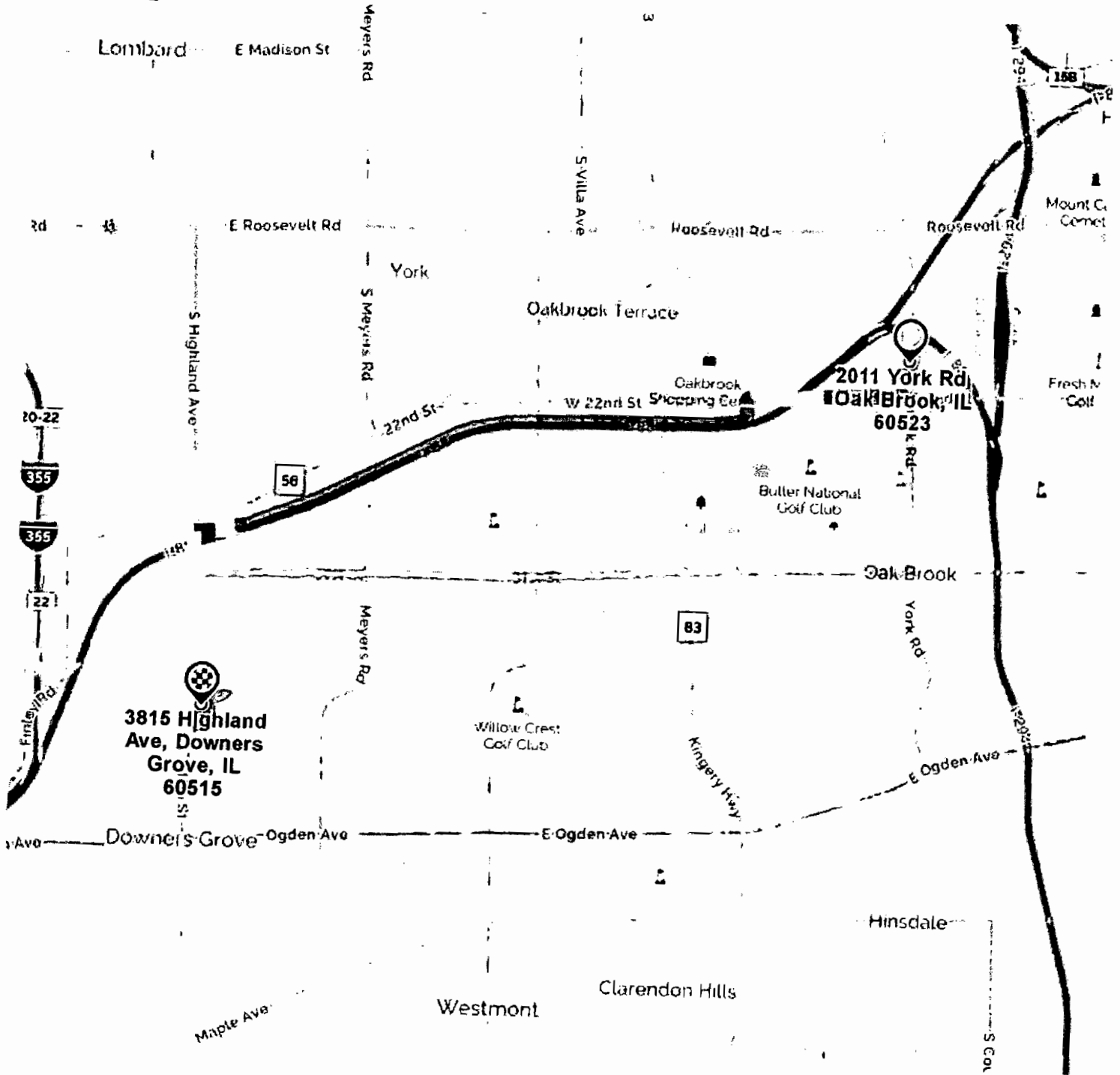


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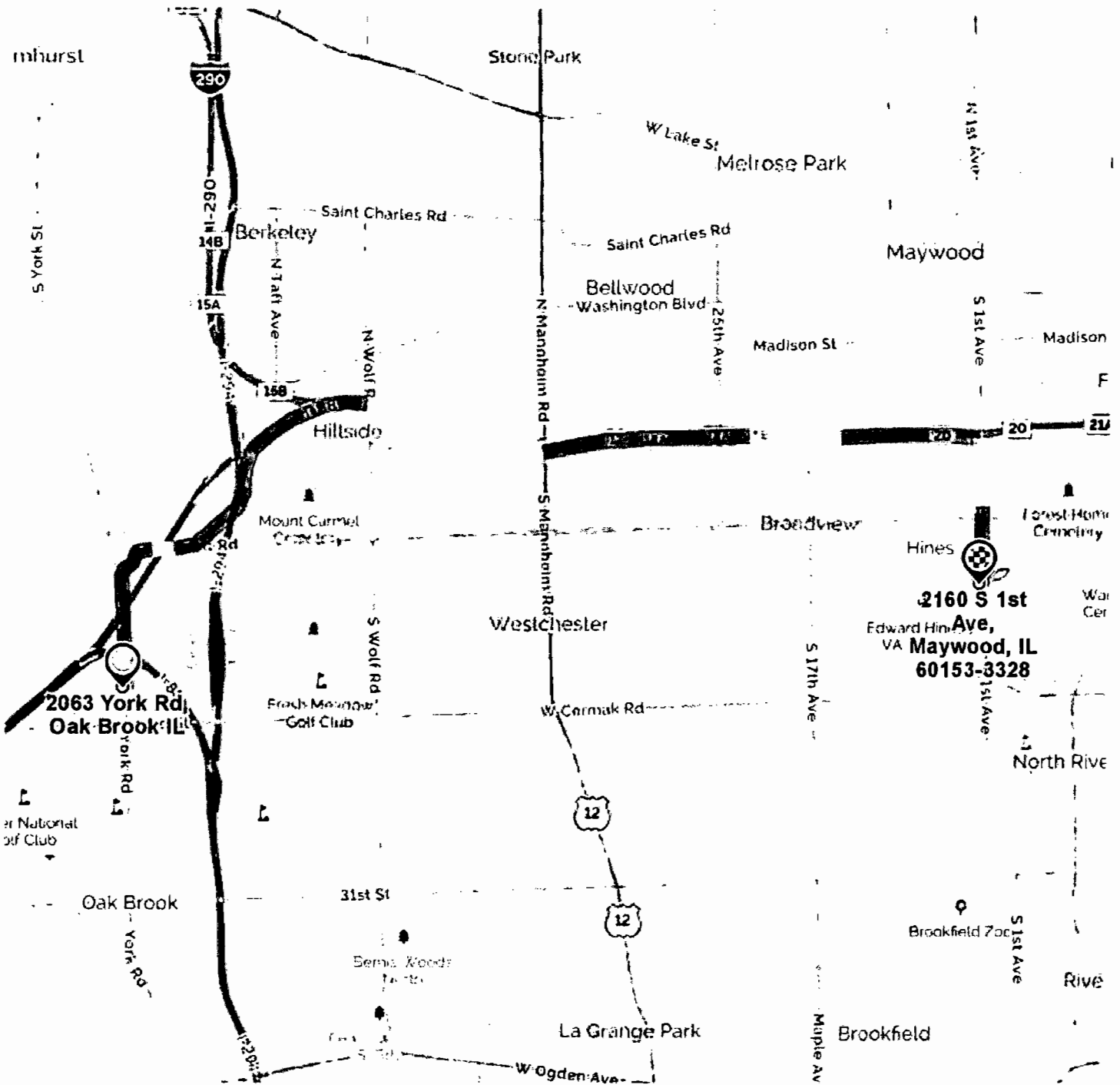
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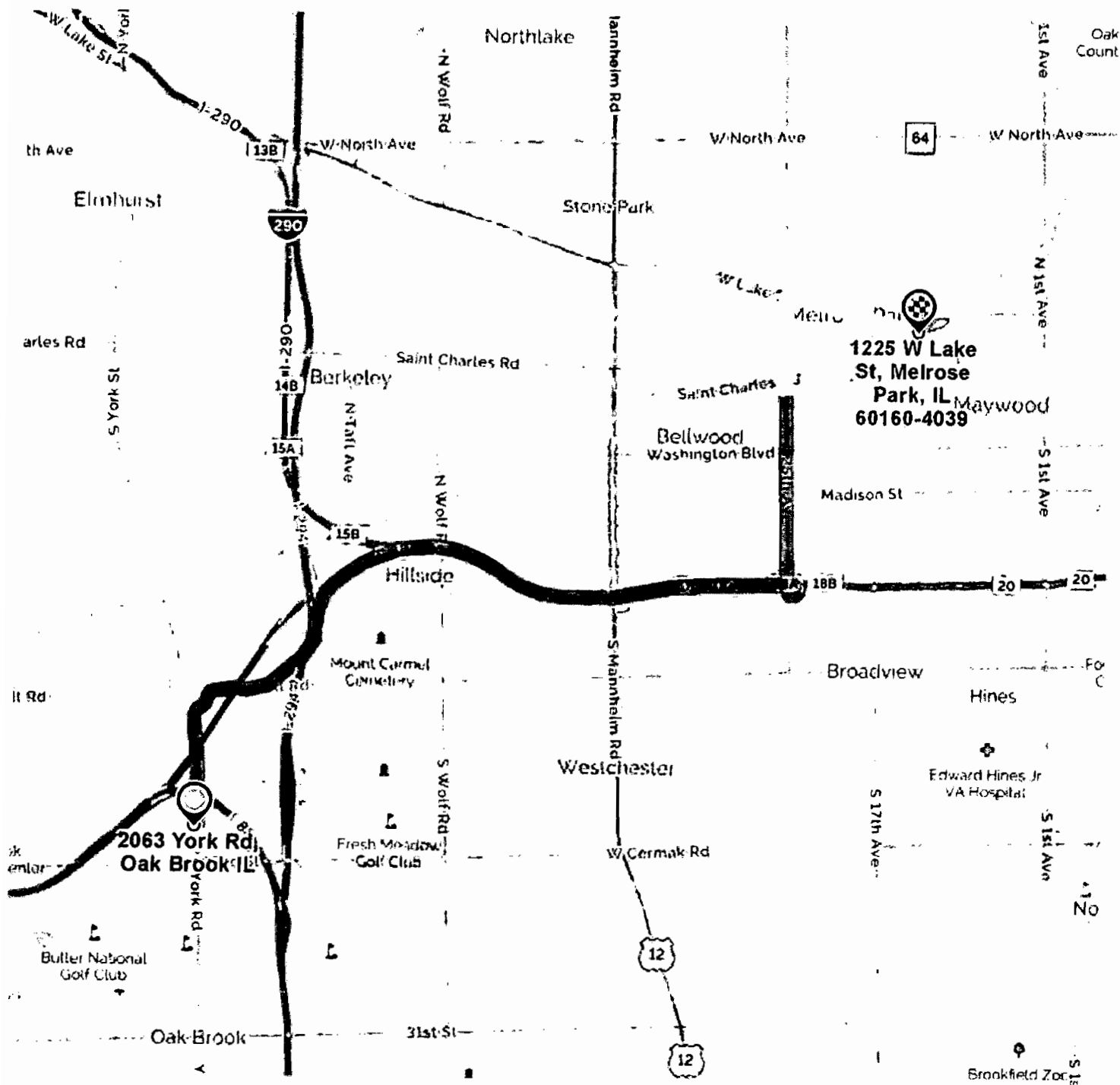
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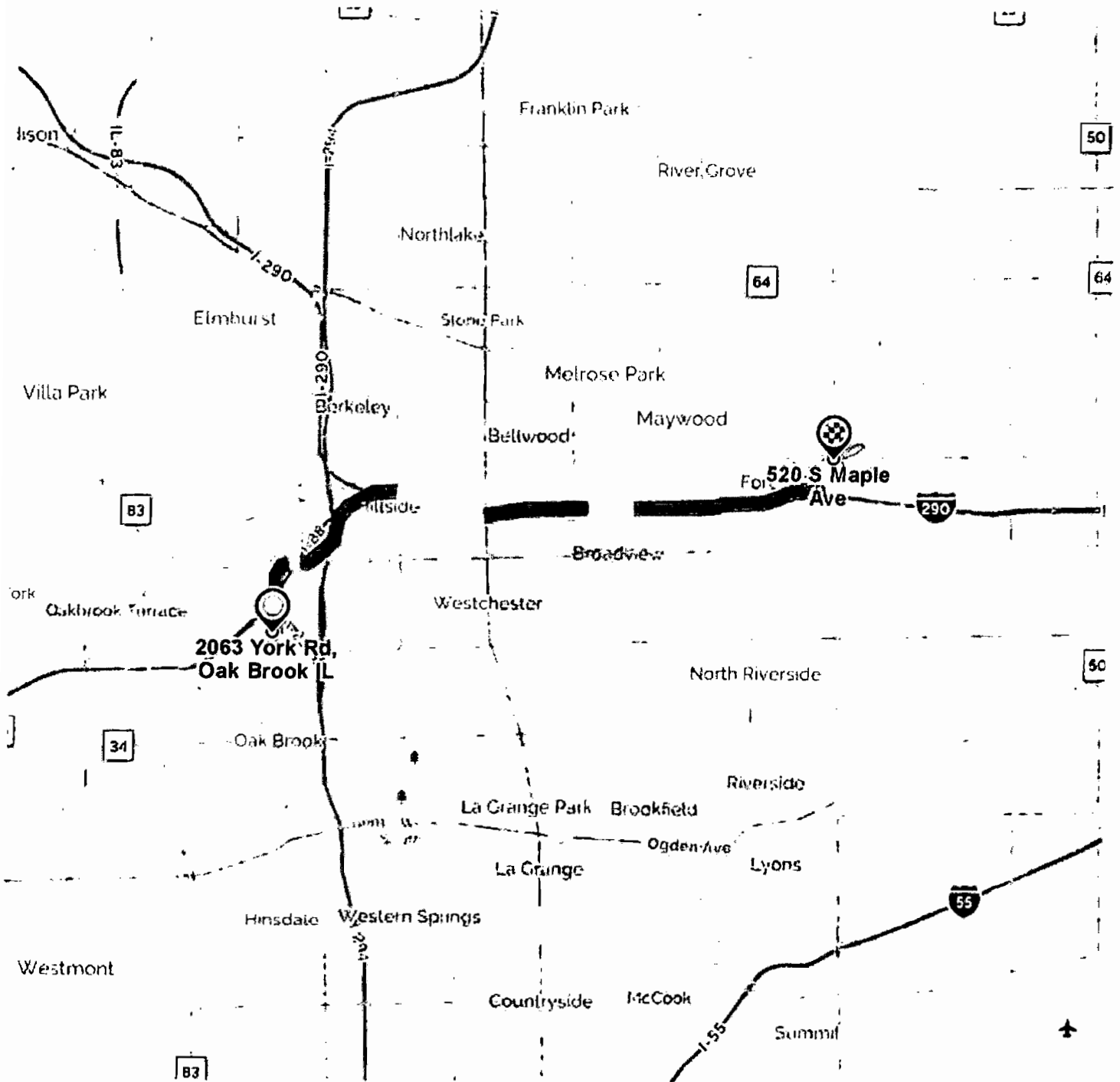
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ATTACHMENT 27h

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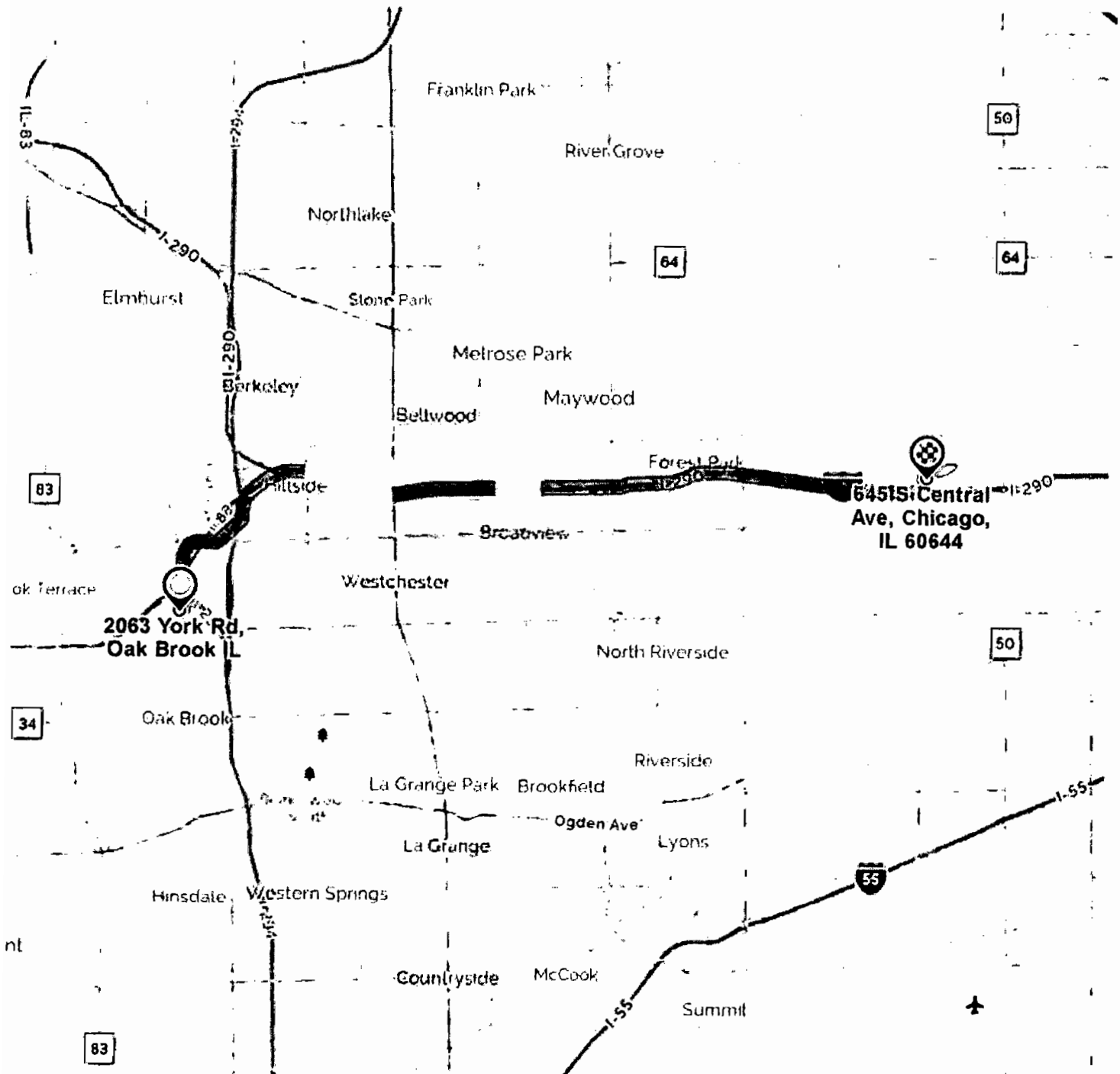
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ATTACHMENT 27h

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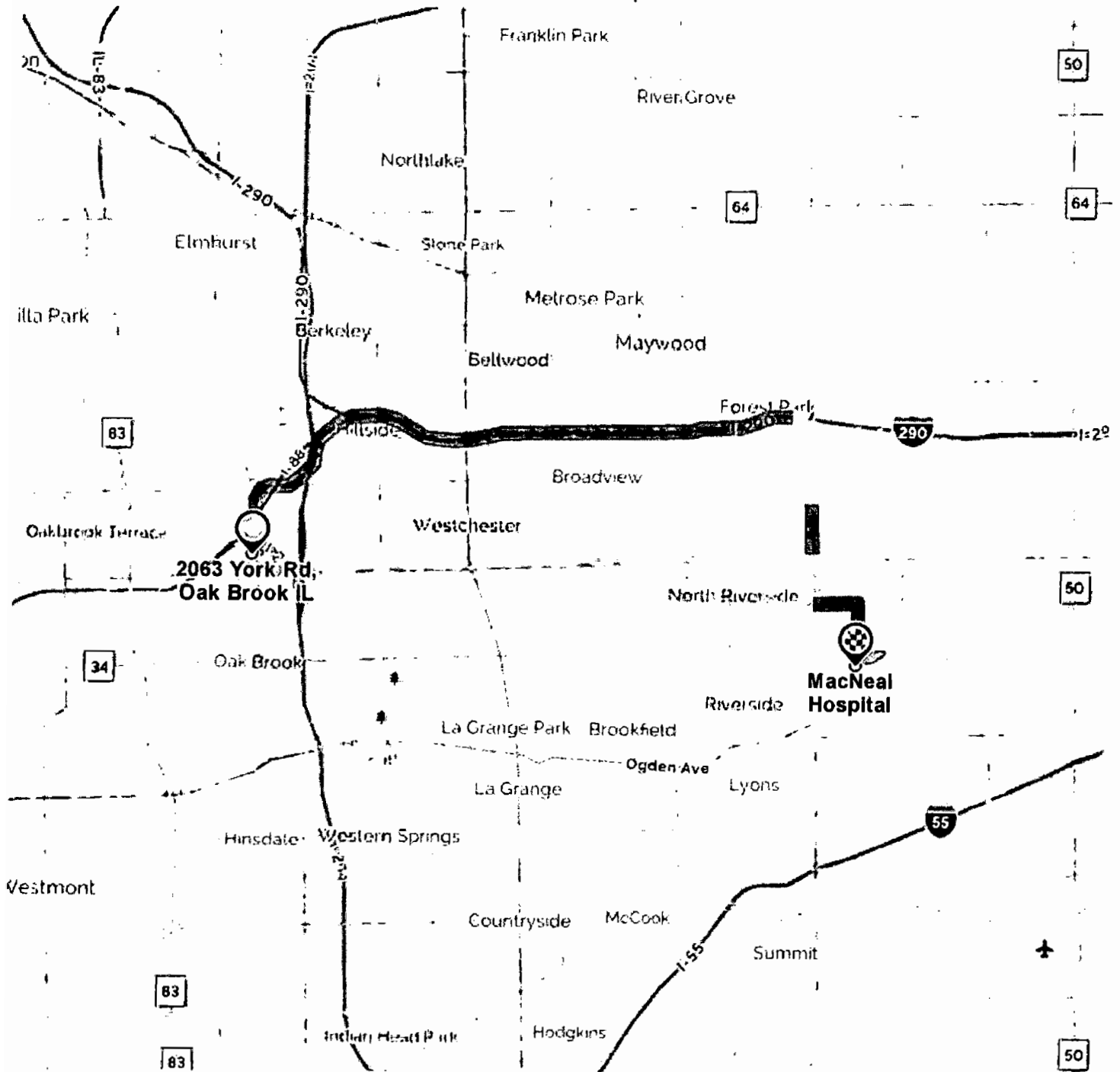
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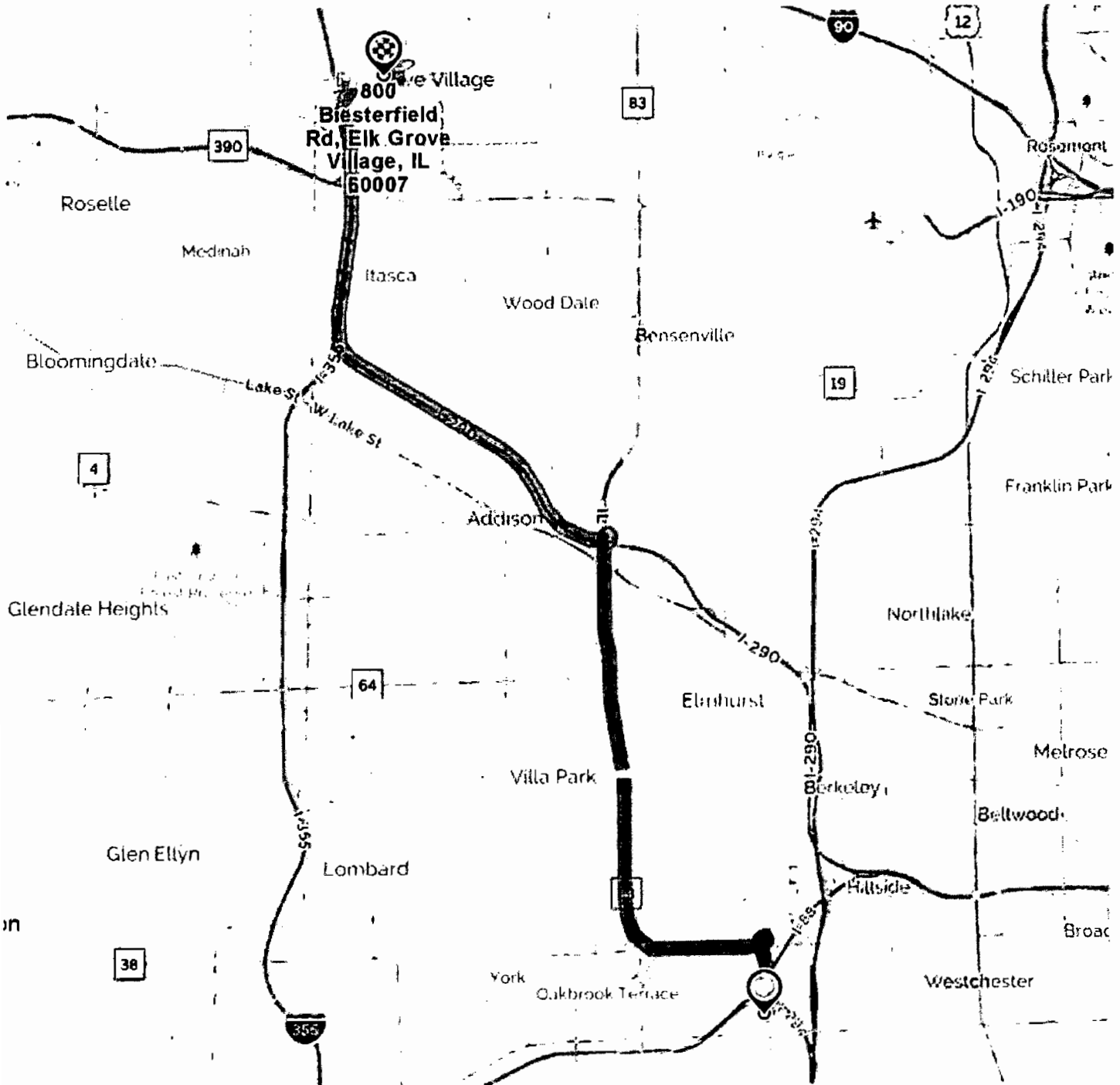
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ATTACHMENT 27h

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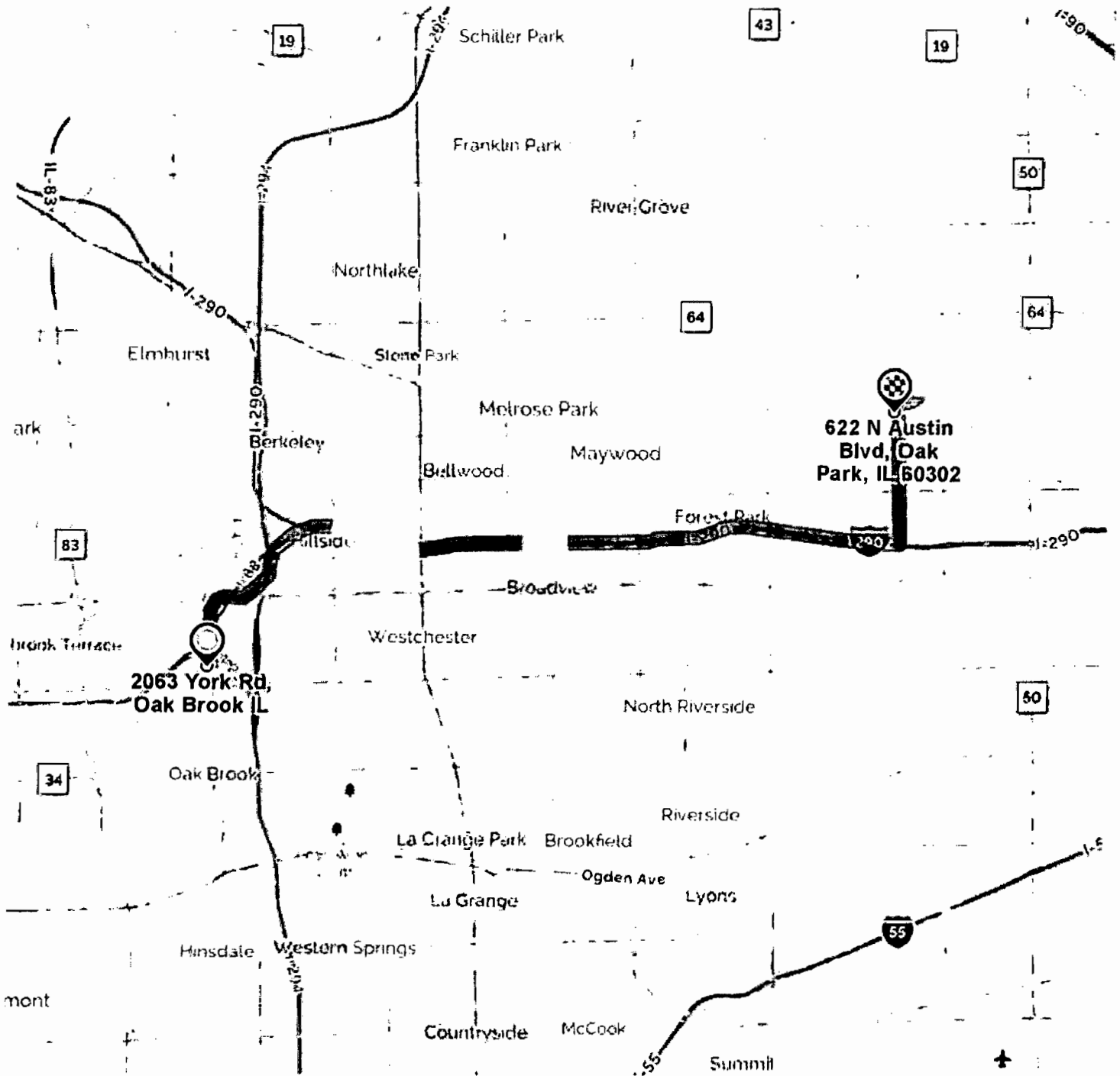
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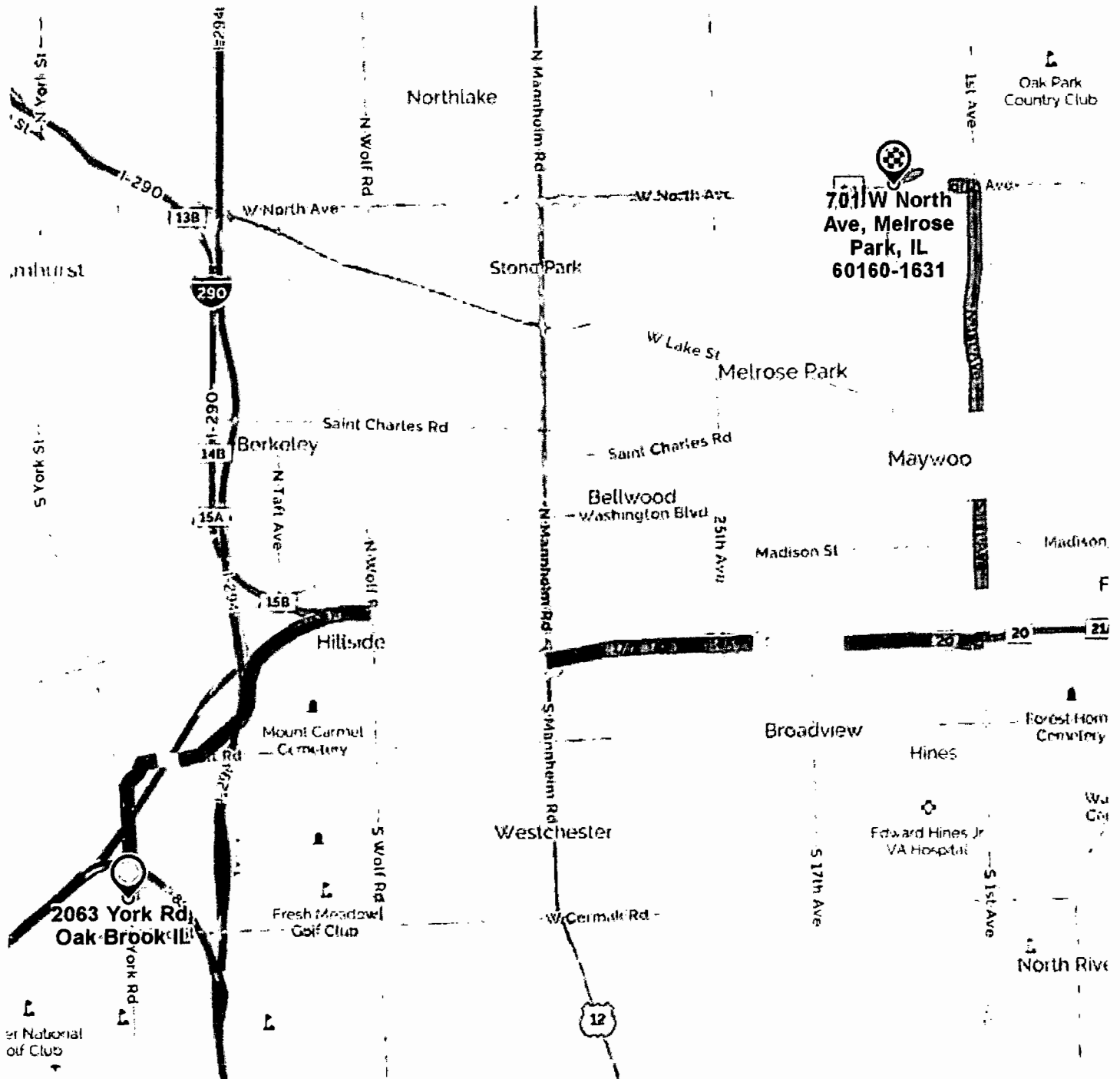
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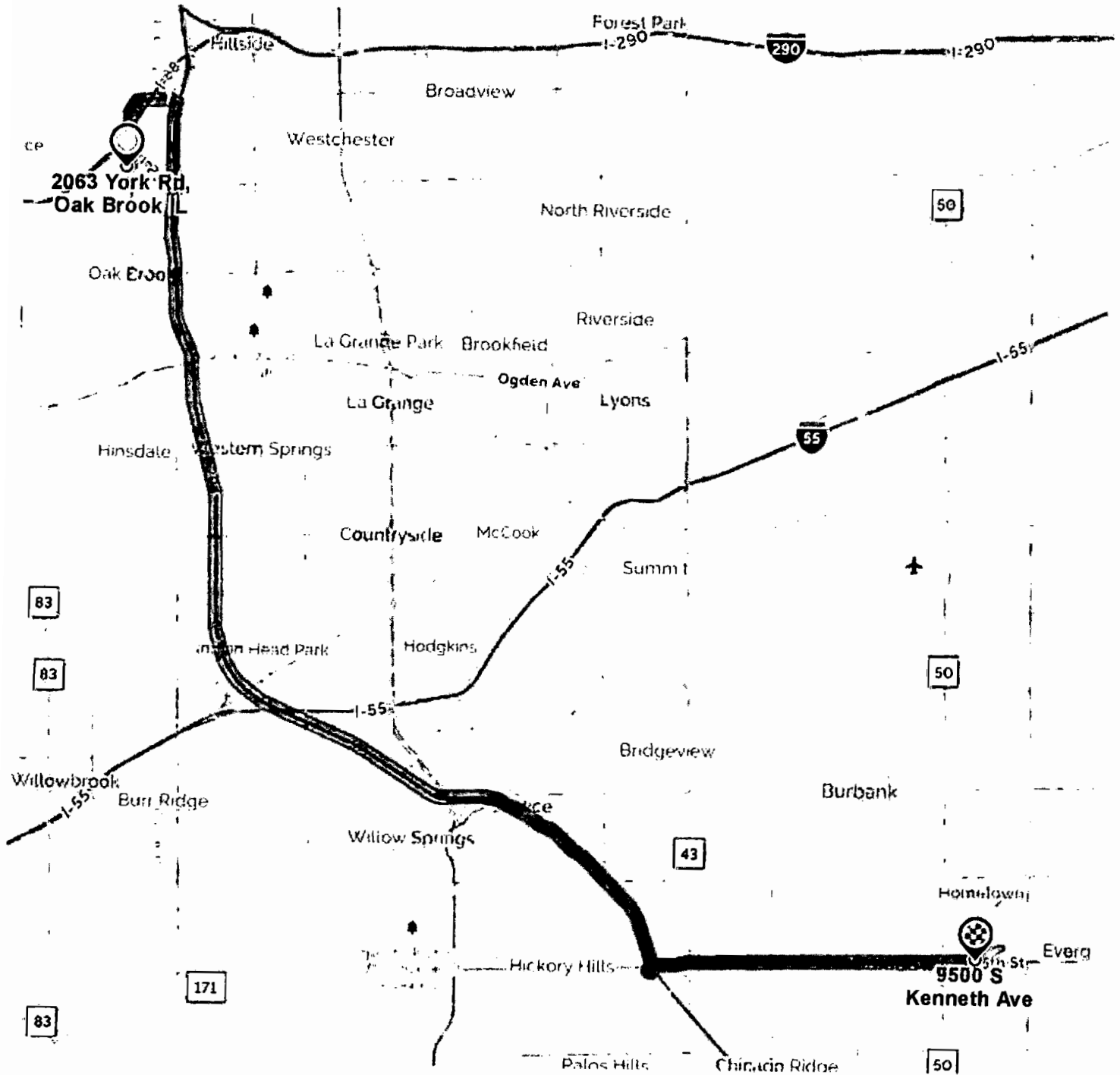


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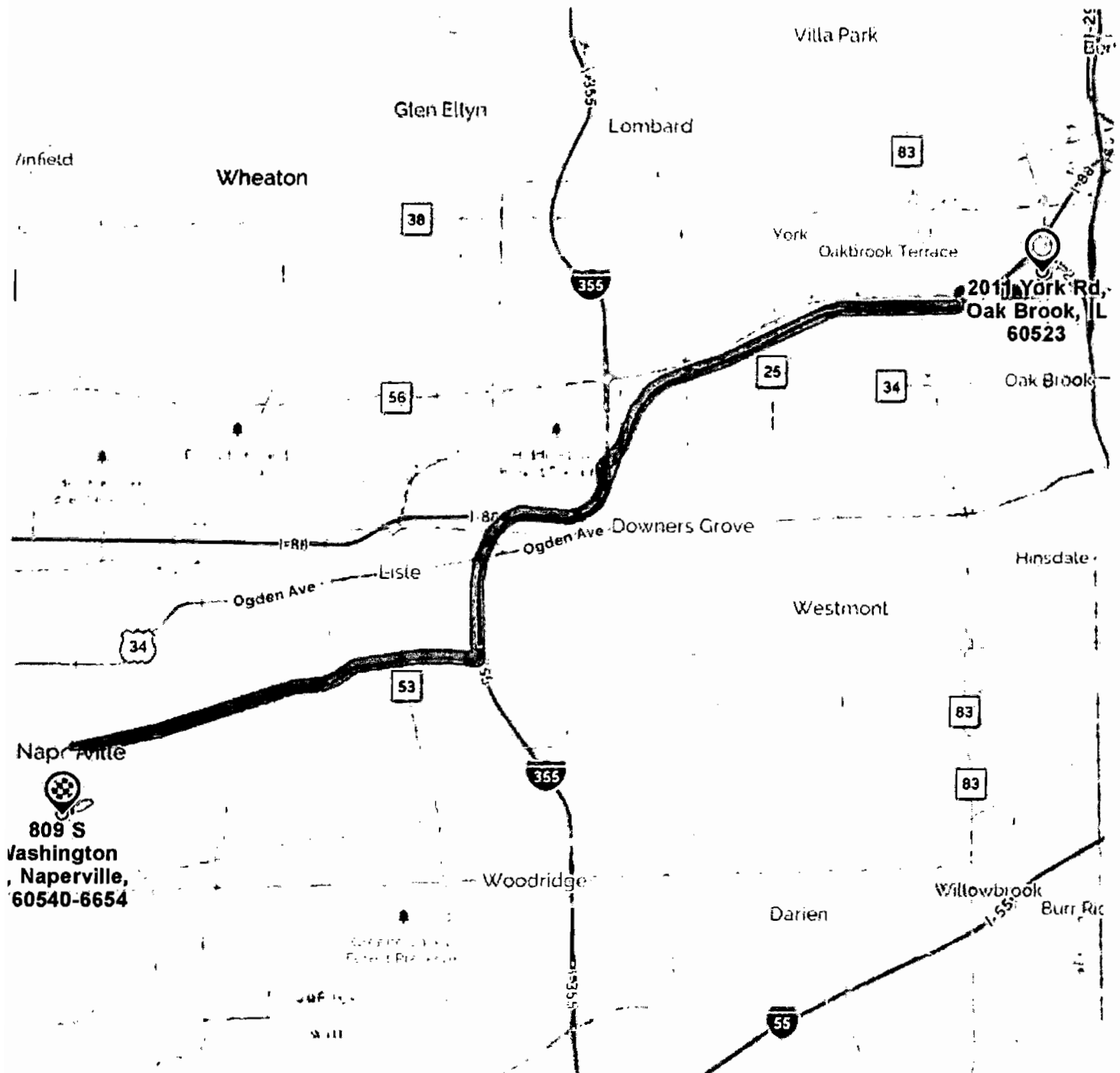
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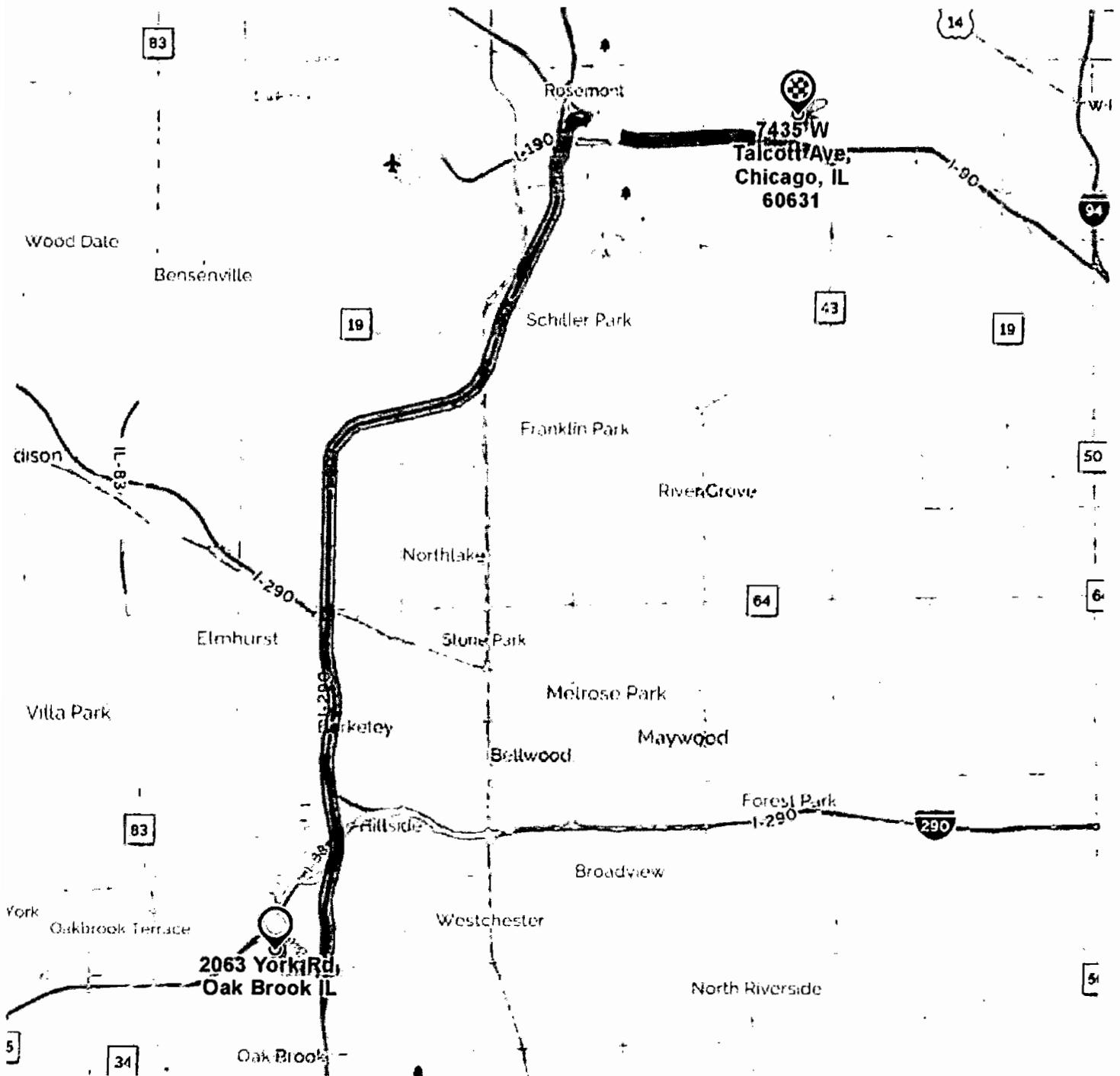


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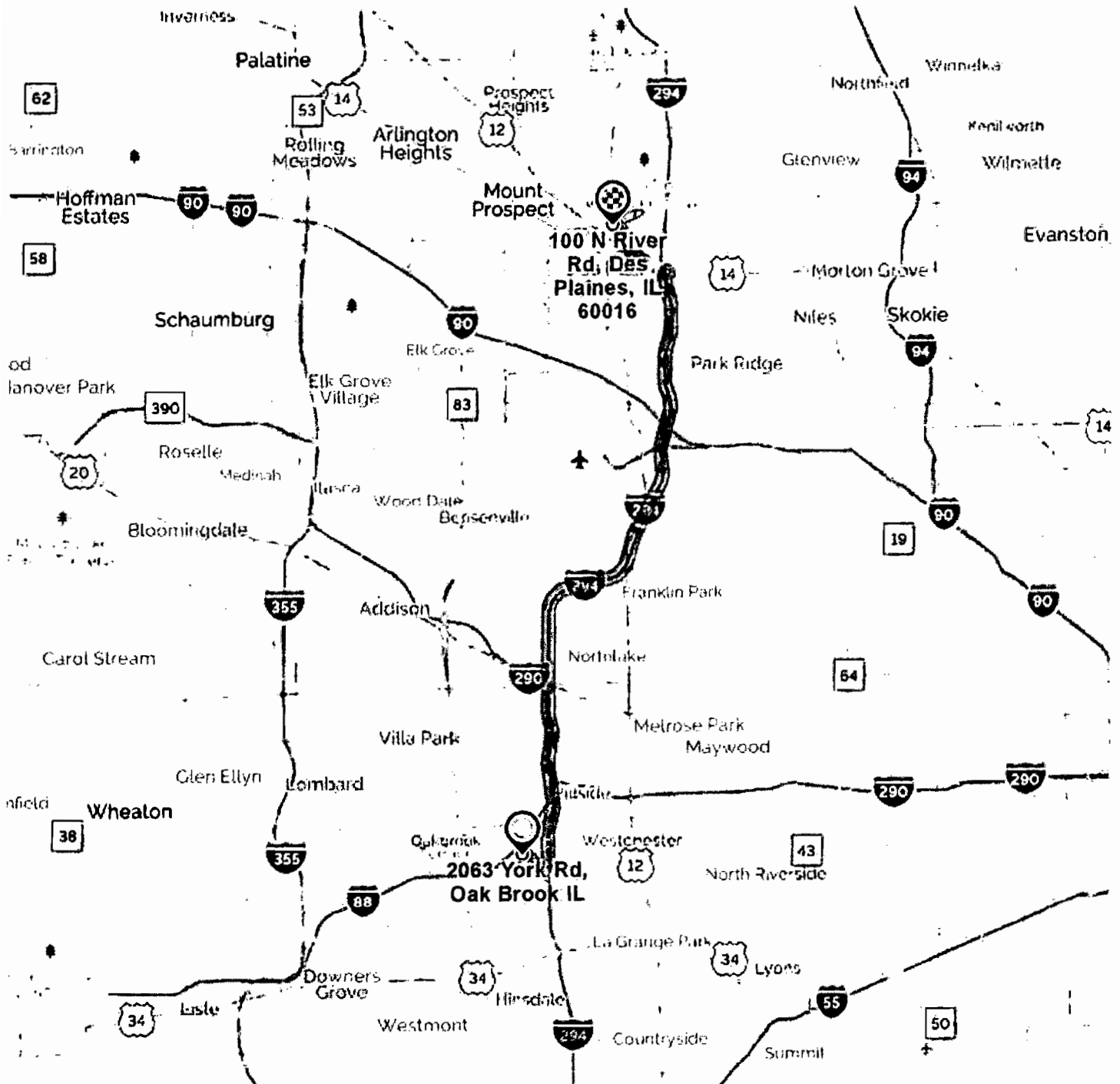
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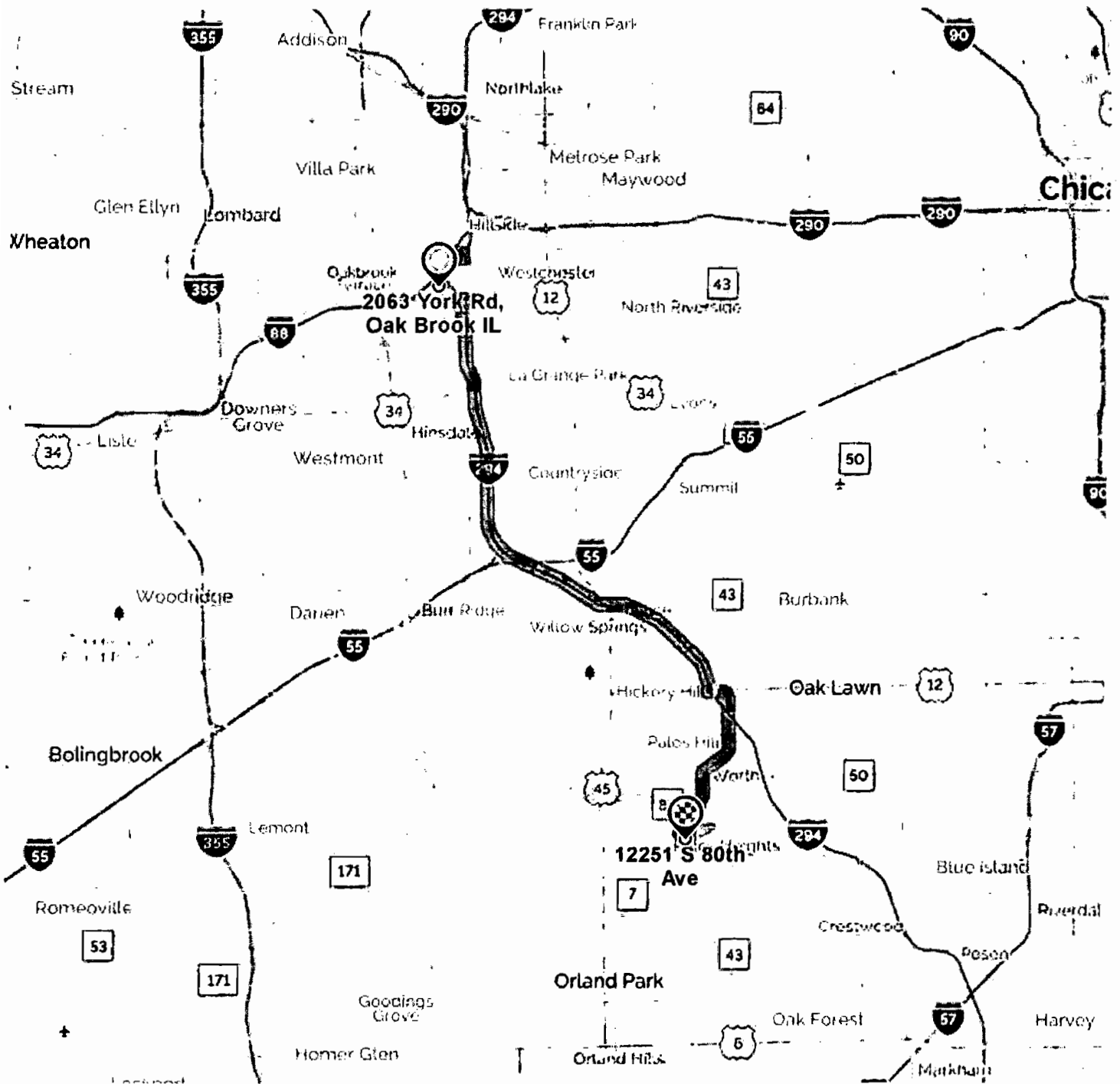
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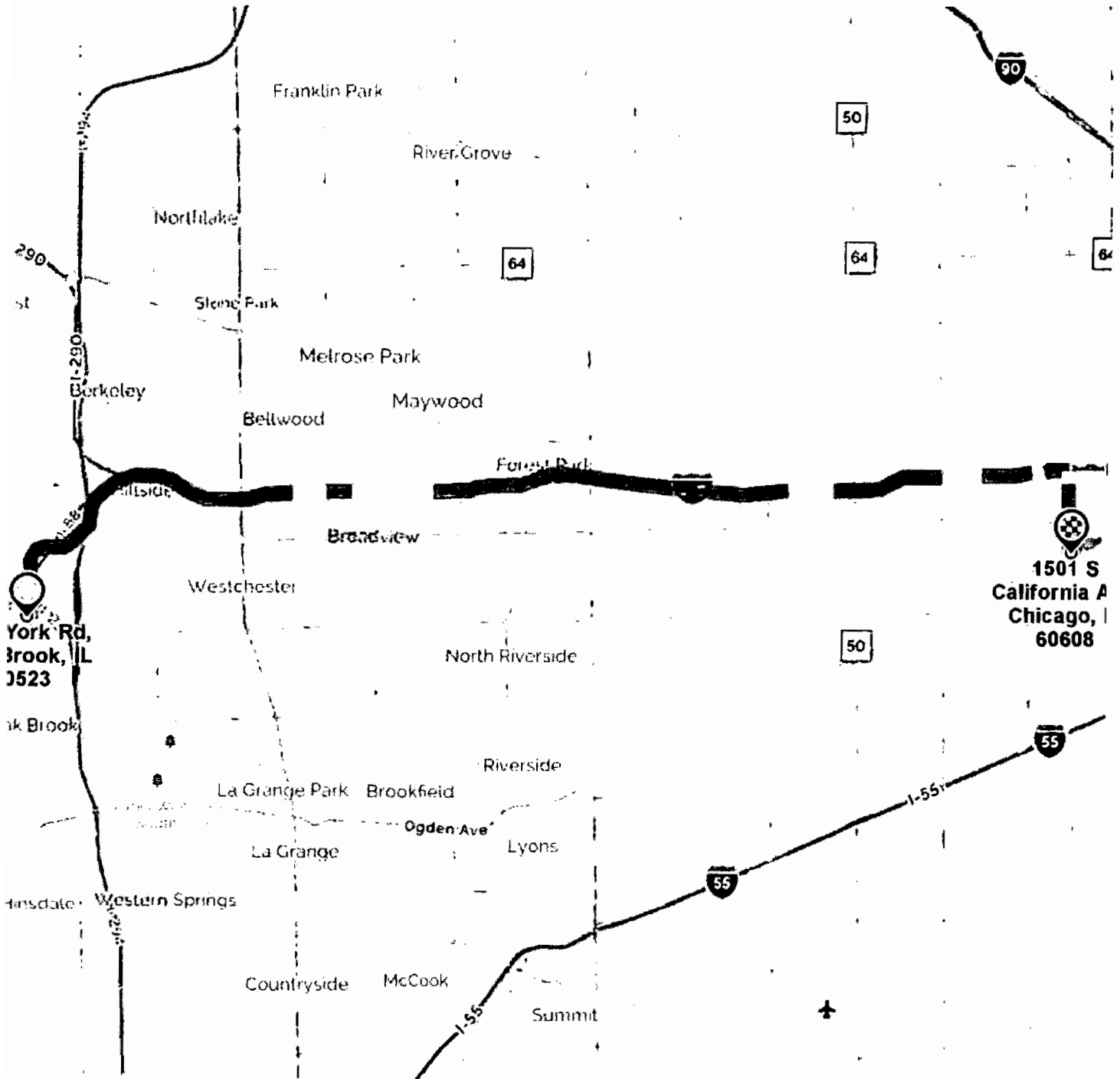


ATTACHMENT 27h

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MOUNT SINAI HOSPITAL MED. CTR.

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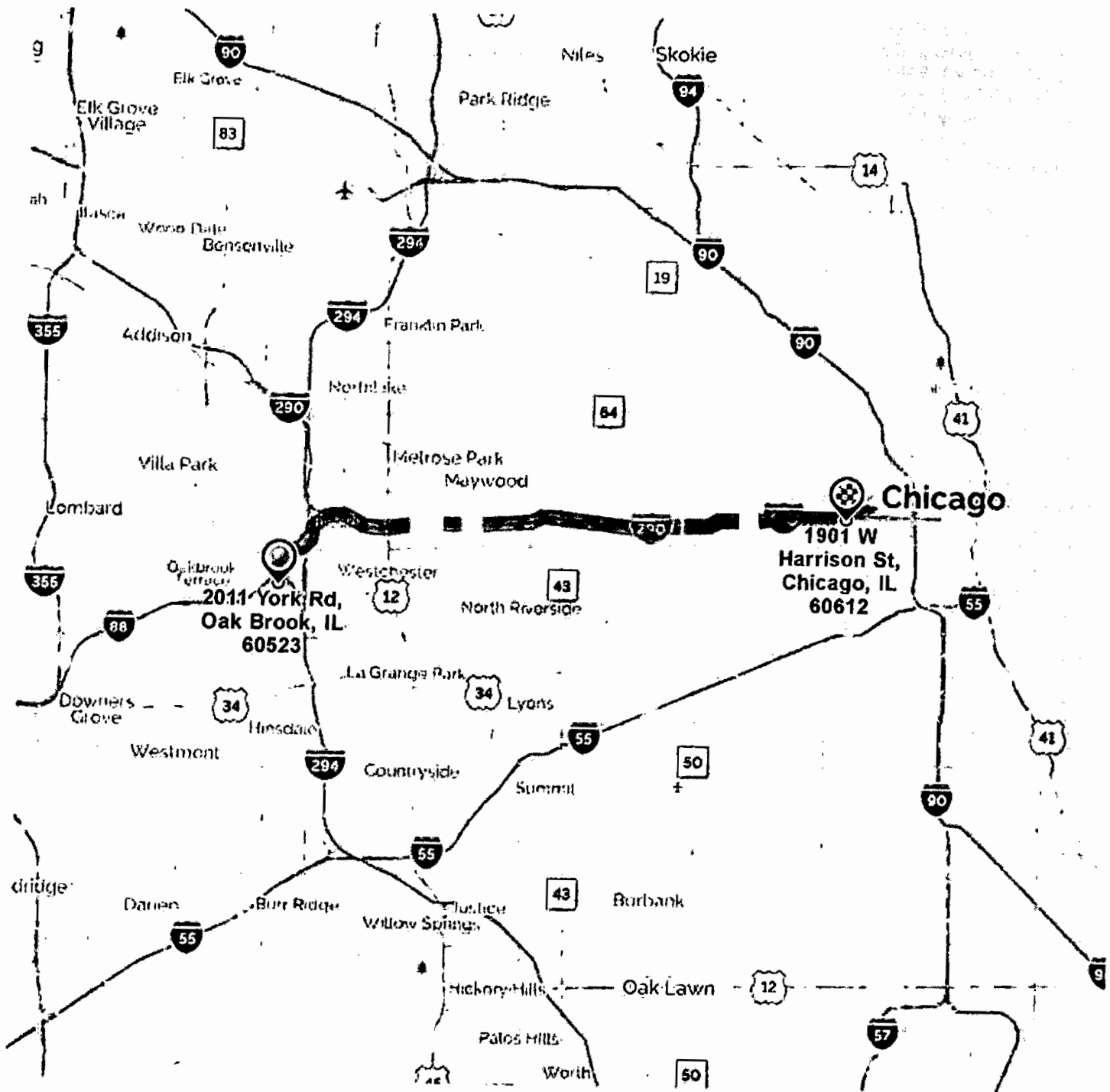


ATTACHMENT 27h

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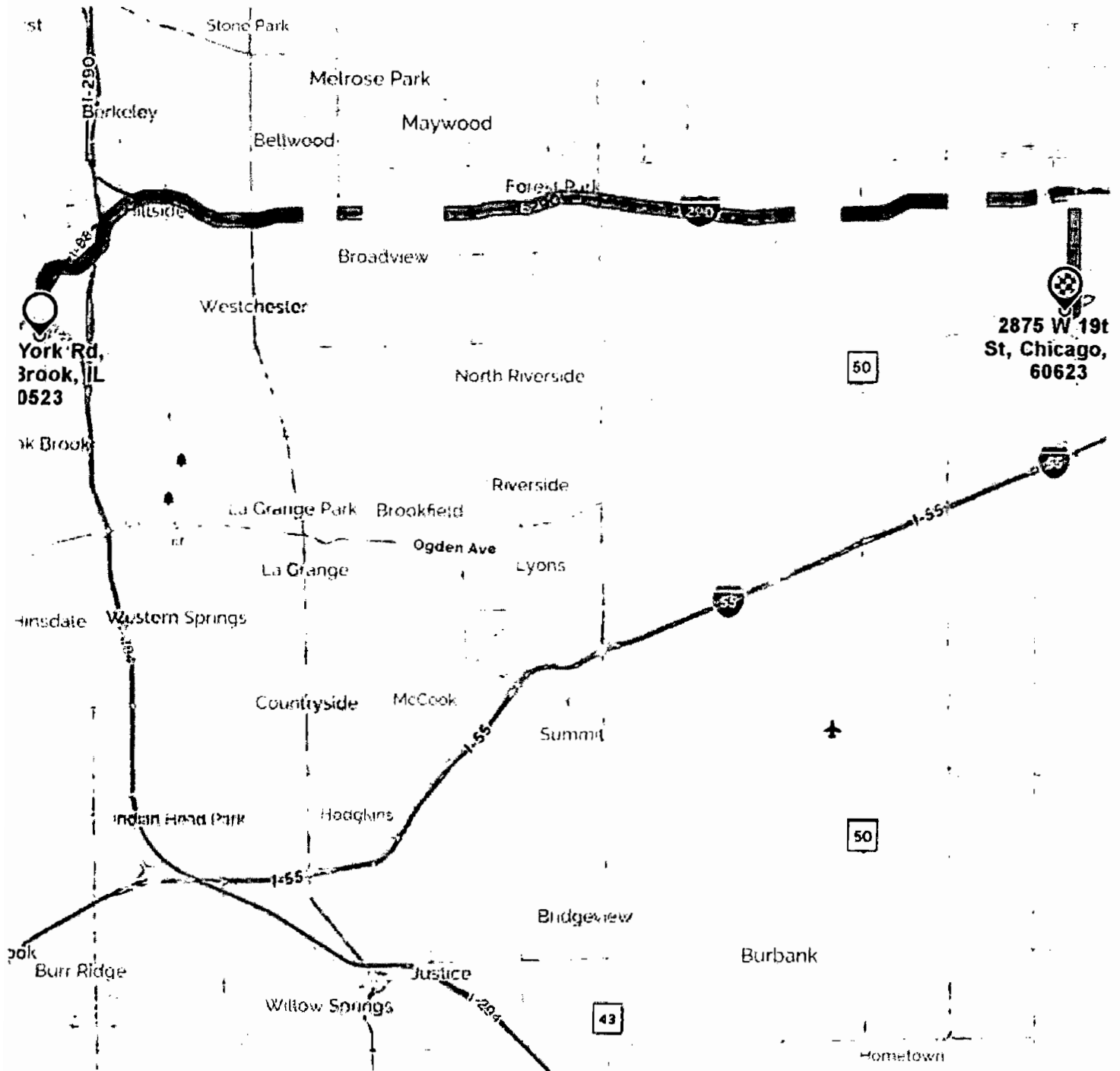
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ST. ANTHONY HOSPITAL

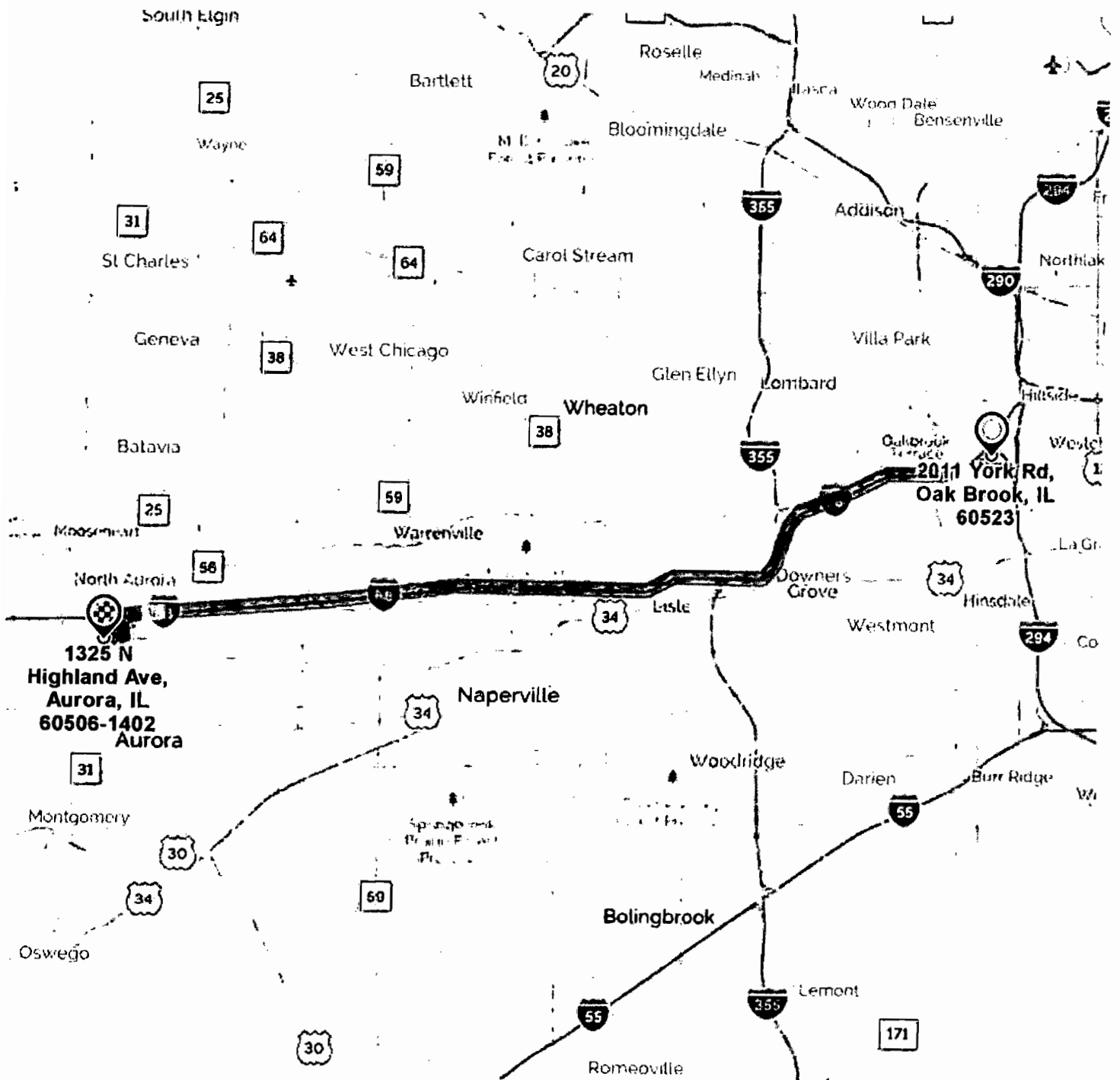
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ATTACHMENT 27h

Presence Mercy Center

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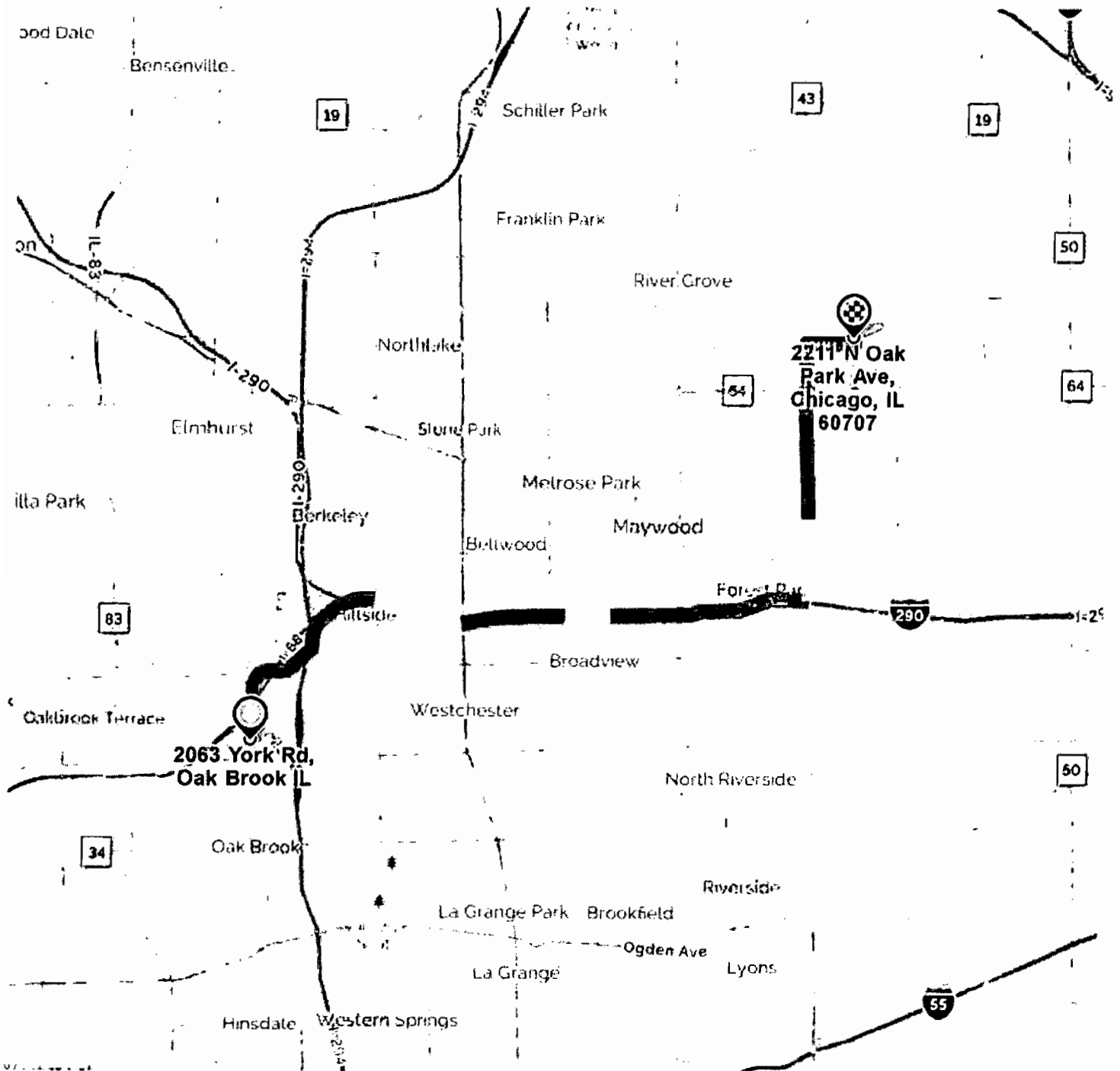


ATTACHMENT 27h

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SINER'S HOSPITALS FOR CHILDREN

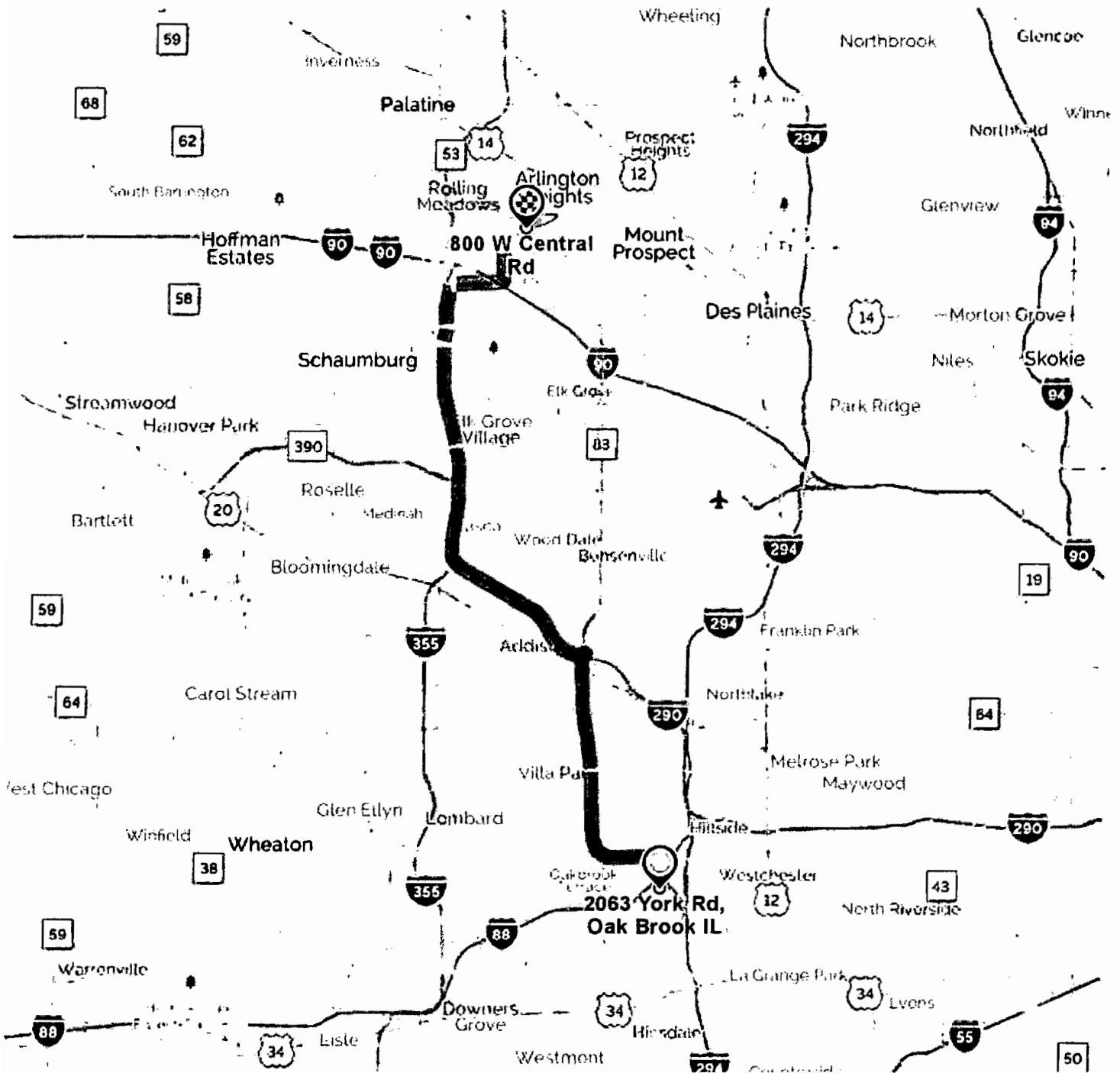
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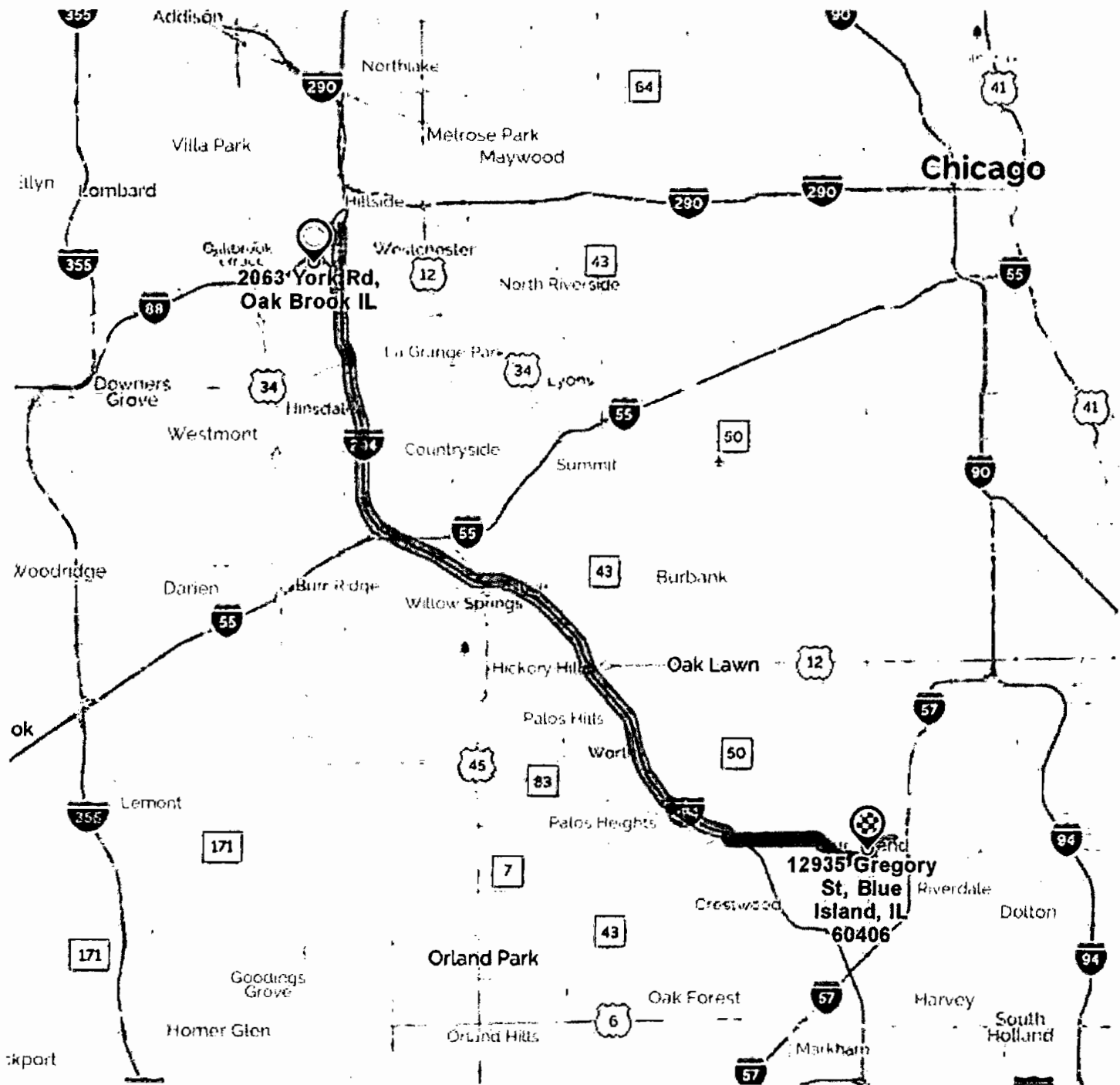
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NORTHWEST COMM. HOSPITAL

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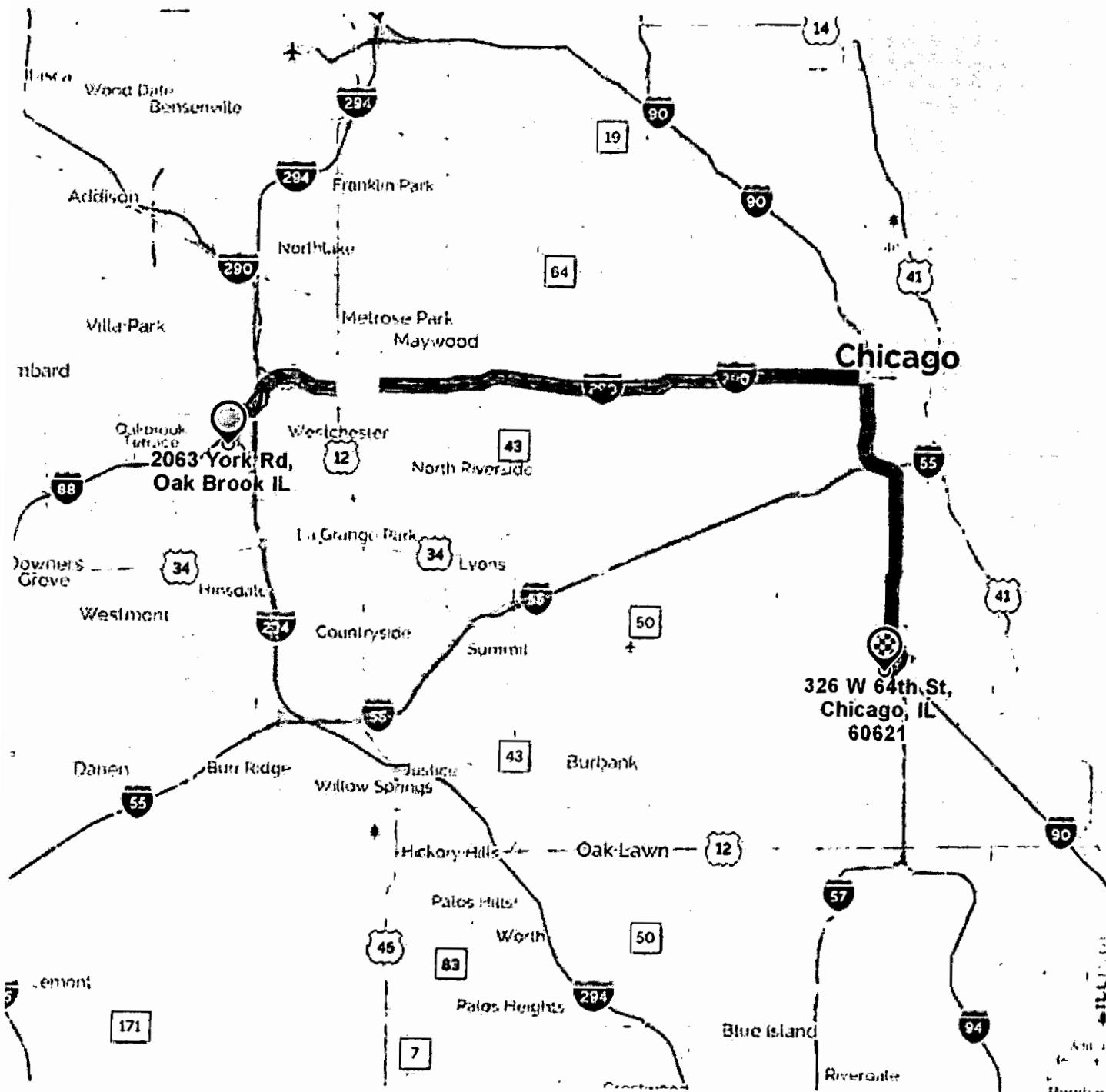


ATTACHMENT 27h

121

ST. BERNARD HOSP.

mapquest

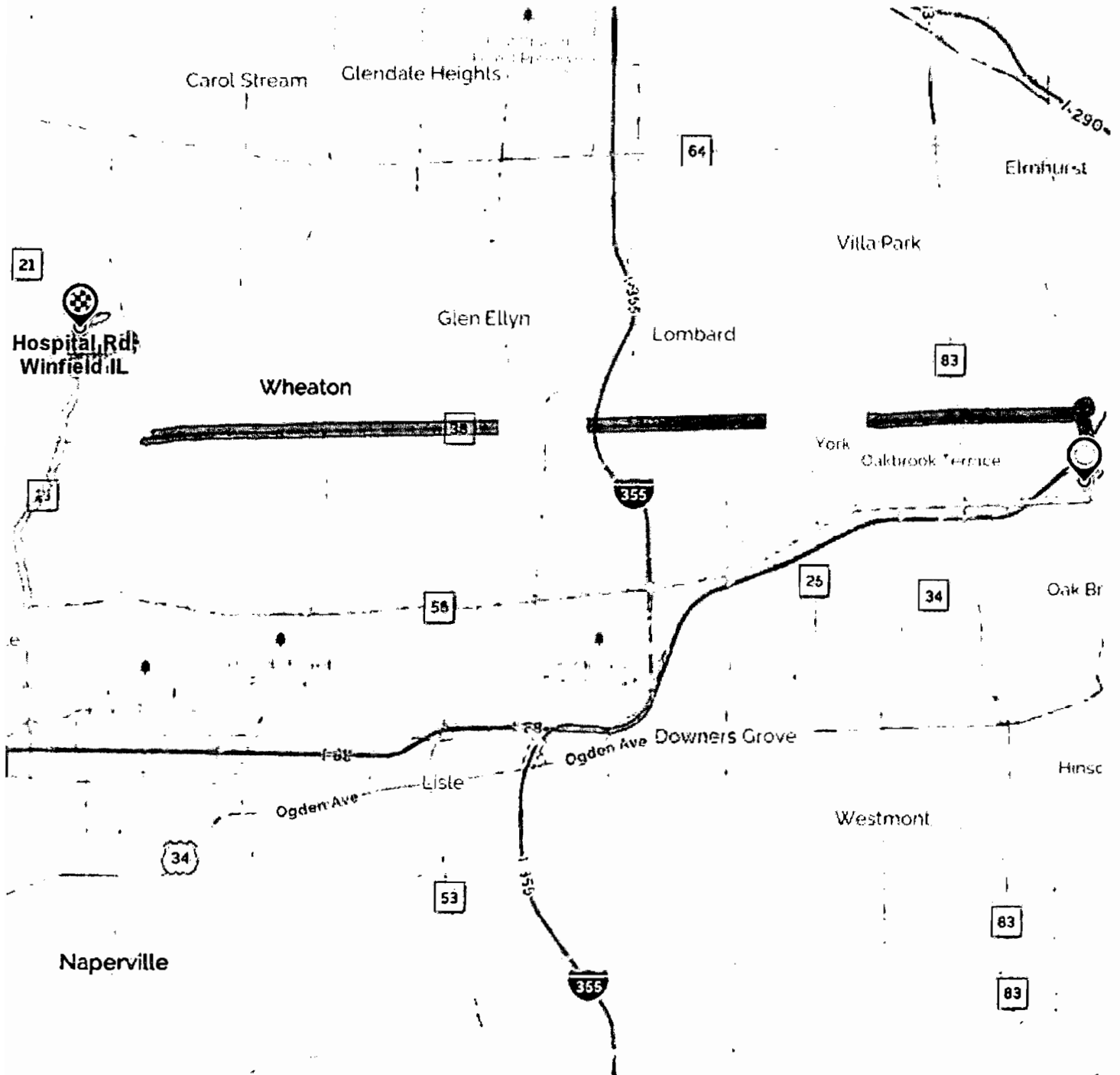


ATTACHMENT 27h

122

CENTRAL DuPAGE HOSPITAL

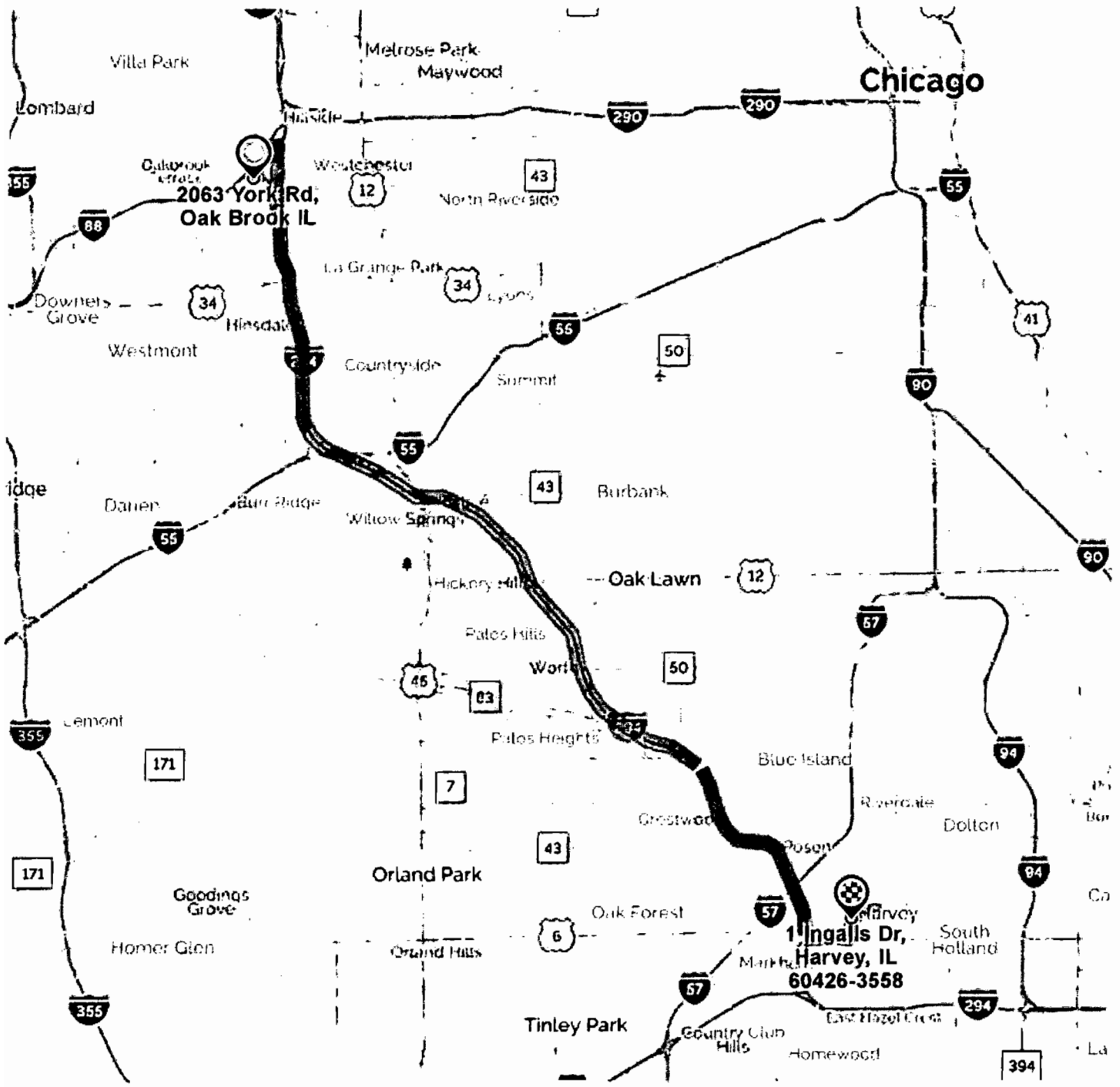
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ATTACHMENT 27h

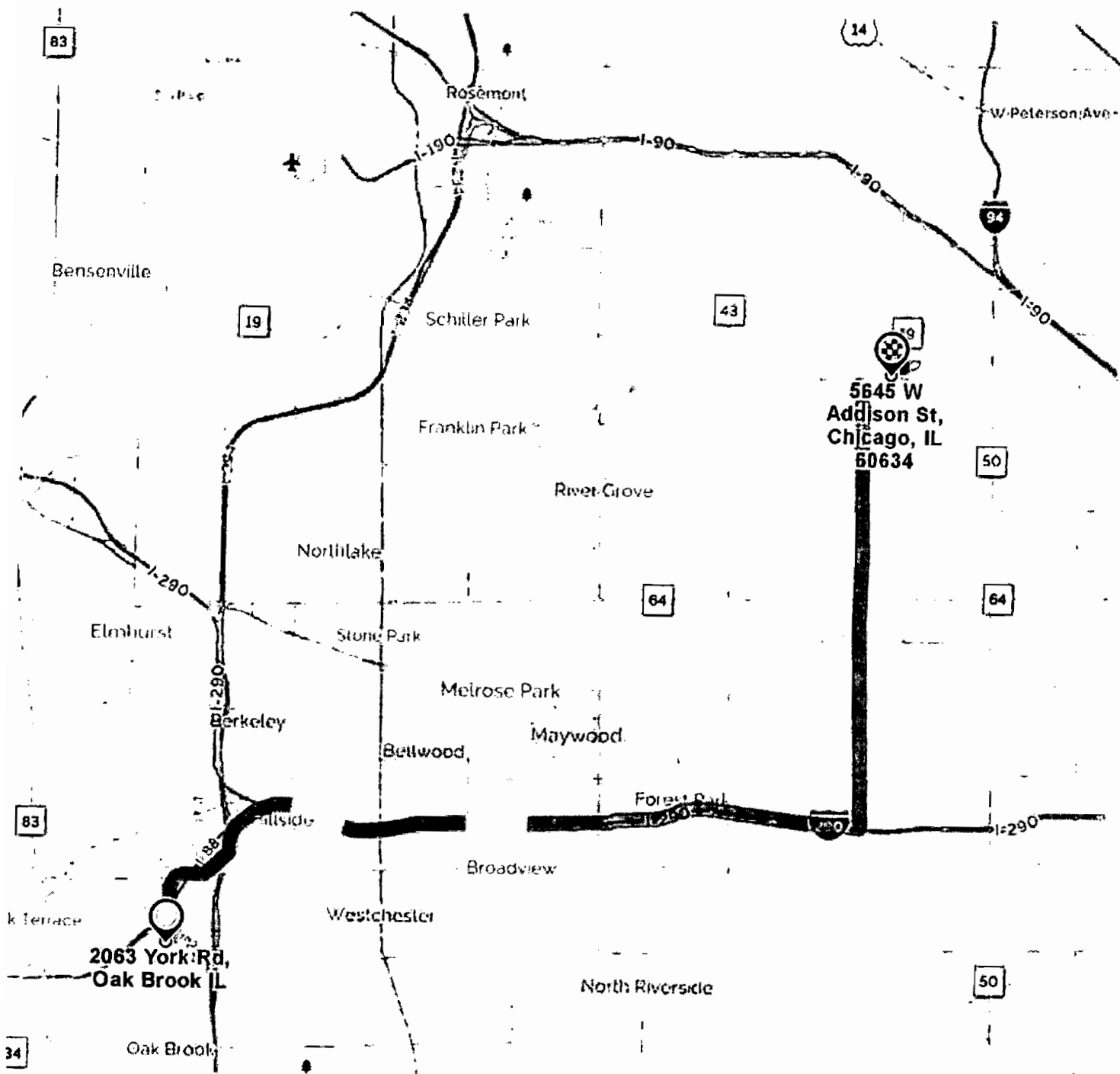
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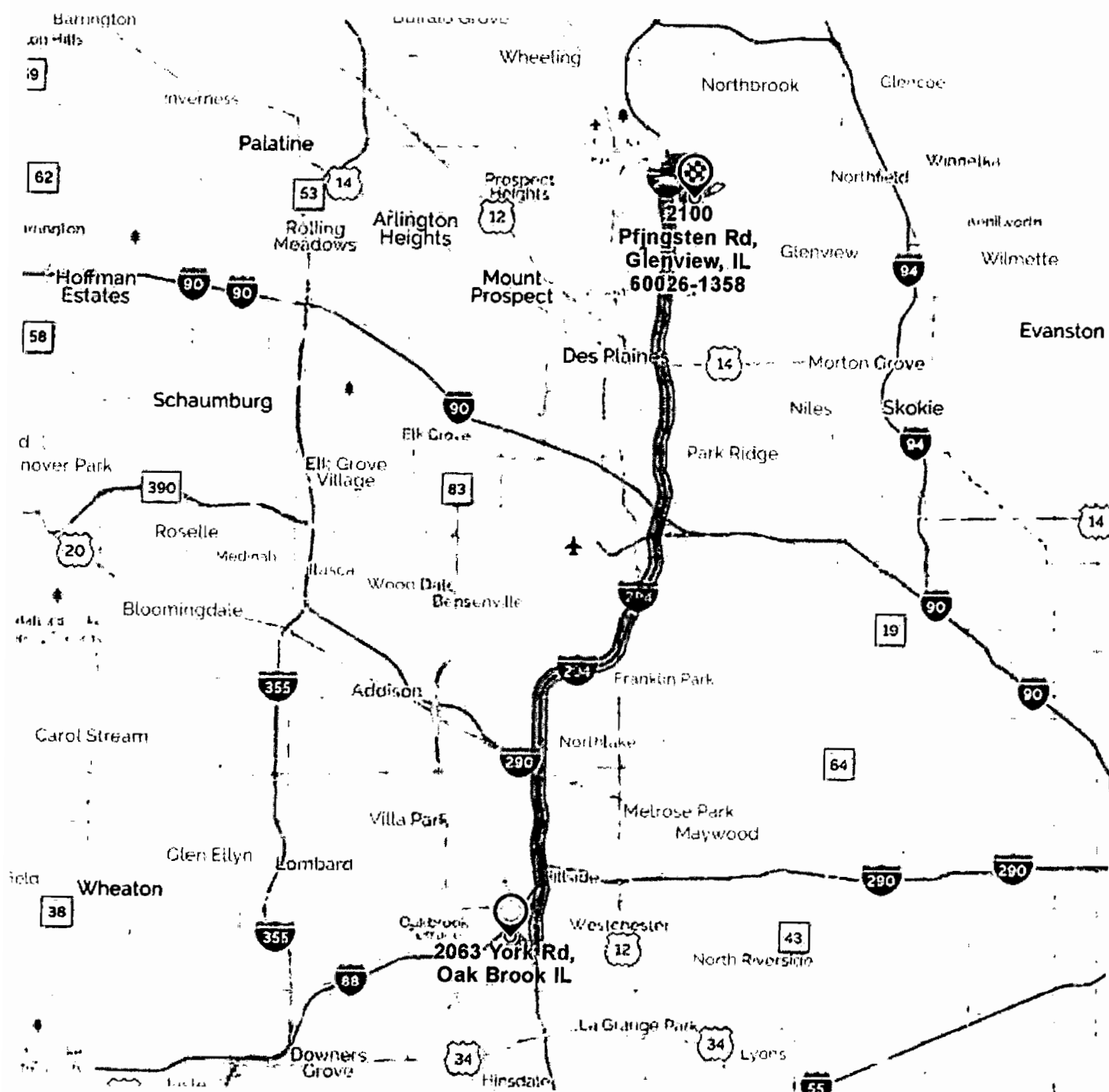
PRESENCE OUR LADY OF RESURRECTION MED. CTR.

mapquest



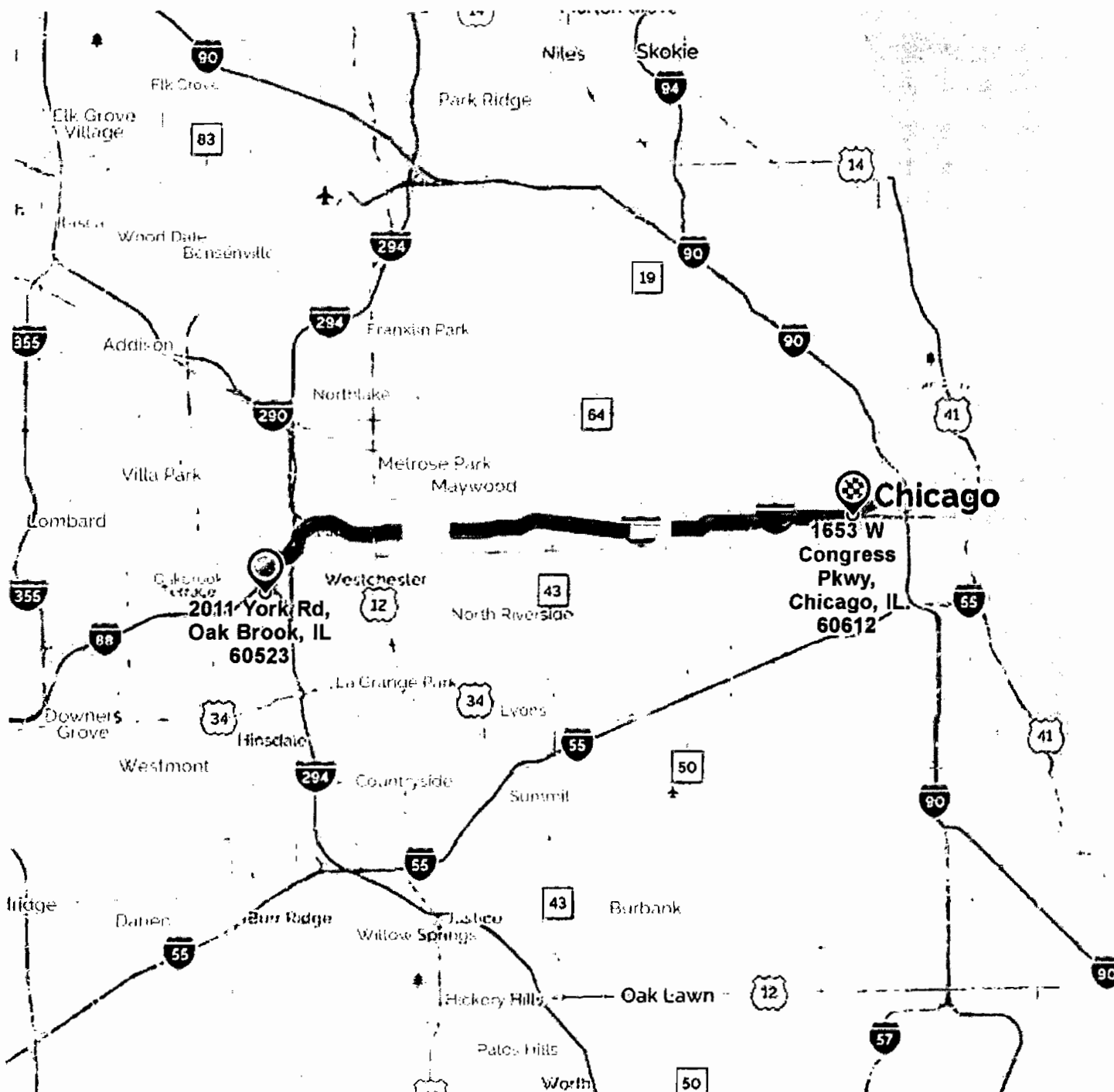
ATTACHMENT 27h

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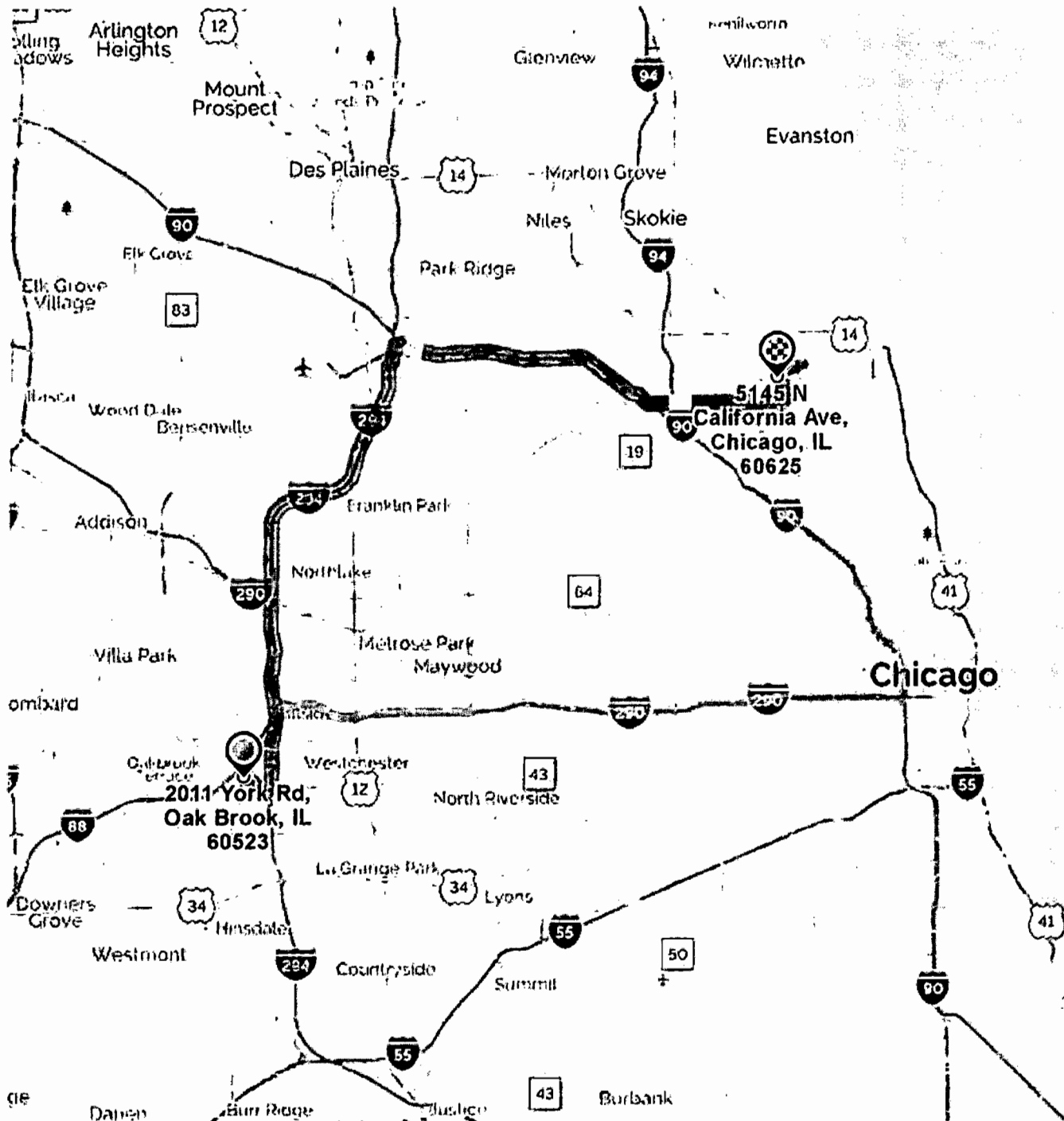


ATTACHMENT 27h

126



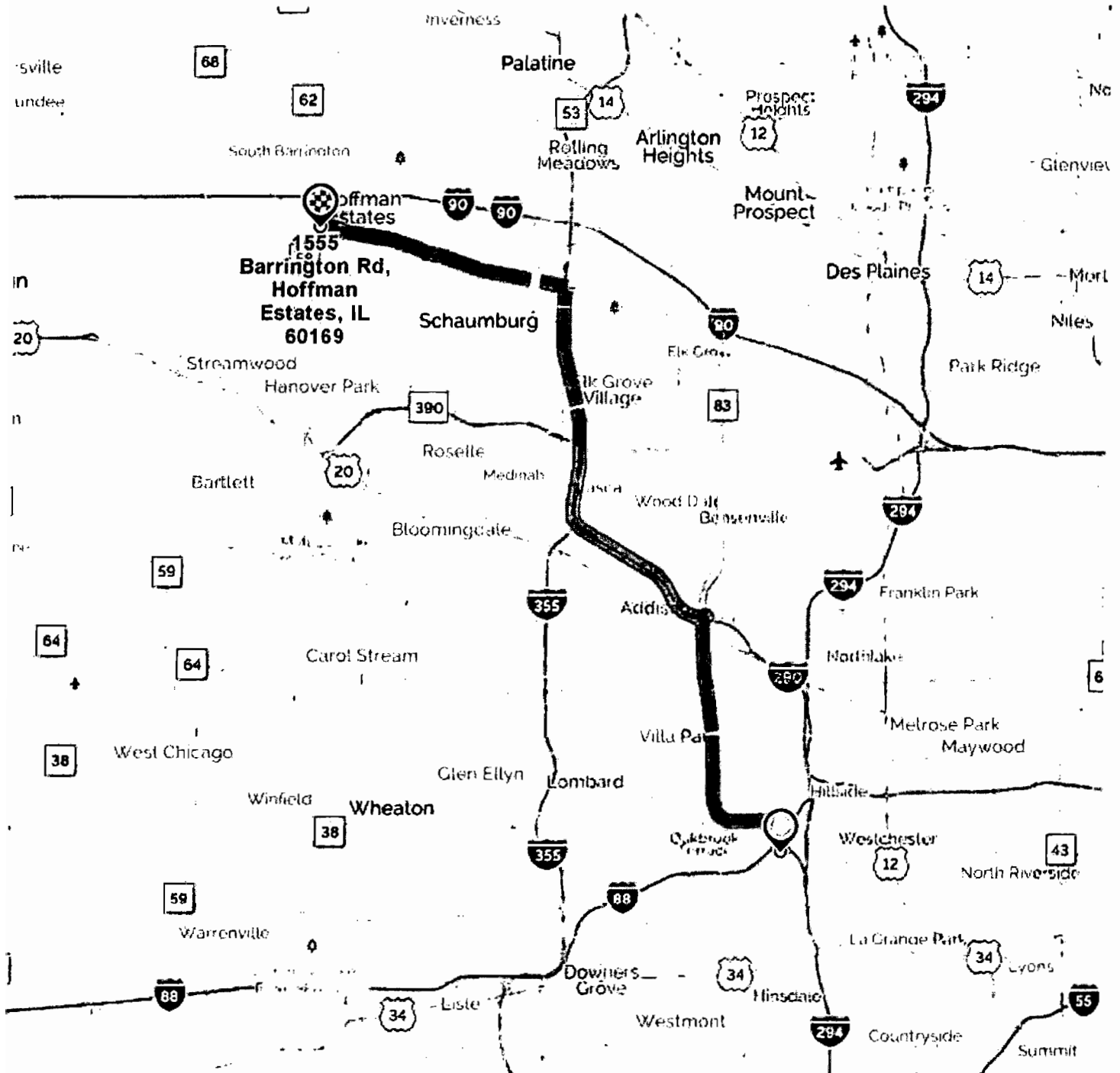
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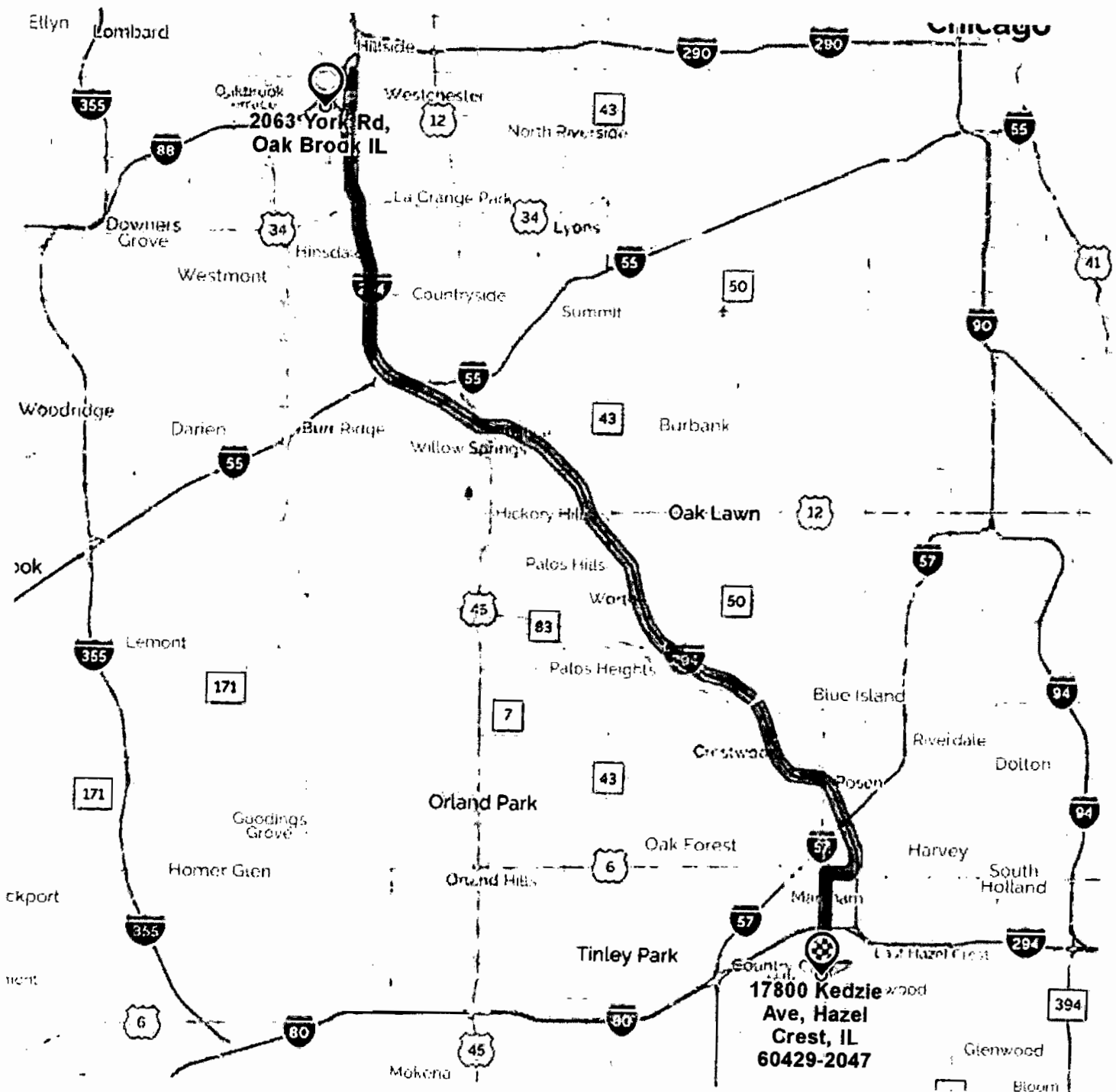
ST. ALEXIUS MEDICAL CTR.

mapquest



ATTACHMENT 27h

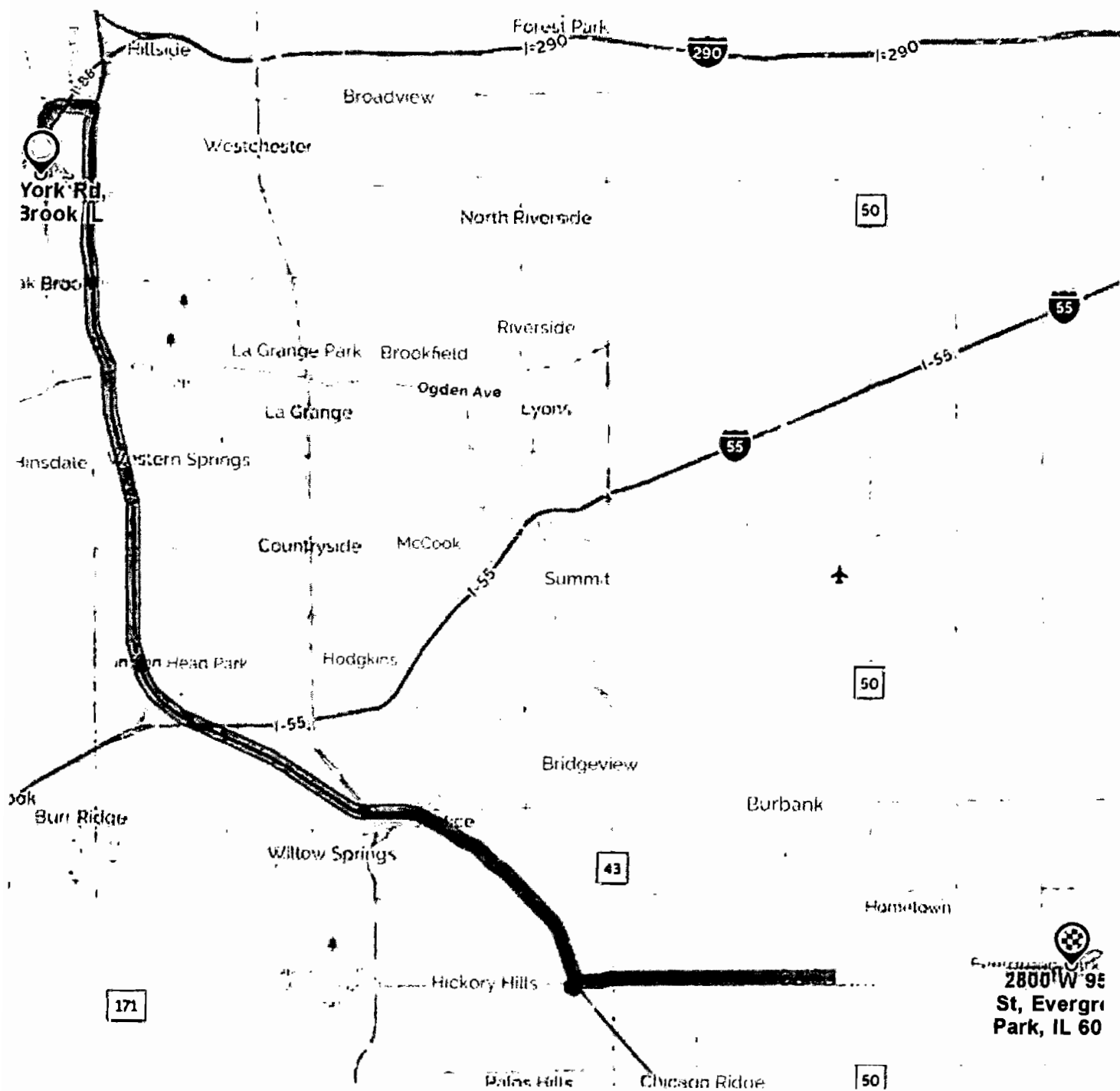
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131

LITTLE COMPANY OF MARY HOSP. + HEALTH CARE CTR.

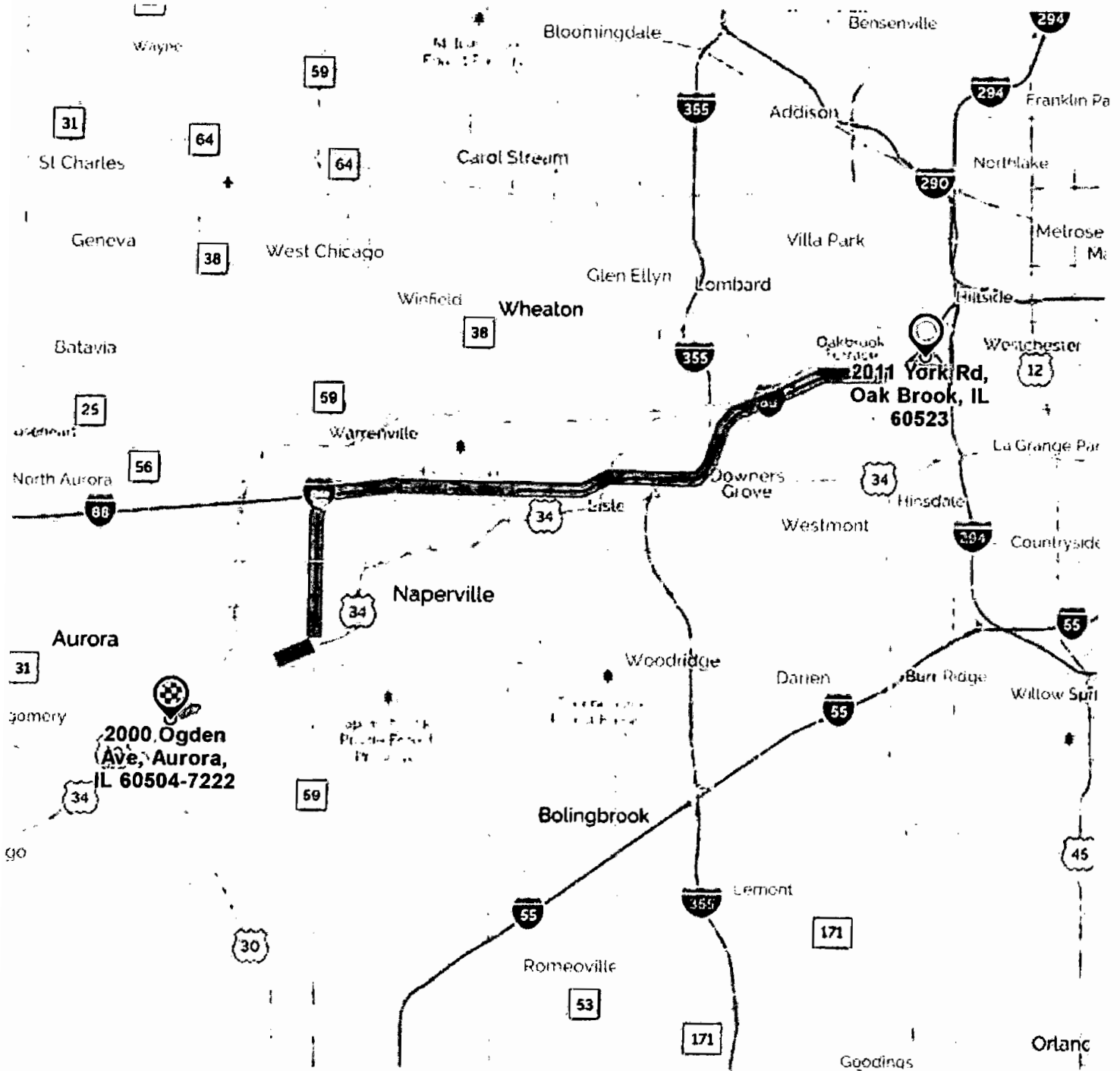
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ATTACHMENT 27h

RUSH COPLEY MEMORIAL HOSPITAL

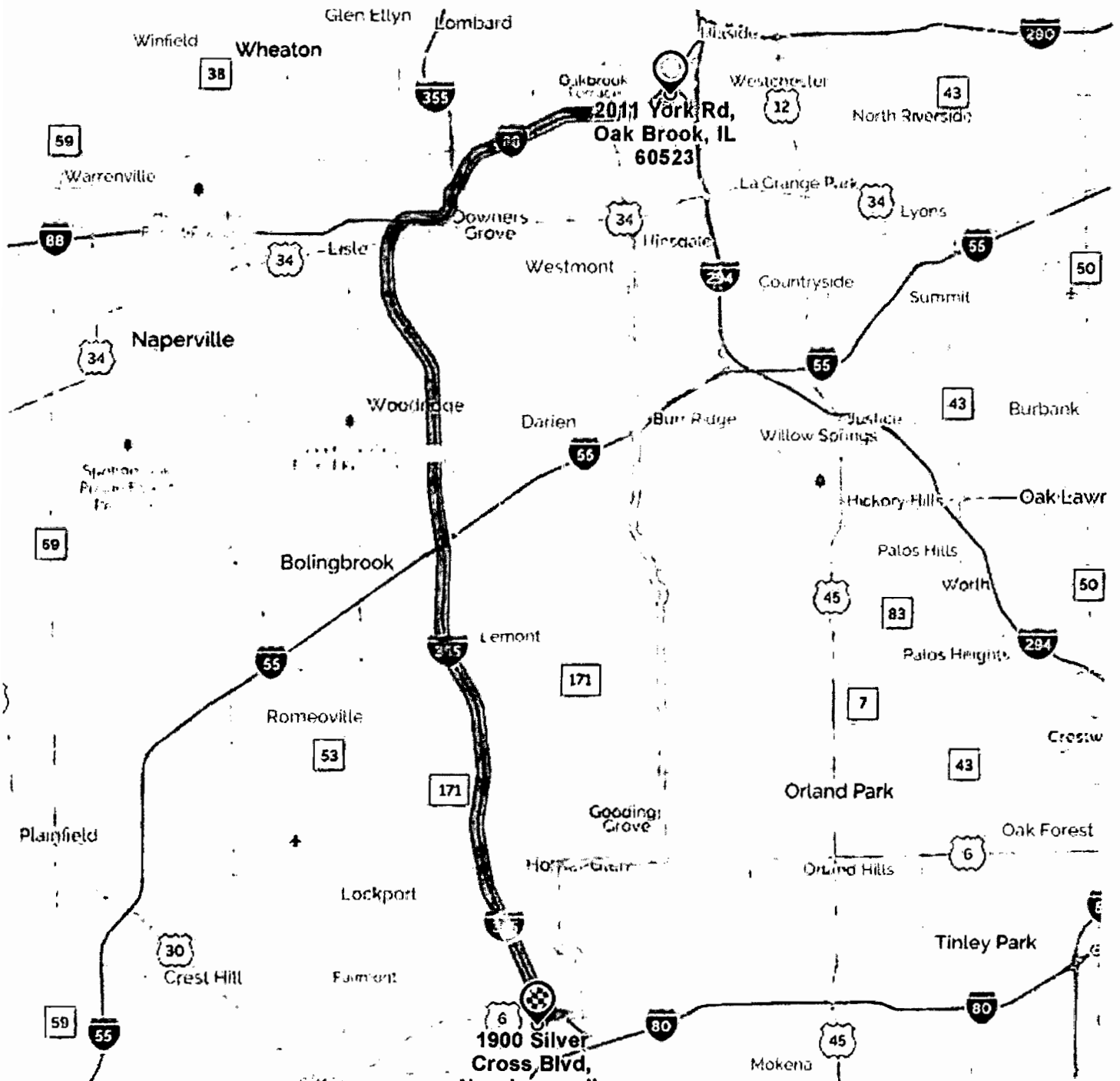
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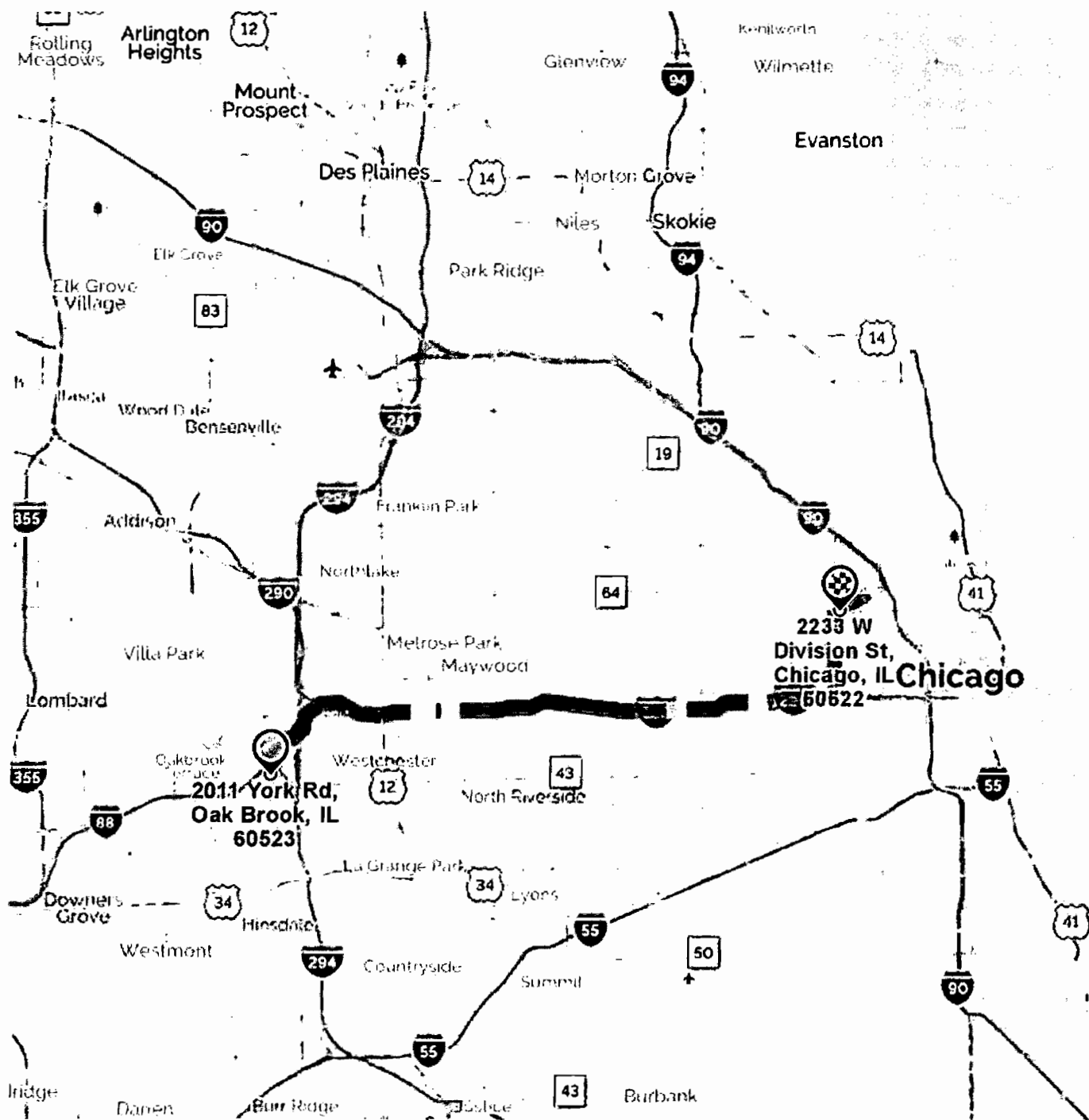
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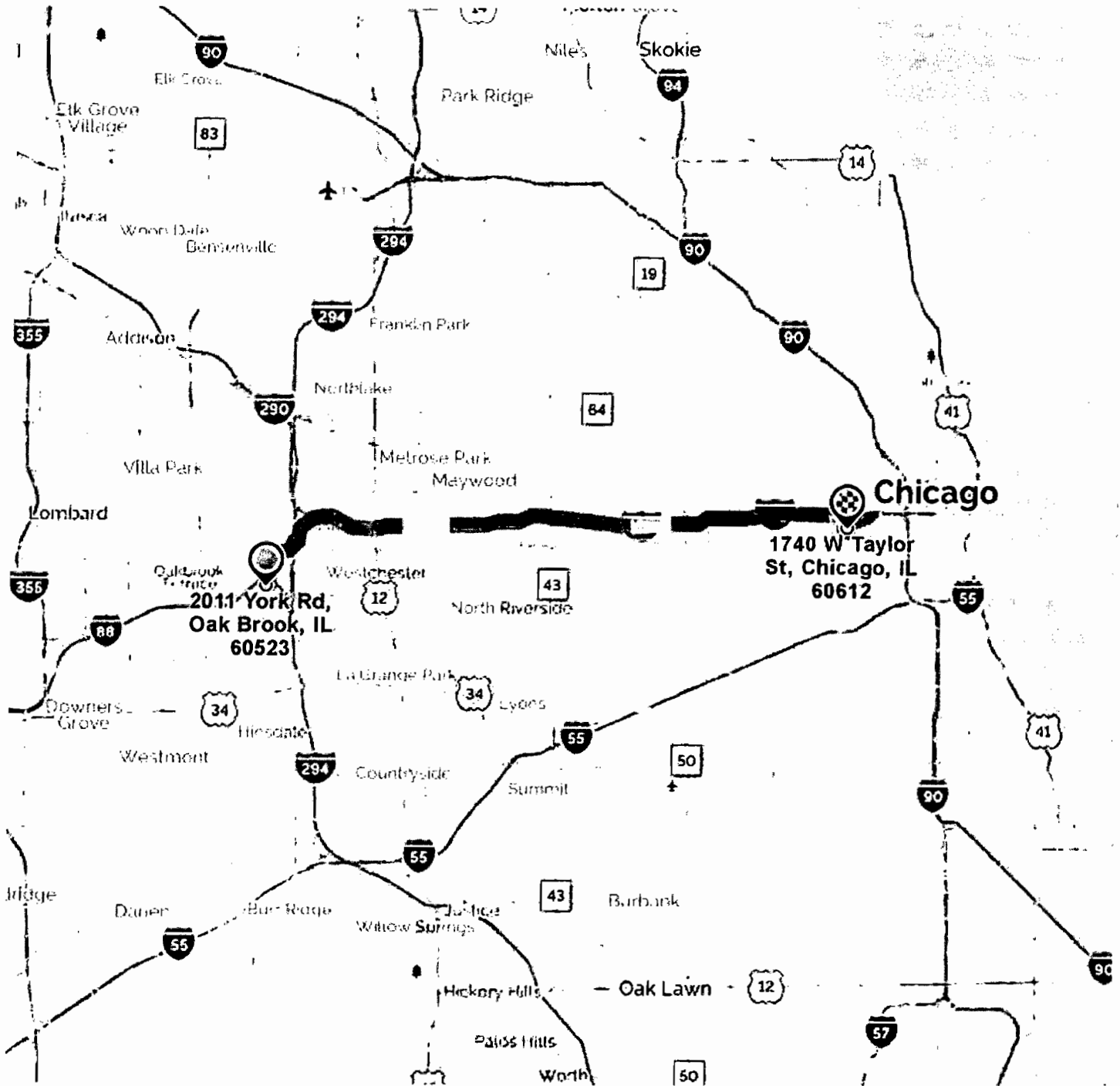
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mapquest



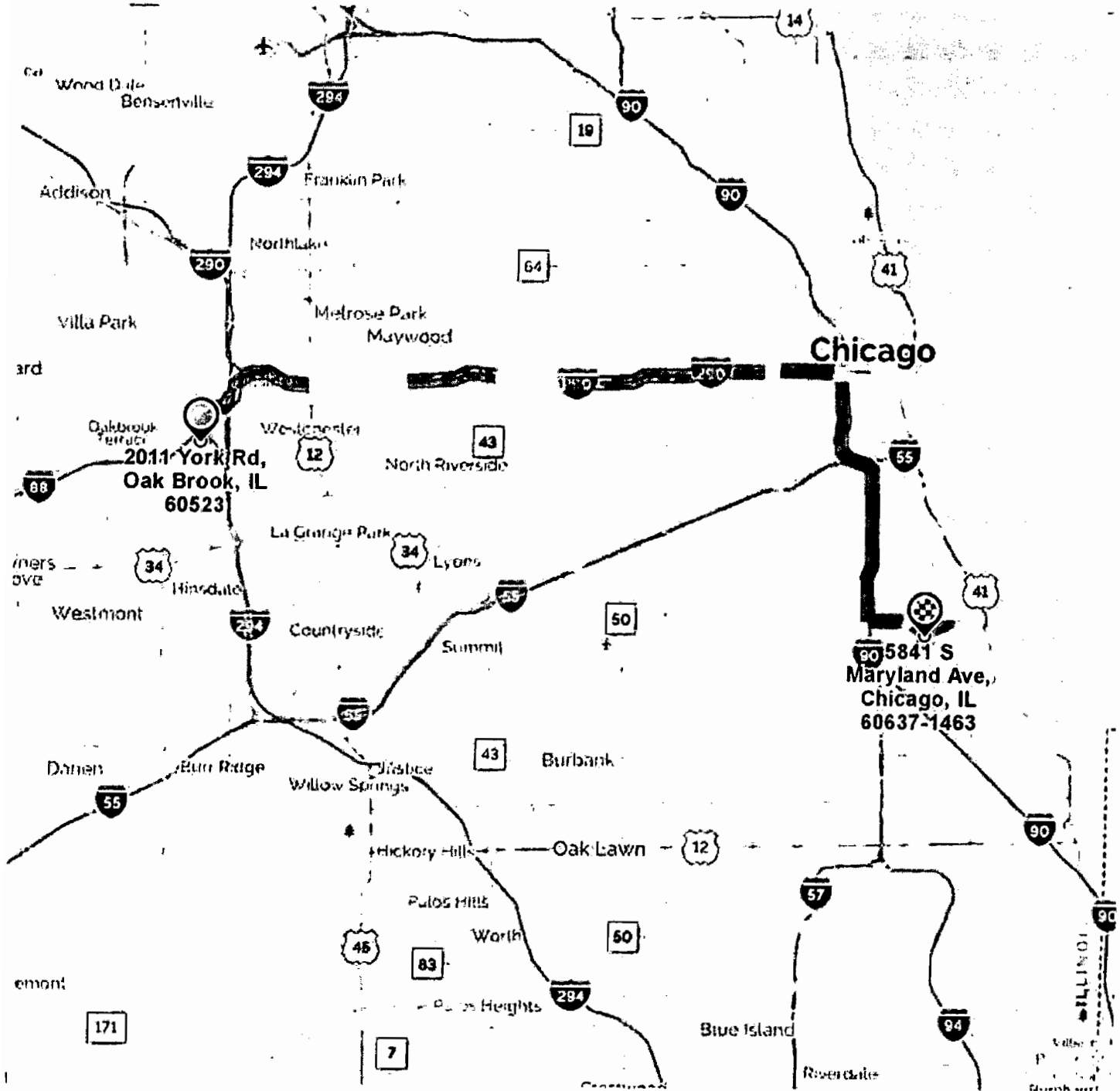
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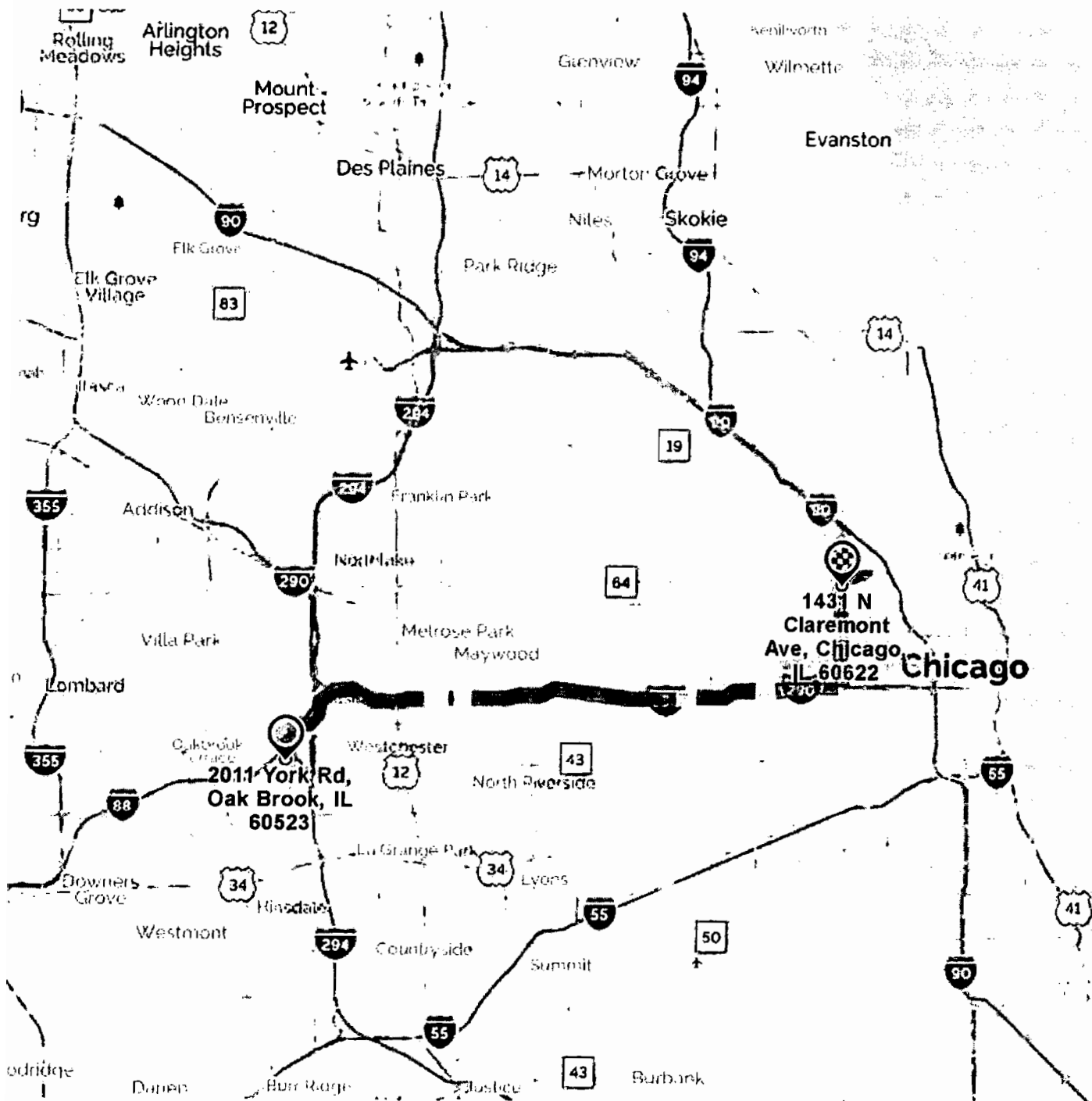
UNIVERSITY OF CHICAGO MED. CTR.

mapquest



ATTACHMENT 27h

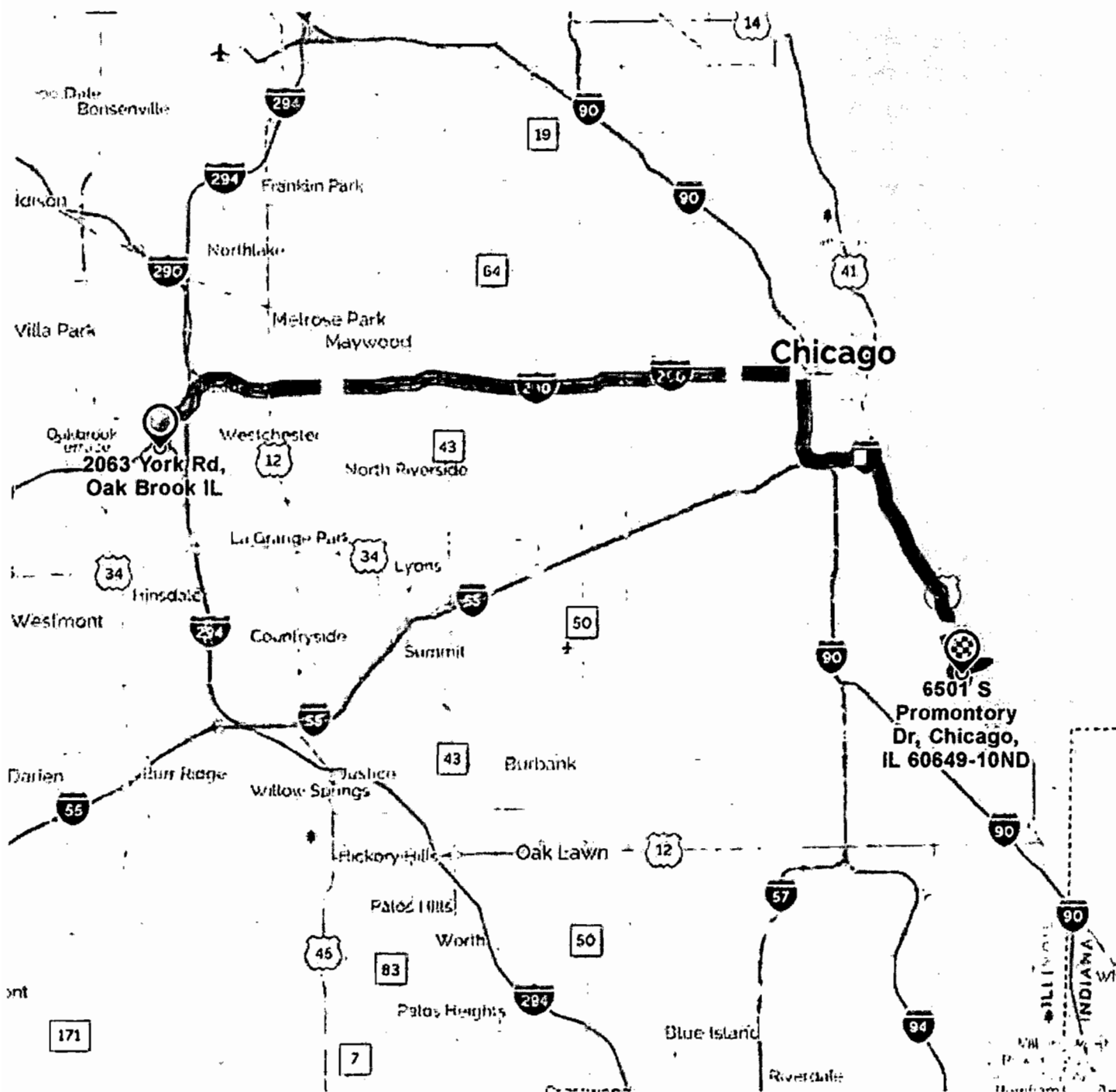
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138

LA RABIDA CHILDREN'S HOSPITAL

mapquest



ATTACHMENT 27h

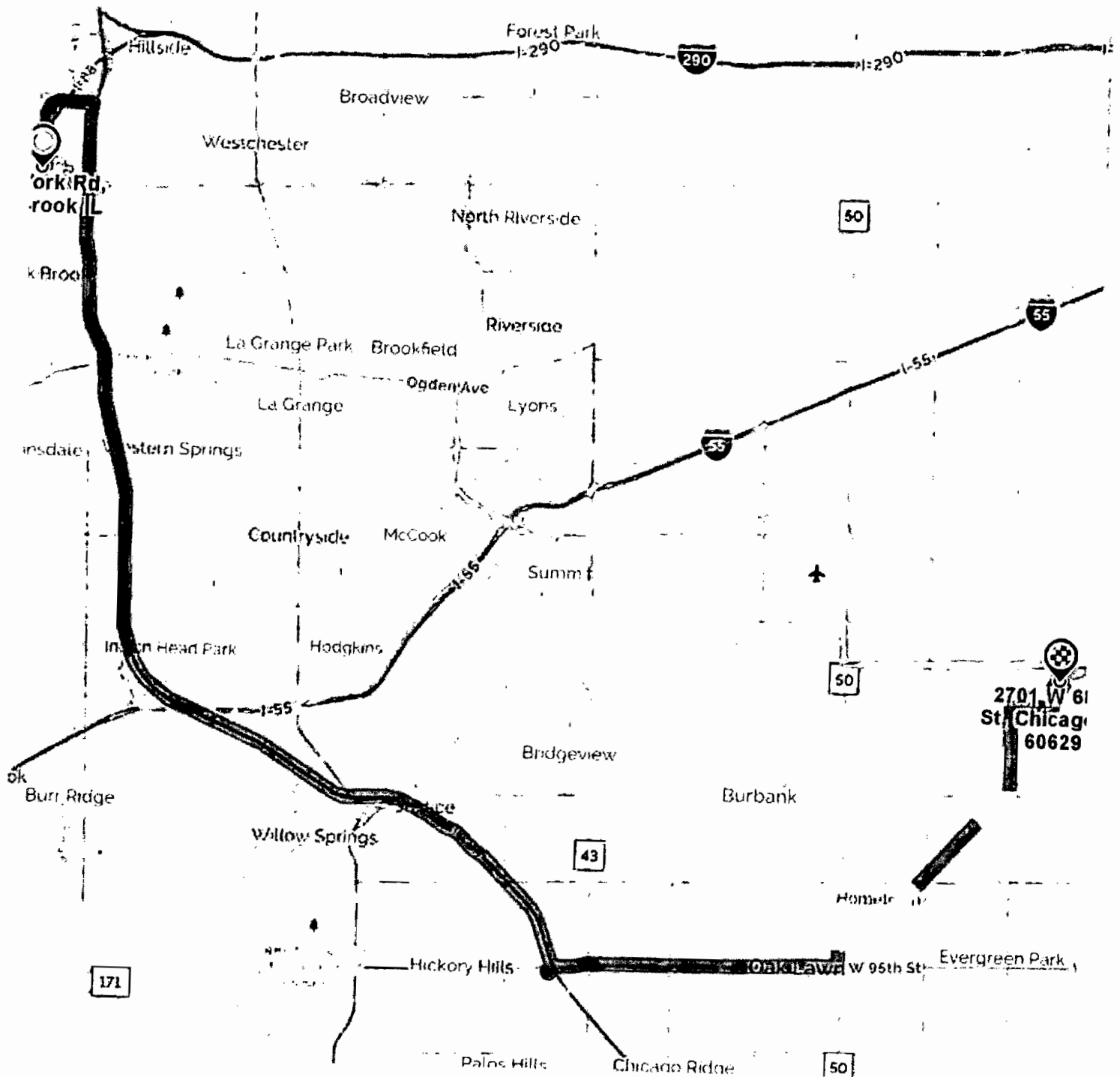
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140

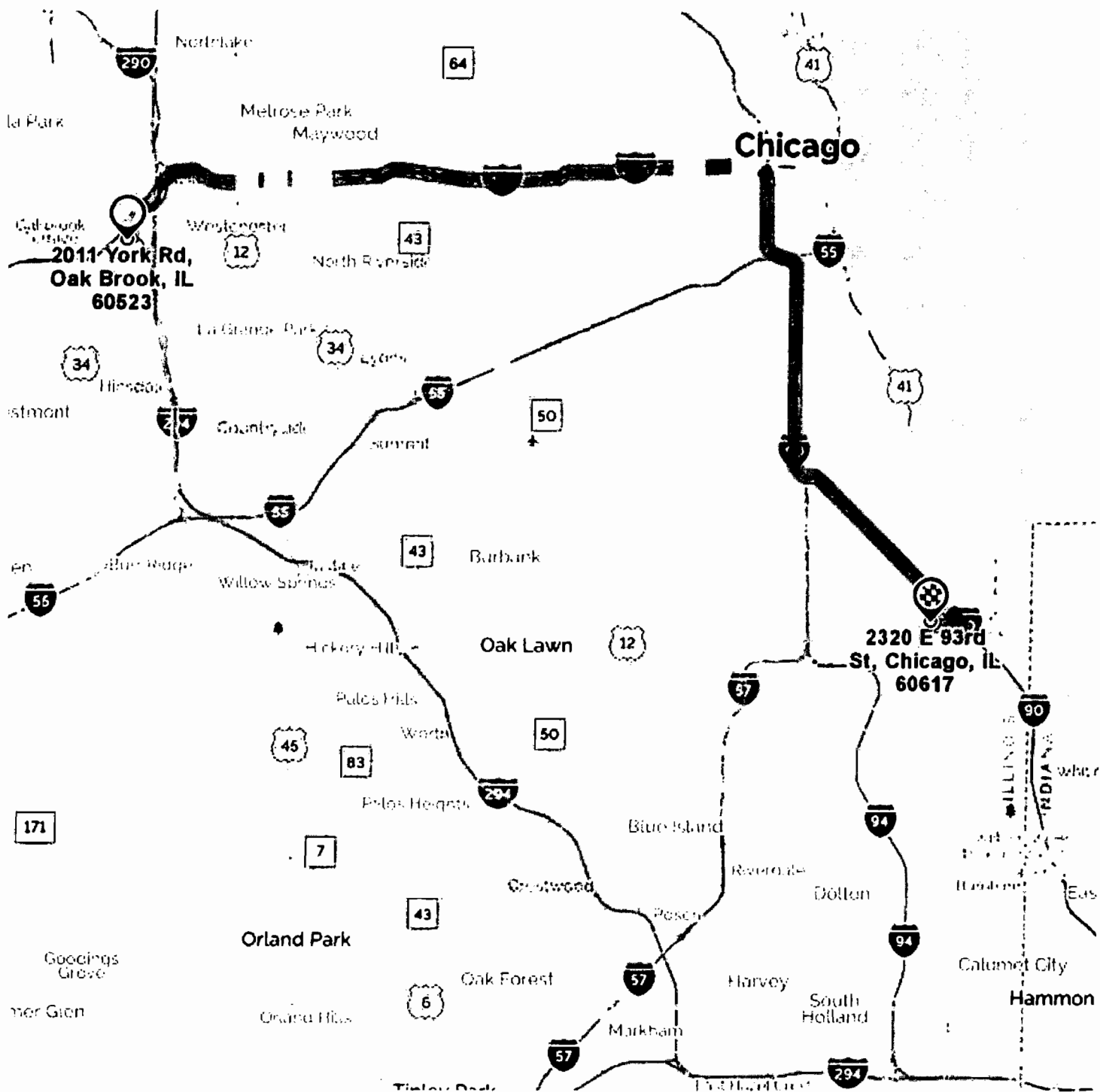
Holy Cross Hosp.

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ADVOCATE TRINITY HOSP.

mapquest

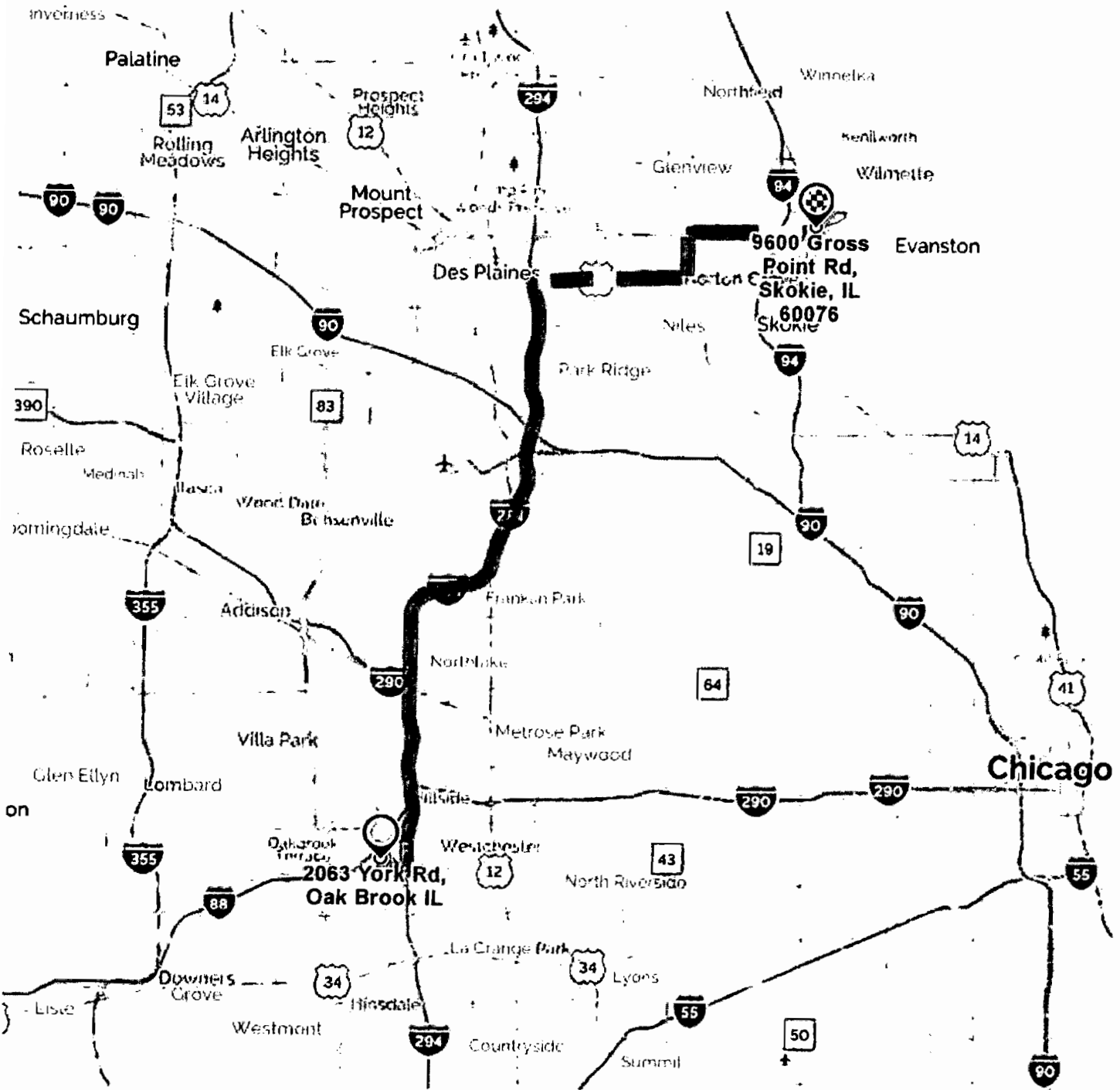


ATTACHMENT 27h

142

Skokie Hospital

mapquest

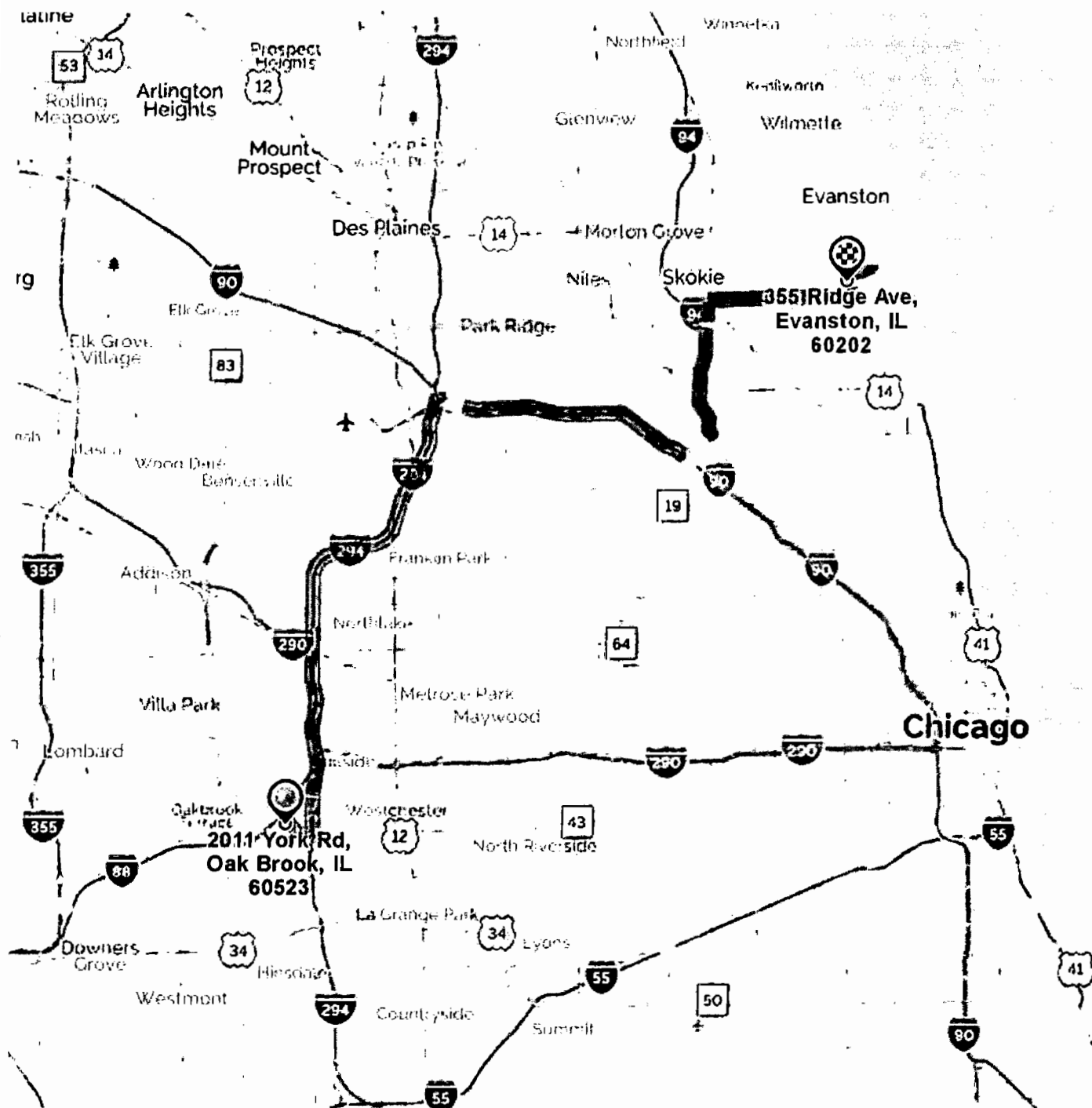


ATTACHMENT 27h

143

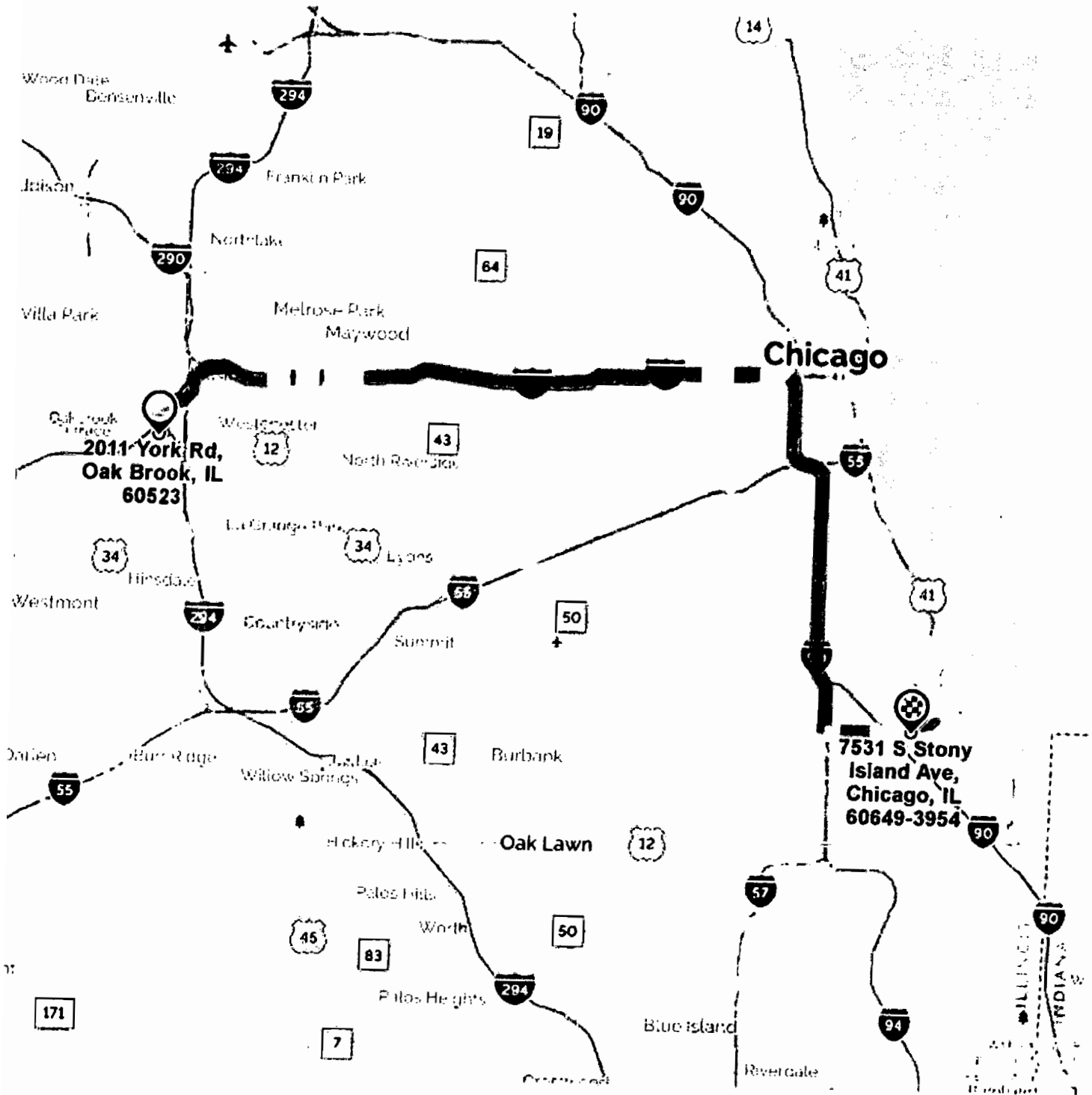
PRESENCE ST. FRANCIS HOSPITAL

mapquest



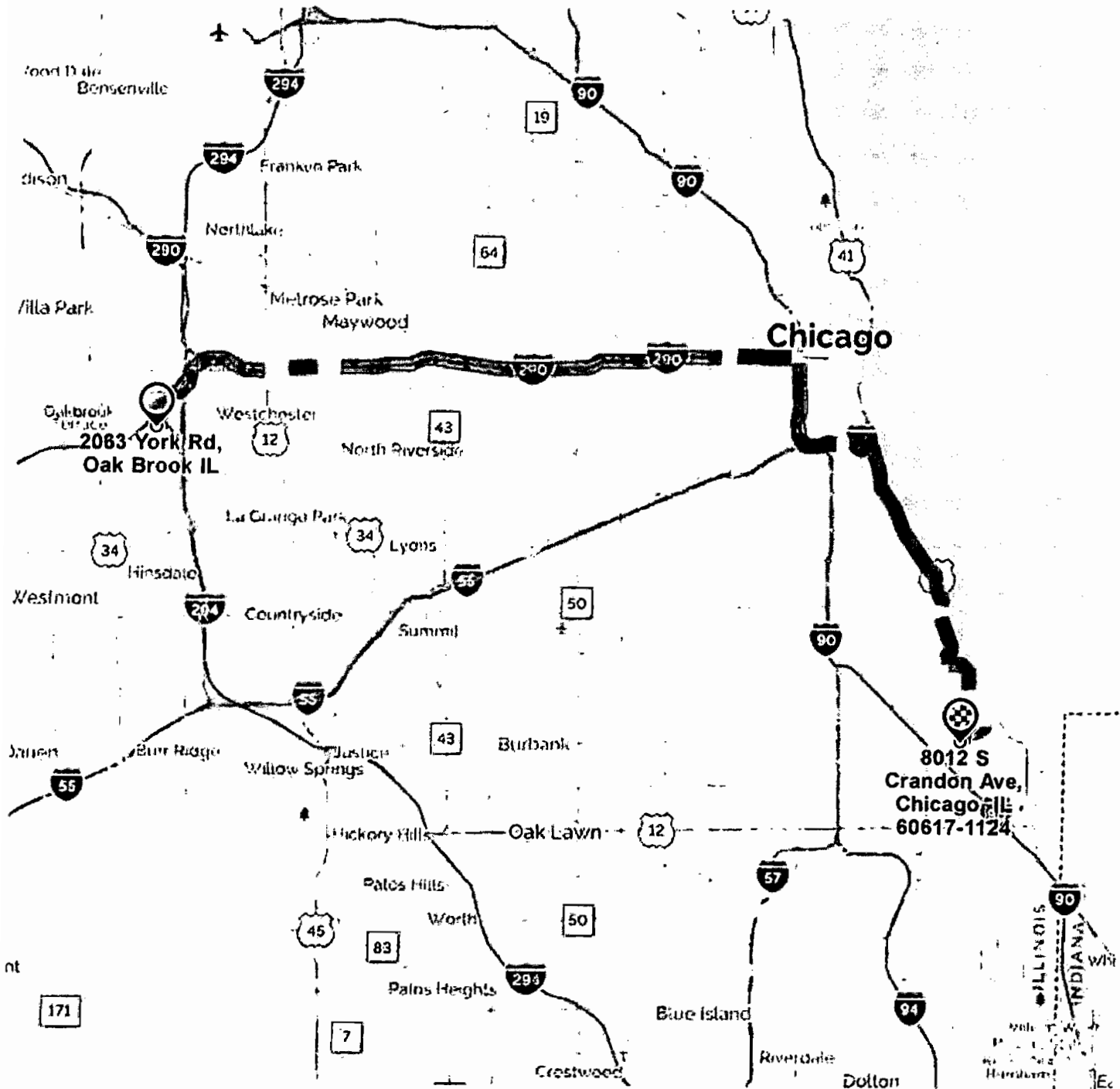
JACKSON PARK HOSP. FOUNDATION

mapquest



SOUTH SHORE HOSPITAL

mapquest

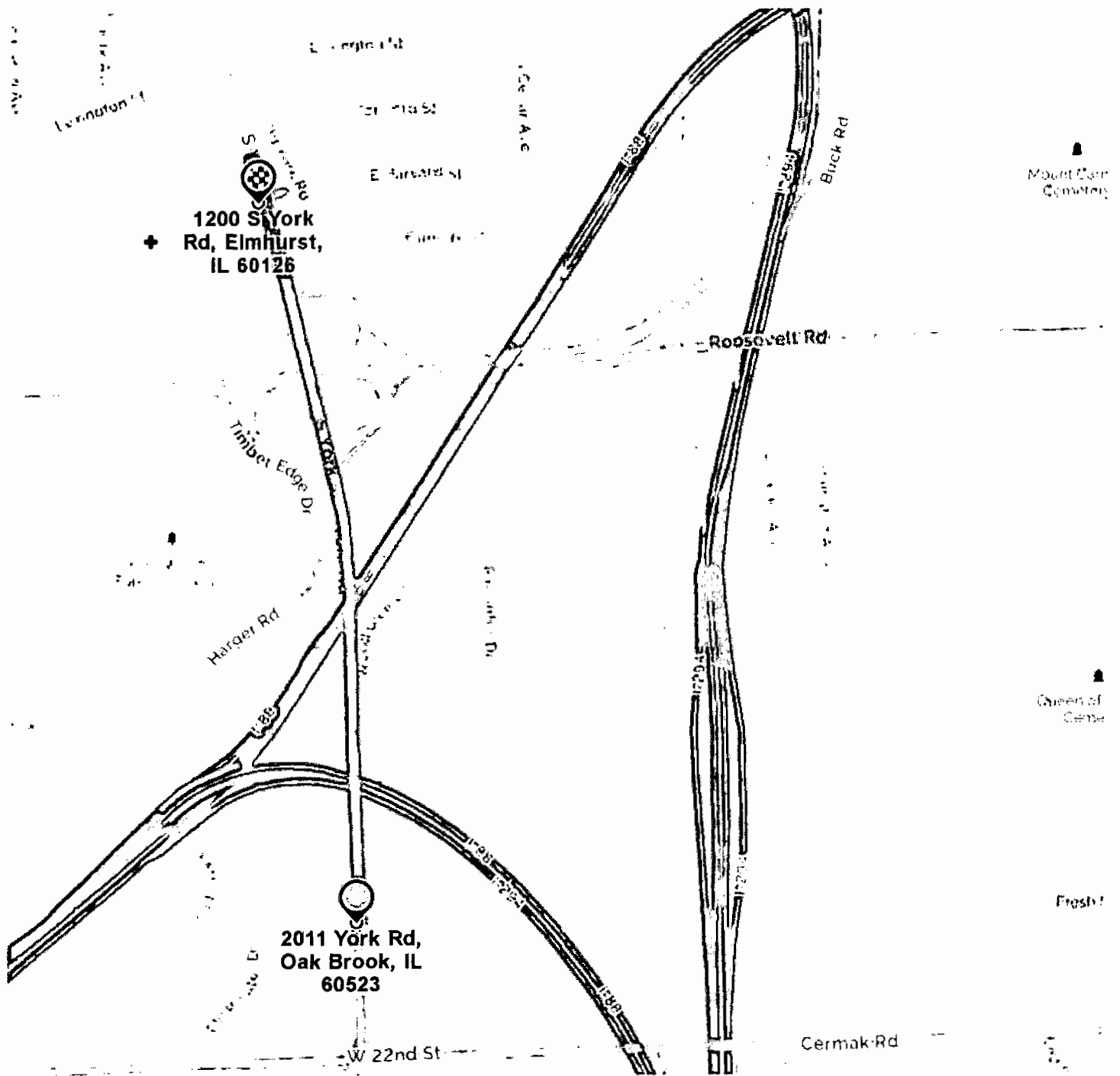


ATTACHMENT 27h

146

ELMHURST OUTPATIENT SURGERY CTR.

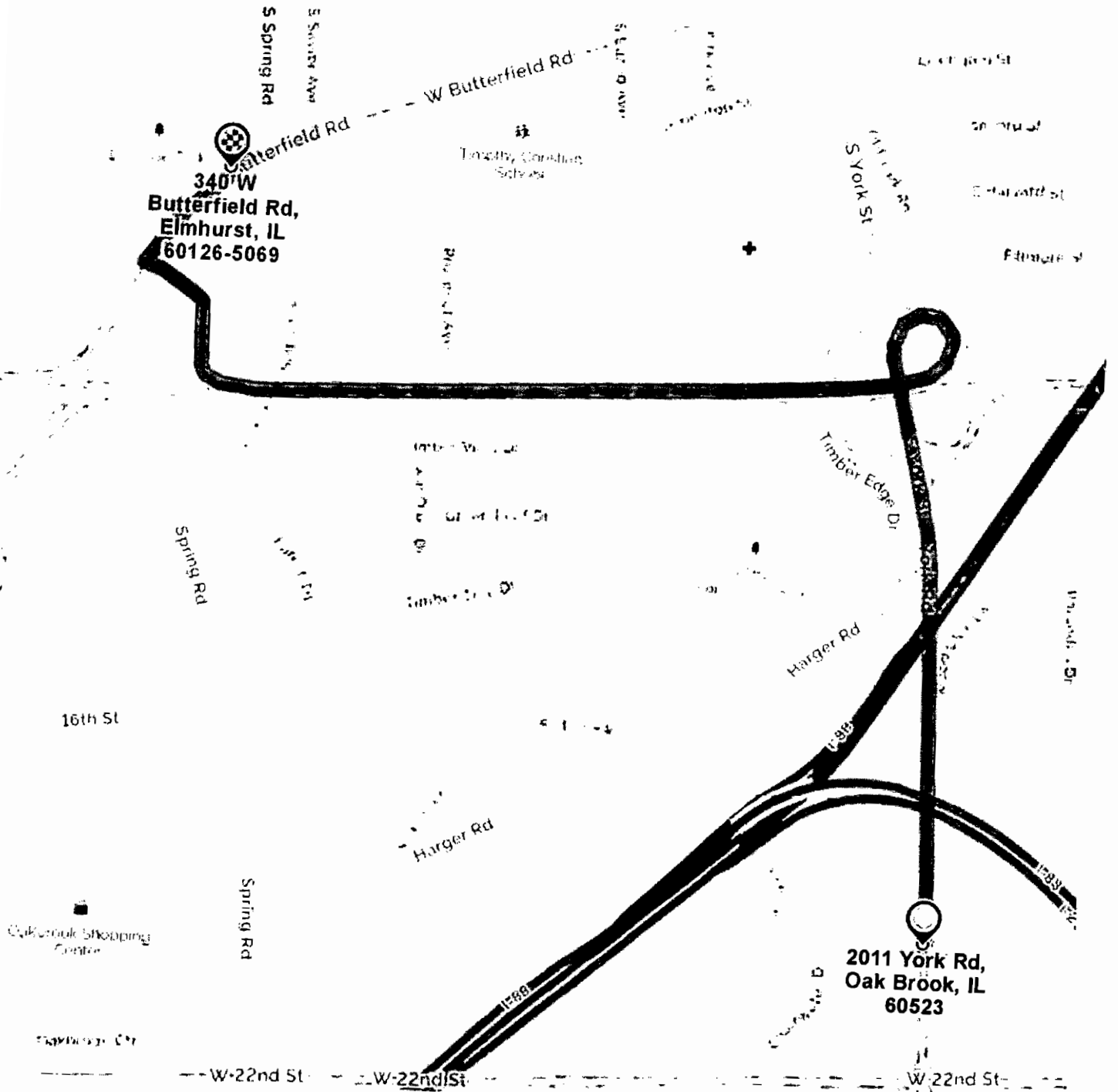
mapquest



ATTACHMENT 27h

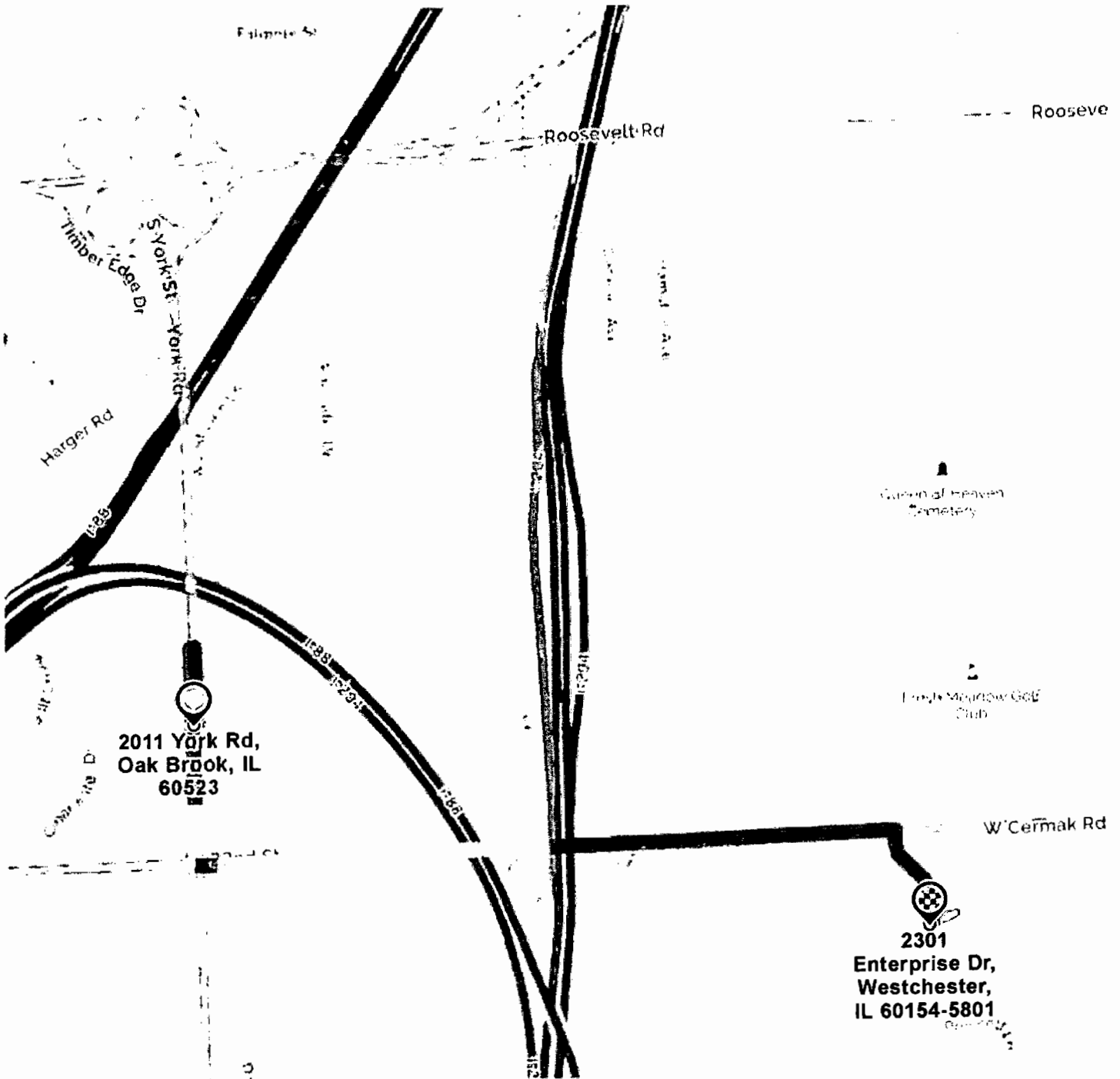
ELMHURST MEDICAL + SURGICAL CTR.

mapquest



CHILDREN'S MEM. SPEC. PED.

mapquest

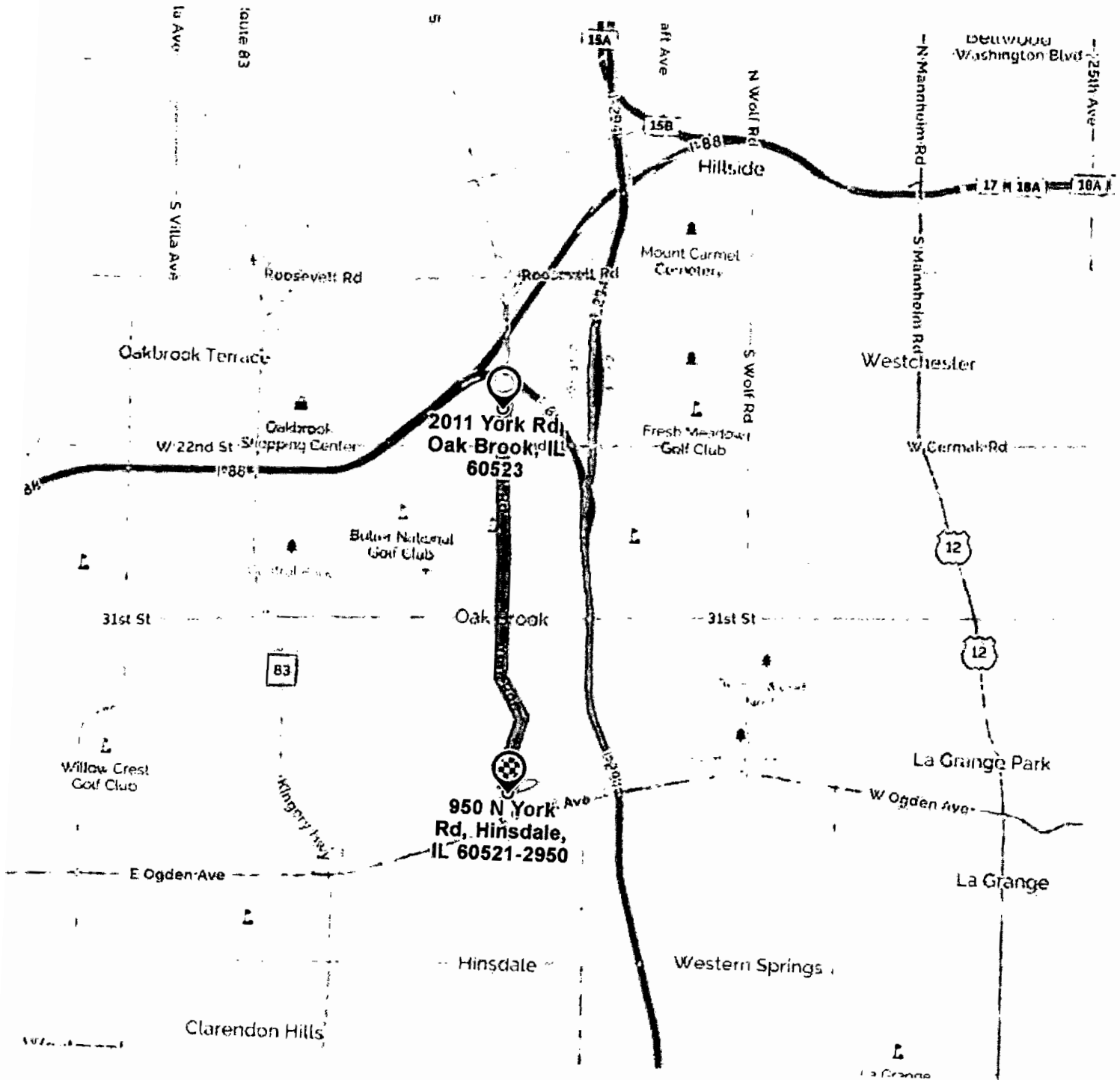


ATTACHMENT 27h

149

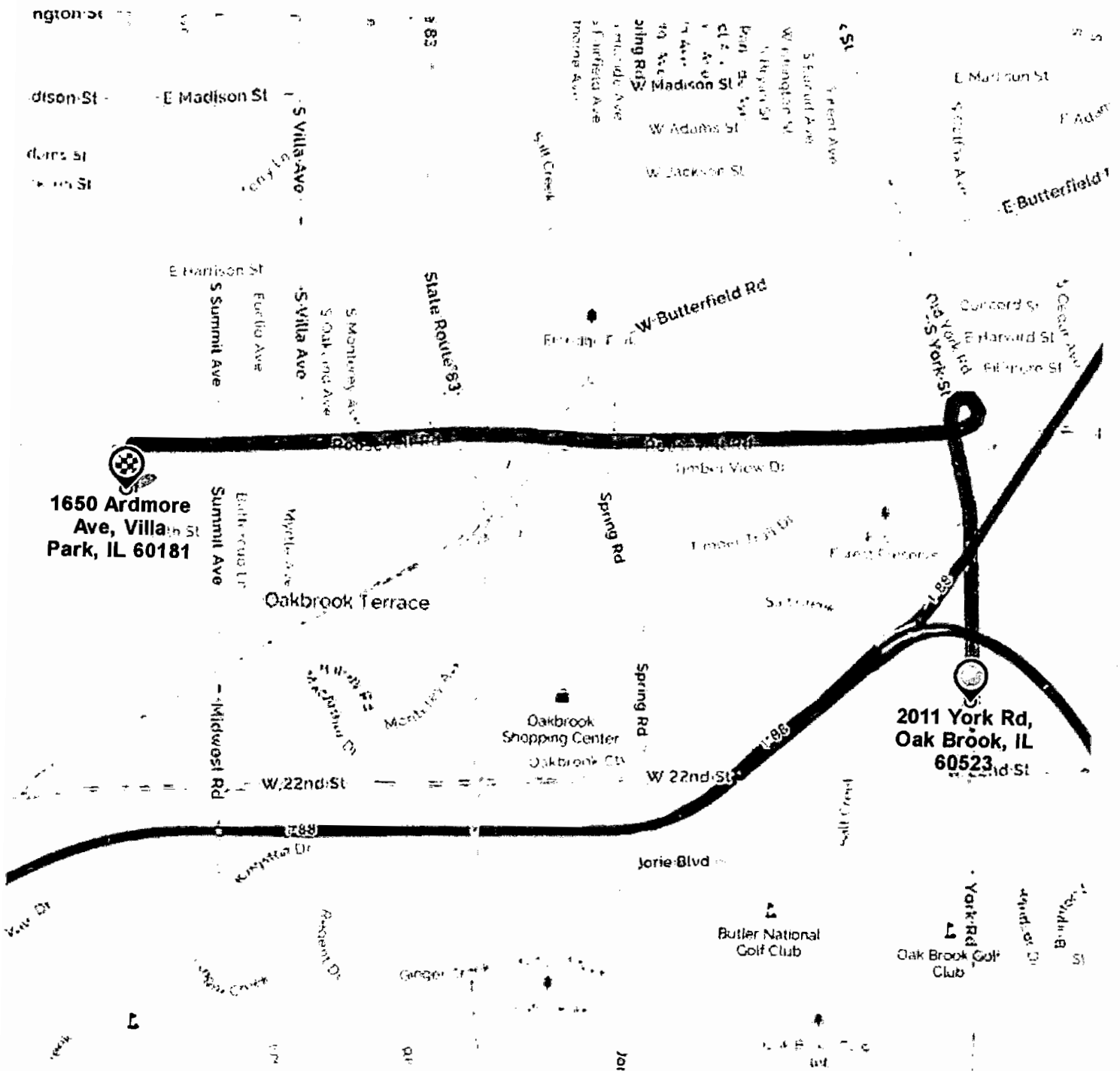
EYE SURGERY CTR OF HINSDALE

mapquest



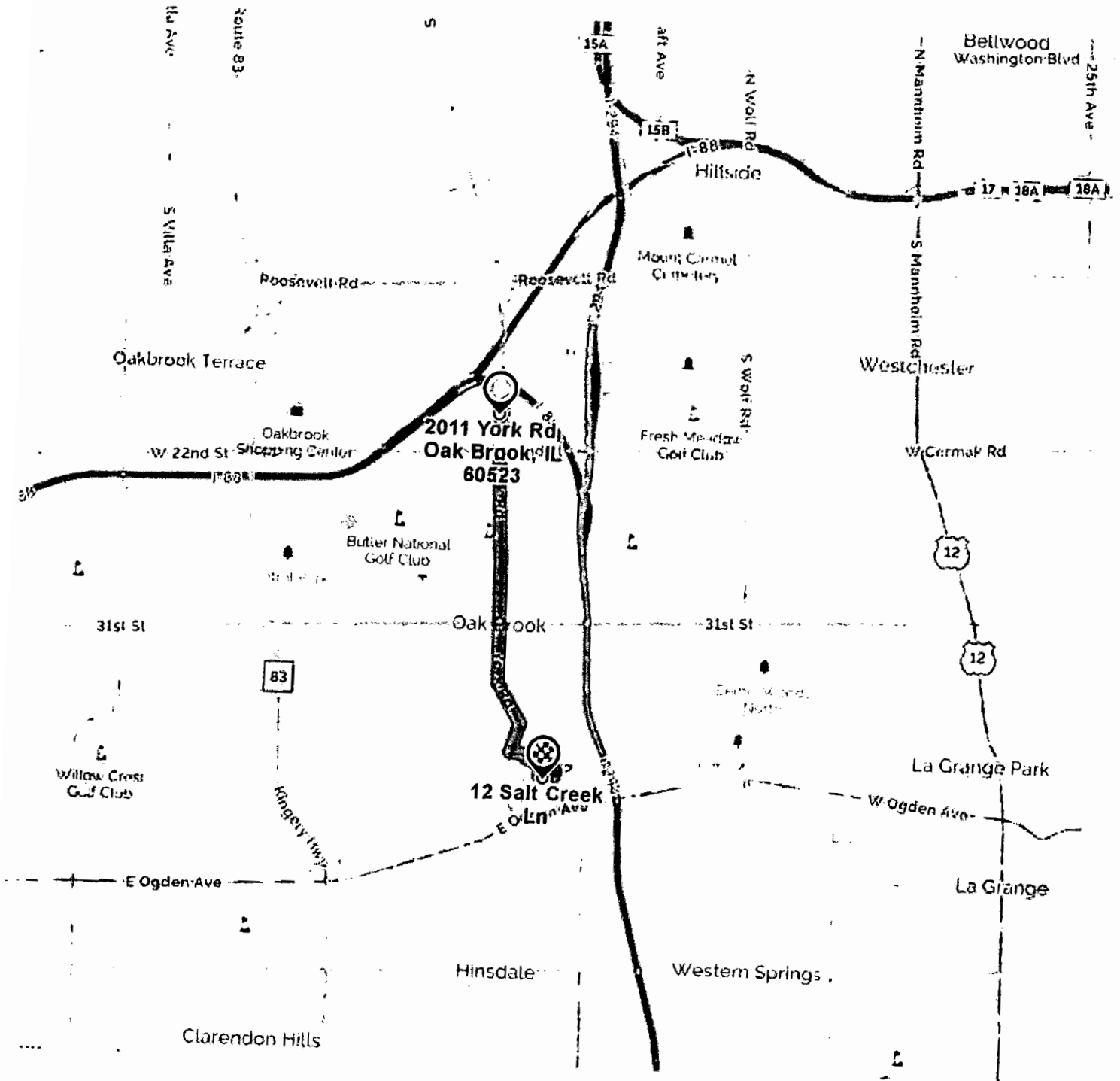
LOYOLA AMB SURG. CTR. AT OAKBROOK

mapquest



HINSDALE SURGICAL CTR.

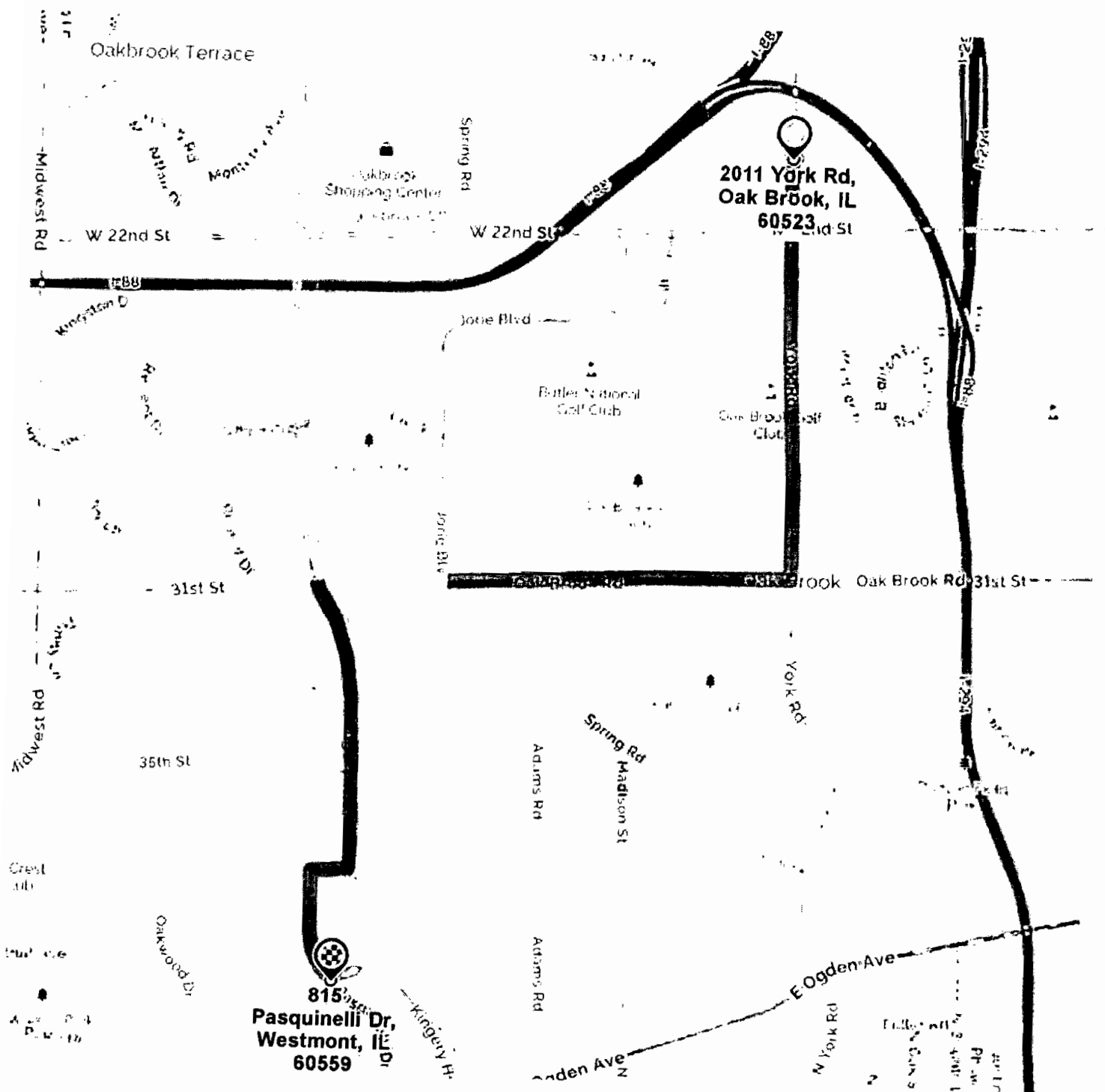
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ATTACHMENT 27h

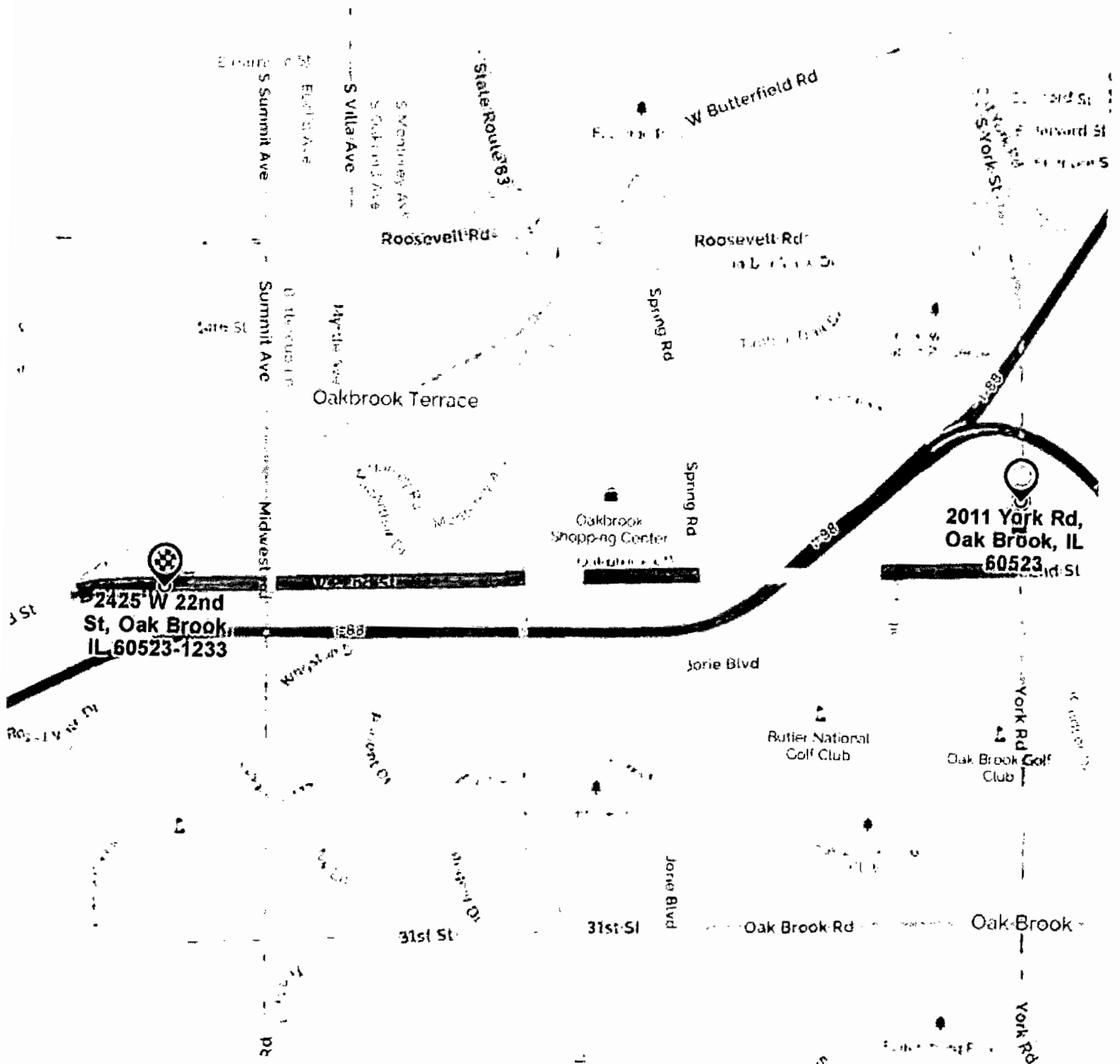
152

mapquest



Oak Brook Surgical Ctr.

mapquest

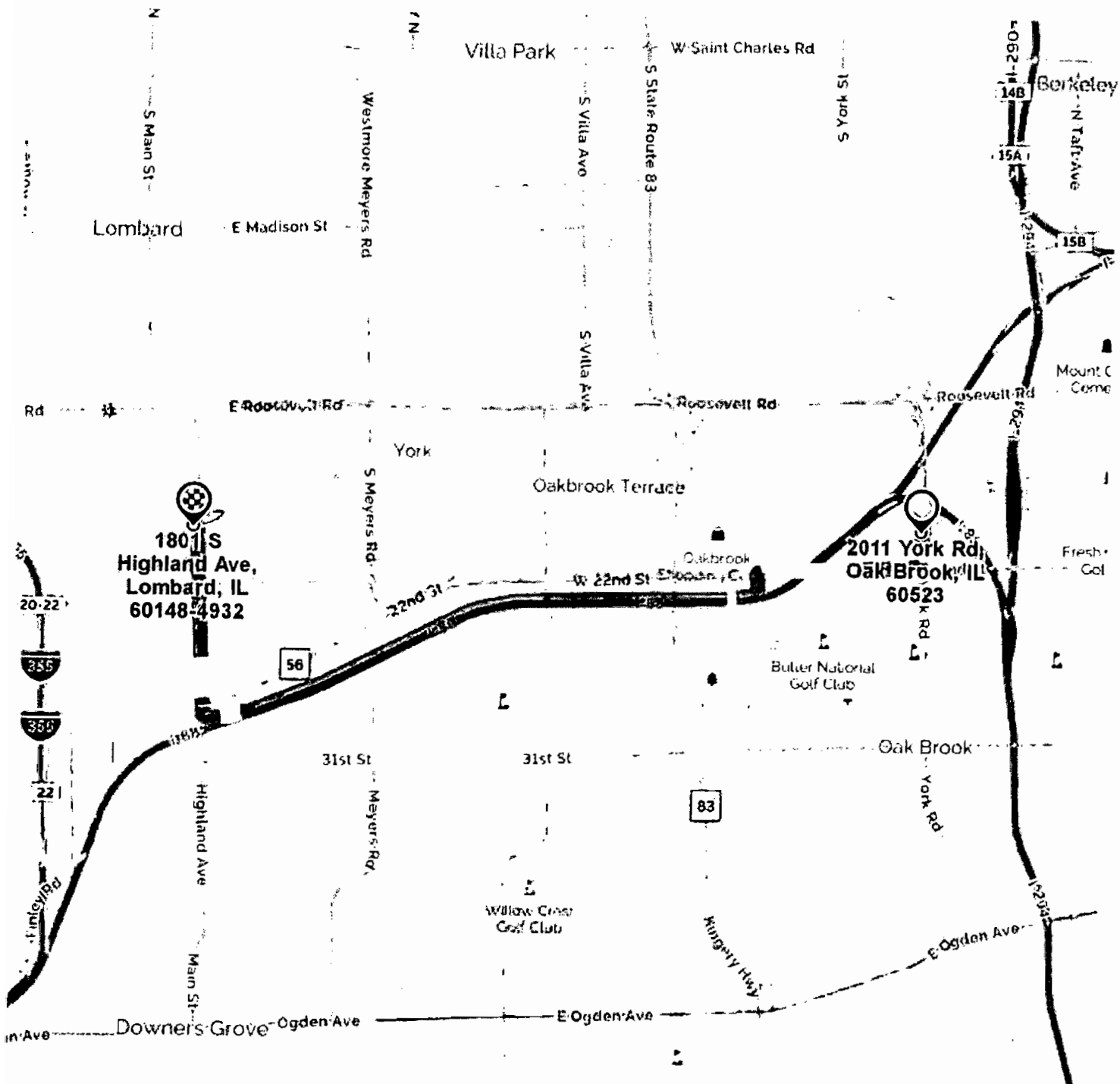


ATTACHMENT 27h

154

DUPAGE MED. GROUP SURGERY CTR.

mapquest

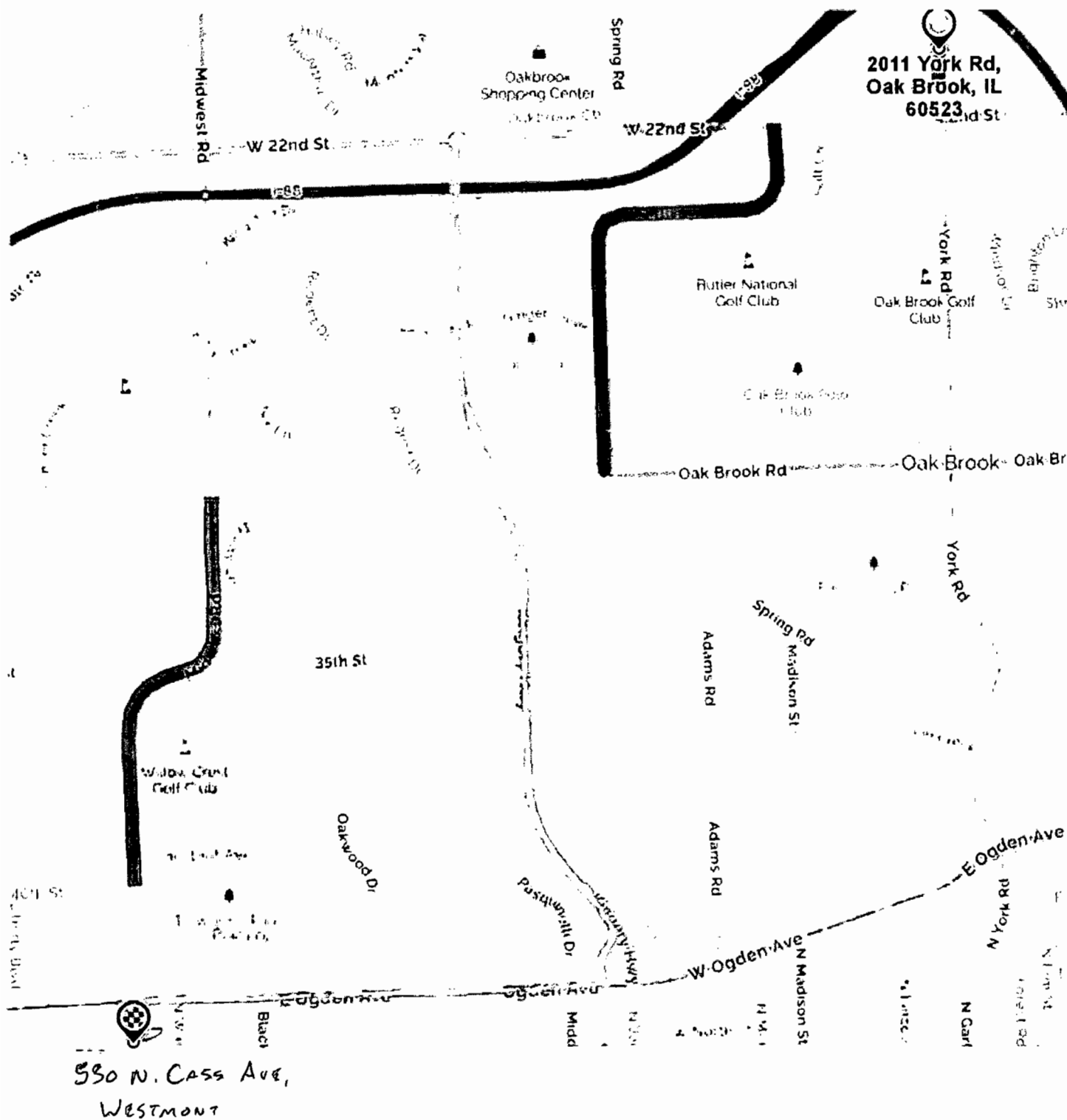


ATTACHMENT 27h

155

SALT CREEK SURGERY CTR.

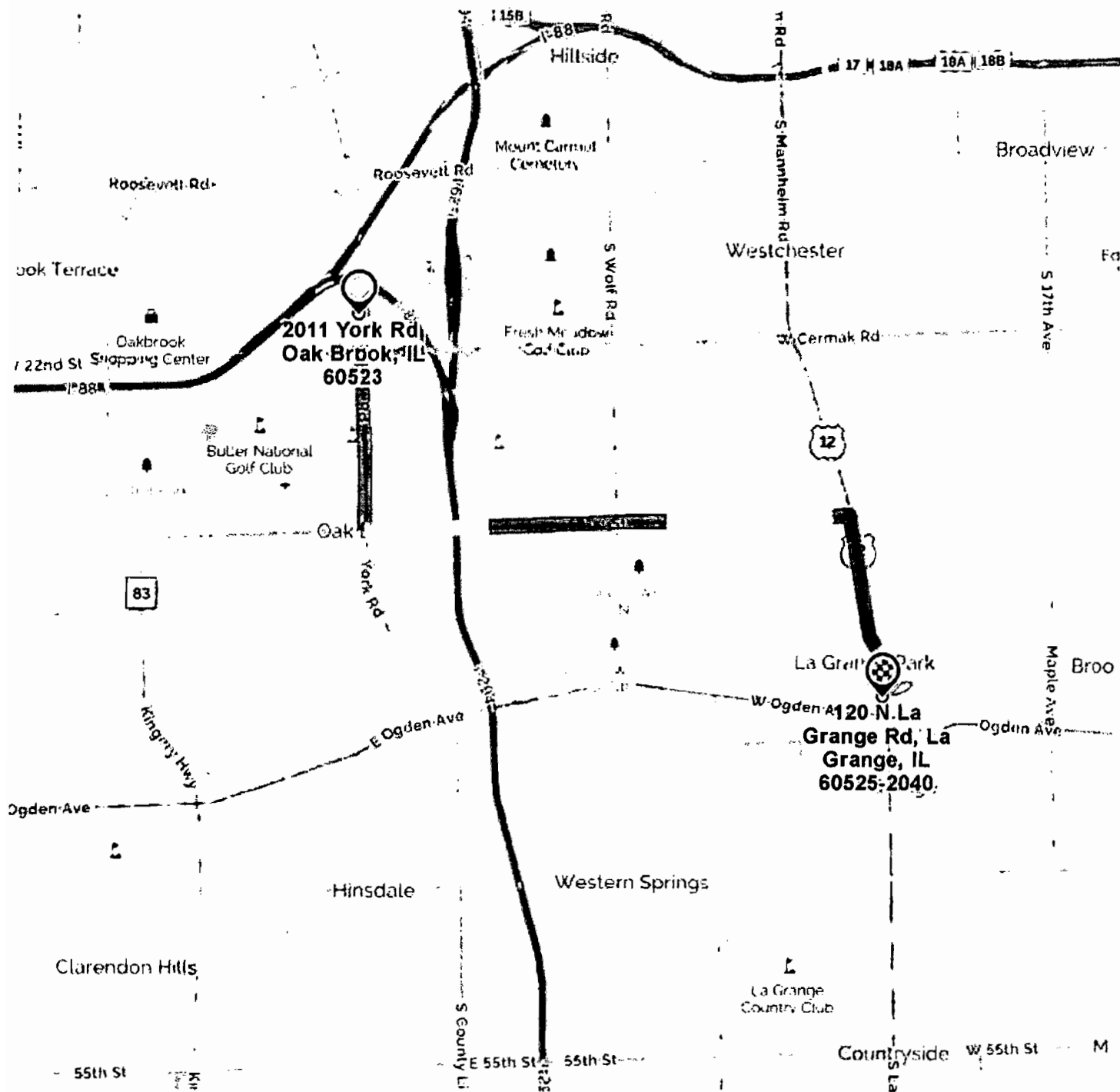
mapquest



ATTACHMENT 27h

UNITED THERAPY - LA GRANGE

mapquest

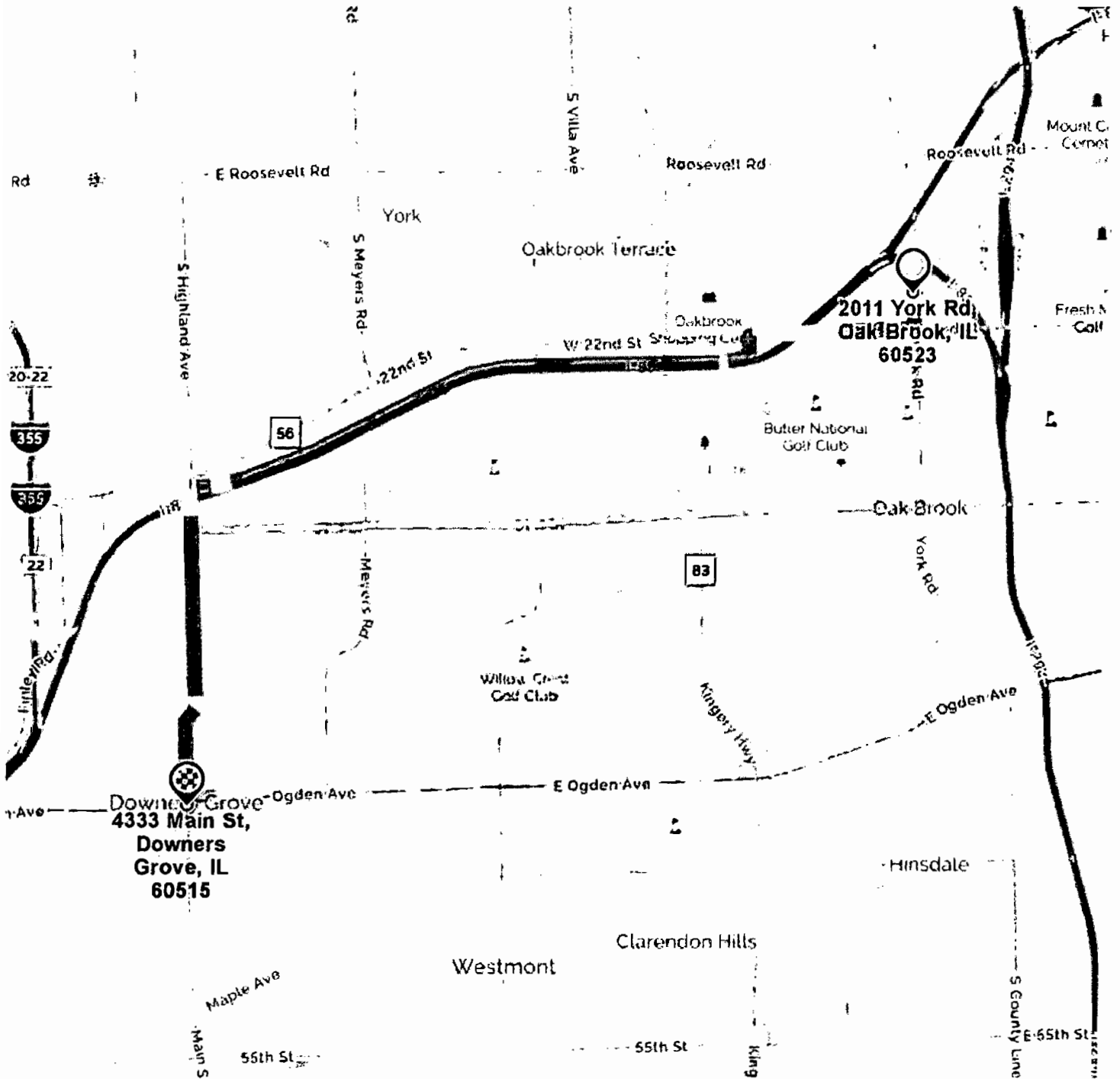


ATTACHMENT 27h

157

AMBUL. SURGICENTER OF DOWNERS GROVE

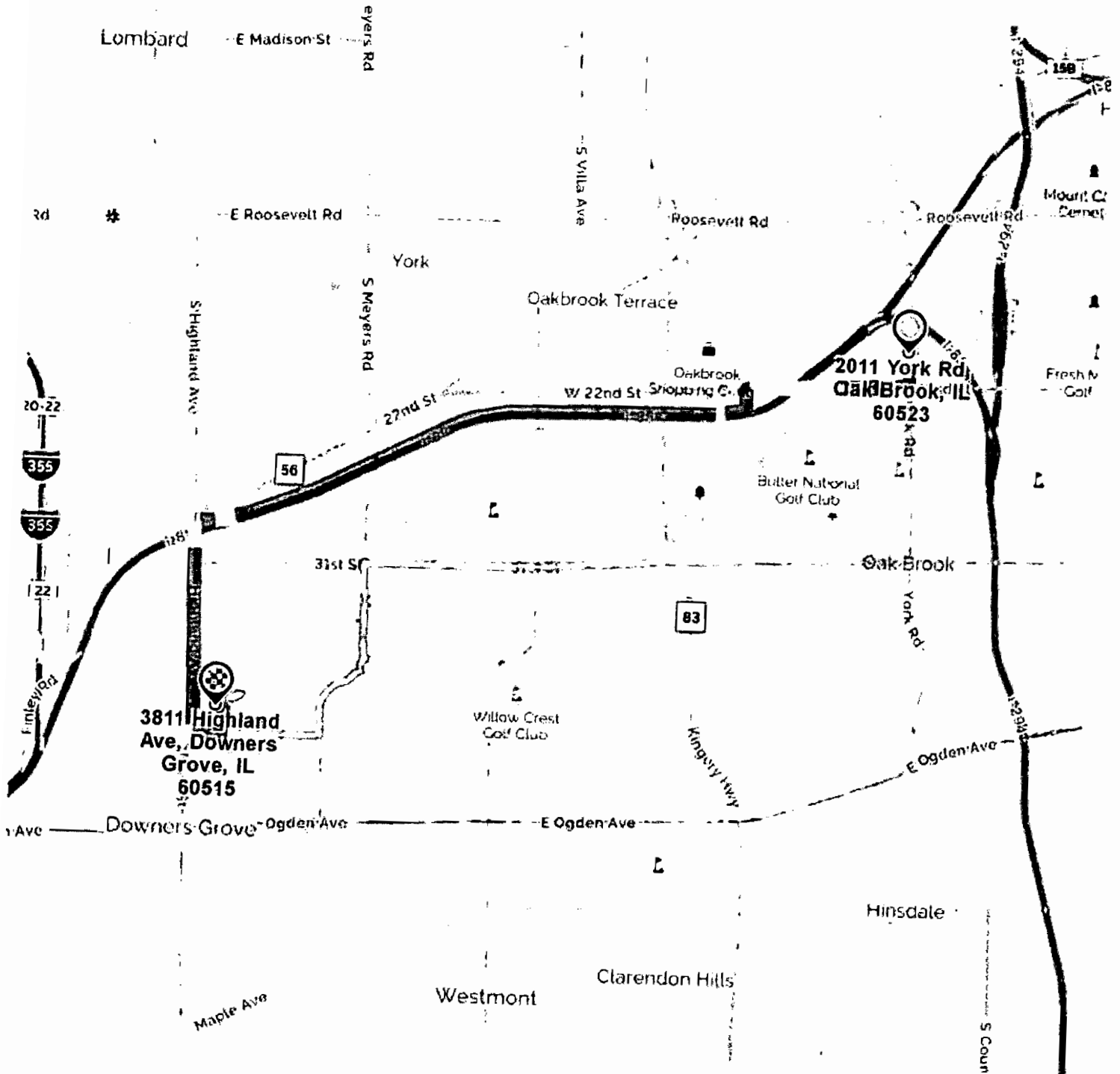
mapquest



ATTACHMENT 27h

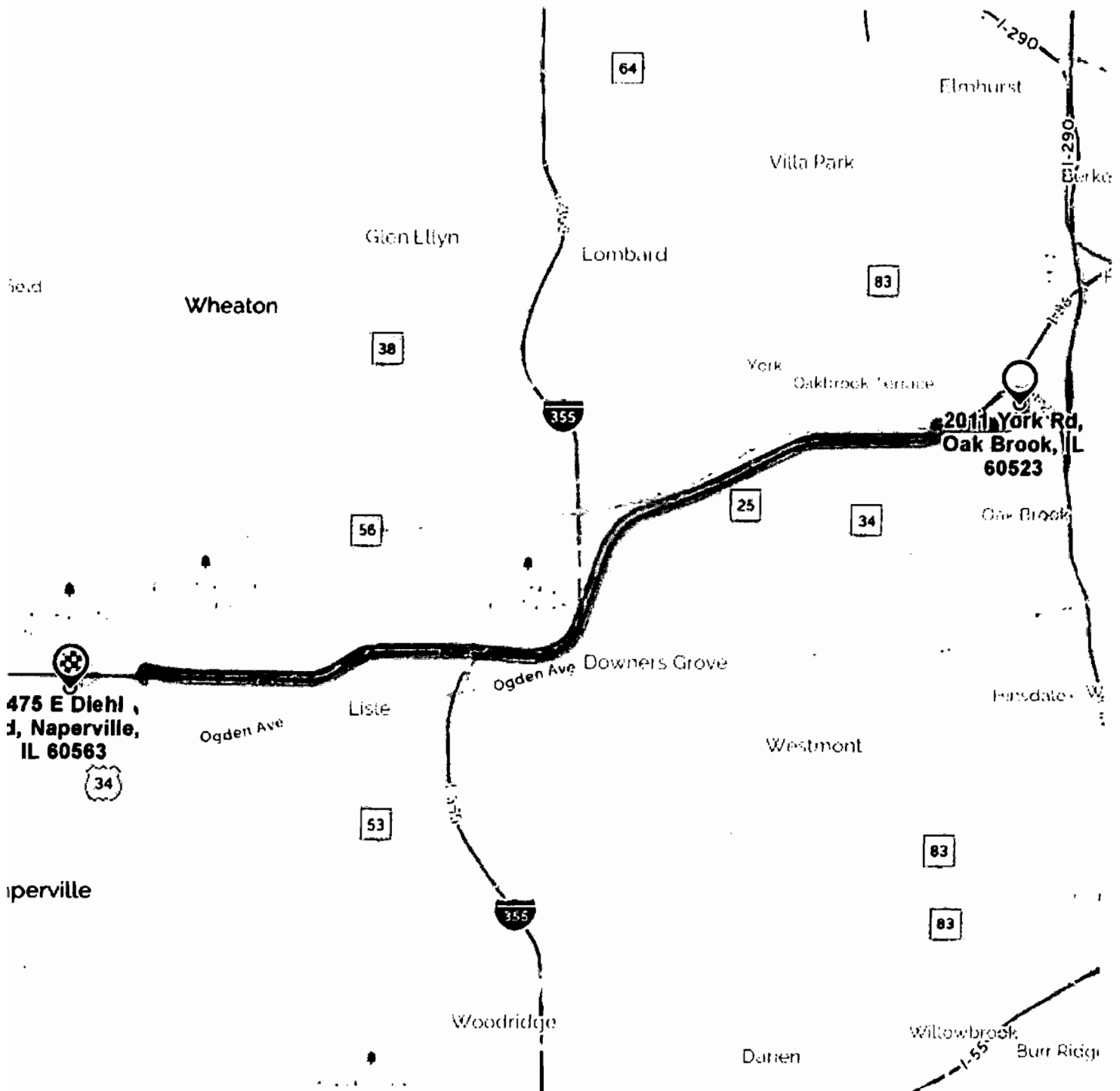
MIDWEST CENTER FOR DAY SURGERY

mapquest



THE CENTER FOR SURGERY

mapquest

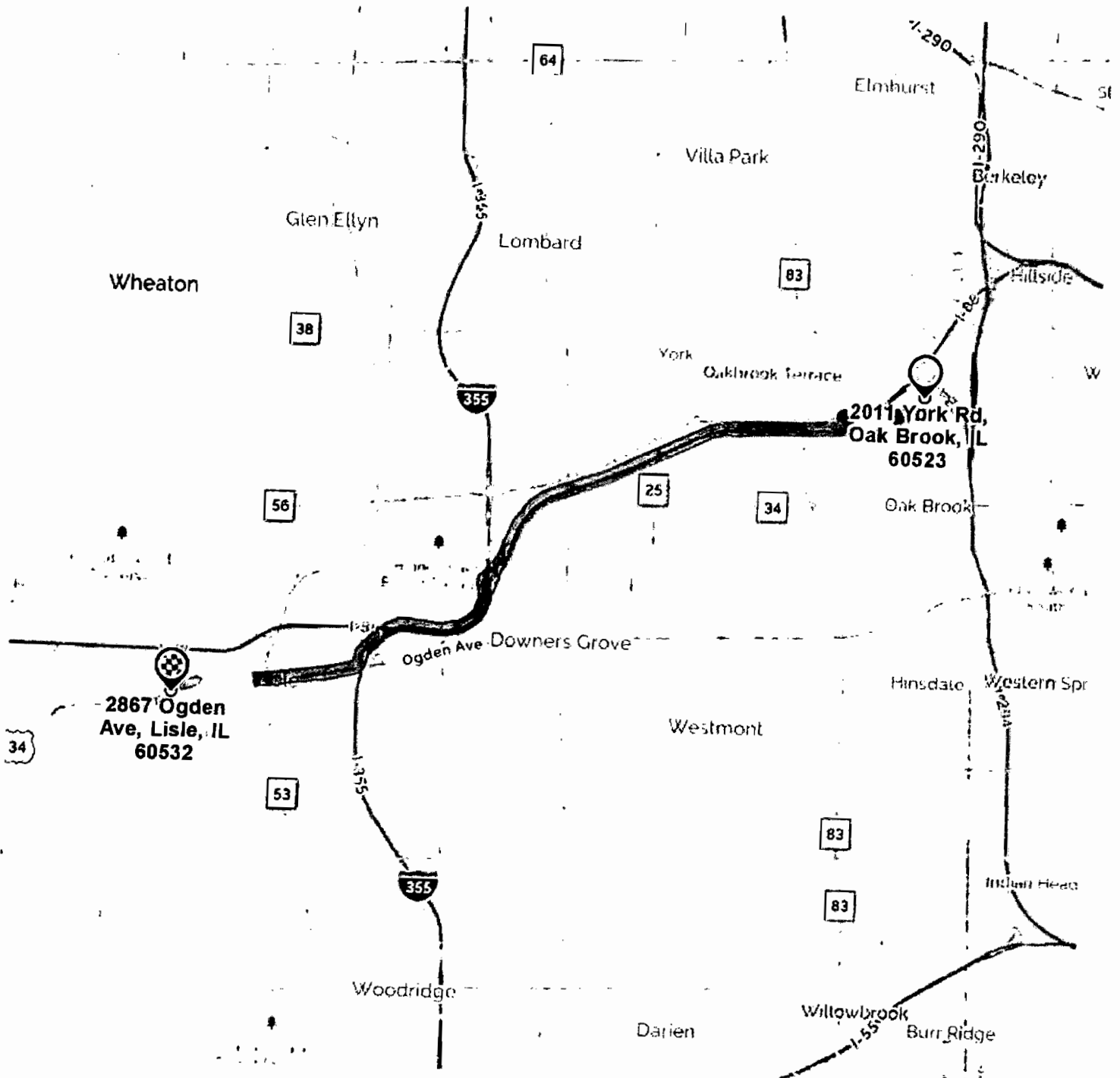


ATTACHMENT 27h

160

LISLE CTR. FOR PAIN MANAGEMENT

mapquest

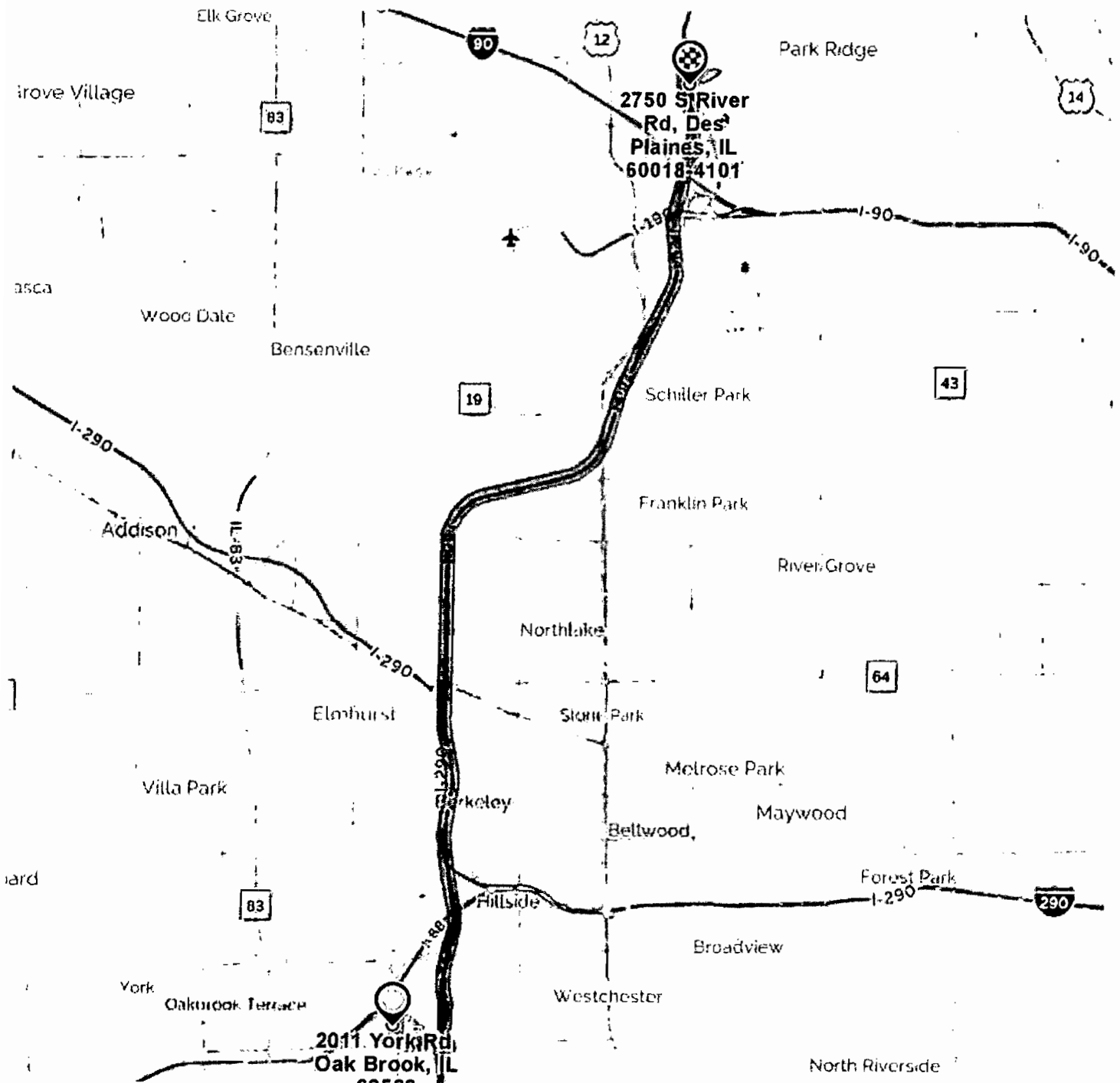


ATTACHMENT 27h

161

Apollo Health CTR.

mapquest

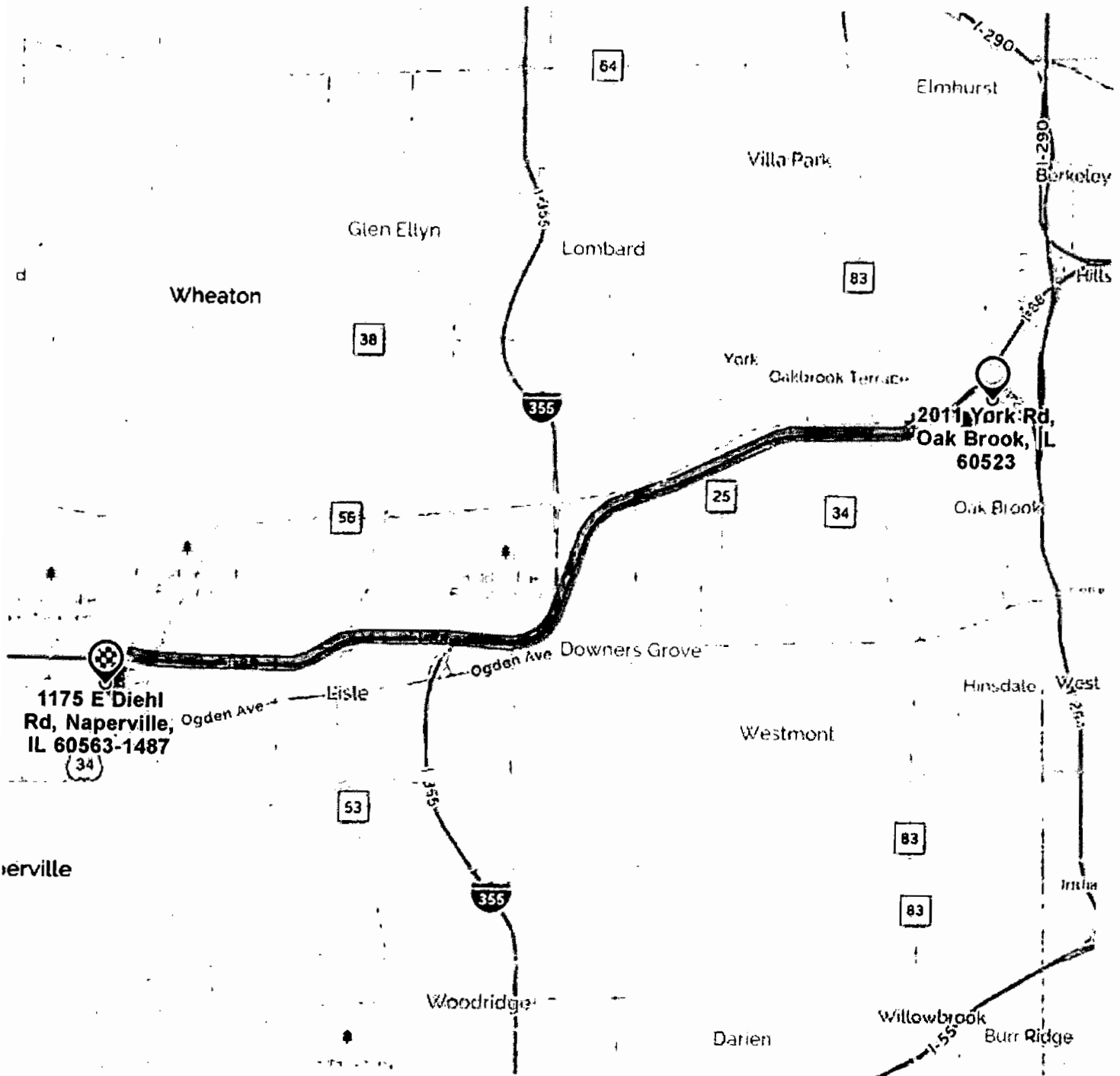


ATTACHMENT 27h

162

NAPERVILLE FERTILITY CTR.

mapquest

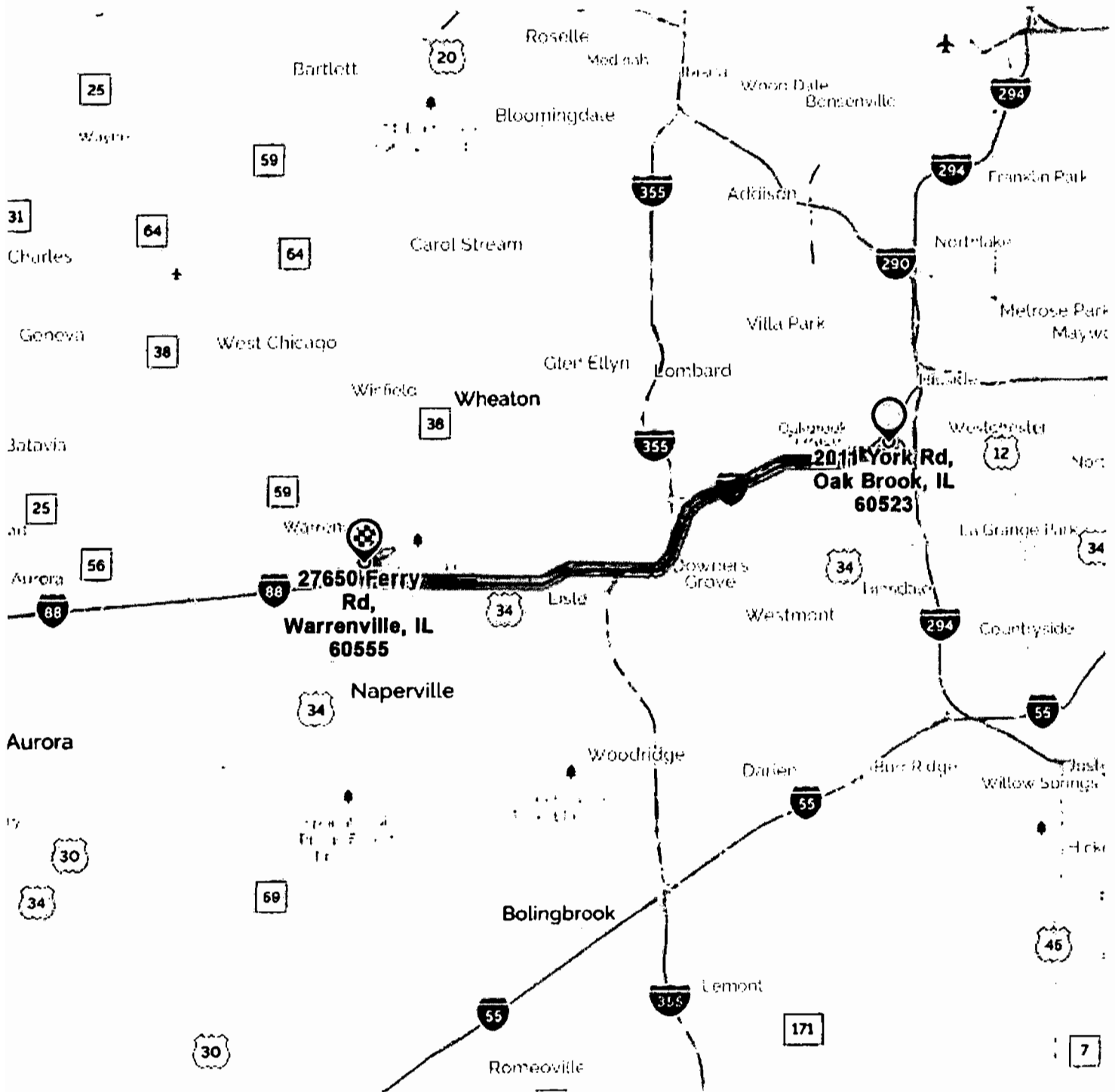


ATTACHMENT 27h

163

DUPAGE ORTHOPEDIC GROUP SURGERY CTR.

mapquest

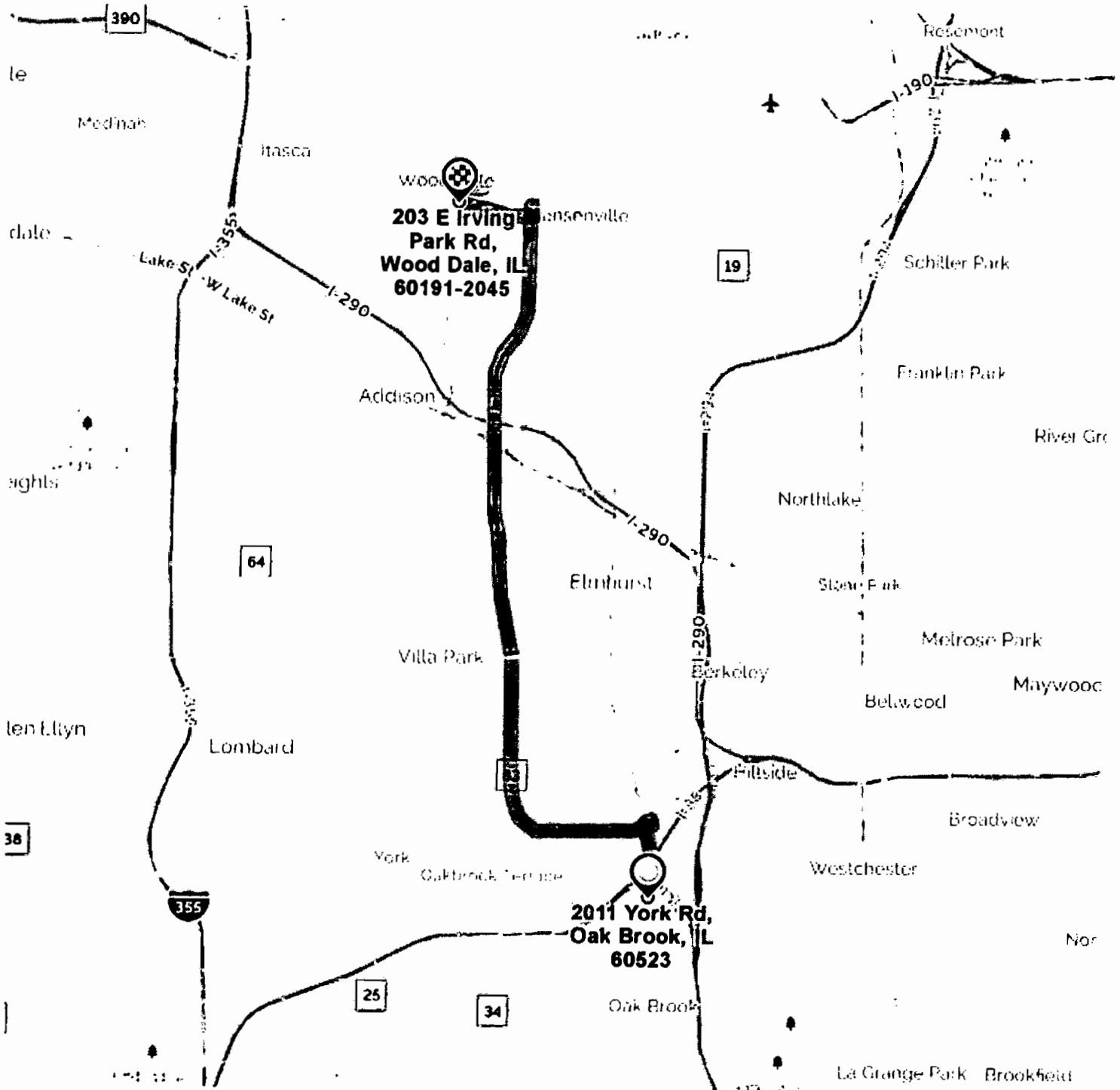


ATTACHMENT 27h

164

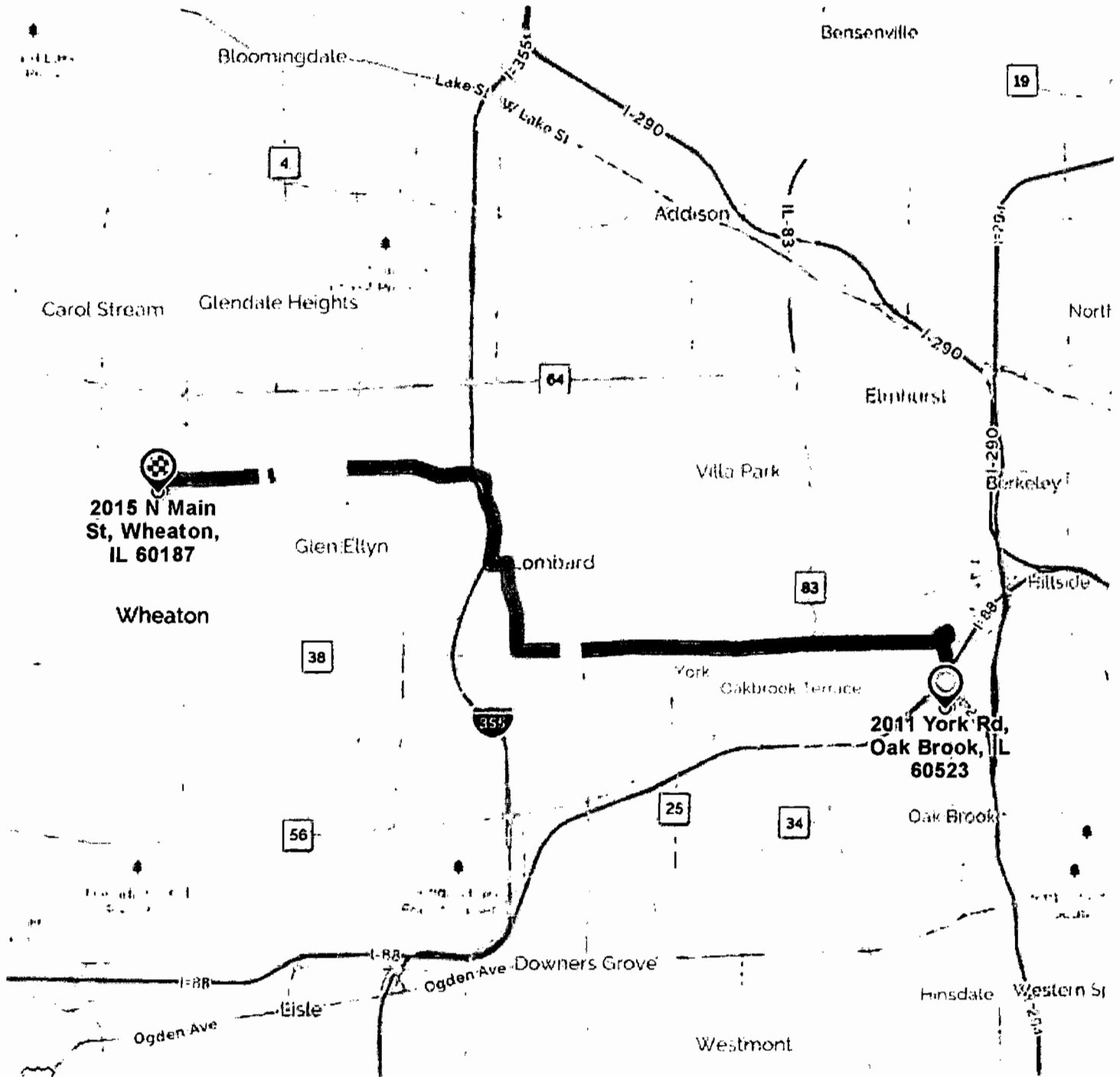
ADVANTAGE HEALTH CARE, LTD.

mapquest



DUPAGE EYE SURGERY CTR.

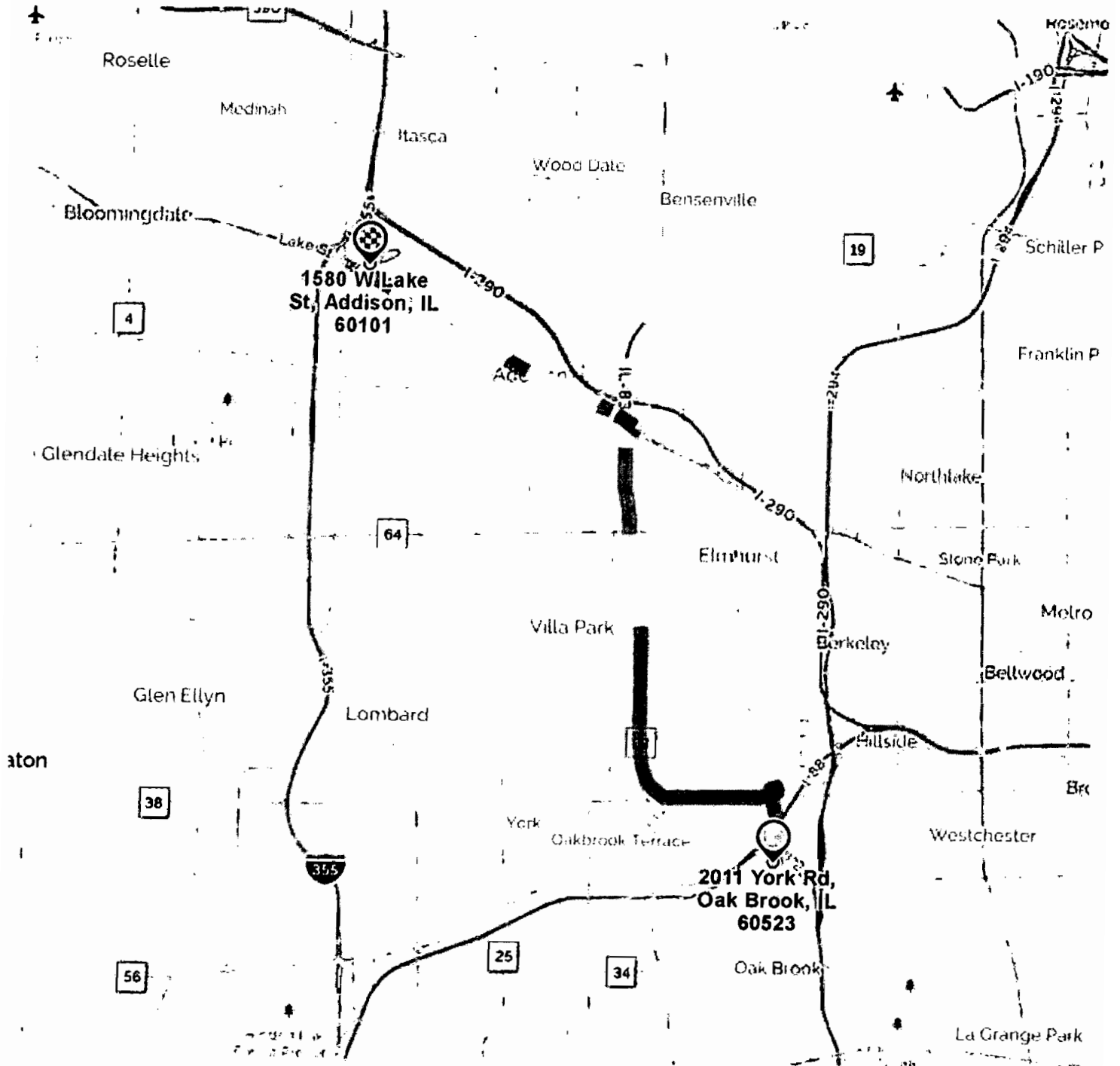
mapquest



ATTACHMENT 27h

ALDEN CTR. FOR DAY SURGERY CTR., LLC

mapquest

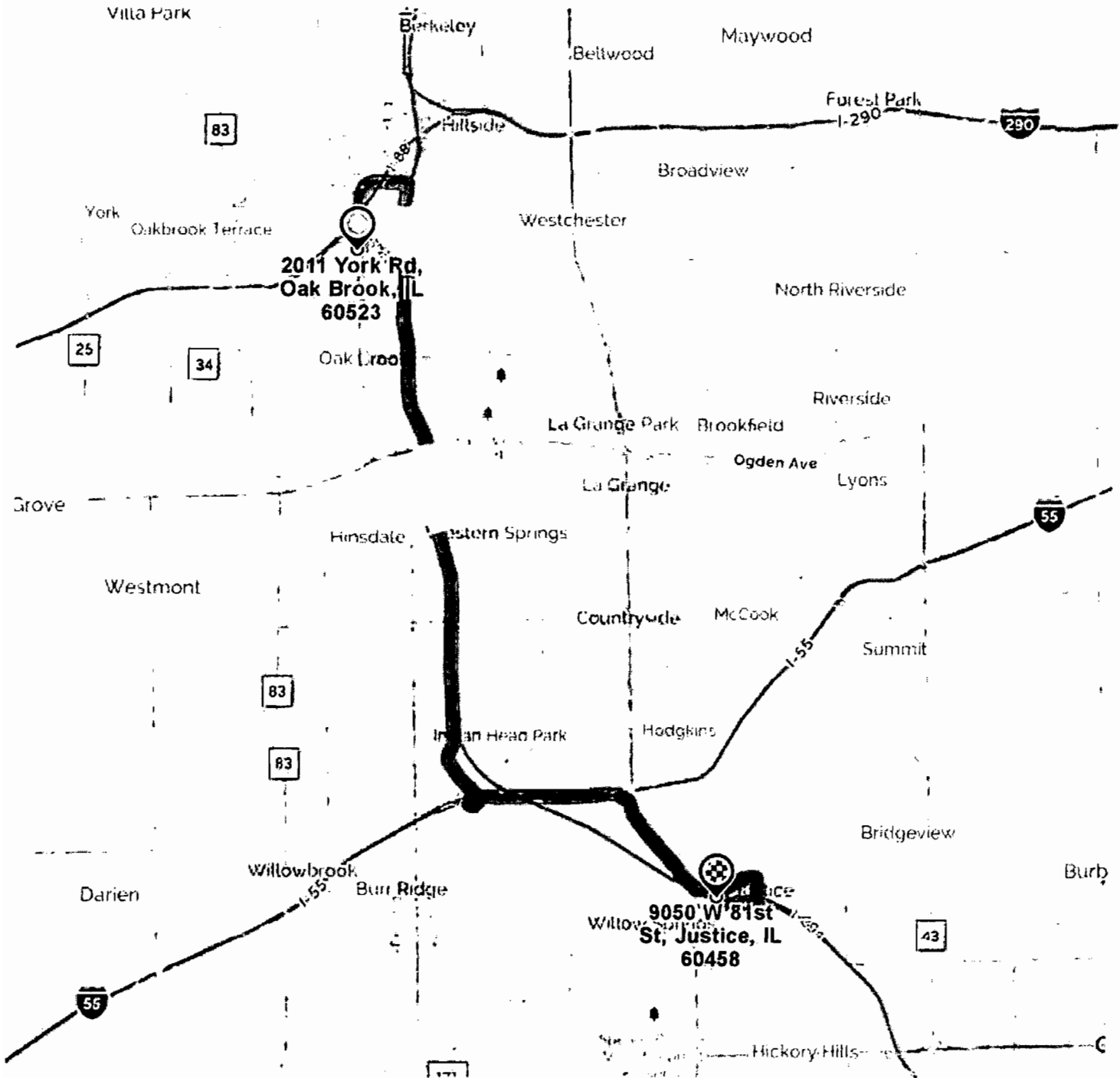


ATTACHMENT 27h

168

FOREST MEDICAL - SURGICAL CTR.

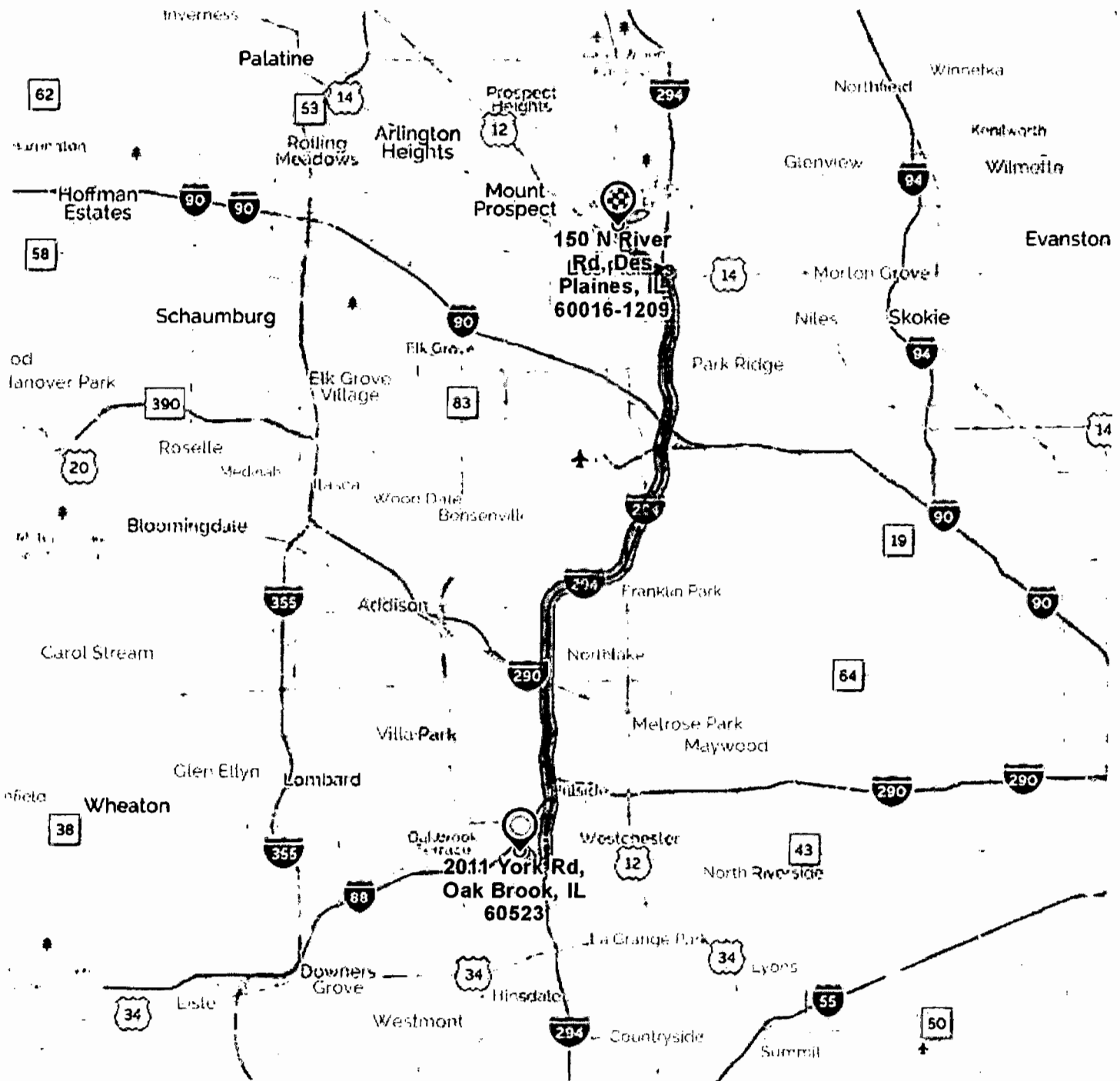
mapquest



ATTACHMENT 27h

170

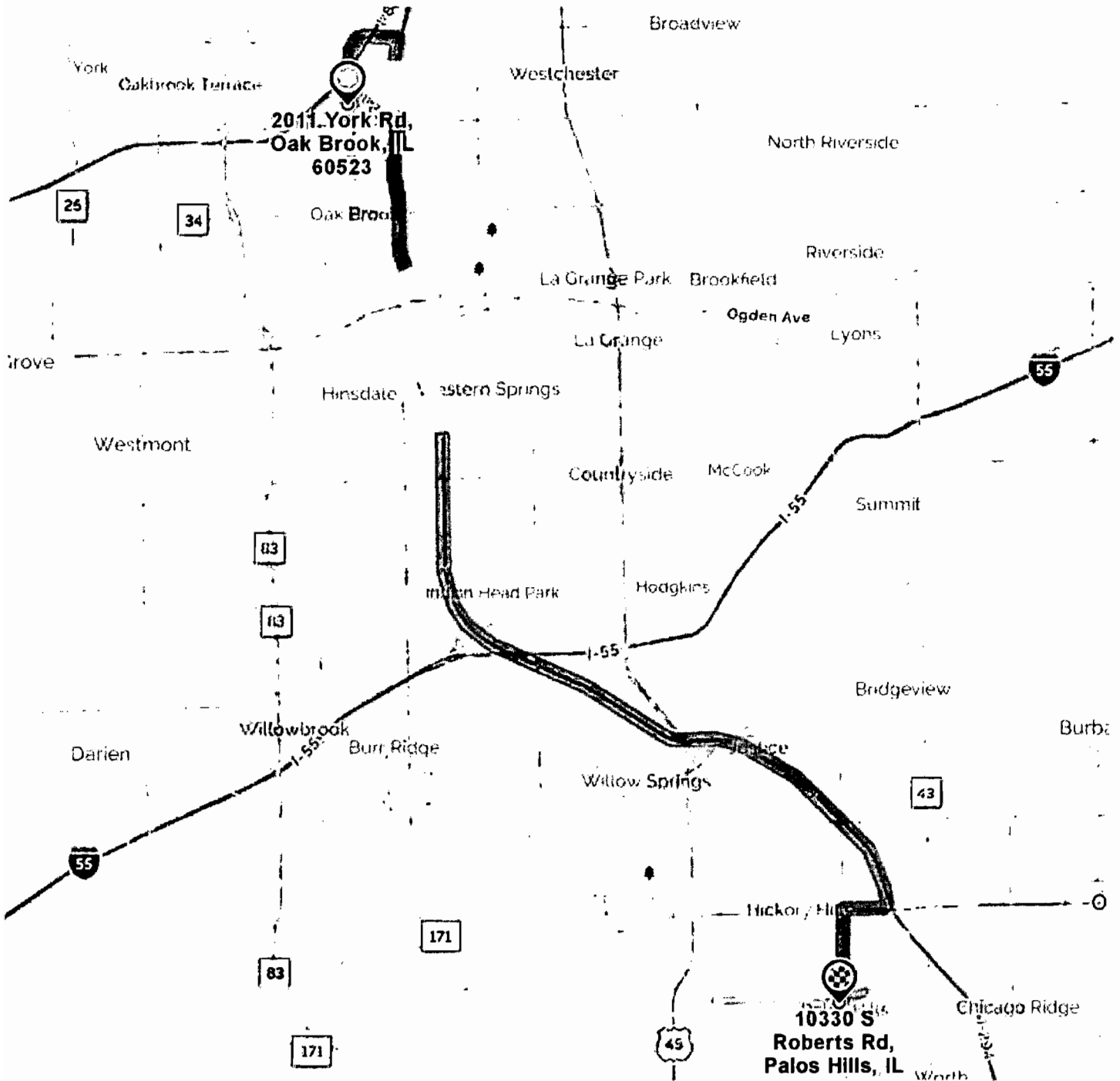
mapquest



ATTACHMENT 27h

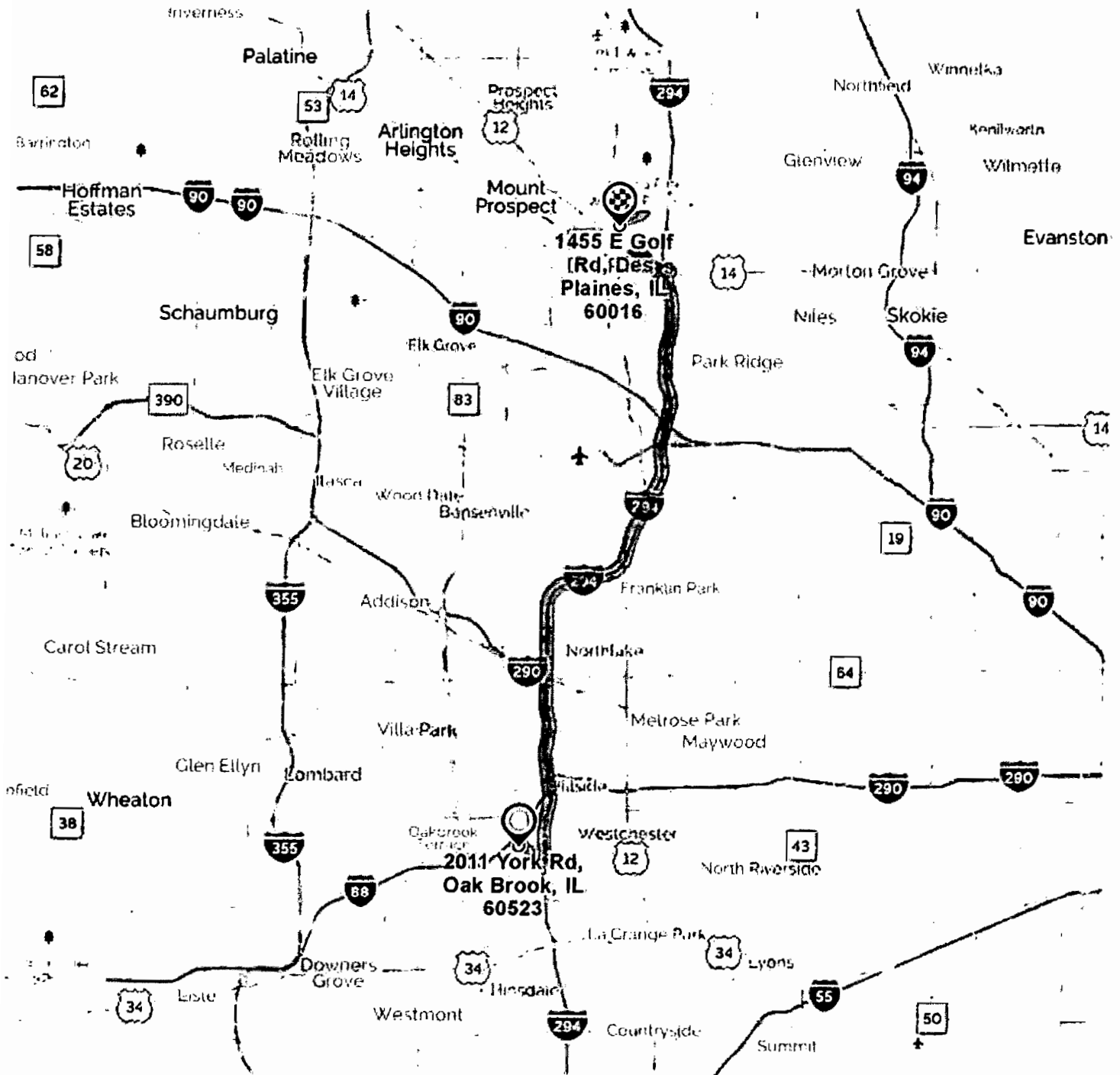
PALOS HILLS SURGERY CTR.

mapquest



ATTACHMENT 27h

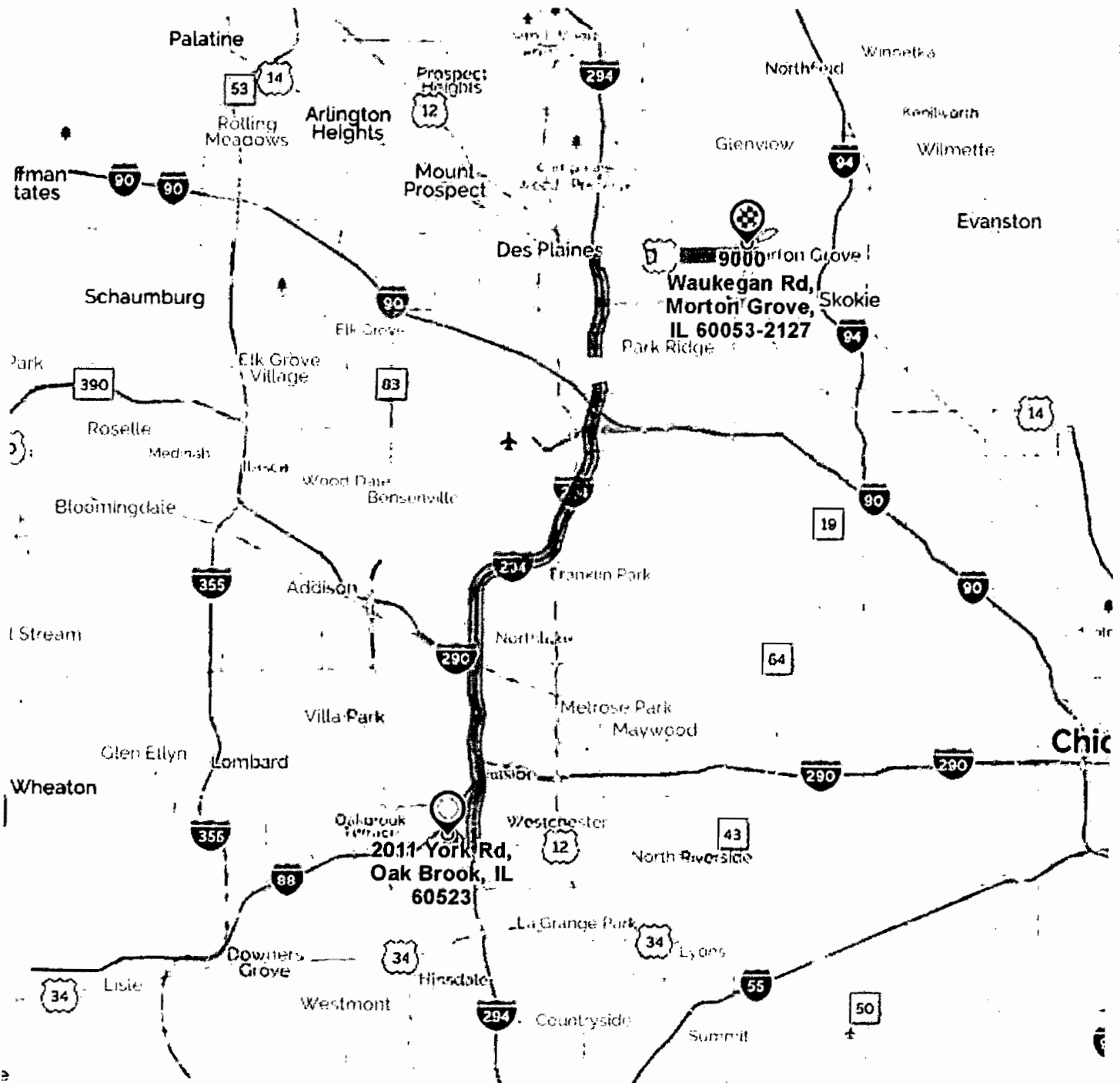
mapquest



ATTACHMENT 27h

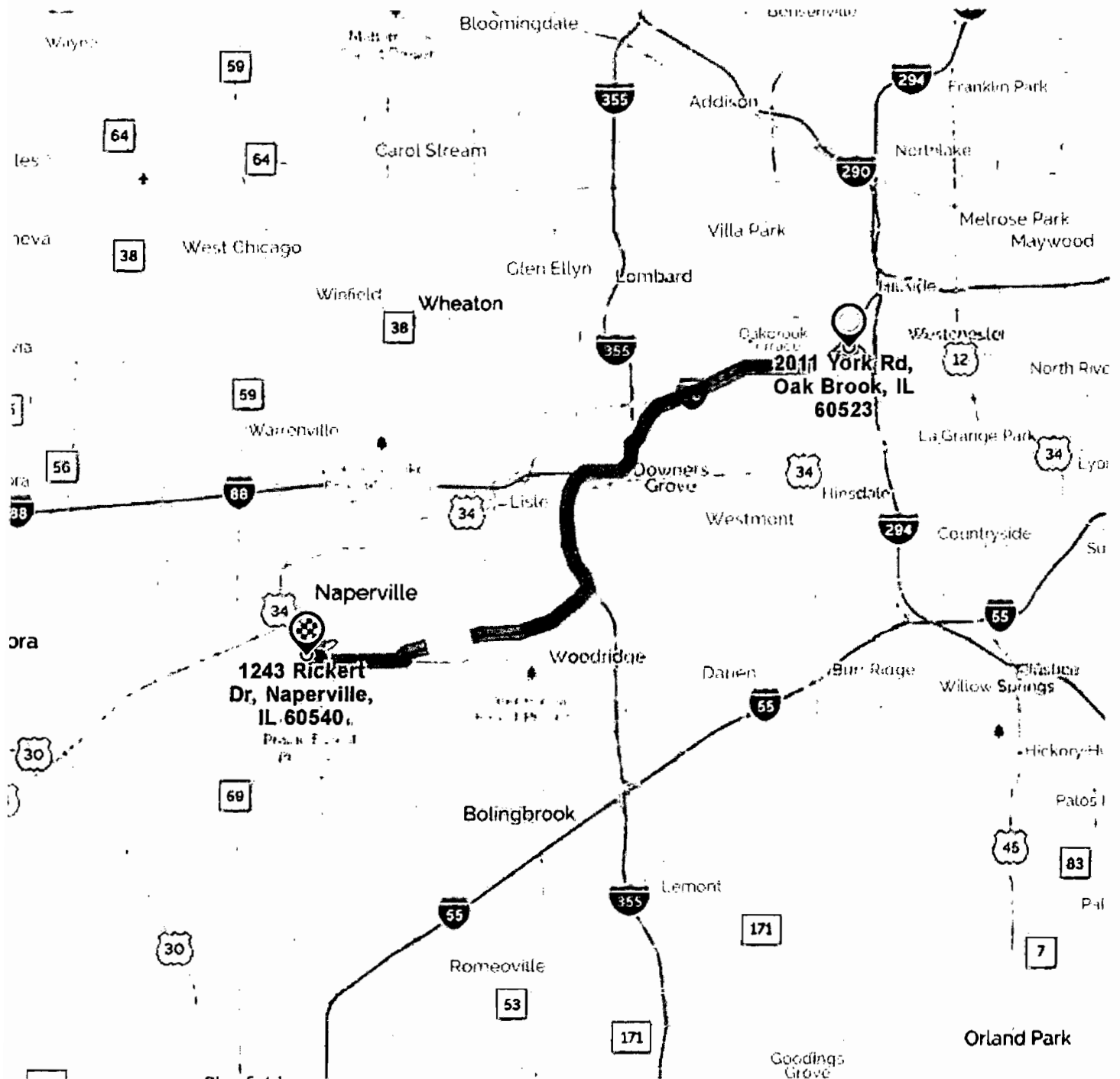
173

IL SPORTS MEDICINE + ORTHOPEDIC SURGERY GR. mapquest



MIDWEST ENDOSCOPY CTR.

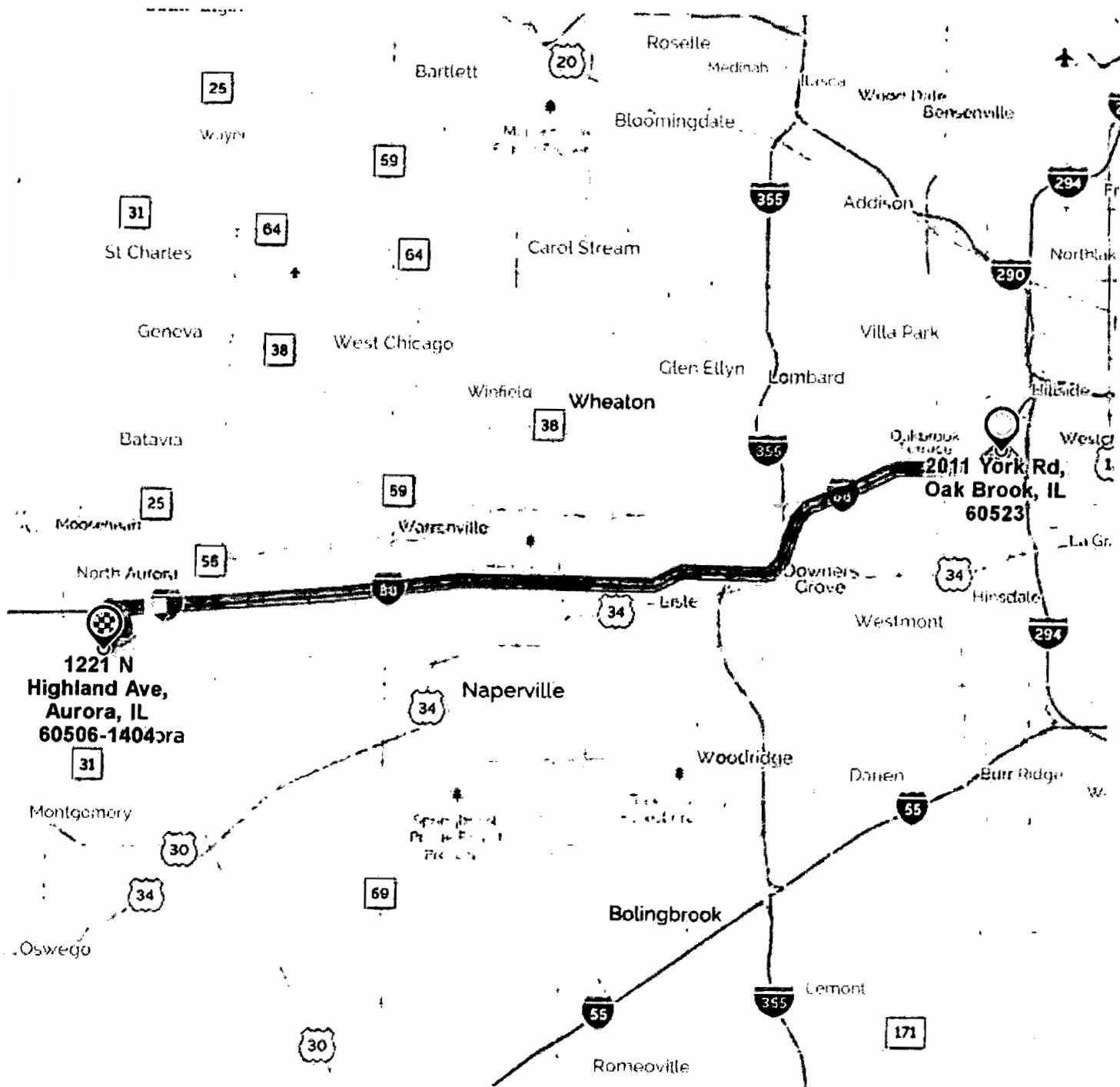
mapquest



ATTACHMENT 27h

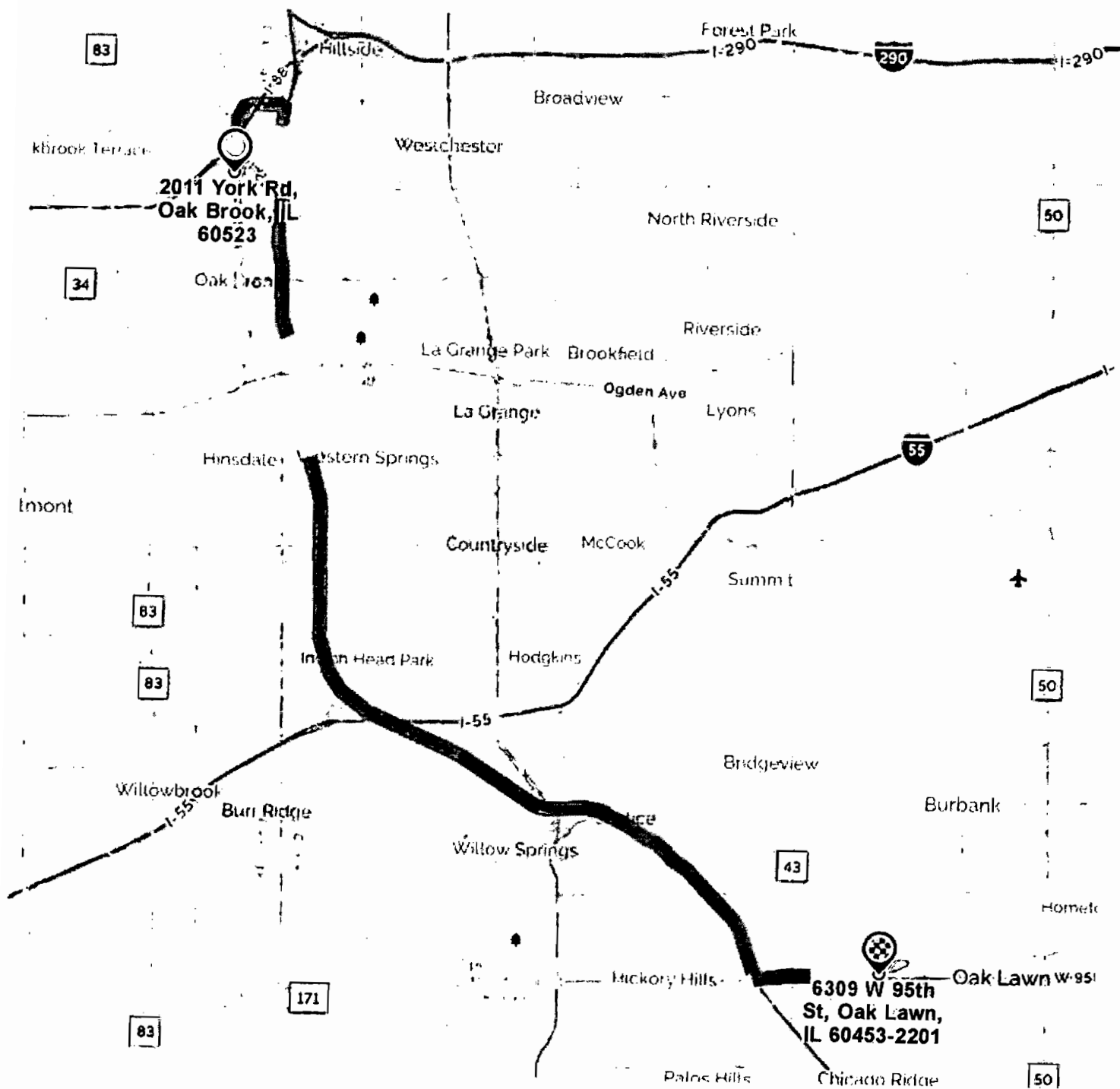
DREYER AMBULATORY SURGERY CTR.

mapquest



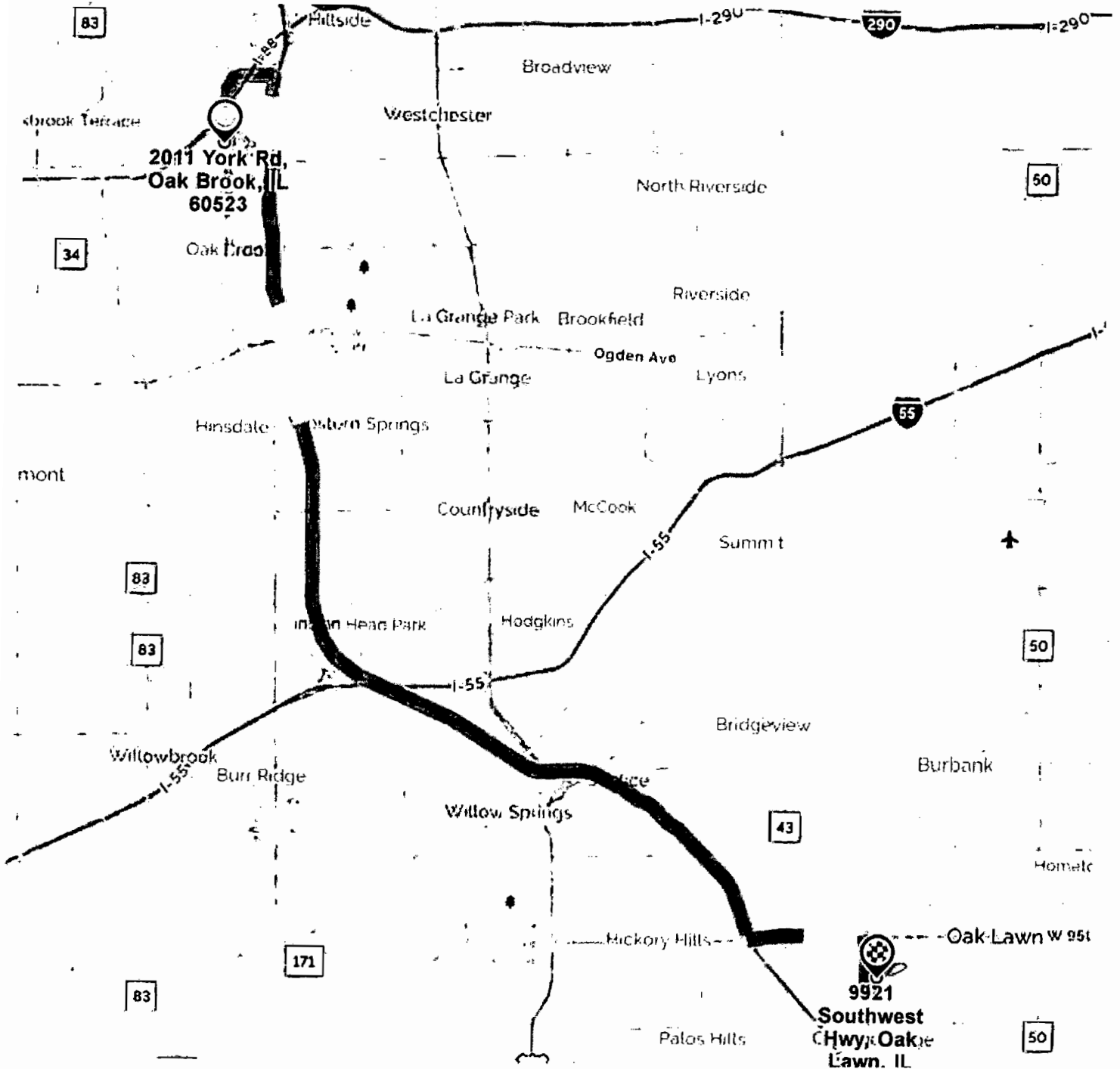
NOVAMED SURGERY CTR. OF OAK LAWN

mapquest



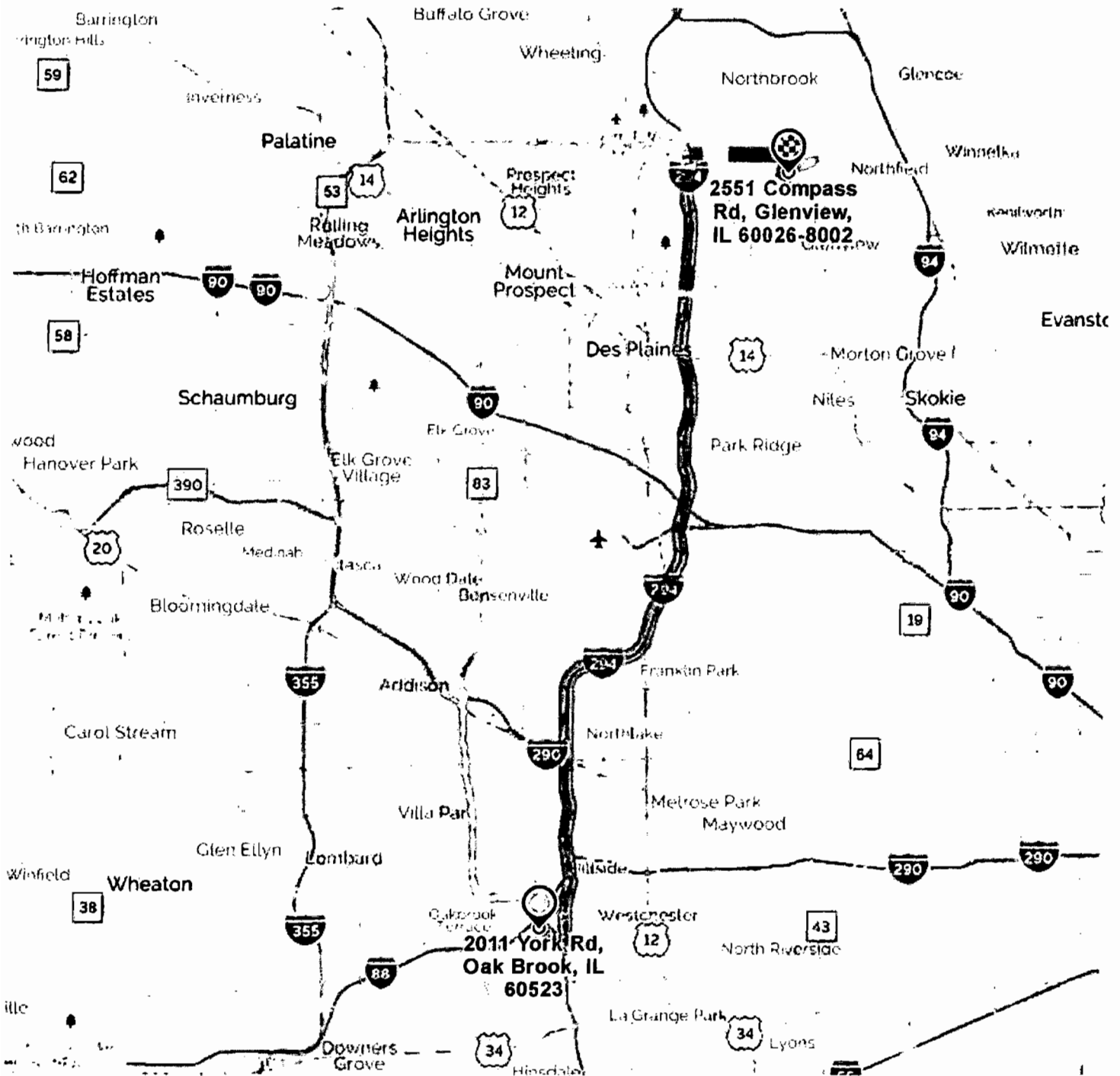
OAK LAWN ENDOSCOPY

mapquest



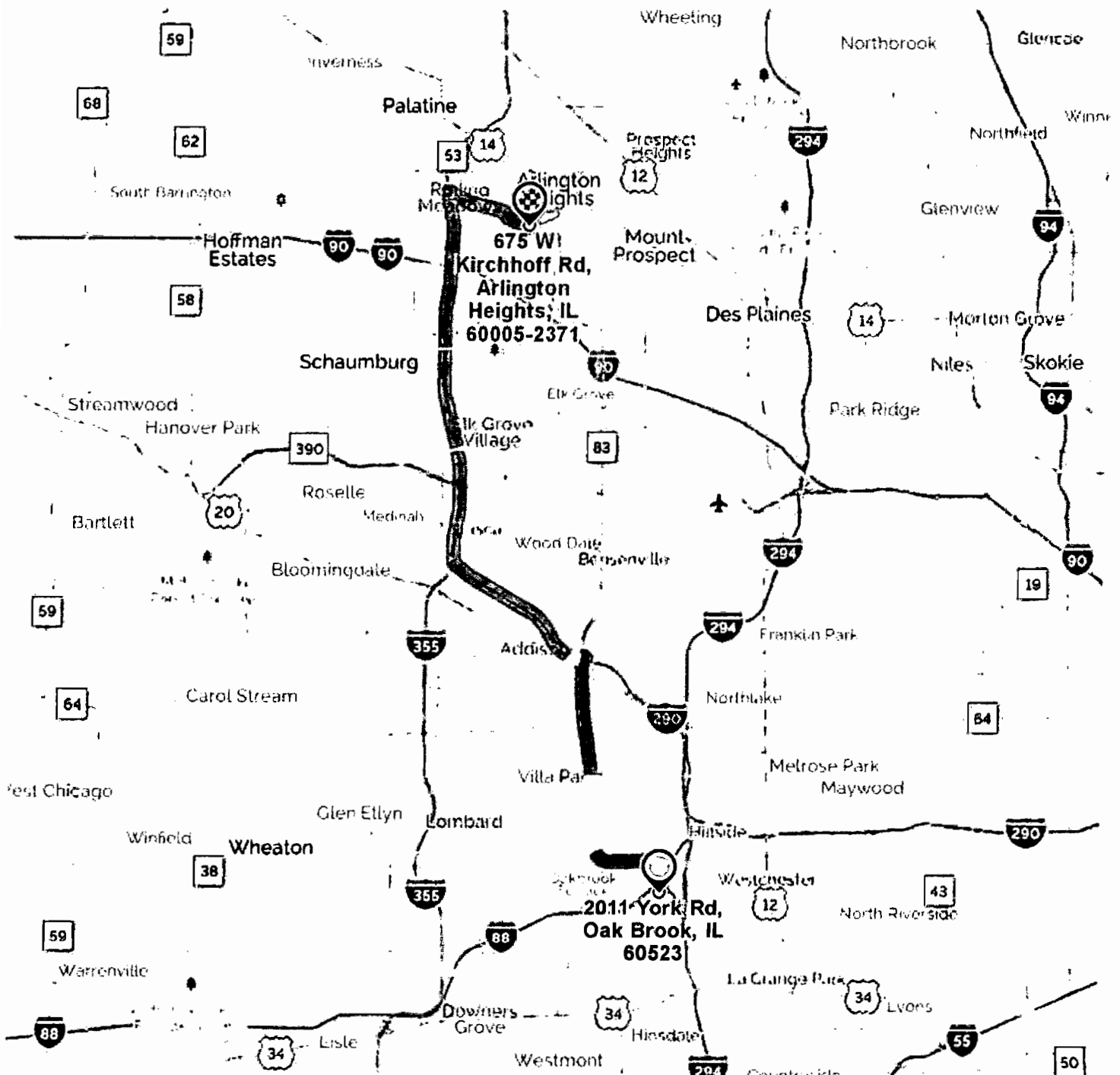
THE GLEN ENDOSCOPY CTR.

mapquest



NORTHWEST COMMUNITY DAY SURG.

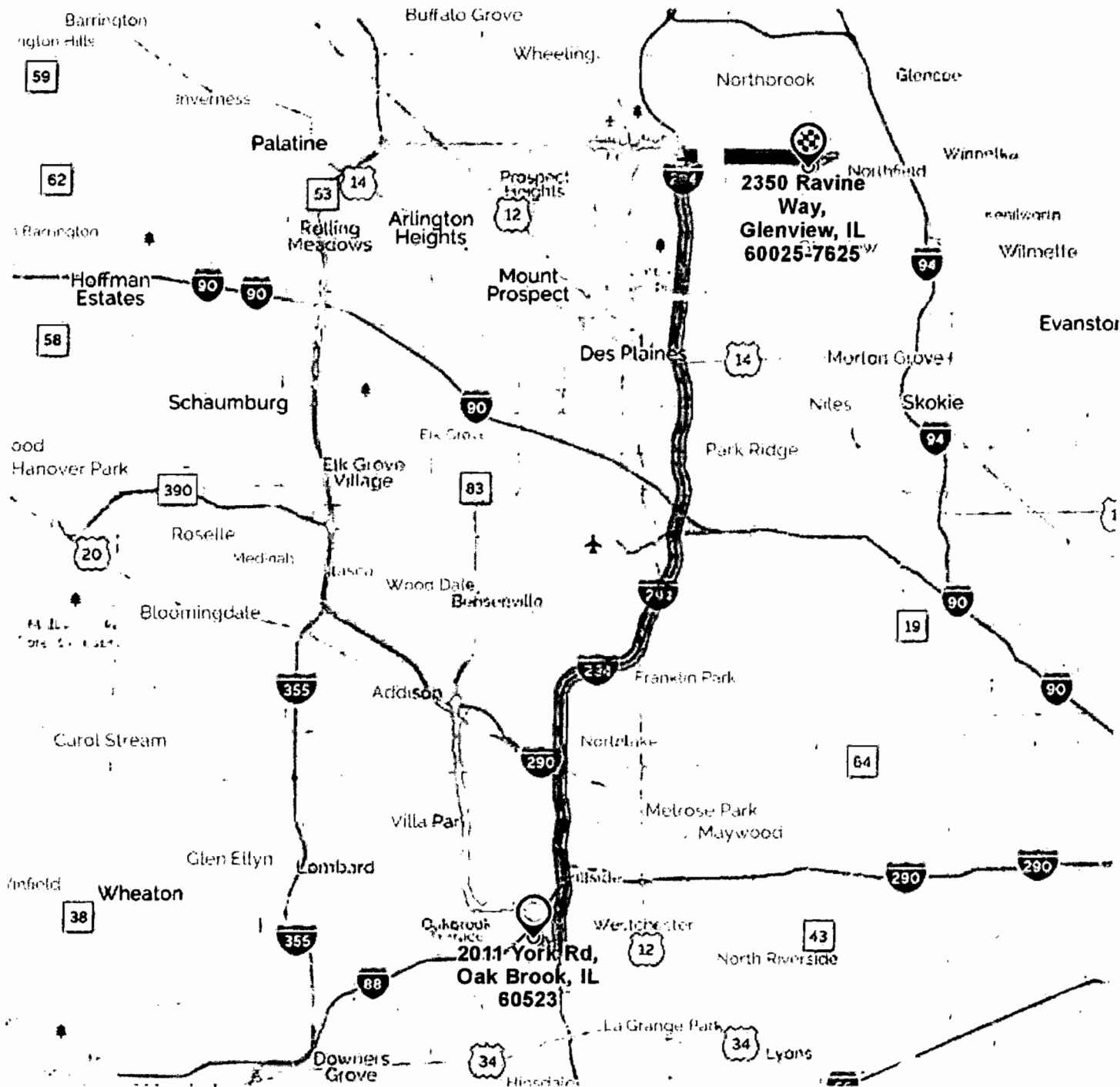
mapquest



ATTACHMENT 27h

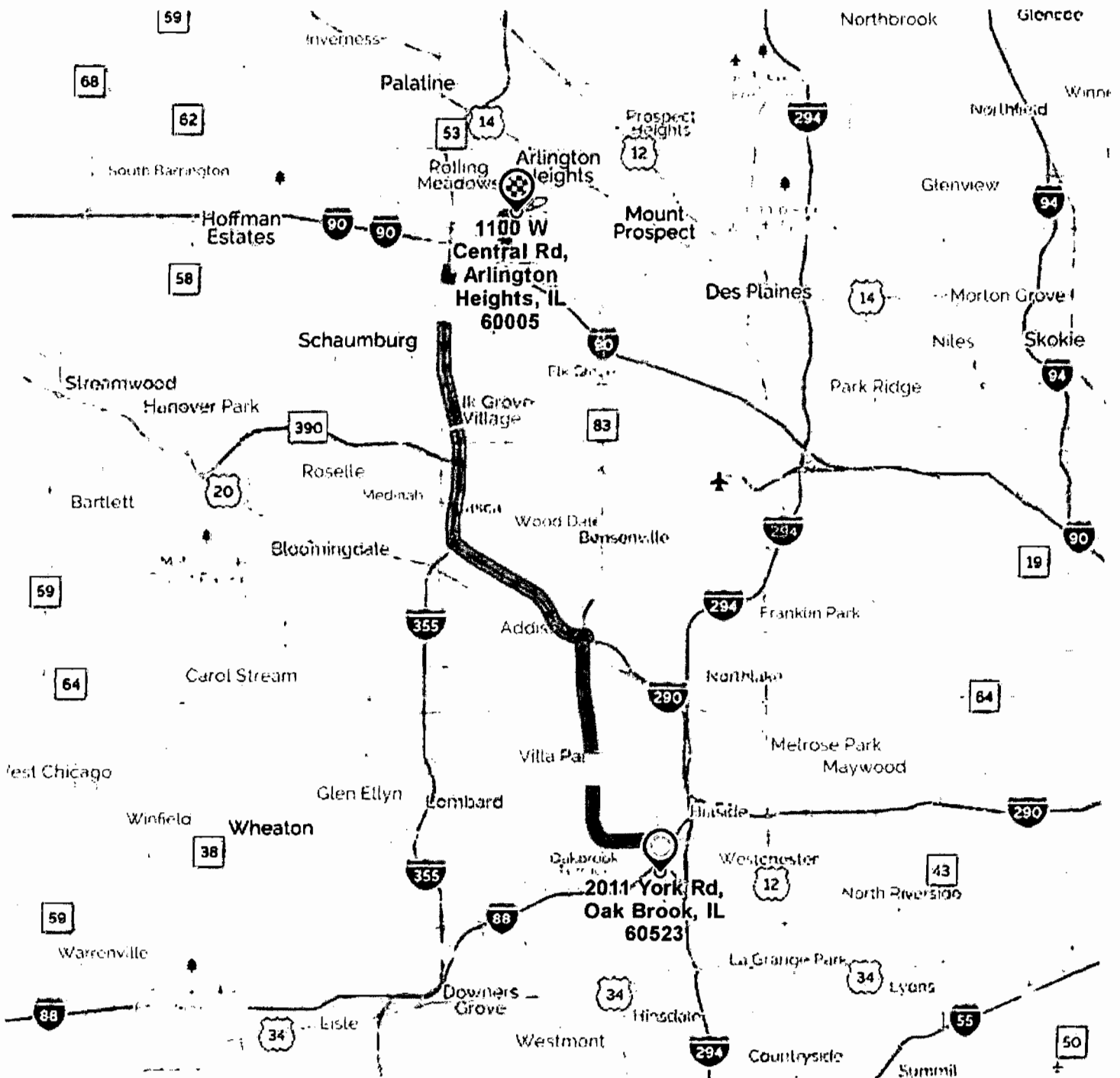
180

mapquest



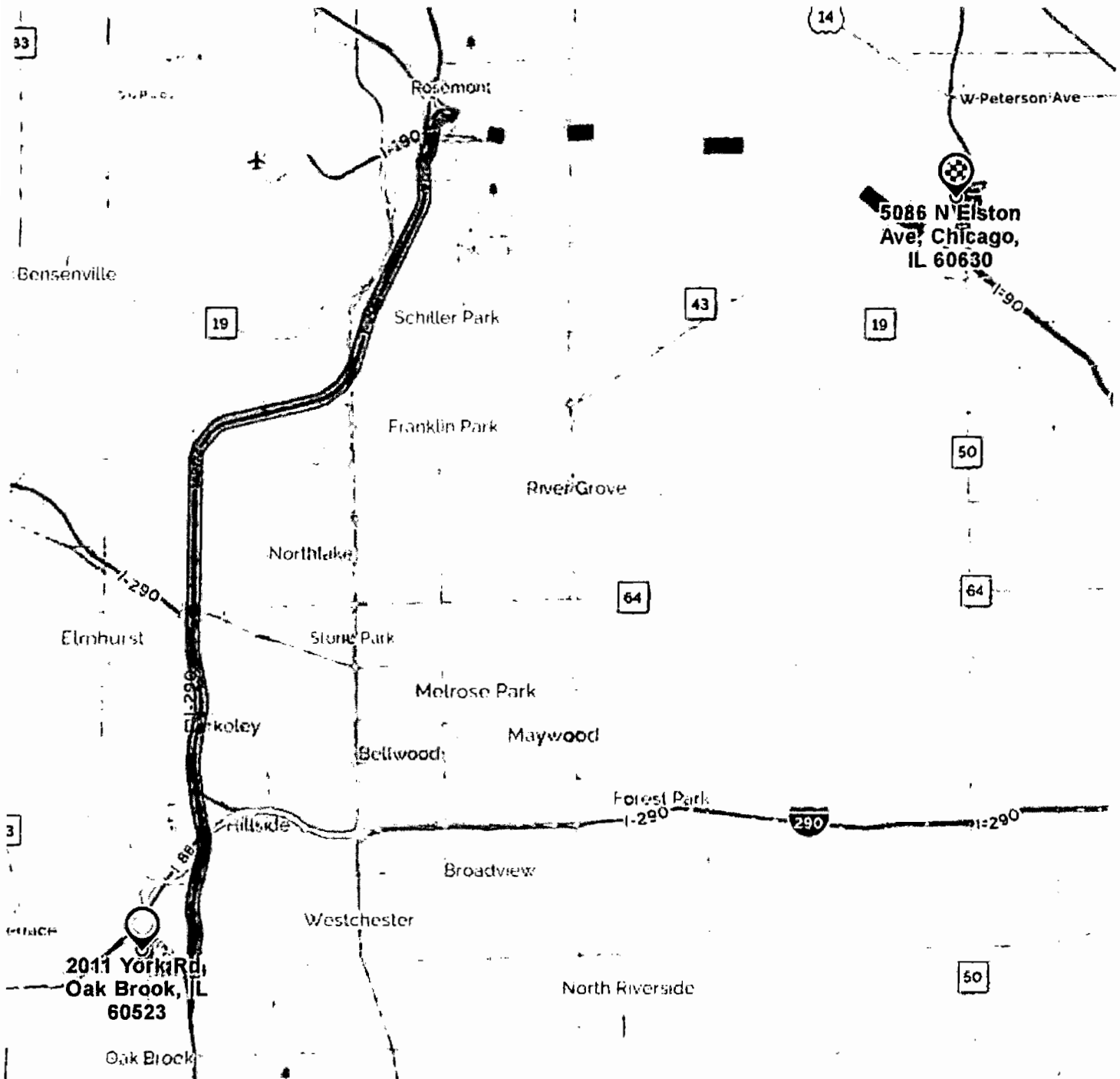
ATTACHMENT 27h

181



ALBANY MEDICAL SURGICAL CTR.

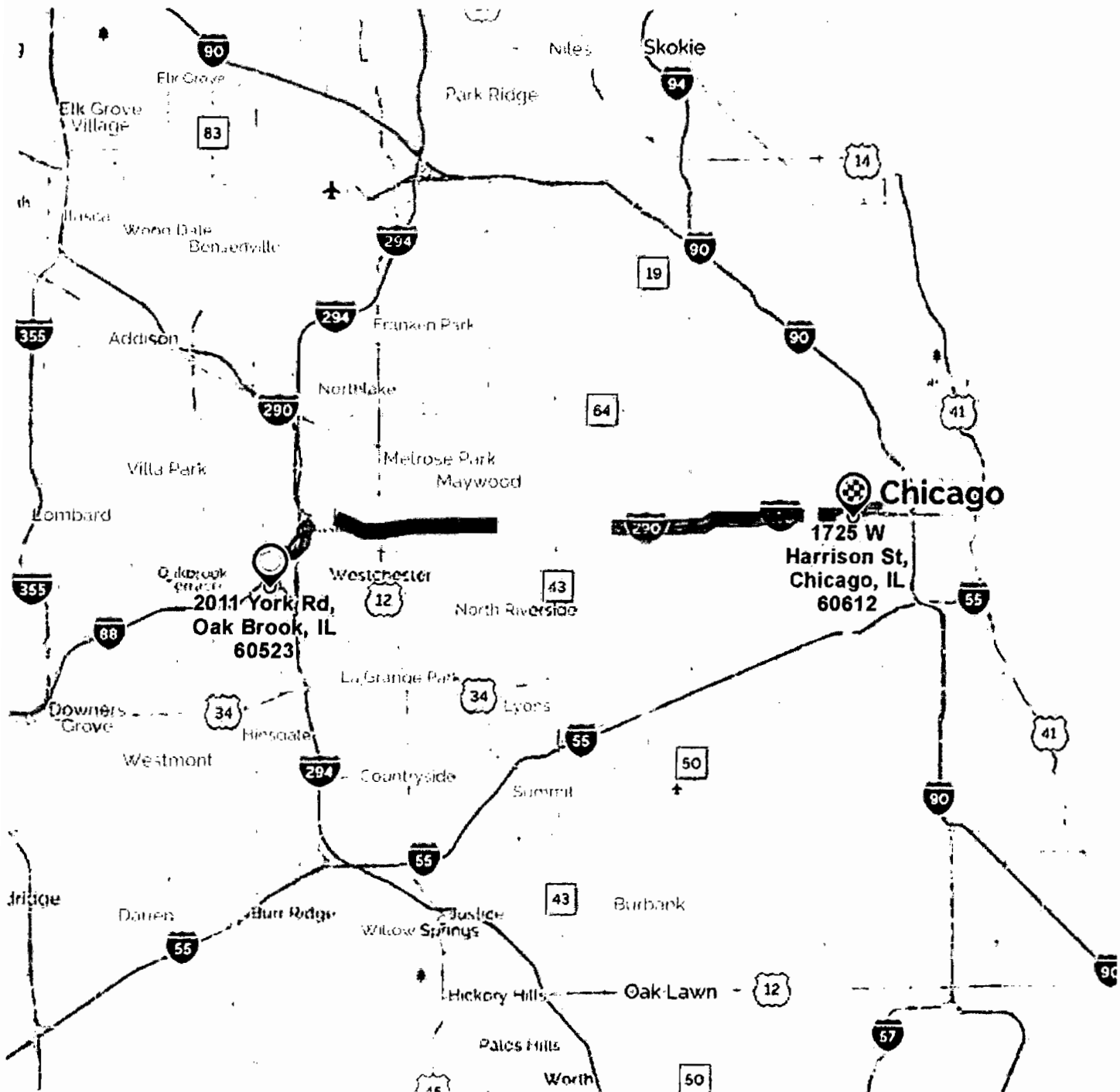
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ATTACHMENT 27h

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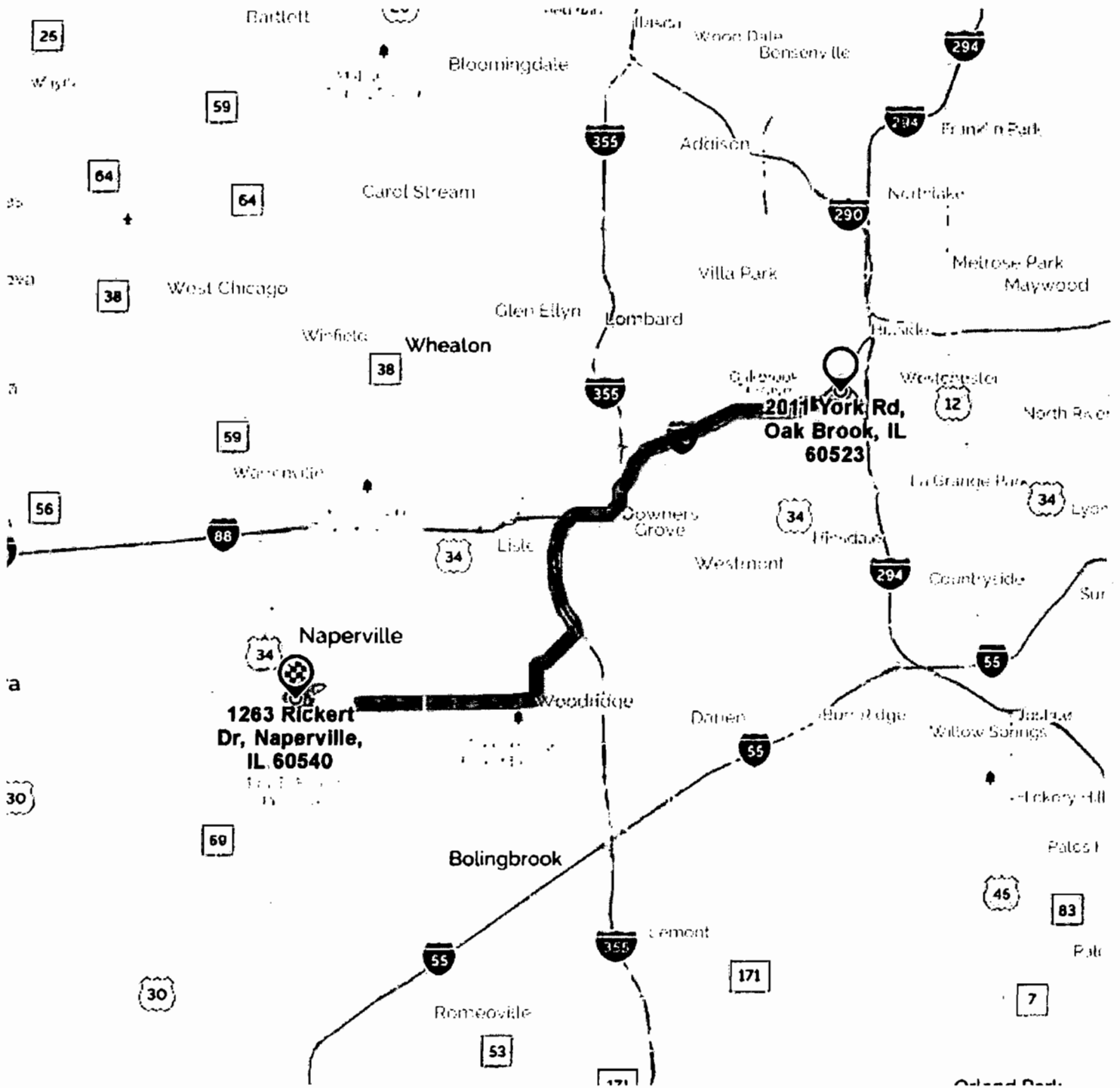
mapquest



184

NAPERVILLE SURGICAL CENTRE

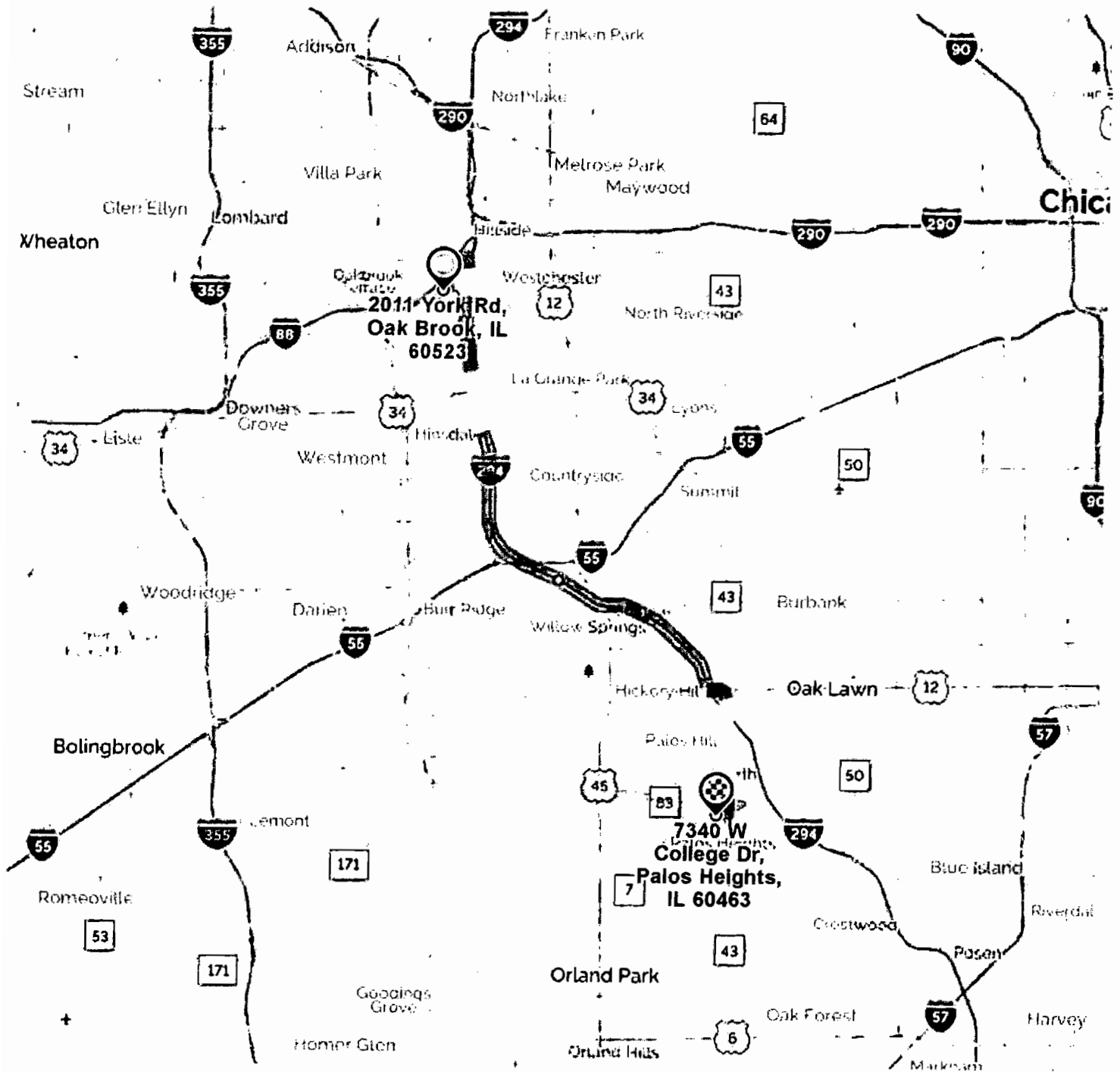
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ATTACHMENT 27h

186

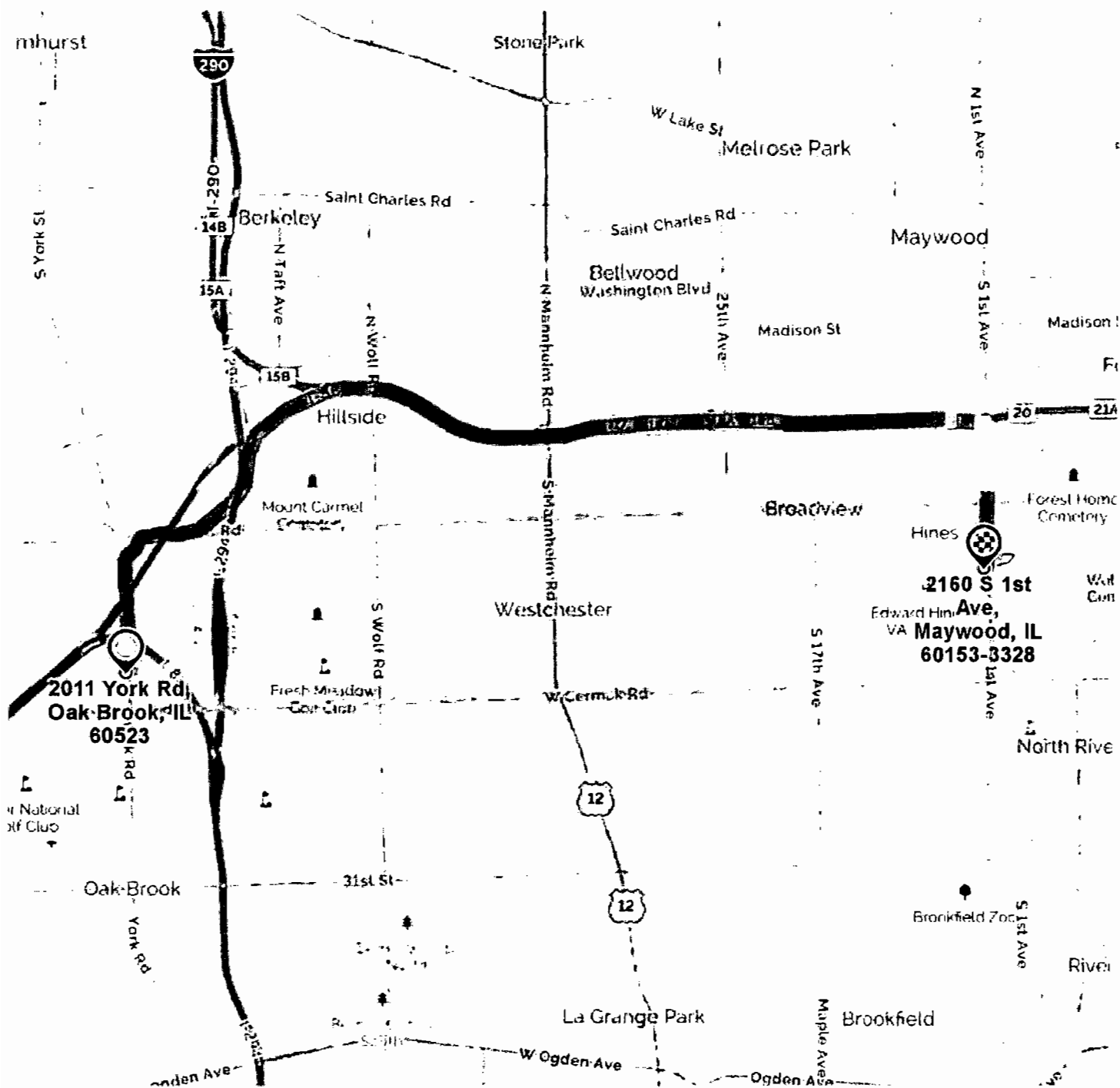
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ATTACHMENT 27h

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mapquest

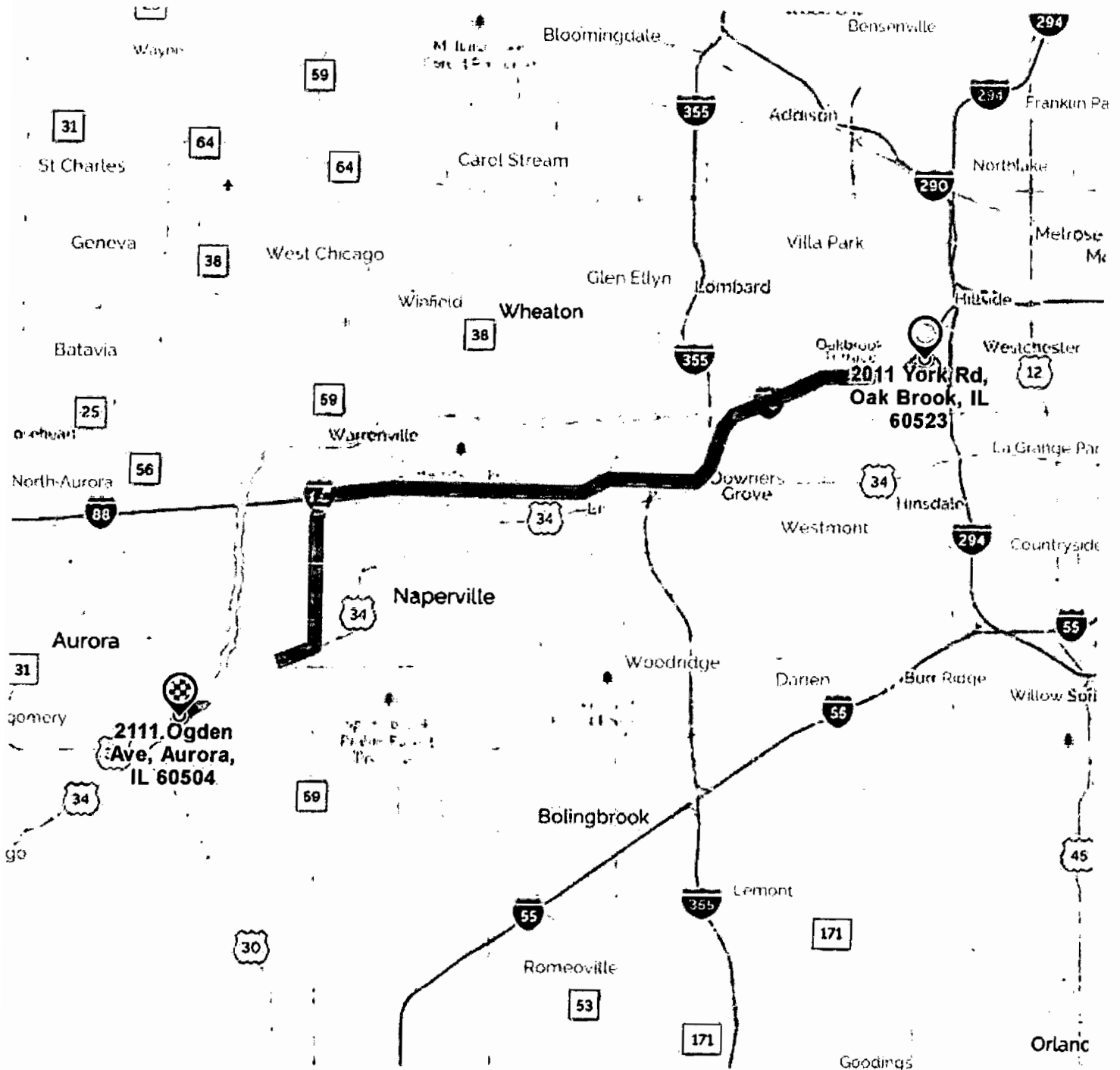


ATTACHMENT 27h

188

CASTLE SURGCENTER, LLC

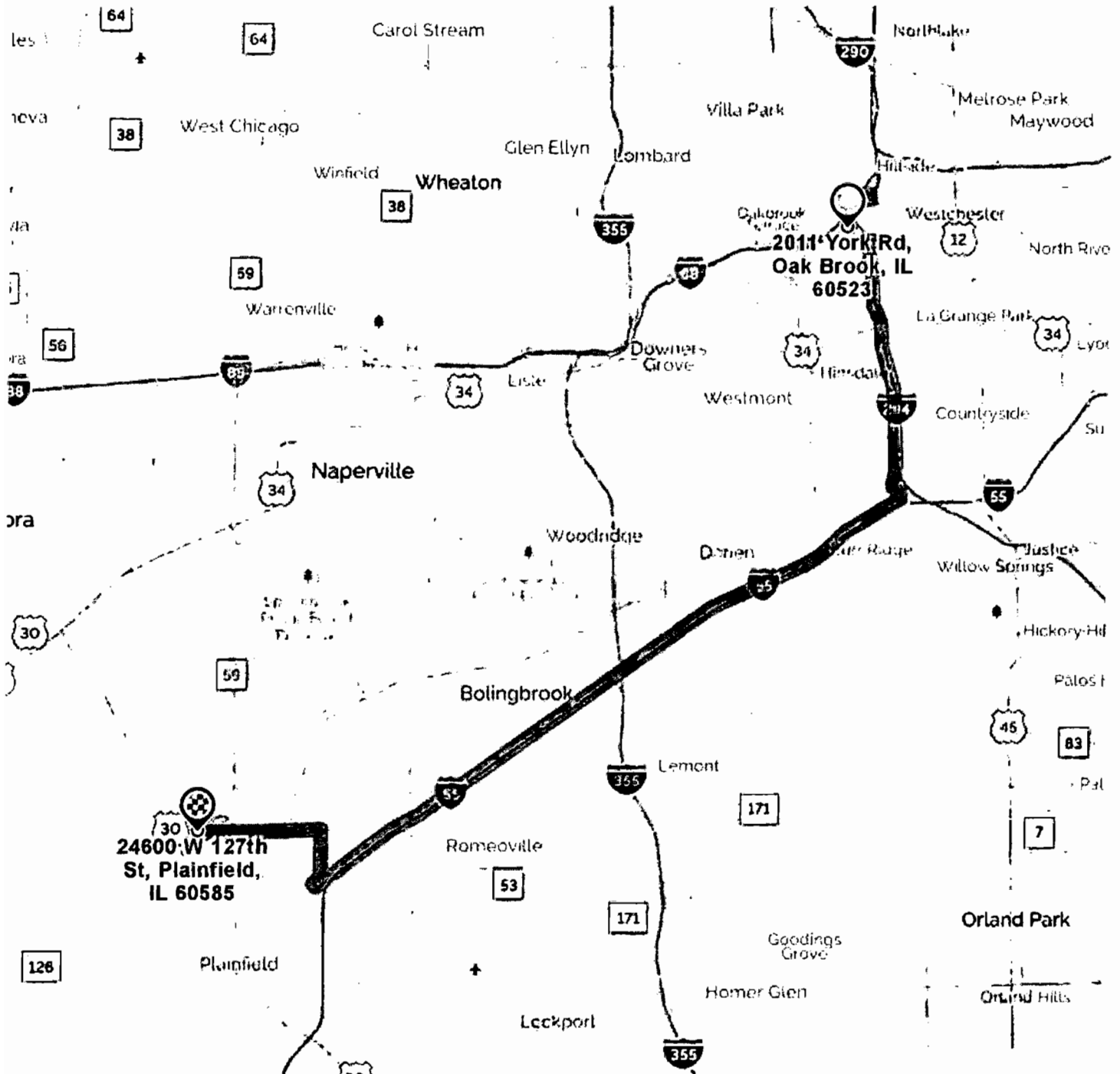
mapquest



189

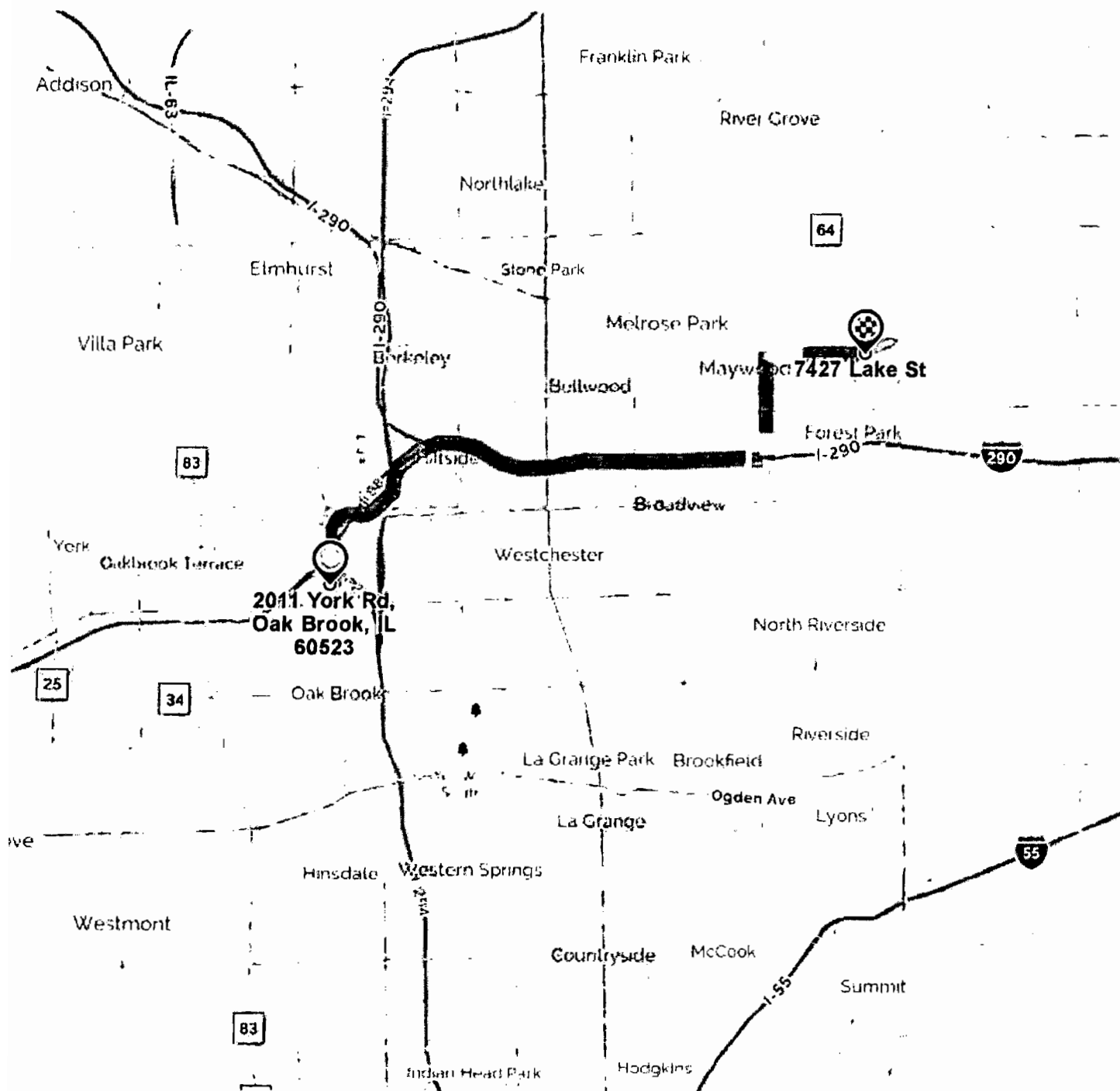
EDWARD PLAINFIELD SURGERY CTR.

mapquest



NOVAMED SURGERY CTR. OF RIVER FOREST

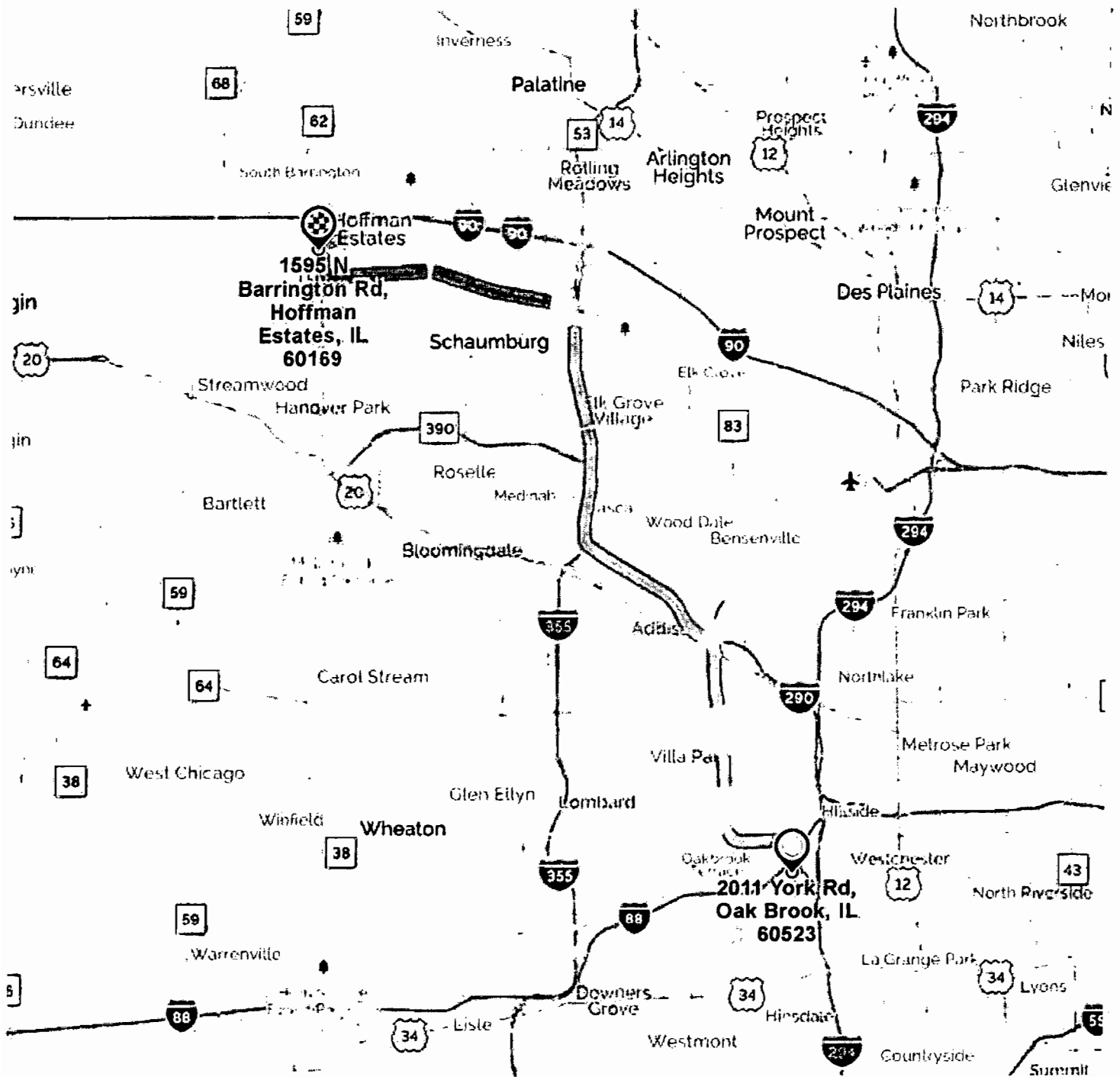
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ATTACHMENT 27h

191

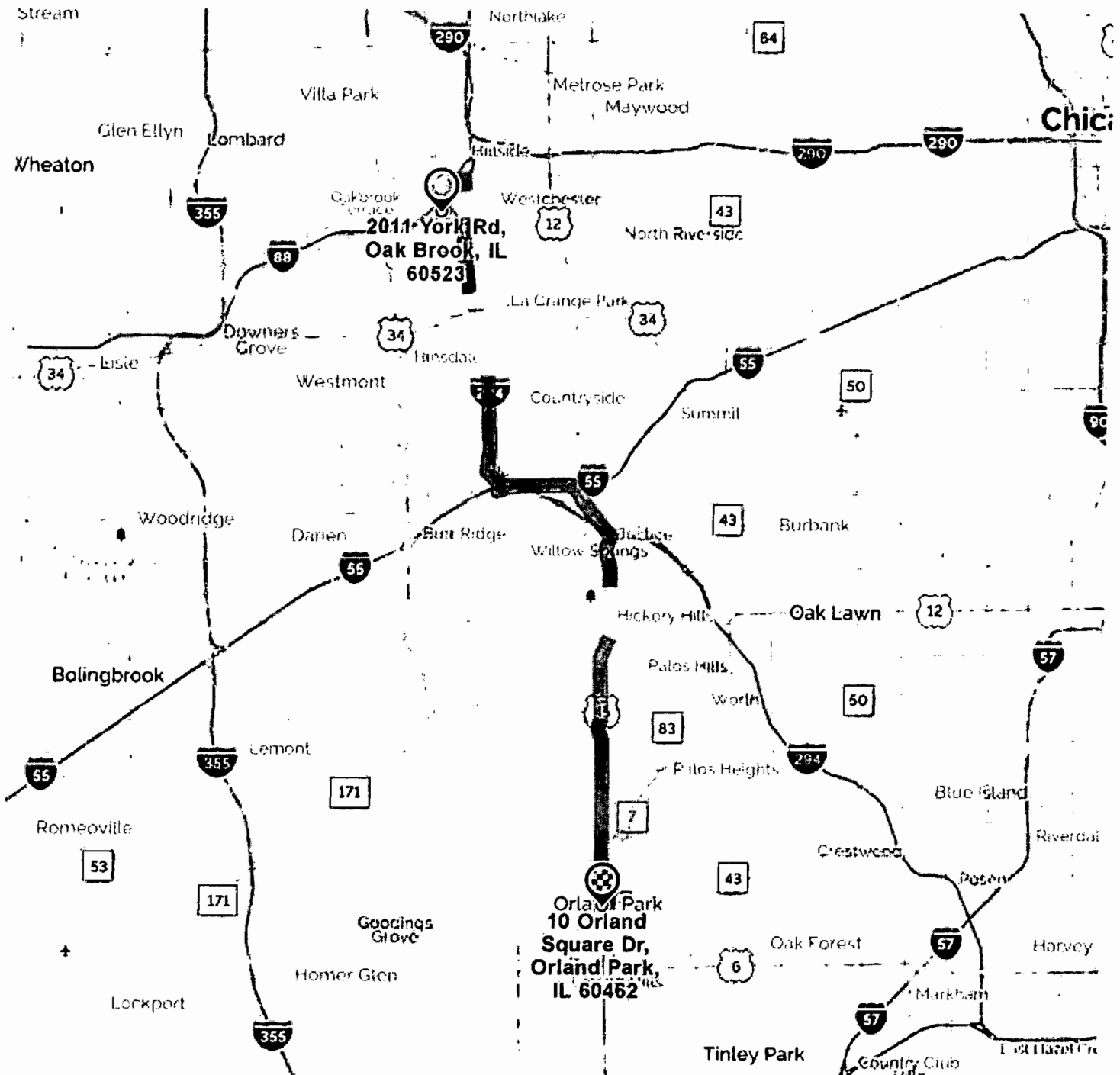
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ATTACHMENT 27h

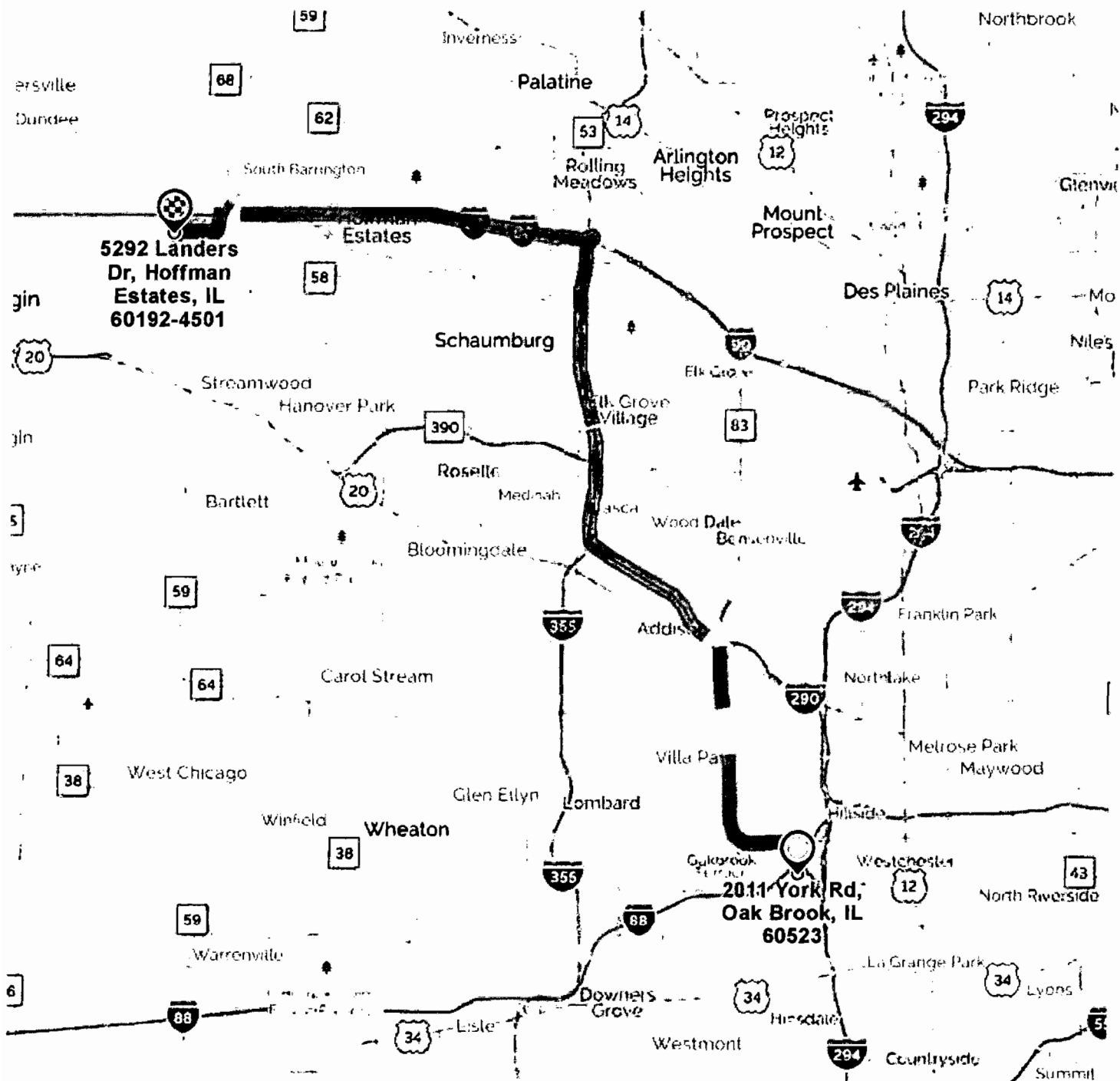
PREPARED SURGICENTER, LLC

mapquest



ATTACHMENT 27h

mapquest

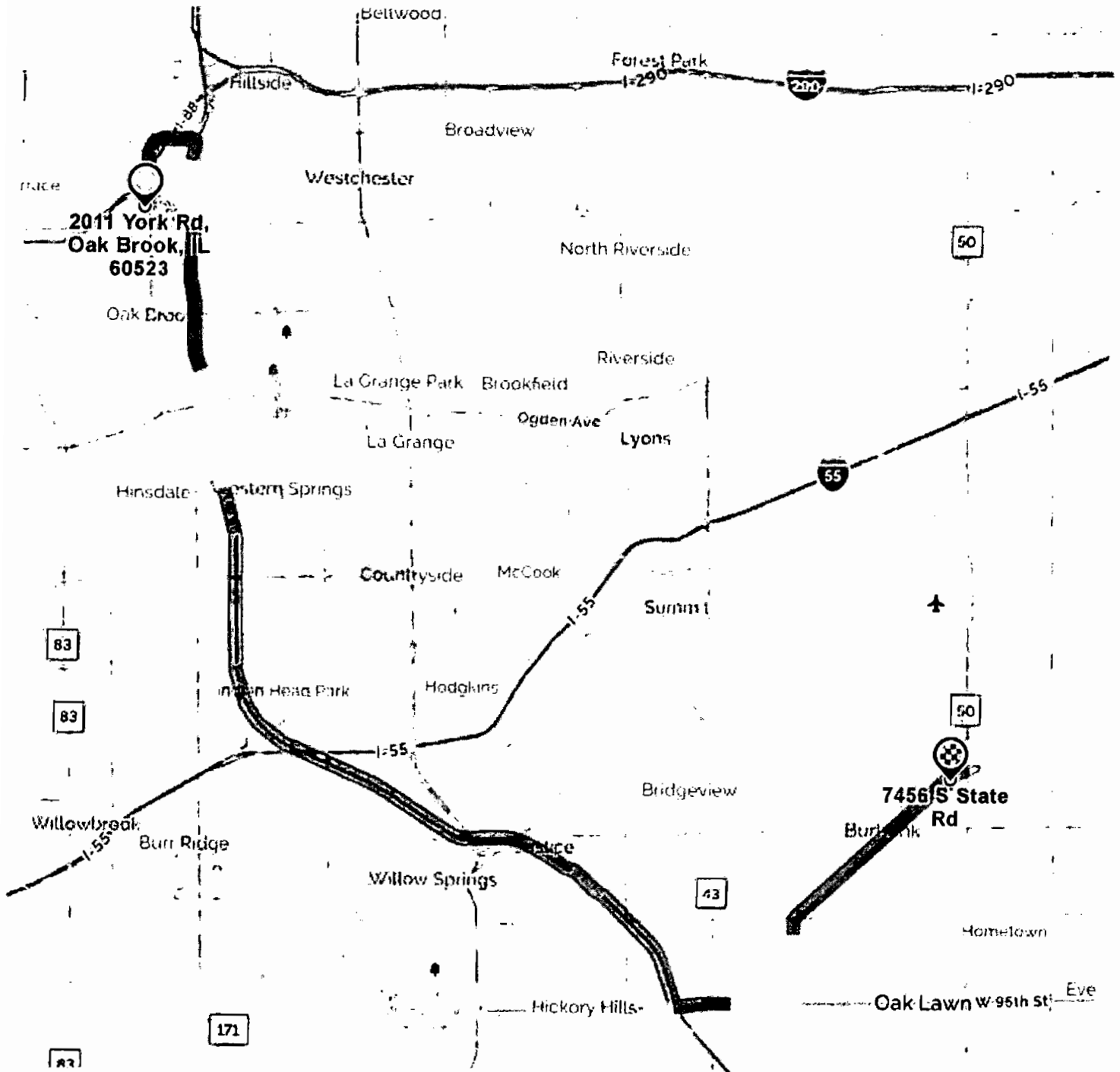


ATTACHMENT 27h

195

SOUTHWESTERN MEDICAL CTR., LLC

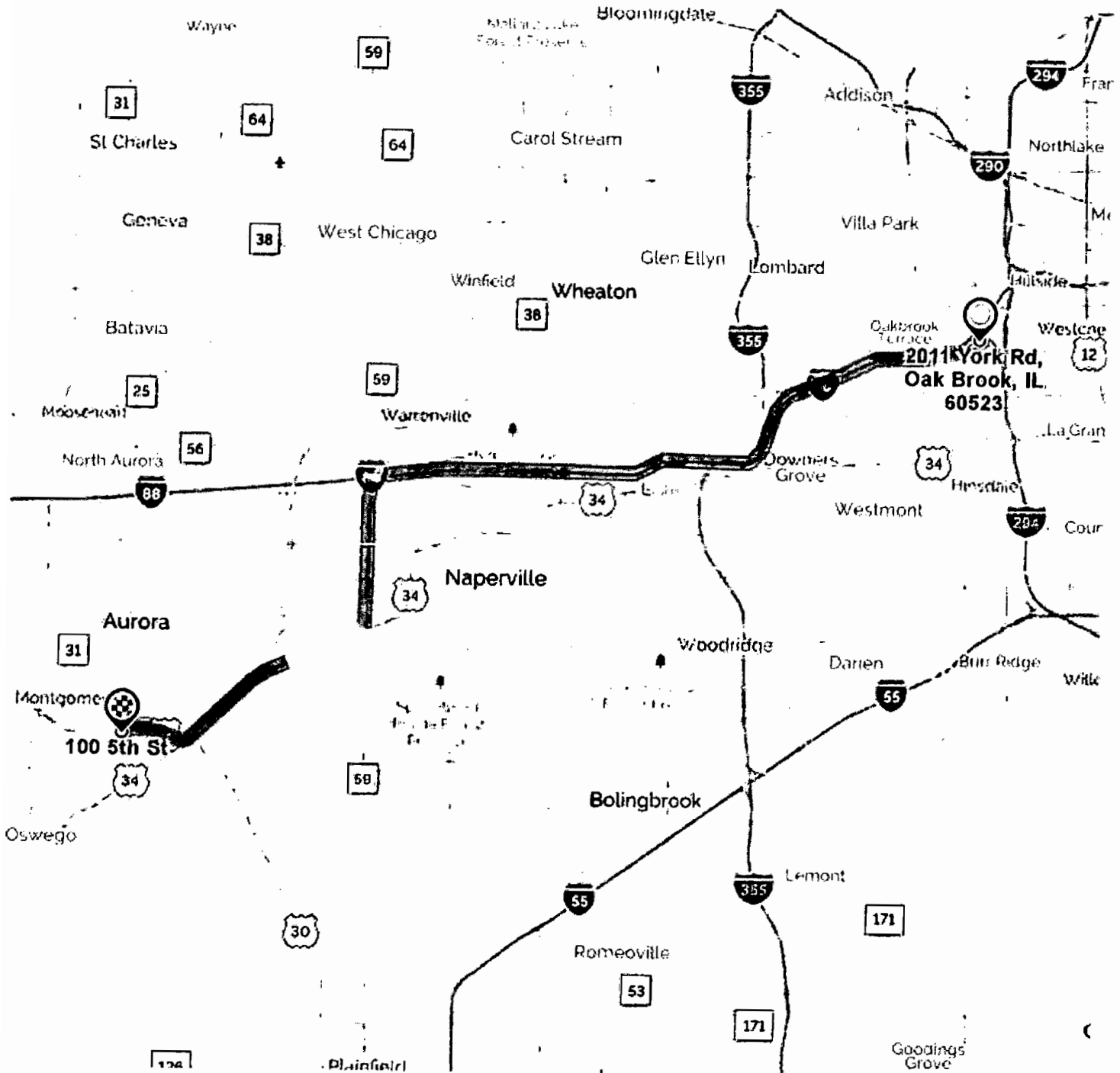
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ATTACHMENT 27h

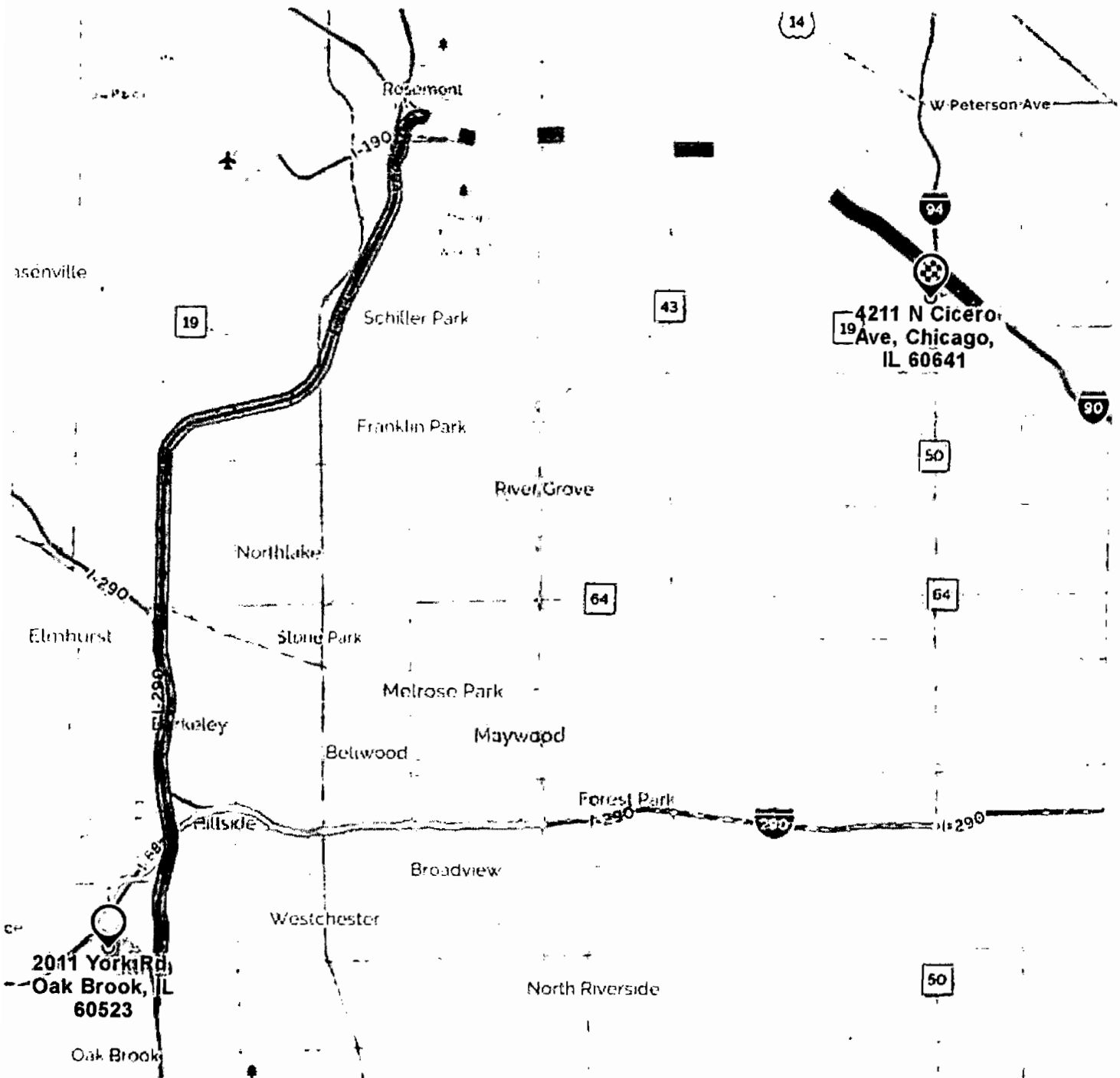
KENDALL POINT SURGERY CTR., LLC

mapquest



ATTACHMENT 27h

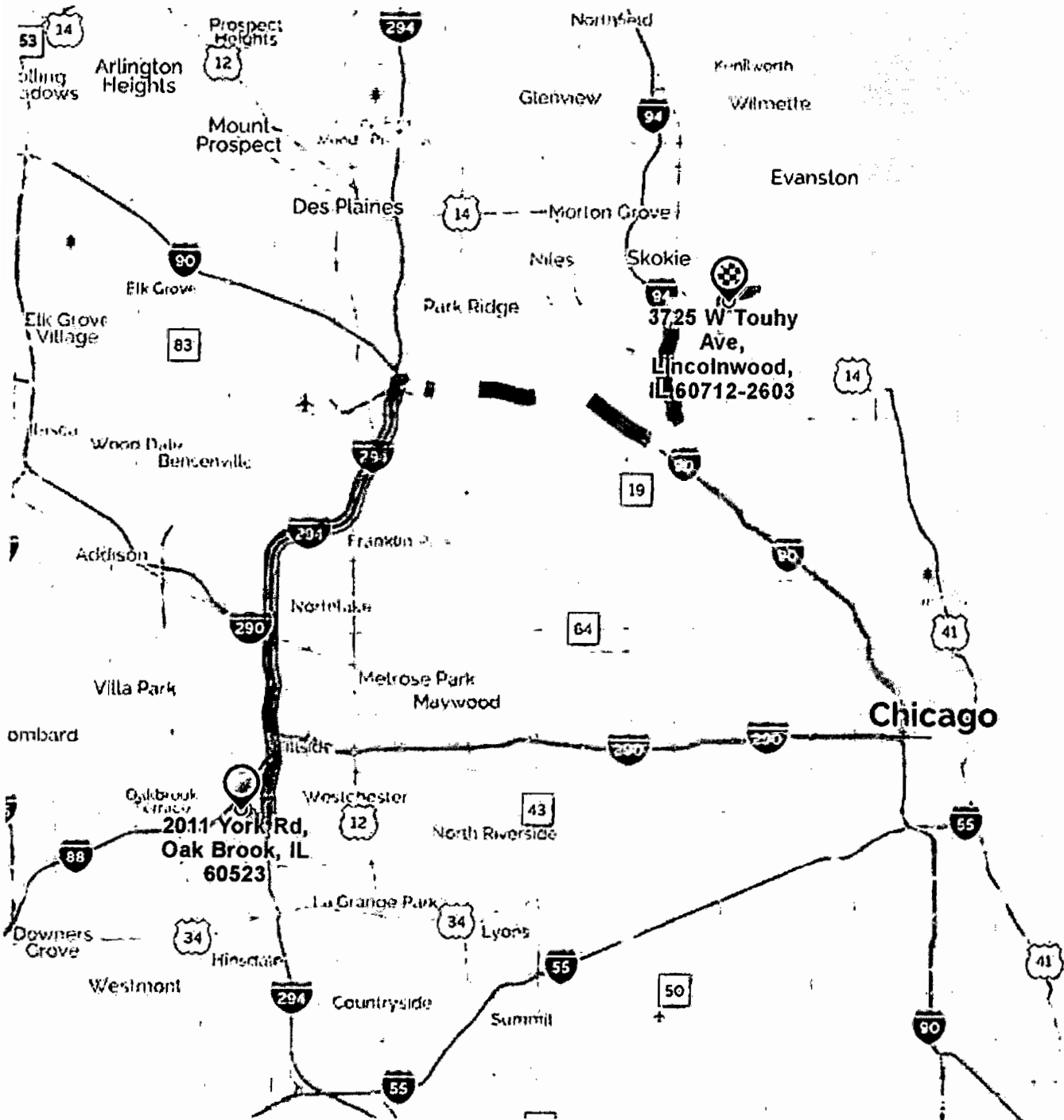
mapquest



198

NORTH SNORE SAME DAY SURGERY CTR.

mapquest



ATTACHMENT 27h

STAFFING

The proposed ASTC will be staffed with relevant clinical and professional personnel, using applicable licensure, accreditation, and other regulatory agencies' standards as a minimum level for actual staffing. ASTC positions are generally highly sought-after positions, and that fact, coupled with the Applicants' history of having great success in attracting highly-qualified staff, provide the Applicants with a high degree of certainty that difficulties will not arise during the recruitment process. Initially, positions will be made available to qualified personnel employed by the Applicants. Should any positions remain un-filled, normal recruitment methods, including professional journals and appropriate websites will be used.

A Medical Director, appropriately credentialed to oversee the clinical aspects of the ASTC, including active participation in the recruitment processes and the development of policies and procedures relating to clinical matters, will be named prior to the ASTC's opening.

CPT	Description	RUMC Main OR 2019 Estimated Charge*	ASTC 2019 Estimated Charge
19120	REMOVAL OF BREAST LESION	\$9,330	\$3,732
19125	EXCISION BREAST LESION	\$10,982	\$4,393
20680	REMOVAL OF SUPPORT IMPLANT	\$12,014	\$4,389
26055	INCISE FINGER TENDON SHEATH REMOVAL OF IMPLANT FROM	\$9,526	\$2,956
26320	HAND	\$8,761	\$3,281
29881	KNEE ARTHROSCOPY/SURGERY	\$13,225	\$7,765
30520	REPAIR OF NASAL SEPTUM	\$25,562	\$10,225
42820	REMOVE TONSILS AND ADENOIDS	\$10,493	\$4,197
52332	CYSTOSCOPY AND TREATMENT	\$10,766	\$4,306
64721	CARPAL TUNNEL SURGERY	\$11,208	\$3,331

* Escalated by 3% annually from 2016

The table above, which provides a representative sampling of the surgical procedures anticipated to be performed in the proposed ASTC, documents anticipated charges in the ASTC that are 41.3%-70.3% below those of RUMC, representing a significant savings to patients.

ASSURANCES

With the filing of this Application for Permit, the Applicants attest that a peer review program, consistent with applicable professional organizations' standards, will be developed for and implemented at the proposed ASTC; and that the peer review program will evaluate whether patient outcomes are consistent with applicable quality of care standards. Should an instance arise where outcomes do not meet or exceed standards, an appropriate quality improvement plan will be initiated.

Further, and as a result of the high surgery utilization levels experienced at Rush University Medical Center in recent years, which operated 34.1% above the IDPH's target utilization level in 2015, the Applicants anticipate that the proposed ASTC will operate at or exceed the IDPH's target utilization level in its second year of operation. This expectation is further supported by the letters from physicians included in ATTACHMENT 27d, which cumulatively identify nearly 6,200 anticipated referrals.

MOODY'S

INVESTORS SERVICE

New Issue: Moody's assigns A1 rating to Rush University Medical Center Obligated Group (IL) Series 2015A&B bonds; outlook stable

Global Credit Research - 09 Jan 2015

\$552M rated debt to be outstanding

ILLINOIS FINANCE AUTHORITY
Hospitals & Health Service Providers
IL

Moody's Rating

ISSUE	RATING
-------	--------

Series 2015A Fixed Rate Revenue Bonds	A1
---------------------------------------	----

Sale Amount \$410,470,000

Expected Sale Date 01/14/15

Rating Description Revenue: Other

Series 2015B Fixed Rate Revenue Bonds	A1
---------------------------------------	----

Sale Amount \$91,440,000

Expected Sale Date 01/14/15

Rating Description Revenue: Other

Moody's Outlook STA

NEW YORK, January 09, 2015 --Moody's Investors Service has assigned an A1 rating to Rush University Medical Center Obligated Group's, IL (Rush) \$410.5 million of Series 2015A and \$91.4 million of Series 2015B fixed rate revenue bonds. The bonds are to be issued by the Illinois Finance Authority. At this time we have upgraded Rush's existing rated debt to A1 from A2 affecting \$551 million of rated bonds outstanding (see Rated Debt section). The outlook is revised to stable from positive at the higher rating level.

SUMMARY RATING RATIONALE

The upgrade to A1 reflects Rush's track record of double-digit operating cash flow margins in recent years, improved liquidity ratios, and good pro forma debt coverage ratios. The stable outlook at the higher rating level reflects our expectation that Rush will continue to generate favorable operating margins and maintain liquidity strength, as well as our understanding that Rush does not plan to issue material new debt in the near/immediate term. Offsetting these strengths, Rush operates in a very competitive market with multiple prominent academic medical centers (AMC), somewhat challenging payer environment, and challenges presented by the State of Illinois' budget.

STRENGTHS

*Rush is anchored by a sizeable AMC with a broad array of tertiary and quaternary services and ambulatory locations throughout the Chicago area.

*Rush has a track record of profitability with six consecutive years of double digit operating cash flow margins and particularly strong results in FY 2013 and FY 2014.

*Rush is one of the few health systems in the Chicago area whose inpatient volumes are growing. We expect that, given market realities and changing industry dynamics, Rush's rate of inpatient volume growth will slow in the coming years.

*Rush's pro forma adjusted debt ratios are favorable (6.4 times maximum annual debt service (MADS) coverage).

*Rush's liquidity ratios have improved in recent years, as cash on hand measured an adequate 210 days at FYE 2014. Furthermore, Rush holds significant restricted cash, which bolsters the balance sheet.

*Rush's near-term capital spending plans are manageable and we do not anticipate additional leverage added over the near term.

CHALLENGES

*Rush operates in a very competitive healthcare market in the Chicago area, with four competing AMCs and other sizeable health systems.

*Given its academic mission, Medicaid is above average (16.9% of gross revenues in FY 2014, compared to all ratings median of 13.0%), which is of particular concern in Illinois given the state's budget challenges.

*Longer-term, Rush may consider new debt options to support capital spending plans that are being considered over a multiyear period.

DETAILED CREDIT DISCUSSION

USE OF PROCEEDS: Proceeds from the issuance of the Series 2015A&B fixed rate bonds will be used to refund Series 2009A,B,C,&D and Series 2006B fixed rate bonds and pay the costs of issuance. As part of the plan of finance, Rush expects to release the debt service reserve funds (DSRF) currently in place to support the Series 2006B and Series 2009 bonds. The Series 2015 bonds are not expected to be supported by a DSRF.

LEGAL SECURITY: The bonds are expected to be secured by a gross revenue pledge of the Rush Obligated Group, which includes 677 staffed bed Rush University Medical Center (RUMC), 210 staffed bed Rush-Copley Hospital (Rush-Copley), and 128 staffed bed Rush-Oak Park Hospital (Rush-Oak Park). Violating historical debt service coverage rate covenant of 1.1 times requires hiring of consultant in most cases. Additional debt tests include: (1) minimum pro-forma debt service coverage of 1.10 times; or (2) minimum historical debt service coverage of 1.1 times.

INTEREST RATE DERIVATIVES: Rush has two fixed payer swaps, one with Morgan Stanley Capital Services, Inc. and one with Citibank, N.A. with a combined notional amount of \$92.7 million. The swaps expire in November 2035. Under the agreements, Rush pays a fixed interest rate of 3.945% and receives 68% of LIBOR. Based on management data, the total net termination value of the swaps is a negative \$19.2 million to Rush. Rush's collateral posting requirement on the Citi swap is a negative \$12.5 million and negative \$12.5 million on the Morgan Stanley swap; no collateral currently is posted.

MARKET POSITION/COMPETITIVE STRATEGY: INCREASING SHARE OF VERY COMPETITIVE MARKET

Rush operates in a very competitive market, as the Chicago area includes four additional AMCs and multiple sizeable health systems that are embarking on various strategies to gain inpatient and outpatient market share and prepare for new payment methodologies. Competing AMCs include Northwestern Memorial HealthCare (Aa2 stable), University of Chicago Medical Center (Aa3 negative), University of Illinois Health Services Facilities System (A2 Negative), and Loyola University Medical Center (which is owned by Trinity Health Credit Group, Aa2 negative). Other prominent health systems include market share leader Advocate Health Care Network (Aa2 stable), NorthShore University HealthSystem (Aa2 stable), Presence Health (Baa2 stable), and Alexian Brothers Health System (A2 stable and owned by Ascension Health Alliance, Aa2).

Since opening its new patient tower in January 2012, RUMC has gained market share, increasing to 3.2% inpatient share of an eight-county service area (based on management data), making RUMC the third largest hospital in the broad market.

While Rush-Copley and Rush-Oak Park also operate in competitive local service areas, both are the market share leader each respective service area. Rush-Copley's service area centers around Aurora, IL in growing Kendall County. Rush-Oak Park's service area centers on Oak Park, IL, just west of the City of Chicago, directly west of downtown Chicago.

OPERATING PERFORMANCE: STRONG RESULTS IN RECENT YEARS

Favorably, Rush has recorded double-digit operating cash flow margins for six consecutive fiscal years.

Performance was particularly good in FY 2013 and FY 2014 (June 30 year end), when Rush recorded adjusted operating cash flow margins of 12.2% and 12.1%, respectively (adjusted to reclassify the portion of investment income included in operating revenue to non-operating; FY 2013 adjusted to include \$10.6 million of operating expenses for a favorable FICA settlement). The A1 median operating cash flow margin is 10.4%.

Factors contributing to continued strong results in FY 2014 include: inpatient admission growth (up 0.5%; admissions were up 1.9% including observation stays), which is particularly noteworthy in the current environment where volumes at most area hospitals are down; improved labor productivity, due in part to the new RUMC patient tower; a clinical resource management program to reduce variation in clinical practices and improve operational efficiency; and supply cost savings.

Looking forward, management expects Rush's adjusted operating cash flow margin to be sustained in the 11.5% to 12.5% range. While we believe that Rush may be challenged to match the particularly good results achieved in FY 2013 and FY 2014, the stable outlook at the higher rating level reflects our belief that Rush is positioned to maintain an operating cash flow margin at least in-line with A1 medians. In addition to improvement efforts noted above, future results are expected to benefit from pension expense and interest expense savings. Through three months FY 2015, Rush's operating margins were very strong, with an adjusted operating margin of nearly 13%.

BALANCE SHEET: IMPROVED LIQUIDITY, FAVORABLE DEBT RATIOS, AND MANAGEABLE CAPITAL SPENDING PLANS

Rush's liquidity position has improved considerably in recent years. Absolute unrestricted cash and investments increased to \$1.02 billion (210 days cash on hand) at FYE 2014 from \$850 million at FYE 2013 (189 days) (A1 median is 227 days). At FYE 2014, Rush's unrestricted cash and investments were allocated among approximately 68% cash and fixed income securities, 19% equities, and 13% other investments, and 100% of unrestricted cash and investments could be liquidated within one month. Rush's balance sheet is bolstered further by \$515 million of restricted cash and investments as of FYE 2014.

Rush's adjusted pro forma debt coverage ratios are favorable at the A1 rating level. Based on FY 2014 results and including the Series 2015A&B refunding bonds, adjusted debt-to-cash flow measures 2.4 times (A1 median is 3.0 times), MADS coverage measures 6.4 times (A1 median is 5.1 times), debt-to-total operating revenues measures 33% (A1 median is 37%), cash-to-direct debt measures 157% (A1 median is 151%), and monthly liquidity-to-demand debt measures 1,062% (A1 median is 371%). Factoring direct debt, operating leases, and Rush's cash balance defined benefit pension plan, Rush's pro forma cash-to-comprehensive debt measures 120% (A1 median is 124%).

Rush's capital spending plans in the near/immediate term are manageable. Between FY 2015 and FY 2019, Rush has approximately \$670 million of capital plans, translating to an average capital spending ratio of just under 1.1 times (the all ratings median is 1.2 times). Rush does not have new money debt plans over the period, which is a factor in the stable outlook at the A1 rating level. Rush is in the process of updating its long-term master facility plan, however; capital spending plans may increase in the longer-term, which may include new money debt in the out-years.

OUTLOOK

While we do not necessarily expect Rush to match the level of margins recorded in FY 2013 and FY 2014, the stable outlook at the A1 rating level reflects our expectation that Rush will continue to generate favorable operating margins and maintain liquidity strength. Also, the stable outlook incorporates our expectation that Rush does not plan to issue material new debt in the near/immediate term.

WHAT COULD CHANGE THE RATING UP

Further upgrade of the rating may be considered if Rush demonstrates continued notable organic growth while sustaining solidly double-digit operating cash flow margins and improved debt coverage and liquidity ratios.

WHAT COULD CHANGE THE RATING DOWN

A downgrade may be considered if Rush's operating margins deteriorate materially, particularly for a sustained period. Also, a material increase in debt without commensurate increase in cash flow and liquidity could lead to a downgrade.

KEY INDICATORS

Assumptions & Adjustments:

- Based on Rush University Medical Center Obligated Group consolidated financial statements
- First number reflects audited FY 2013 for the year ended June 30, 2013
- Second number reflects pro forma on audited FY 2014 for the year ended June 30, 2014
- Pro forma assumes issuance of Series 2015A&B fixed rate revenue bonds to refund Series 2008B fixed rate bonds and Series 2009A,B,C,&D fixed rate bonds
- FY 2013 adjusted to increase operating expenses by \$10.6 million to account for Rush's favorable FICA settlement
- Investment returns reclassified as non-operating and normalized at 6% unless otherwise noted
- Comprehensive debt includes direct debt, operating leases, and pension obligation, if applicable
- Monthly liquidity to demand debt ratio is not included if demand debt is de minimis
- *Inpatient admissions: 49,539; 49,804
- *Observation stays: 12,808; 13,716
- *Medicare % of gross revenues: 34.6%; 34.6%
- *Medicaid % of gross revenues: 16.9%; 16.9%
- *Total operating revenues (\$): \$1.82 billion; \$1.96 billion
- *Revenue growth rate (%) (3 yr CAGR): 4.0%; 5.6%
- *Operating margin (%): 2.6%; 4.4%
- *Operating cash flow margin (%): 12.2%; 12.1%
- *Debt to cash flow (x): 2.77 times; 2.38 times
- *Days cash on hand: 189 days; 211 days
- *Maximum annual debt service (MADS) (\$): \$56.9 million; \$47.4 million
- *MADS coverage with reported investment income (x): 4.51 times; 5.53 times
- *Moody's-adjusted MADS Coverage with normalized investment income (x): 4.95 times; 6.38 times
- *Direct debt (\$): \$663 million; \$647 million
- *Cash to direct debt (%): 128%; 157%
- *Comprehensive debt: \$884 million; \$849 million
- *Cash to comprehensive debt (%): 96%; 120%

RATED DEBT

Issued through Illinois Finance Authority (debt outstanding as of June 30, 2014):

- Series 2009C&D Fixed Rate Hospital Revenue Bonds (\$200.0 million outstanding; expected to be refunded by Series 2015A&B fixed rate bonds), rated A1
- Series 2009A&B Fixed Rate Hospital Revenue Bonds (\$208.6 million outstanding; expected to be refunded by Series 2015A&B fixed rate bonds), rated A1
- Series 2008A VRDO Hospital Revenue Bonds (\$50.0 million outstanding), supported by a direct-pay LOC from Northern Trust Company and rated Aa2/VMIG1 reflecting Moody's approach to rating jointly supported

transactions) (the LOC expires in February 2017), A1 underlying rating

-Series 2006B Fixed Rate Hospital Revenue Bonds (\$92.8 million outstanding; expected to be refunded by Series 2015A&B fixed rate bonds), insured by National Public Finance Guarantee Corp (MBIA), rated A1

PRINCIPAL METHODOLOGY

The principal methodology used in this rating was Not-for-Profit Healthcare Rating Methodology published in March 2012. Please see the Credit Policy page on www.moodys.com for a copy of this methodology.

REGULATORY DISCLOSURES

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John P. Mordach
Rush University Medical Center
Senior Vice President
Chief Financial Officer

Illinois Health Facilities and
Services review Board
Springfield, Illinois

RE: Rush Oak Brook Orthopaedic Center
Rush Oak Brook Surgery Center

To Whom It May Concern:

This letter is provided as a response to Section 1120.140.b, and as an affirmation that, in the opinion of the Applicants, the conditions of debt proposed to partially finance the two projects referenced above are reasonable.

It is the Applicants' opinion that the combination of debt and equity financing identified in the CON applications represents the lowest net cost reasonably available to the Applicants at this time, and the most advantageous funding scenario available to the Applicants.

Sincerely,

A handwritten signature in black ink, appearing to read 'J P Mordach'.

John P. Mordach
Senior Vice President & Chief Financial Officer
Rush University Medical Center

Subscribed and sworn to before me this

22ND day of July, 2016.

A handwritten signature in black ink, appearing to read 'Deborah M. Sarno'.

Notary Public



ATTACHMENT 39B

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

	A	B	C	D	E	F	G	H	Total
	Cost/Sq. Ft.		DGSF		DGSF		New Const. \$	Modernization \$	Costs
	New	Mod.	New	Circ.	Mod.	Circ.	(A x C)	(B x E)	(G + H)
Reviewable									
ASTC	\$ 173.00		31,940				\$ 5,525,620		\$ 5,525,620
Const. Contingency	\$ 15.00						\$ 479,100		\$ 479,100
Total	\$ 188.00		31,940				\$ 6,004,720		\$ 6,004,720

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

RUSH ORTHOPAEDIC SURGERY CENTER, LLC
YEAR 2 OPERATING COST per SURGICAL CASE

Projected Cases: 6,174

Salaries	\$4,094,630
Benefits	\$1,023,657
Medical Supplies	<u>\$10,949,972</u>
	\$16,068,259
per Surgical Case:	\$ 2,602.57

YEAR 2 CAPITAL COST per SURGICAL CASE

Projected Cases: 6,174

Interest Expense	\$ 283,822
Depreciation & Amort.	<u>\$ 1,303,627</u>
	\$ 1,587,449
per Surgical Case:	\$ 257.12

SAFETY NET STATEMENT

Rush University Medical Center ("RUMC") is a major provider of charity care and Medicaid services. In 2015, nearly \$21,000,000 (cost) in charity care and nearly \$120,000,000 in Medicaid services were provided by RUMC.

The proposed project is limited to the establishment of a multi-specialty ambulatory surgical treatment center ("ASTC"). Due to the nature of ASTCs, it is not anticipated that a substantial amount of safety net services will be provided in the proposed facility. The establishment of the ASTC, however, will have no negative impact on the provision of safety net services by RUMC, and its long-standing commitment to the provision of those services will continue. Further, the moving of surgical cases from RUMC's surgical suite, which operates significantly above the IDPH's target utilization level, to the proposed ASTC, will improve access to surgical services at RUMC, as a result of shorter waiting times in the scheduling of elective surgery, including procedures performed on Medicaid recipients or on a charity care basis.

The proposed project is not anticipated to have any impact on the cross-subsidizing of safety net services between the ASTC and any other facility.

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