

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

16-059

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

**RECEIVED**

This Section must be completed for all projects.

DEC 29 2016

## Facility/Project Identification

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Facility Name: Palos Health Surgery Center		
Street Address: Southwest Corner of 153rd Street and West Avenue		
City and Zip Code: Orland Park, Illinois 60462		
County: Cook	Health Service Area 7	Health Planning Area: A-04

## Applicant /Co-Applicant Identification

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

Exact Legal Name: The St. George Corporation
Address: 12251 South 80th Ave, Palos Heights, IL 60463
Name of Registered Agent: Barbara J. Medley
Name of Chief Executive Officer: Terrence Mosian, M.D.
CEO Address: 12251 South 80th Ave, Palos Heights, IL 60463
Telephone Number: 708-923-4000

## Type of Ownership of Applicant/Co-Applicant

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input 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: Kara M. Friedman
Title: Attorney
Company Name: Polsinelli P.C.
Address: 161 North Clark Street, Suite 4200, Chicago, IL 60601
Telephone Number: 312-873-3639
E-mail Address: KFriedman@polsinelli.com
Fax Number:

## Additional Contact

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

Name: Timothy J. Brosnan
Title: Vice President, Planning and Community Relations
Company Name: Palos Community Hospital
Address: 12251 South 80th Ave, Palos Heights, IL 60463
Telephone Number: 708-923-5003
E-mail Address: tbrosnan@paloscomm.org
Fax Number:

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT****SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

This Section must be completed for all projects.

**Facility/Project Identification**

Facility Name: Palos Health Surgery Center		
Street Address: Southwest Corner of 153rd Street and West Avenue		
City and Zip Code: Orland Park, Illinois 60462		
County: Cook	Health Service Area 7	Health Planning Area: A-04

**Applicant /Co-Applicant Identification**

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

Exact Legal Name: Palos Community Hospital	
Address: 12251 South 80th Ave, Palos Heights, IL 60463	
Name of Registered Agent: Barbara J. Medley	
Name of Chief Executive Officer: Terrence Mosian, M.D.	
CEO Address: 12251 South 80th Ave, Palos Heights, IL 60463	
Telephone Number: 708-923-4000	

**Type of Ownership of Applicant/Co-Applicant**

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"><li>o Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li><li>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.</li></ul>		
<b>APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>		

**Primary Contact**

[Person to receive ALL correspondence or inquiries]

Name: Kara M. Friedman
Title: Attorney
Company Name: Polsinelli P.C.
Address: 161 North Clark Street, Suite 4200, Chicago, IL 60601
Telephone Number: 312-873-3639
E-mail Address: KFriedman@polsinelli.com
Fax Number:

**Additional Contact**

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

Name: Timothy J. Brosnan
Title: Vice President, Planning and Community Relations
Company Name: Palos Community Hospital
Address: 12251 South 80th Ave, Palos Heights, IL 60463
Telephone Number: 708-923-5003
E-mail Address: tbrosnan@paloscomm.org
Fax Number:

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT****SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name: Palos Health Surgery Center, LLC		
Street Address: Southwest Corner of 153rd Street and West Avenue		
City and Zip Code: Orland Park, Illinois 60462		
County: Cook	Health Service Area 7	Health Planning Area: A-04

**Applicant /Co-Applicant Identification**

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

Exact Legal Name: South Campus Partners, Inc.
Address: 12251 South 80th Ave, Palos Heights, IL 60463
Name of Registered Agent: CT Corporation System
Name of Chief Executive Officer: Terrence Mosian, M.D.
CEO Address: 12251 South 80th Ave, Palos Heights, IL 60463
Telephone Number: 708-923-4000

**Type of Ownership of Applicant/Co-Applicant**

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"><li>○ Corporations and limited liability companies must provide an Illinois certificate of good standing.</li><li>○ 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.</li></ul>		
<b>APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>		

**Primary Contact**

**[Person to receive ALL correspondence or inquiries]**

Name: Kara M. Friedman
Title: Attorney
Company Name: Polsinelli P.C.
Address: 161 North Clark Street, Suite 4200, Chicago, IL 60601
Telephone Number: 312-873-3639
E-mail Address: KFriedman@polsinelli.com
Fax Number:

**Additional Contact**

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

Name: Timothy J. Brosnan
Title: Vice President, Planning and Community Relations
Company Name: Palos Community Hospital
Address: 12251 South 80th Ave, Palos Heights, IL 60463
Telephone Number: 708-923-5003
E-mail Address: tbrosnan@paloscomm.org
Fax Number:

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT****SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

This Section must be completed for all projects.

**Facility/Project Identification**

Facility Name: Palos Health Surgery Center		
Street Address: Southwest Corner of 153rd Street and West Avenue		
City and Zip Code: Orland Park, Illinois 60462		
County: Cook	Health Service Area 7	Health Planning Area: A-04

**Applicant /Co-Applicant Identification**

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

Exact Legal Name: Palos Health Surgery Center, LLC
Address: 12251 South 80th Ave, Palos Heights, IL 60463
Name of Registered Agent:
Name of Chief Executive Officer: Terrence Mosian, M.D.
CEO Address: 12251 South 80th Ave, Palos Heights, IL 60463
Telephone Number: 708-923-4000

**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
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other

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: Kara M. Friedman
Title: Attorney
Company Name: Polsinelli P.C.
Address: 161 North Clark Street, Suite 4200, Chicago, IL 60601
Telephone Number: 312-873-3639
E-mail Address: KFriedman@polsinelli.com
Fax Number:

**Additional Contact**

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

Name: Timothy J. Brosnan
Title: Vice President, Planning and Community Relations
Company Name: Palos Community Hospital
Address: 12251 South 80th Ave, Palos Heights, IL 60463
Telephone Number: 708-923-5003
E-mail Address: tbrosnan@paloscomm.org
Fax Number:



**Post Permit Contact**

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

Name: Timothy J. Brosnan
Title: Vice President, Planning and Community Relations
Company Name: Palos Community Hospital
Address: 12251 South 80 <sup>th</sup> Avenue, Palos Heights, Illinois 60463
Telephone Number: 708-923-5003
E-mail Address: tbrosnan@paloscomm.org
Fax Number:

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Palos Community Hospital
Address of Site Owner: 12251 South 80 <sup>th</sup> Avenue, Palos Heights, Illinois 60463
Street Address or Legal Description of Site: The Southeast quarter of the Northwest quarter of Section 16, Township 36 North, Range 12 East of the Third Principal Meridian, except a tract of land described as follows: Beginning at the Southwest corner of the Southeast quarter of the Northwest quarter of said Section 16, thence East along the South line of said Southeast quarter a distance of 200 feet; thence North along a line parallel with the West line of said Southeast quarter a distance of 200 feet; thence West along a line parallel with the South line of said Southeast quarter a distance of 200 feet; thence South along the West line of said Southeast quarter a distance of 200 feet to the place of beginning; ALSO excepting that part of the Northwest quarter of said Section 16 described as follows: Beginning at a point of intersection of the West line of the East half of said Northwest quarter of Section 16 and the South right of way line of 153rd Street, according to document no. 87255318 recorded May 12, 1987; thence Easterly along the South line of said 153rd Street having an Illinois East Zone Grid bearing of North 88 degrees 01 minute 35 seconds East, a distance of 868.00 feet; thence South 01 degree 46 minutes 14 seconds East, 10.00 feet to a point on a line 60.00 feet South of, measured perpendicular to and parallel with the North line of the South half of said Northwest quarter; thence South 88 degrees 01 minute 35 seconds West, 595.25 feet along said parallel line; thence South 01 degree 46 minutes 14 seconds East, 5.00 feet to a point 65.00 feet South of, measured perpendicular to and parallel with said North line; thence South 88 degrees 01 minute 35 seconds West, 272.75 feet along said parallel line to a point on said West line of the East half of the Northwest quarter; thence North 01 degree 46 minutes 14 seconds West, 15.00 feet along said West line to the point of beginning, in Cook County, Illinois.
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: Palos Community Hospital	
Address: 12251 South 80 <sup>th</sup> Avenue, Palos Heights, Illinois 60463	
<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</li> </ul>	
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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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 St. George Corporation, Palos Community Hospital, Palos Health Surgery Center, LLC, and South Campus Partners (the "Applicants") seek authority to establish an ASTC with four operating rooms and sixteen recovery stations to be located at the Southeast quarter of the Northwest quarter of Section 16, Township 36 North, Range 12 East of the Third Principal Meridian (the "Surgery Center"). The project will improve access in Planning Area A-04 to ambulatory surgical care. To better serve the evolving health care needs of the residents of the Southwest Suburban community of metropolitan Chicago, the Applicants decided to establish the proposed Surgery Center. The estimated cost for the proposed project is \$13,216,496.

The Surgery Center will consist of 6,545 gross square feet of clinical and 9,225 gross square feet of non-clinical space for a total of 15,770 gross square feet of space.

The project is classified as substantive.

The project will be completed by June 30, 2019.

**Project Costs and Sources of Funds**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	0	0	0
Site Survey and Soil Investigation	0	0	0
Site Preparation	0	0	0
Off Site Work	0	0	0
New Construction Contracts	0	0	0
Modernization Contracts	2,243,531	2,061,831	4,305,362
Contingencies	224,353	309,275	533,628
Architectural/Engineering Fees	246,265	236,608	482,873
Consulting and Other Fees	0	170,000	170,000
Movable or Other Equipment (not in construction contracts)	1,901,921	423,891	2,325,812
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	1,839,145	2,592,225	4,431,370
Other Costs To Be Capitalized	662,951	304,500	967,451
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>7,118,166</b>	<b>6,098,330</b>	<b>13,216,496</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	5,279,021	3,506,105	8,785,126
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	1,839,145	2,592,225	4,431,370
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>7,118,166</b>	<b>6,098,330</b>	<b>13,216,496</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> 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 \$ <u>940,568</u> .

**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:

- |   |   |
|---|---|
| <input type="checkbox"/> None or not applicable | <input checked="" type="checkbox"/> Preliminary |
| <input type="checkbox"/> Schematics             | <input type="checkbox"/> Final Working          |

Anticipated project completion date (refer to Part 1130.140): June 30, 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
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

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**.

<b>FACILITY NAME:</b> Palos Community Hospital		<b>CITY:</b> Palos Heights			
<b>REPORTING PERIOD DATES:</b> From: January 1, 2015 to: December 31, 2015					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	306	14,554	82,953	0	306
Obstetrics	28	995	2,829	0	28
Pediatrics	15	172	468	0	15
Intensive Care	36	2,439	5,534	0	36
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness	40	1,433	6,795	0	40
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
<b>TOTALS:</b>	425	19,593	98,579	0	425

## 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 **Palos Health 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

Terrence Moisan, MD

PRINTED NAME

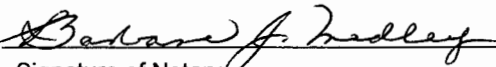
Manager

PRINTED TITLE

Notarization:

Subscribed and sworn to before me

this 21<sup>st</sup> day of December, 2016



Signature of Notary

Seal



\*Insert EXACT legal name of the applicant



SIGNATURE

Charles Reiter, III, JD

PRINTED NAME

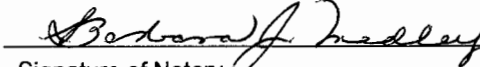
Manager

PRINTED TITLE

Notarization:

Subscribed and sworn to before me

this 21<sup>st</sup> day of December, 2016



Signature of Notary

Seal





## 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 South Campus Partners \* 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

Terrence Moisan, MD

PRINTED NAME

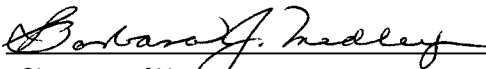
Director

PRINTED TITLE

Notarization:

Subscribed and sworn to before me

this 21<sup>st</sup> day of December, 2016



Signature of Notary

Seal



\*Insert EXACT legal name of the applicant



SIGNATURE

Charles Reiter, III, JD

PRINTED NAME


Director

PRINTED TITLE

Notarization:

Subscribed and sworn to before me

this 21<sup>st</sup> day of December, 2016



Signature of Notary

Seal



**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 The St. George Corporation \*  
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

Terrence Mosian, M.D.

PRINTED NAME

President

PRINTED TITLE



SIGNATURE

Charles Reiter, III, JD

PRINTED NAME

Secretary

PRINTED TITLE

Notarization:


Subscribed and sworn to before me

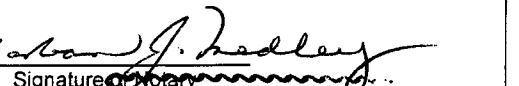
this 16<sup>th</sup> day of DECEMBER, 2016

Notarization:

Subscribed and sworn to before me

this 16<sup>th</sup> day of DECEMBER, 2016

  
Signature of Notary  
**OFFICIAL SEAL**  
**BARBARA J. MEDLEY**  
Seal  
**NOTARY PUBLIC, STATE OF ILLINOIS**  
**MY COMMISSION EXPIRES 12/29/2017**

  
Signature of Notary  
**OFFICIAL SEAL**  
**BARBARA J. MEDLEY**  
Seal  
**NOTARY PUBLIC, STATE OF ILLINOIS**  
**MY COMMISSION EXPIRES 12/29/2017**

\*Insert EXACT legal name of the applicant

**CERTIFICATION**

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

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

This Application for Permit is filed on the behalf of Palos Community Hospital \*  
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

Terrence Moisan, MD

PRINTED NAME

President

PRINTED TITLE

SIGNATURE

Charles Reiter, III, JD

PRINTED NAME

Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 16<sup>th</sup> day of DECEMBER, 2016

Notarization:

Subscribed and sworn to before me  
this 16<sup>th</sup> day of DECEMBER, 2016

Signature of Notary

Seal



\*Insert EXACT legal name of the applicant

Signature of Notary

Seal



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

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

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

READ THE REVIEW CRITERION and provide the following required information:

**BACKGROUND OF APPLICANT**

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

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

**PURPOSE OF PROJECT**

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

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

**NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report.**

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

**ALTERNATIVES**

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

Alternative options **must** include:

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

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

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

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

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

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

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

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

**PROJECT SERVICES UTILIZATION:**

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

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

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

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

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

**UNFINISHED OR SHELL SPACE:**

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:**

Submit the following:

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

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

**H. Non-Hospital Based Ambulatory Surgery**

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

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

Read the criterion and complete the following:

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

<input type="checkbox"/> Cardiovascular	<input checked="" type="checkbox"/> Obstetrics/Gynecology	<input checked="" type="checkbox"/> Pain Management
<input type="checkbox"/> Dermatology	<input checked="" type="checkbox"/> Ophthalmology	<input checked="" type="checkbox"/> Podiatry
<input checked="" type="checkbox"/> Gastroenterology	<input checked="" type="checkbox"/> Oral/Maxillofacial	<input type="checkbox"/> Thoracic
<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.



- b. A list of the facilities contacted. **NOTE:** Facilities must be contacted by a service that provides documentation of receipt such as the US. Postal Service, FedEx or UPS. The documentation must be included in the application for permit.

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

Read the criterion and provide:

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

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

Read the criterion and provide:

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

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

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:**

\$8,785,126	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
		1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
		2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$4,431,370	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
		1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
		2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
		3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
		4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
		5) For any option to lease, a copy of the option, including all terms and conditions.
	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$13,216,496	<b>TOTAL FUNDS AVAILABLE</b>	

**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**

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**

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

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

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

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

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

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

## XII. Charity Care Information

Charity Care Information MUST be furnished for ALL projects.

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

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

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

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

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

**Section I, Identification, General Information, and Certification**  
**Applicants/Co-Applicant Identification**

Certificates of Good Standing for The St. George Corporation, Palos Community Hospital, South Campus Partners, Inc., and Palos Health Surgery Center, LLC (collectively, "Palos") are attached at Attachment – 1. Palos Health Surgery Center, LLC will be the licensee and operating entity of the Surgery Center. As the person with final control over Palos Health Surgery Center, LLC, The St. George Corporation is named as an applicant on this certificate of need application.

File Number

6114-192-8



**To all to whom these Presents Shall Come, Greeting:**

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

THE ST. GEORGE CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 10, 2000, 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 #: 1530203016 verifiable until 10/29/2016  
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 29TH*  
*day of OCTOBER A.D. 2015 .*

*Jesse White*

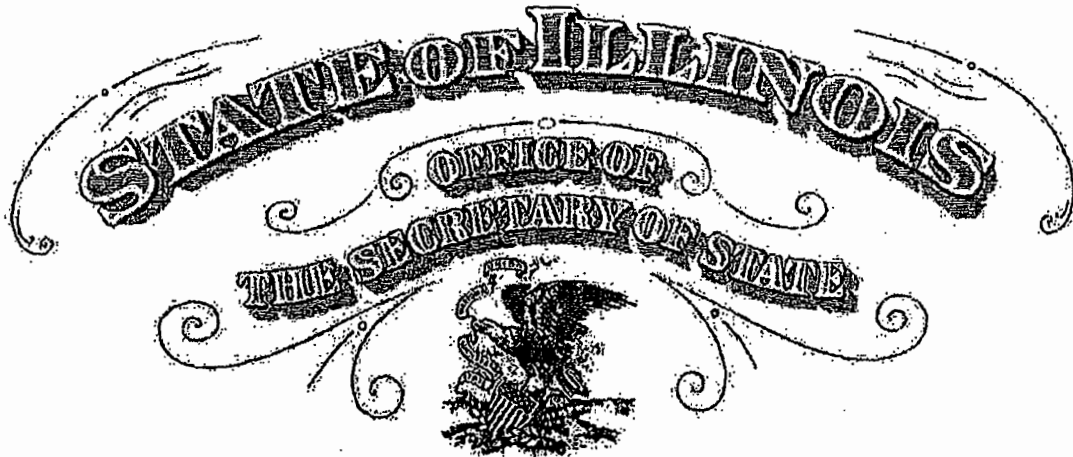
SECRETARY OF STATE

Attachment - 1



File Number

2564-757-2



**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*

PALOS COMMUNITY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 02, 1938, 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.



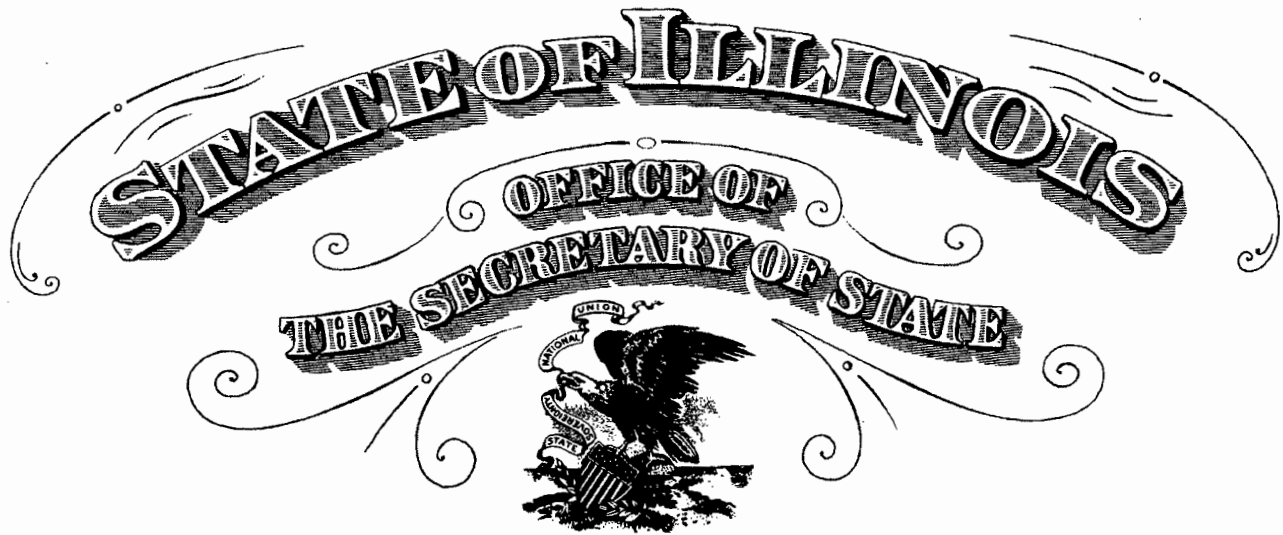
Authentication #: 1530203002 verifiable until 10/29/2016  
Authenticate at: <http://www.cyberdriveillinois.com>

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

*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*

SOUTH CAMPUS PARTNERS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 22, 2016, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



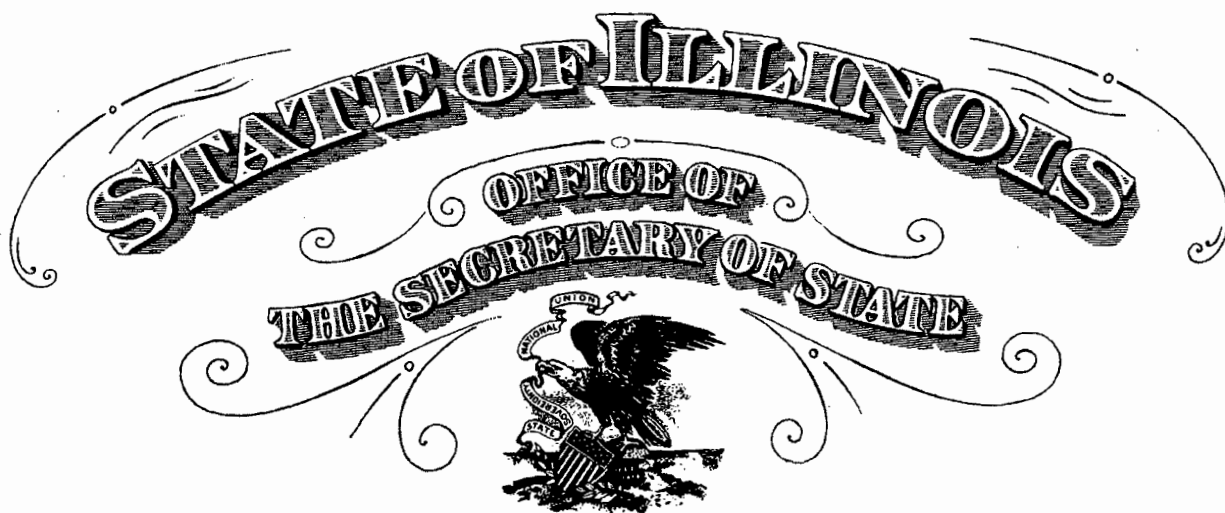
***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 23RD  
day of DECEMBER A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 1635800720 verifiable until 12/23/2017

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



***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*

PALOS HEALTH SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 22, 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 27TH  
day of DECEMBER A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 1636201180 verifiable until 12/27/2017  
Authenticate at: <http://www.cyberdriveillinois.com>

**Section I, Identification, General Information, and Certification**  
**Site Owners**

Attached at Attachment – 2 is a notarized statement from Palos Community Hospital attesting to ownership of the site of the proposed surgery center.

The legal description for the site parcel covered by this project is as follows:

The Southeast quarter of the Northwest quarter of Section 16, Township 36 North, Range 12 East of the Third Principal Meridian, except a tract of land described as follows: Beginning at the Southwest corner of the Southeast quarter of the Northwest quarter of said Section 16, thence East along the South line of said Southeast quarter a distance of 200 feet; thence North along a line parallel with the West line of said Southeast quarter a distance of 200 feet; thence West along a line parallel with the South line of said Southeast quarter a distance of 200 feet; thence South along the West line of said Southeast quarter a distance of 200 feet to the place of beginning; ALSO excepting that part of the Northwest quarter of said Section 16 described as follows: Beginning at a point of intersection of the West line of the East half of said Northwest quarter of Section 16 and the South right of way line of 153rd Street, according to document no. 87255318 recorded May 12, 1987; thence Easterly along the South line of said 153rd Street having an Illinois East Zone Grid bearing of North 88 degrees 01 minute 35 seconds East, a distance of 868.00 feet; thence South 01 degree 46 minutes 14 seconds East, 10.00 feet to a point on a line 60.00 feet South of, measured perpendicular to and parallel with the North line of the South half of said Northwest quarter; thence South 88 degrees 01 minute 35 seconds West, 595.25 feet along said parallel line; thence South 01 degree 46 minutes 14 seconds East, 5.00 feet to a point 65.00 feet South of, measured perpendicular to and parallel with said North line; thence South 88 degrees 01 minute 35 seconds West, 272.75 feet along said parallel line to a point on said West line of the East half of the Northwest quarter; thence North 01 degree 46 minutes 14 seconds West, 15.00 feet along said West line to the point of beginning, in Cook County, Illinois.



# Palos Community Hospital

12251 S. 80th Avenue Palos Heights, Illinois 60463 (708) 923-4000

## Executive Offices

December 15, 2015

Kathryn Olson  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Chair Olson:

I hereby attest that the property included in the Palos Community Hospital South Campus Expansion project, is controlled and owned by Palos Community Hospital.

The property description is as follows:

The Southeast quarter of the Northwest quarter of Section 16, Township 36 North, Range 12 East of the Third Principal Meridian, except a tract of land described as follows: Beginning at the Southwest corner of the Southeast quarter of the Northwest quarter of said Section 16, thence East along the South line of said Southeast quarter a distance of 200 feet; thence North along a line parallel with the West line of said Southeast quarter a distance of 200 feet; thence West along a line parallel with the South line of said Southeast quarter a distance of 200 feet; thence South along the West line of said Southeast quarter a distance of 200 feet to the place of beginning; ALSO excepting that part of the Northwest quarter of said Section 16 described as follows: Beginning at a point of intersection of the West line of the East half of said Northwest quarter of Section 16 and the South right of way line of 153rd Street, according to document no. 87255318 recorded May 12, 1987; thence Easterly along the South line of said 153rd Street having an Illinois East Zone Grid bearing of North 88 degrees 01 minute 35 seconds East, a distance of 868.00 feet; thence South 01 degree 46 minutes 14 seconds East, 10.00 feet to a point on a line 60.00 feet South of, measured perpendicular to and parallel with the North line of the South half of said Northwest quarter; thence South 88 degrees 01 minute 35 seconds West, 595.25 feet along said parallel line; thence South 01 degree 46 minutes 14 seconds East, 5.00 feet to a point 65.00 feet South of, measured perpendicular to and parallel with said North line; thence South 88 degrees 01 minute 35 seconds West, 272.75 feet along said parallel line to a point on said West line of the East half of the Northwest quarter; thence North 01 degree 46 minutes 14 seconds West, 15.00 feet along said West line to the point of beginning, in Cook County, Illinois.

Sincerely,

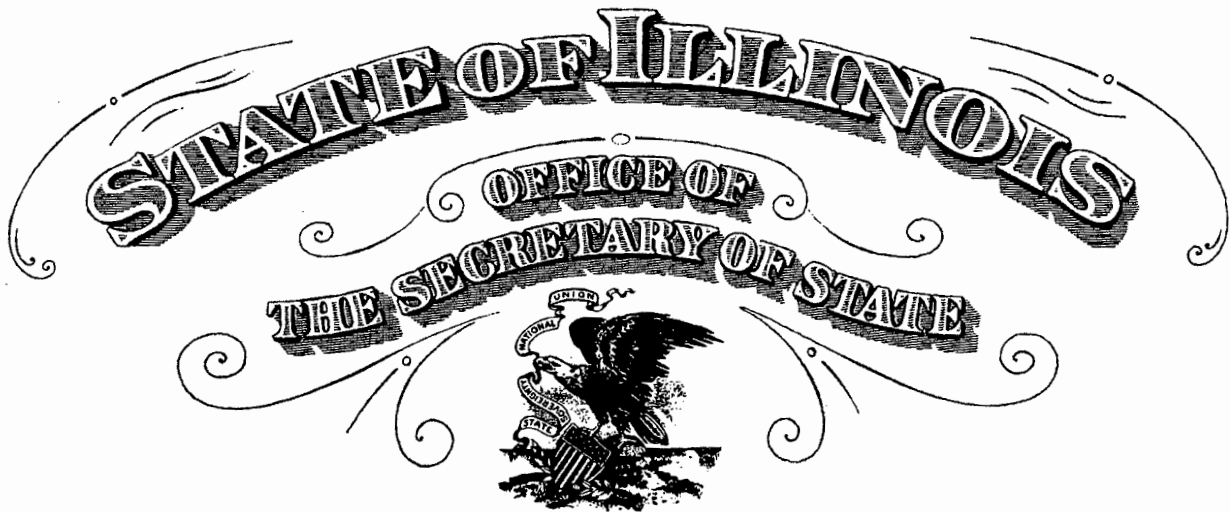
Terrence Moisan, M.D.  
President  
Palos Community Hospital

Subscribed and sworn to me  
This 15<sup>th</sup> day of DECEMBER 2015

  
Notary Public

**Section I, Identification, General Information, and Certification  
Operating Entity/Licensee**

The certificate of good standing for Palos Health Surgery Center, LLC is attached hereto at Attachment – 3.



***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*

PALOS HEALTH SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 22, 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 27TH  
day of DECEMBER A.D. 2016 .***

*Jesse White*

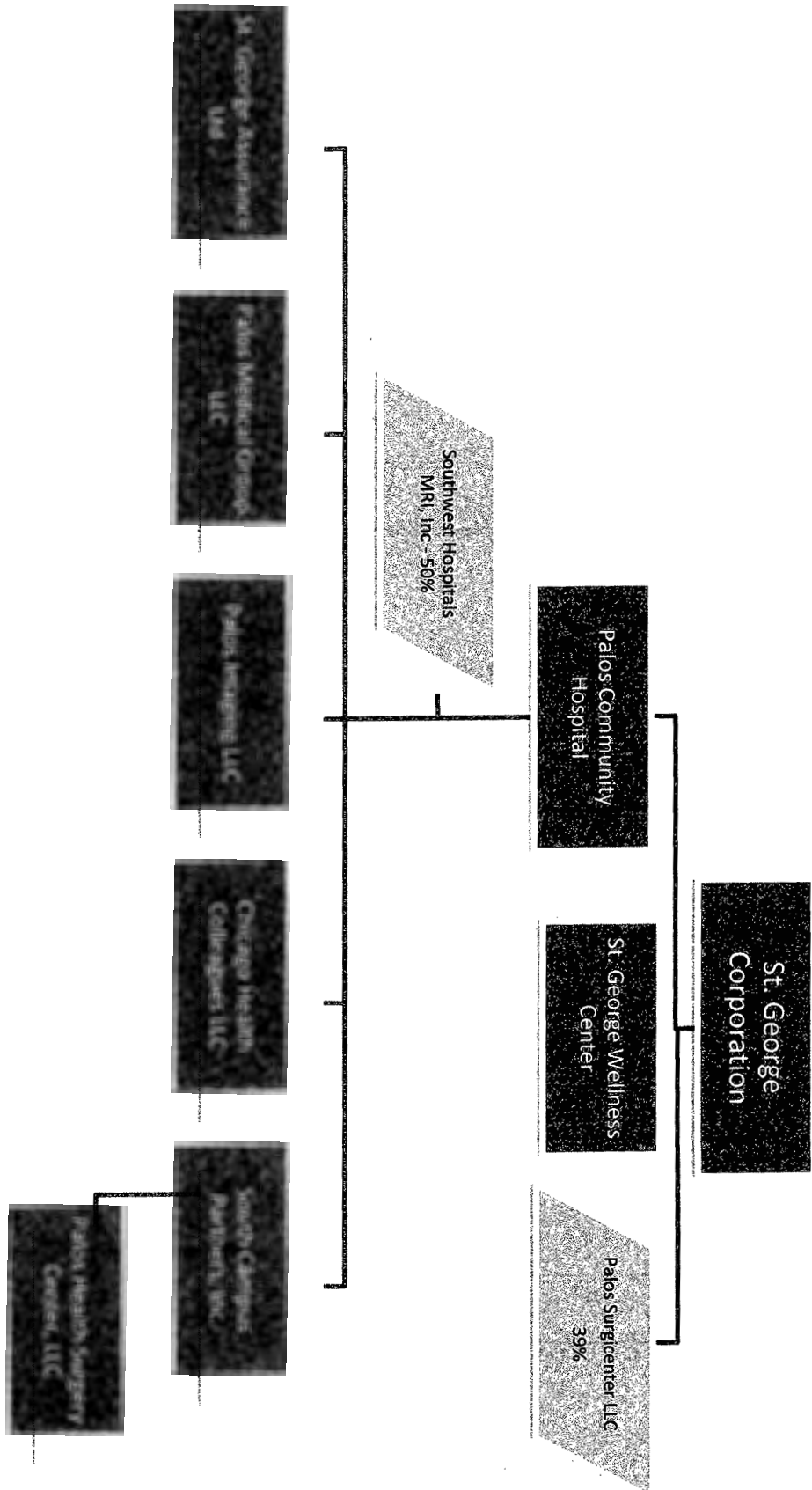
SECRETARY OF STATE

**Section I, Identification, General Information, and Certification**  
**Organizational Relationships**

The organizational chart for Palos Health Surgery Center is attached at Attachment – 4.

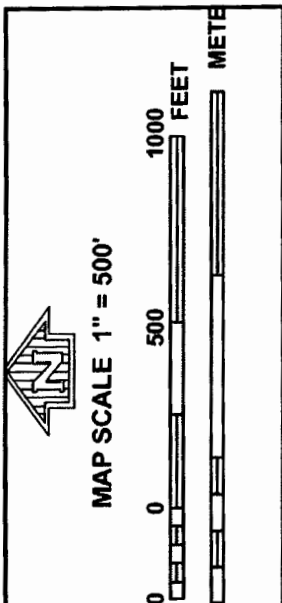


# St. George Corporation Organization Chart



**Section I, Identification, General Information, and Certification  
Flood Plain Map**

The site of the proposed Surgery Center complies with the requirements of Illinois Executive Order #2005-5. As shown on the FEMA flood plain map attached at Attachment – 5, the site of the proposed Surgery Center is located outside of a flood plain.



**NFIP**

**FIRM**

**FLOOD INSURANCE RATE MAP**

**COOK COUNTY,**

**ILLINOIS**

**AND INCORPORATED AREAS**

**PANEL 701 OF 832**

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS	COMMUNITY	NUMBER	PANEL	SUFFIX
	COOK COUNTY	170054	0701	J
	ORLAND HILLS, VILLAGE OF	170172	0701	J
	ORLAND PARK, VILLAGE OF	170140	0701	J


**PANEL 0701J**

**NATIONAL FLOOD INSURANCE PROGRAM**

**MAP NUMBER**  
17031C0701J

**MAP REVISED**  
AUGUST 19, 2008

Notice to User: The Map Number shown below should be used when placing map orders. The Community Number shown above should be used on insurance applications for the subject community.

  
**Federal Emergency Management Agency**

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at [www.nsc.fema.gov](http://www.nsc.fema.gov)

**Section I, Identification, General Information, and Certification**  
**Historic Resources Preservation Act Requirements**

The Historic Preservation Act determination from the Illinois Historic Preservation Agency is attached at Attachment – 6.



# Illinois Historic Preservation Agency

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

FAX (217) 524-7525

[www.illinoishistory.gov](http://www.illinoishistory.gov)

Cook County

Orland Park

CON - New Construction of Medical Office Building, Palos Community Hospital

15300 West Ave.

IHPA Log #018122815

January 13, 2016

Anne Cooper

Polsinelli

161 N. Clark St., Suite 4200

Chicago, IL 60601

Dear Ms. Cooper:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5031.

Sincerely,

Rachel Leibowitz, Ph.D.

Deputy State Historic

Preservation Officer

**Section I, Identification, General Information, and Certification**  
**Project Costs and Sources of Funds**

<b>Table 1120.110</b>			
<b>Project Cost</b>	<b>Clinical</b>	<b>Non-Clinical</b>	<b>Total</b>
New Construction Contracts	2,243,531	2,061,831	4,305,362
Contingencies	224,353	309,275	533,628
Architectural/Engineering Fees	246,265	236,608	482,873
Consulting and Other Fees			
3 <sup>rd</sup> Party Reviews & Commissioning		50,000	50,000
CON Consultants		50,000	50,000
Marketing		25,000	25,000
Permits Plan Review Fees		45,000	45,000
Total Consulting and Other Fees		170,000	170,000
Moveable and Other Equipment			
Operating Room Suites	461,960		461,960
Pre-Operation & PACU	210,039		210,039
Sterilization	70,492		70,492
X-Ray	98,828		98,828
Surgical Specialty Equipment	1,060,602		1,060,602
Storage		42,792	42,792
Information Technology		302,727	302,727
Office & Miscellaneous		78,372	78,372
Total Moveable and Other Equipment	1,901,921	423,891	2,325,812
Fair Market Value of Leased Space or Equipment*	1,839,145	2,592,225	4,431,370
All other Capital Costs			
Fixed Equipment	382,451		382,451
Activation Expenses	102,000	98,000	200,000
Electrical Generator	178,500	171,500	350,000
Builder's Risk	0	35,000	35,000
Total All other Capital Costs	662,951	304,500	967,451
<b>Total Project Costs</b>	<b>7,118,166</b>	<b>6,098,330</b>	<b>13,216,496</b>

\*Fair market value of the leased space mirrors Palos Community Hospital South Campus MOB core and shell costs. Actual costs will be reported in the Palos Community Hospital South Campus MOB post-permit compliance reports.

**Section I, Identification, General Information, and Certification**  
**Current Projects**

Palos Community Hospital Current Projects			
Project Number	Name	Project Type	Completion Date
08-075	Palos Community Hospital	Expansion of clinical and non-clinical services	March 31, 2018
16-001	Palos Community Hospital South Campus MOB	Expansion of South Campus outpatient complex in Orland Park	June 30, 2019

**Section I, Identification, General Information, and Certification**  
**Cost Space Requirements**

Dept / Area	Cost	Gross Square Feet		Amount of Total Gross Sq Ft That Is:			
		Existing	Proposed (DGSF)	New Const.	Modernization	As Is	Vacated Space
<b>CLINICAL</b>							
Operating Room	\$ 1,137,911		2480	2,480			
Prep and Recovery Spaces	\$ 921,308		2640	2,640			
Nurse stations	\$ 184,312		660	660			
Building Gross			765	765			
<b>Total Clinical</b>	\$ 2,243,531		6,545	6,545			
<b>NON-CLINICAL</b>							
Admin offices	\$ 176,042		850	850			
Reception, registration, consult	\$ 305,349		992	992			
Storage, supplies, equip	\$ 682,762		2,992	2,992			
Patient toilet	\$ 49,507		237	237			
Staff lockers, toilets, lounges	\$ 195,364		905	905			
MEP, Facilities, housekeeping	\$ 258,917		882	882			
Communication, IT, electric	\$ 77,259		282	282			
Decontamination and Sterilization	\$ 316,631		1,000	1,000			
Building Gross			1,085	1,085			
<b>Total Non-clinical</b>	\$ 2,061,831		9,225	9,225			
<b>TOTAL SPACE</b>	\$ 4,305,362		15,770	15,770			



### **Section III, Background, Purpose of the Project, and Alternatives**

#### **Criterion 1110.230, Background**

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. This project is for the establishment of a multi-specialty ambulatory surgery treatment center with four operating rooms and sixteen recovery stations to be located at the Palos Community Hospital South Campus in Orland Park, Illinois (the "Surgery Center"). The proposed Surgery Center is a component of focused planning to respond to the evolving health care needs of an aging population.

#### **Improving Access to Tertiary Care**

With the passage of the Patient Protection and Affordable Care Act ("ACA") in 2010, the health care delivery system is in the midst of a paradigm shift with the transition to value based reimbursement, consumerism, high deductibles and payer controlled referrals. Recognizing the challenges presented by this fundamental change in health care delivery, Palos Community Hospital and Loyola University Medical Center entered into an innovative affiliation in 2015. With a focus on coordinated and collaborative patient care, the affiliation presents a new way to build a network of care that doesn't involve mergers, acquisitions or consolidations, a trend in today's evolving health care landscape. The affiliation allows both organizations to respond to the challenges of health care reform, share research and expand training and educational opportunities. By providing complementary services, both systems will avoid unnecessary and costly duplication of services in the future. Patients will also benefit from both providers working from the same electronic medical record platform to improve quality and outcomes and ensure seamless collaboration. It gives patients greater access to Loyola's renowned specialty care services, such as neurosciences and oncology, while ensuring continued access to Palos' primary care network.

#### **Transition from Hospital-Based Outpatient Care to Ambulatory Surgery Centers**

As demonstrated by recently approved certificate of need permits for Northwest Endo Center, Silver Cross Ambulatory Surgery Center, Rush Oak Brook Surgery Center, and Presence Lakeshore Gastroenterology, ambulatory surgery centers have quickly grown in popularity as high-quality, cost-effective alternatives to hospital-based outpatient care ("HOPD"). Further, the number and types of services that can be safely performed in an ambulatory surgery centers have significantly expanded. A once narrow scope of procedures has given way to numerous specialties. Additionally, specialties, like gynecology, spine and total joint replacement, which have not traditionally considered or adapted to an ambulatory surgery center setting are migrating away from the hospital setting, and such cases are now routinely performed in ambulatory surgery centers.

In addition to being safely performed in an ambulatory surgery center setting, many properly screened lower-risk cases can be performed with significant cost savings. According to MedPac, the Medicare rates are 79 percent higher in HOPDs than in ambulatory surgery centers.<sup>1</sup> From a logistical perspective, shifting cases from hospital operating rooms to ambulatory surgery centers frees up scarce operating room space to better accommodate

<sup>1</sup> Medicare Payment Advisory Commission, Report to Congress: Medicare Payment Policy 129 (Mar 2016) available at <http://www.medpac.gov/docs/default-source/reports/march-2016-report-to-the-congress-medicare-payment-policy.pdf?sfvrsn=0> (last visited Nov. 21, 2016).

higher acuity cases and mitigates disruptions when procedures take longer than expected to complete. Further greater access to ambulatory surgery center is beneficial to both patients and physicians. Ambulatory surgery centers can offer greater convenience and efficiency compared with HOPDs. For patients, ambulatory surgery centers offer more convenient locations, shorter waiting times, and easier scheduling relative to HOPDs. For physicians, ambulatory surgery centers offer more control over their work environment and specialized staff. Finally, as previously noted, Medicare payment rates and beneficiaries' cost sharing obligations are generally lower in ambulatory surgery centers than HOPDs.<sup>2</sup>

1. A list of all health care facilities, as that term is defined in 20 Ill. Comp. Stat 3960/3, owned or operated by the Applicants in Illinois, including licensing and certification information is attached at Attachment – 11A.
2. Certification that no adverse action has been taken against any of the Applicants, any health care facilities owned or operated by the Applicants in Illinois, or officer/director of the Applicants within three years preceding the filing of this application is attached at Attachment – 11B.
3. Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health ("IDPH") has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs against any of the applicants, or against any Illinois health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.
4. An authorization permitting the State Board and IDPH access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies and the records of nationally recognized accreditation organizations is attached at Attachment – 11B.

---

<sup>2</sup> Id.

Palos Community Hospital Illinois Facility List						
Name	Address	City	County	State	Zip Code	License No.
Palos Community Hospital	12251 South 80th St	Palos Heights	Cook	IL	60463	0003210


← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

Exp. Date 12/31/2016  
Lic Number 0003210

Date Printed 10/28/2015

Palos Community Hospital  
12251 South 80th Street  
Palos Heights, IL 60463

FEE RECEIPT NO.

		<b>Illinois Department of PUBLIC HEALTH</b>		HF 109536
<b>LICENSE PERMIT CERTIFICATION REGISTRATION</b>				
<small>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.</small>				
<b>Nirav D. Shah, M.D., J.D.</b> Director		<small>Issued under the authority of the Illinois Department of Public Health</small>		
<b>EXPIRATION DATE</b> 12/31/2016	<b>CATEGORY</b> General Hospital	<b>LICENSE NUMBER</b> 0003210		
<b>Effective: 01/01/2016</b>				
Palos Community Hospital 12251 South 80th Street Palos Heights, IL 60463				
<small>The form of this license has a national background. Printed by Authority of the State of Illinois • PD, 6/01/2000 10:44 9/12</small>				

December 16, 2016

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

**RE: Background of Applicant**

Dear Chair Olson:

The following information addresses the requirements of criterions 1110.230:

1. Health care facilities, as that term is defined in 20 Ill. Comp. Stat. 3960/3, owned or operated by the applicants:

Palos Community Hospital  
License Identification Number: 0003210

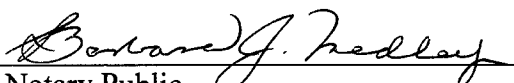
2. Proof of current licensure and accreditation is attached
3. No adverse action has been taken directly or indirectly against any Applicants or any above facility, owner, officer/director, manager of the Applicants, nor does any such person have any adverse criminal or civil ruling, decision, etc. that would preclude them from owning and operating a health care facility.
4. Pursuant to 77 Ill. Admin. Code § 1110.1540(b)(3)(J), I hereby authorize the Illinois Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,



Terrence Moisan, M.D.  
President  
The St. George Corporation

Subscribed and sworn to me  
This 21<sup>st</sup> day of December, 2016



Notary Public



**Section III, Background, Purpose of the Project, and Alternatives**  
**Criterion 1110.230(a), Purpose of the Project**

1. The Applicants propose to establish an Ambulatory Surgery Treatment Center.

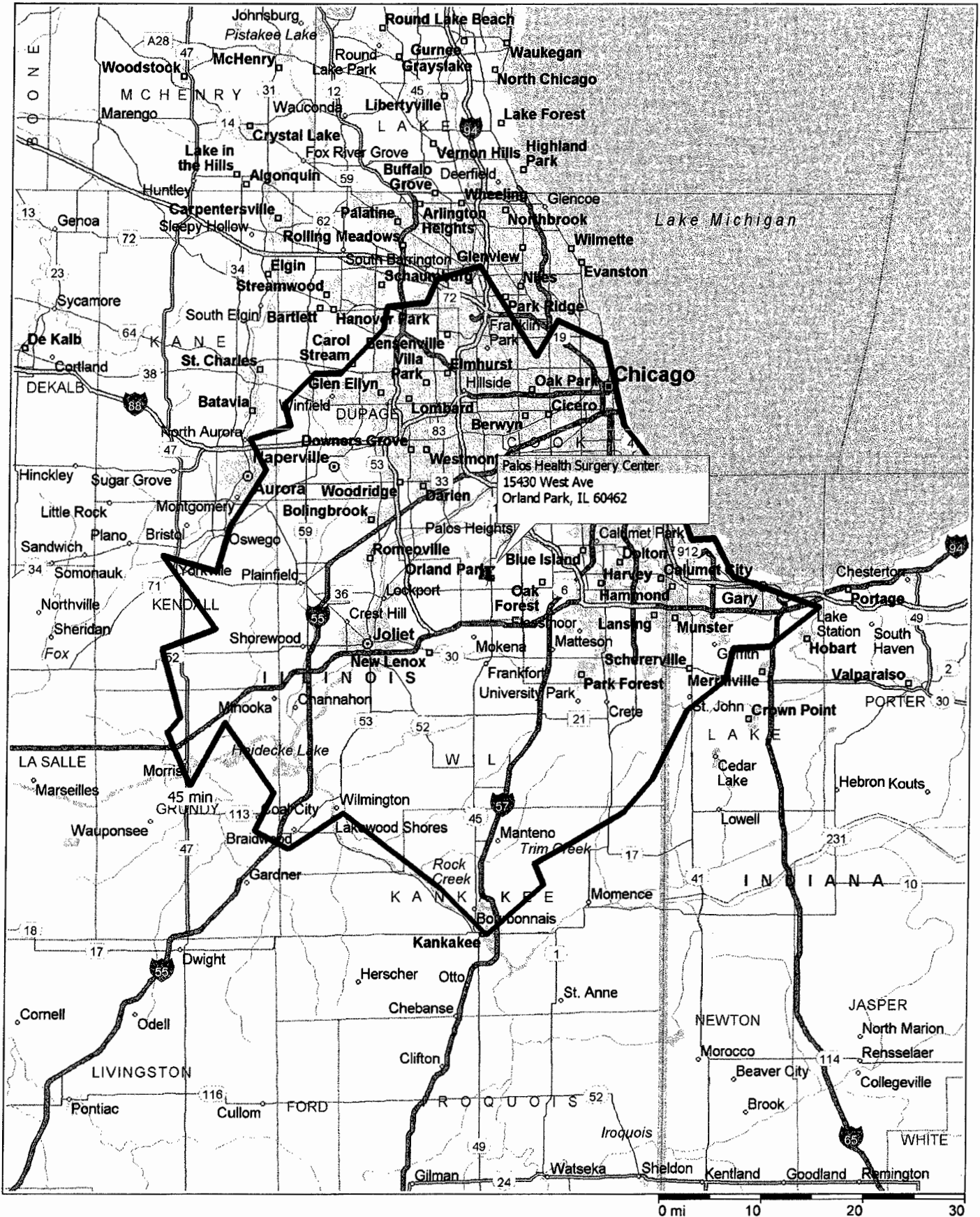
The purpose of this project is to improve access and quality of care for patients in the broad geographic area served by Palos. The project will improve access in Planning Area A-04 to ambulatory surgical care. Access to ambulatory surgical care is essential to the overall well-being of the communities Palos services, particularly in light of the aging population and the co-morbidities associated with the shifting age cohort. It is anticipated to provide improved access to quality, coordinated, efficient and cost effective services for the residents of the Southwest Suburban communities of metropolitan Chicago.

2. A map of that service area is attached at Attachment – 12A. The service area consists of those Illinois areas within 45 minutes normal travel time of Palos Health Surgery Center, LLC. Travel times to and from Palos Health Surgery Center, LLC to the market area borders are as follows:

- East: Approximately 36 minutes normal travel time to Indiana border.
- Southeast: Approximately 45 minutes normal travel time to Indiana border.
- South: Approximately 45 minutes normal travel time to Bourbonnais, IL.
- Southwest: Approximately 45 minutes normal travel time to Braidwood.
- West: Approximately 45 minutes normal travel time to Yorkville, IL.
- Northwest: Approximately 45 minutes normal travel time to West Chicago, IL.
- North: Approximately 45 minutes normal travel time to DesPlaines, IL.
- Northeast Approximately 45 minutes normal travel time to Chicago, IL.

3. Outpatient or "ambulatory" surgery in the United States has expanded substantially since the late 1990s. Changes in population demographics, disease prevalence, Medicare and other payor coverage decisions and technology advancements have all contributed to the growth. Procedures that only a few years ago required major incisions, long-acting anesthetics and extended convalescence can now be safely performed in ASCs.
4. The Surgery Center will allow Palos and Loyola to shift appropriate procedures from their hospital outpatient surgical departments (HOPD) to the Surgery Center. For many patients, this location will be closer to home. As set forth in a letter from the ASC Advocacy Committee to Secretary Sebellius regarding the implementation of a value-based purchasing system for ASTCs, ASTCs are efficient providers of surgical services. ASTCs provide high quality surgical care, excellent outcomes and a high level of patient satisfaction at a lower cost than HOPDs. Surgical procedures performed in an ASTC are reimbursed at a lower rate than HOPDs and result in lower out-of-pocket expenses for patients. In fact, based on the payors desire to cover certain procedures only in the ASTC setting, United Healthcare has announced prior authorization guidelines which generally require simple procedures to be performed in an ASTC rather than an HOPD except in exceptional circumstances. Furthermore, patients often report an enhanced experience at ASTCs compared to HOPDs due, in part, to easier access to parking, shorter waiting times and ease of access into and out of the operating rooms. Finally, surgeons are more often efficient in an ASTC due to faster turnover of operating rooms, designated surgical times without risk of delay due to more urgent procedures and specialized nursing staff.

## Orland Park Illinois United States



Copyright © and (P) 1988–2009 Microsoft Corporation and/or its suppliers. All rights reserved. <http://www.microsoft.com/mappoint/>  
 Certain mapping and direction data © 2009 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario. NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2009 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2009 by Applied Geographic Systems. All rights reserved.

### **Section III, Background, Purpose of the Project, and Alternatives**

#### **Criterion 1110.230(c), Alternatives**

##### Alternatives

In addition to maintaining the status quo, the Applicants explored three options prior to determining to establish the Surgery Center. The options considered are as follows:

- Locate the Surgery Center on the Palos Community Hospital main campus;
- Locate the Surgery Center elsewhere in the geographic service area; and
- Establish the Surgery Center on the South Campus of Palos Community Hospital in the new MOB.

After exploring these options, which are discussed in more detail below, the Applicants decided to establish the proposed Surgery Center. A review of each of the options considered and the reasons they were rejected follows.

##### Establish Surgery Center on the Palos Main Campus

The Applicants considered constructing a Surgery Center on Palos' main campus in Palos Heights.

Although Palos' main campus is located in Palos Heights, its geographic service area is centered in Orland Park. [The patients anticipated to utilize the Surgery Center similarly will be from the communities surrounding the South Campus. Developing ASTC services on the South Campus allows for the expansion of facilities to more fully expand Palos' affiliation with Loyola through the development of physician office space and radiation therapy services. Loyola has projected the placement of 25 FTE physicians in multiple specialties all with demonstrated market need to be located on the South Campus. Palos continues to grow its primary care and specialist physician complement as well. This mix of academic and community based physicians will allow patients to receive high quality coordinated care from two highly regarded health care systems at a lower cost to patients and payers through integration that will reduce duplicative treatments and testing.

##### Establish the Surgery Center Elsewhere in the Geographic Service Area

Recognizing the growing demand for outpatient care and in response to population growth, Palos was among the first hospitals in the area to expand to satellite facilities. In 1985, Palos established its primary care center satellite facility on the South Campus. Subsequent expansions in 1988 and 1999, expanded the services offered on the South Campus to include quality diagnostic treatment services for both medical and behavioral issues while assuring the presence of an excellent primary care and specialist physician complement. Today, the South Campus houses the Immediate Care Center, outpatient lab and imaging services, outpatient behavioral health services, including partial hospitalization and chemical dependency programs, pharmacy, infusion and cancer treatment services, and more than 70 physician and dentist offices. The proposed Surgery Center will complement the existing services already provided on the South Campus.



Establishing a surgery center elsewhere in the geographic service area will result in unnecessary and costly duplication of services. It is counter to the goals of the affiliation to provide the right service for the patient at the right location at the right time. Loyola projects the placement of 25 FTE physicians in multiple specialties all with demonstrated market need to be located on the South Campus. Palos continues to grow its primary care and specialist physician complement as well. The mix of academic and community based physicians will allow patients to receive high quality coordinated care from two highly regarded health care systems at a lower cost to patients and payers.

Establishing a surgery center elsewhere in the geographic service area would result in unnecessary and costly duplication of services and is contrary to the goals of the Palos-Loyola affiliation. Accordingly, this alternative was rejected.

#### Establish the Surgery Center

As previously noted, Palos recognized the growing demand for outpatient services and was one of the first hospitals in the area to expand to satellite facilities. In 1985, Palos established its primary care center satellite facility on the South Campus. Subsequent expansions in 1988 and 1999, expanded the services offered on the South Campus to include quality diagnostic treatment services for both medical and behavioral issues while assuring the presence of an excellent primary care and specialist physician complement. Today, the South Campus houses the Immediate Care Center, outpatient lab and imaging services, outpatient behavioral health services including partial hospitalization and chemical dependency programs, pharmacy, infusion and cancer treatment services, and more than 70 physician and dentist offices. The proposed Surgery Center will complement the existing services already provided on the South Campus.

The Surgery Center will allow for the expansion of facilities to more fully develop the Palos-Loyola affiliation. Loyola has projected the placement of 25 FTE physicians in multiple specialties all with demonstrated market need to be located on the South Campus. Palos continues to grow its primary care and specialist physician complement as well. This mix of academic and community based physicians will allow patients to receive high quality coordinated care from two highly regarded health care systems at a lower cost to patients and payers.

To better serve the evolving health care needs of the residents of the Southwest Suburban community of metropolitan Chicago, the Applicants decided to establish the proposed Surgery Center. The estimated cost of this alternative is \$13,216,496.

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.234(a), Size of the Project**

Size of the Project

The Project proposes to establish an ASTC with four operating rooms and sixteen recovery stations. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 2,075 to 2,750 gross square feet per operating room or 8,300 gross square feet to 11,000 gross square feet for 4 operating rooms. The gross square footage of clinical space will be 6,545 gross square feet. Accordingly, the size of the Surgery Center is below the State standard.

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.234(d), Unfinished Shell Space**

Project Services Utilization

By the first year after project completion, the Surgery Center's annual utilization shall meet or exceed HFSRB's utilization standards. Pursuant to Section 1110, Appendix B of the HFSRB's rules, utilization for ASTCs is based upon 1,500 hours per operating room or 4,500+ hours for four operating rooms. Based upon historical utilization and projected procedures documented in the physician referral letters attached at Appendix - 1, approximately 4,141 procedures (or 4,737.86 surgical hours) will be performed at the Surgery Center within the one year after project completion. Accordingly, there are sufficient projected surgical hours to support the need for four operating rooms.

The estimated procedure time, including prep and clean-up is provided in the table below.

<b>Table 1110.234(b)</b> <b>UTILIZATION</b>					
	<b>Cases</b>	<b>Surgery Time</b>	<b>Prep &amp; Clean-Up Time</b>	<b>Total Surgery Time</b>	<b>Average Case Time</b>
Gastroenterology	821	320.22	336.22	656.45	0.80
General/Other	640	486.28	200.77	687.05	1.07
Obstetrics/Gynecology	235	125.38	99.03	224.40	0.95
Ophthalmology	944	373.83	277.82	651.65	0.69
Oral/Maxillofacial	8	5.13	3.22	8.35	1.04
Orthopedic	701	630.32	314.52	944.84	1.35
Plastics	386	598.40	217.94	816.33	2.11
Pain Management	195	54.77	42.16	96.93	0.50
Podiatry	95	84.39	53.64	138.03	1.45
Otolaryngology	119	96.12	43.05	139.17	1.17
Urology	307	235.87	138.78	374.66	1.22
<b>Total</b>	<b>4,451</b>	<b>3,011</b>	<b>1,727</b>	<b>4,737.86</b>	<b>1.06</b>

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.234(c), Unfinished or Shell Space**

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.234(e), Assurances**

This project will not include unfinished space designed to meet an anticipated future demand for hospital services. Accordingly, this criterion is not applicable.

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(c) – Service to Geographic Area Residents**

1. Attached as Attachment – 27a is a map outlining the intended geographic service area (GSA) for the proposed Surgery Center. As set forth in Criterion 1110.230, Palos Health Surgery Center will serve residents of Orland Park and its surrounding communities within 45 minutes normal travel time of the proposed site. Accordingly, the intended GSA consists of those areas within 45 minutes normal travel time of the proposed site.
2. Table 1110.154 (c)(2)(A) below lists the zip code areas that comprise the GSA of Palos Health Surgery Center.

<b>Table 1110.1540(c)(2)(A)</b>		
<b>Zip Code</b>	<b>City</b>	<b>Population</b>
60016	Des Plaines	59690
60018	Des Plaines	30099
60101	Addison	39119
60104	Bellwood	19038
60106	Bensenville	20309
60126	Elmhurst	46371
60130	Forest Park	14167
60131	Franklin Park	18097
60137	Glen Ellyn	37805
60139	Glendale Heights	34381
60141	Hines	224
60143	Itasca	10360
60148	Lombard	51468
60153	Maywood	24106
60154	Westchester	16773
60155	Broadview	7927
60157	Medinah	2380
60160	Melrose Park	25432
60162	Hillside	8111
60163	Berkeley	5209
60164	Melrose Park	22048
60165	Stone Park	4946
60171	River Grove	10246
60176	Schiller Park	11795
60181	Villa Park	28836
60187	Wheaton	29016
60189	Wheaton	30472
60190	Winfield	10663
60191	Wood Dale	14310
60301	Oak Park	2539
60302	Oak Park	32108
60304	Oak Park	17231

<b>Table 1110.1540(c)(2)(A)</b>		
<b>Zip Code</b>	<b>City</b>	<b>Population</b>
60305	River Forest	11172
60401	Beecher	7797
60402	Berwyn	63448
60403	Crest Hill	17529
60404	Shorewood	17395
60406	Blue Island	25460
60408	Braidwood	5696
60409	Calumet City	37186
60410	Channahon	12687
60411	Chicago Heights	58136
60415	Chicago Ridge	14139
60417	Crete	15547
60419	Dolton	22788
60421	Elwood	3968
60422	Flossmoor	9403
60423	Frankfort	30423
60425	Glenwood	9117
60426	Harvey	29594
60428	Markham	12203
60429	Hazel Crest	15630
60430	Homewood	20094
60431	Joliet	22577
60432	Joliet	21403
60433	Joliet	17160
60435	Joliet	48899
60436	Joliet	18315
60438	Lansing	28884
60439	Lemont	22919
60440	Bolingbrook	52911
60441	Lockport	36869
60442	Manhattan	9924
60443	Matteson	21145
60445	Midlothian	26057
60446	Romeoville	39807
60447	Minooka	13709
60448	Mokena	24423
60449	Monee	9217
60450	Morris	20332
60451	New Lenox	34063
60452	Oak Forest	27969
60453	Oak Lawn	56855
60455	Bridgeview	16446
60456	Hometown	4349
60457	Hickory Hills	14049

Table 1110.1540(c)(2)(A)		
Zip Code	City	Population
60458	Justice	14428
60459	Burbank	28929
60461	Olympia Fields	4836
60462	Orland Park	38723
60463	Palo Heights	14671
60464	Palos Park	9620
60465	Palos Hills	17495
60466	Park Forest	22115
60467	Orland Park	26046
60468	Peotone	6116
60469	Posen	5930
60471	Richton Park	14101
60472	Robbins	5390
60473	South Holland	22439
60475	Steger	9870
60476	Thornton	2391
60477	Tinley Park	38161
60478	County Club Hills	16833
60480	Willow Springs	5246
60481	Wilmington	11851
60482	Worth	11063
60484	University Park	6829
60487	Tinley Park	26928
60490	Bolingbrook	20463
60491	Homer Glen	22743
60501	Summit Argo	11626
60502	Aurora	21873
60503	Aurora	16717
60504	Aurora	37919
60513	Brookfield	19047
60514	Clarendon Hills	9708
60515	Downers Grove	27503
60516	Downers Grove	29084
60517	Woodridge	32038
60519	Eola	88
60521	Hinsdale	17597
60523	Oak Brook	9890
60525	La Grange	31168
60526	La Grange Park	13576
60527	Willowbrook	27486
60532	Lisle	27066
60534	Lyons	10649
60540	Naperville	42910
60543	Oswego	36156



Table 1110.1540(c)(2)(A)		
Zip Code	City	Population
60544	Plainfield	25959
60546	Riverside	15668
60555	Warrenville	13538
60558	Western Springs	12960
60559	Westmont	24852
60561	Darien	23115
60563	Naperville	35922
60564	Naperville	41312
60565	Naperville	40524
60585	Plainfield	22311
60586	Plainfield	46251
60601	Chicago	11110
60602	Chicago	1204
60603	Chicago	493
60604	Chicago	570
60605	Chicago	24668
60606	Chicago	2308
60607	Chicago	23897
60608	Chicago	82739
60609	Chicago	64906
60610	Chicago	37726
60612	Chicago	33472
60614	Chicago	66617
60615	Chicago	40603
60616	Chicago	48433
60617	Chicago	84155
60618	Chicago	92084
60619	Chicago	63825
60620	Chicago	72216
60621	Chicago	35912
60622	Chicago	52548
60623	Chicago	92108
60624	Chicago	38105
60628	Chicago	72202
60629	Chicago	113916
60632	Chicago	91326
60633	Chicago	12927
60634	Chicago	74298
60636	Chicago	40916
60637	Chicago	49503
60638	Chicago	55026
60639	Chicago	90407
60641	Chicago	71663
60642	Chicago	18480

<b>Table 1110.1540(c)(2)(A)</b>		
<b>Zip Code</b>	<b>City</b>	<b>Population</b>
60643	Chicago	49952
60644	Chicago	48648
60647	Chicago	87291
60649	Chicago	46650
60651	Chicago	64267
60652	Chicago	40959
60653	Chicago	29908
60654	Chicago	14875
60655	Chicago	28550
60656	Chicago	27613
60657	Chicago	65996
60661	Chicago	7792
60706	Chicago	23134
60707	Harwood Heights	42920
60803	Alsip	22285
60804	Cicero	84573
60805	Evergreen Park	19852
60827	Riverdale	27946
60914	Bourbonnais	29107
60915	Bradley	10774
60950	Manteno	12168
<b>TOTAL</b>		<b>5,286,323</b>

Source: U.S. Census Bureau, Census 2010, American Factfinder available at <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml> (last visited Oct. 24, 2016).

3. Table 1110.1540(c)(2)(B) lists the patient origin by zip code for all patients treated by referring physicians the last 12-month period. As documented in in Table 1110.1540(c)(2)(B) below 368 (or 96%) percent of cases were from patients residing in the GSA

<b>Table 1110.1540(c)(2)(B)</b>	
<b>Zip Code</b>	<b>Cases</b>
60402	486
60153	476
60707	366
60546	353
60638	330
60126	315
60104	304
60525	290
60513	287
60804	286
60154	283
60302	274
60527	230

<b>Table 1110.1540(c)(2)(B)</b>	
<b>Zip Code</b>	<b>Cases</b>
60462	229
60304	214
60160	212
60155	210
60130	203
60634	200
60491	196
60148	183
60439	181
60305	174
60526	166
60467	163
60453	161
60561	159
60181	158
60465	158
60164	154
60441	151
60457	146
60651	136
60516	132
60477	129
60644	128
60534	127
60131	123
60440	123
60458	123
60455	121
60639	121
60101	115
60515	114
60517	114
60523	113
60137	107
60559	105
60558	102
60171	99
60521	98
60435	93
60448	91
60463	91
60632	90
60459	88
60423	85
60189	84

Table 1110.1540(c)(2)(B)	
Zip Code	Cases
60188	83
60139	82
60446	81
60706	81
60464	79
60187	78
60451	78
60501	75
60162	73
60487	73
60544	73
60623	71
60532	70
60163	69
60629	69
60641	69
60108	67
60586	67
60656	65
60564	62
60176	61
60480	61
60103	60
60505	58
60506	58
60565	58
60016	56
60452	56
60106	55
60631	55
60630	53
60540	52
60007	51
60543	51
60655	51
60191	50
60193	50
60624	50
60107	49
60803	48
60185	47
60482	47
60123	46
60133	46
60068	45

<b>Table 1110.1540(c)(2)(B)</b>	
<b>Zip Code</b>	<b>Cases</b>
60445	45
60165	44
60563	44
60609	43
60172	42
60450	42
60608	42
60403	41
60647	41
60134	39
60433	39
60652	39
60120	38
60431	38
60585	38
60805	38
60415	37
60514	36
60143	34
60490	34
60502	34
60169	33
60436	33
60510	32
60074	31
60115	31
60174	31
60618	31
60014	30
60056	30
60404	30
60504	30
60004	29
60142	29
60538	29
60018	28
60067	28
60481	28
60616	28
60124	27
60301	27
60542	27
60010	26
60102	26
60432	26

Table 1110.1540(c)(2)(B)	
Zip Code	Cases
60073	24
60560	24
60625	24
60643	24
61350	24
60194	23
60622	23
60646	22
60048	21
60555	21
60657	21
60714	21
60110	20
60614	20
60410	19
60442	19
60612	19
60628	19
60640	19
60051	18
60416	18
60447	18
60548	18
60617	18
60025	17
60062	17
60089	17
60177	17
60478	17
60619	17
60005	16
60175	16
60607	16
60098	15
60620	15
60178	14
60411	14
60430	14
60443	14
60605	14
60901	14
60047	13
60417	13
60449	13
60611	13

Table 1110.1540(c)(2)(B)	
Zip Code	Cases
60645	13
60015	12
60118	12
60192	12
60426	12
60613	12
60636	12
60637	12
60827	12
60950	12
61008	12
61021	12
61364	12
46410	11
60008	11
60050	11
60053	11
60090	11
60119	11
60184	11
60190	11
60473	11
60475	11
60545	11
60554	11
60030	10
60046	10
60409	10
60466	10
46307	9
60060	9
60097	9
60140	9
60156	9
60419	9
60421	9
60424	9
60429	9
61341	9
61354	9
46383	8
60099	8
60141	8
60173	8
60408	8

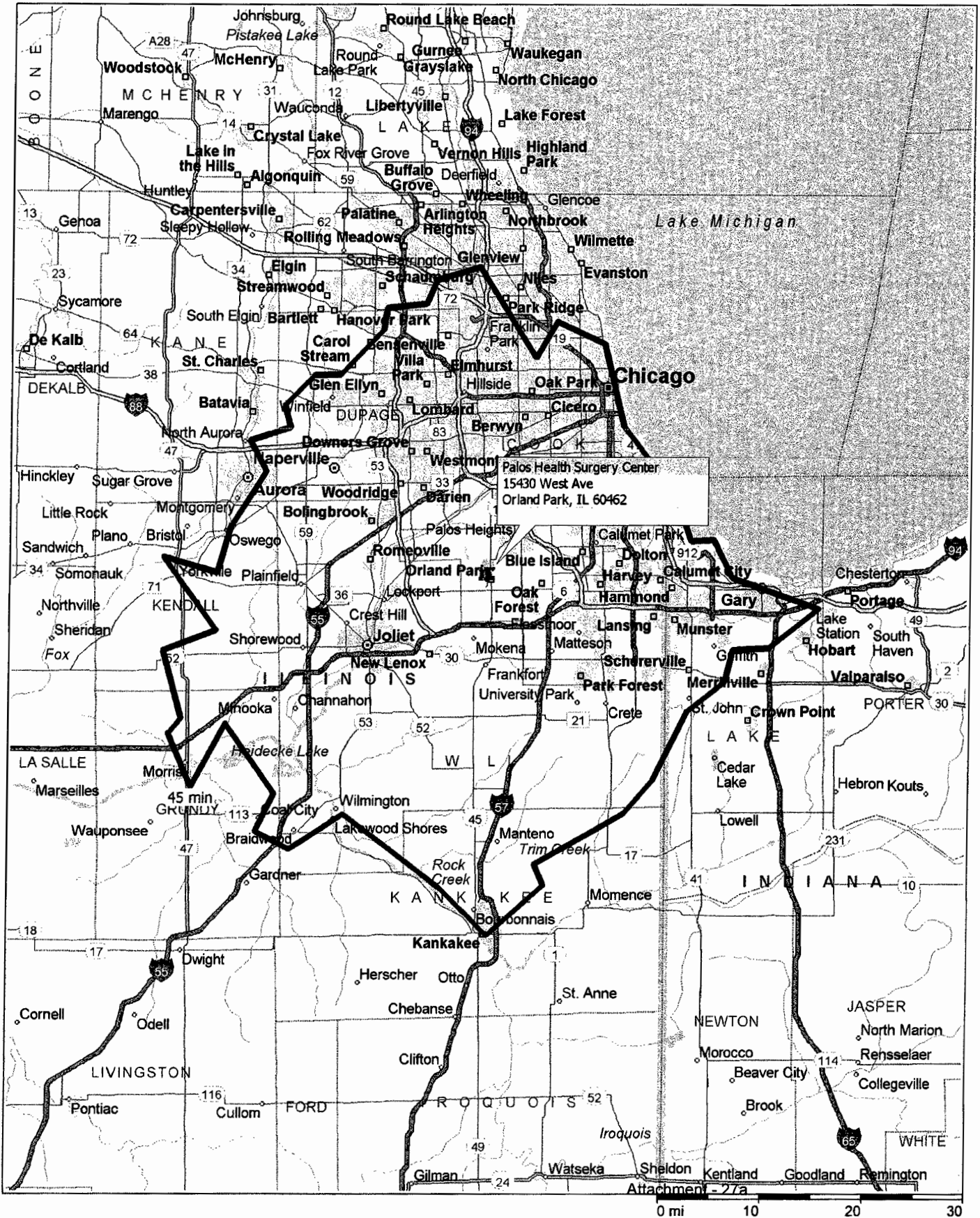
Table 1110.1540(c)(2)(B)	
Zip Code	Cases
60438	8
60456	8
60472	8
60552	8
60649	8
60653	8
60914	8
61081	8
61104	8
61108	8
46360	7
60136	7
60152	7
60157	7
60303	7
60401	7
60406	7
60503	7
60626	7
60642	7
60954	7
61068	7
61071	7
61301	7
61356	7
61362	7
61554	7
46375	6
60013	6
60041	6
60077	6
60085	6
60135	6
60422	6
60610	6
61107	6
46311	5
46321	5
49091	5
60002	5
60033	5
60070	5
60076	5
60112	5
60425	5



Table 1110.1540(c)(2)(B)	
Zip Code	Cases
60434	5
60461	5
60551	5
60601	5
60661	5
60958	5
61109	5
61111	5
61265	5
61327	5
02702	4
37919	4
46319	4
46368	4
60012	4
60031	4
60035	4
60042	4
60083	4
60084	4
60168	4
60201	4
60541	4
60621	4
60654	4
60660	4
61010	4
61360	4
61761	4
46304	3
46323	3
46385	3
46407	3
49098	3
52031	3
54982	3
60020	3
60034	3
60045	3
60069	3
60071	3
60078	3
60087	3
60146	3
60151	3

Table 1110.1540(c)(2)(B)	
Zip Code	Cases
60161	3
60195	3
60202	3
60420	3
60471	3
60476	3
60484	3
60518	3
60530	3
60615	3
60633	3
60712	3
60915	3
60938	3
60940	3
61032	3
61061	3
61073	3
61080	3
61101	3
61103	3
61114	3
61201	3
61310	3
61315	3
61353	3
61615	3
61701	3
61732	3
61737	3
Other	228
<b>Total</b>	<b>16928</b>

## Orland Park Illinois United States



Copyright © and (P) 1988–2009 Microsoft Corporation and/or its suppliers. All rights reserved. <http://www.microsoft.com/mappoint/>  
 Certain mapping and direction data © 2009 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario. NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2009 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2009 by Applied Geographic Systems. All rights reserved.

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(d) – Service Demand**

Physician referral letters providing historical referral data for the period from 06/2015 to 06/2016 for each physician who intends to perform surgery at the Surgery Center and his/her projected number of referrals to the Surgery Center are attached at Appendix – 1. Zip Code data for historical patients is also included with these letters. As documented in Attachment -15, the referring physicians project to perform 4,517 hours of surgical procedures in the first year after project completion. Accordingly, four operating rooms are necessary to service the projected patient volume.

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(f) – Treatment Room Need Assessment**

1. The Applicants propose to establish a multi-specialty ASTC. The State Board standard is 1,500 per operating room, or 4,501 hours for four operating rooms. As documented in Appendix – 1, 4,451 surgical procedures are projected to be performed in the first year after project completion. The Applicant estimates procedures performed at the Surgery Center will constitute 4,738 surgical hours. Accordingly, the proposed number of operating rooms is necessary to serve the projected patient volume.
2. The estimated time per procedure including clean-up and set-up time is shown in the table below. This figure is based on experienced historical data.

<b>Table 1110.1540(f)</b> <b>Treatment Room Need Assessment</b>					
	<b>Cases</b>	<b>Surgery Time</b>	<b>Prep &amp; Clean-Up Time</b>	<b>Total Surgery Time</b>	<b>Average Case Time</b>
Gastroenterology	821	320.22	336.22	656.45	0.80
General/Other	640	486.28	200.77	687.05	1.07
Obstetrics/Gynecology	235	125.38	99.03	224.40	0.95
Ophthalmology	944	373.83	277.82	651.65	0.69
Oral/Maxillofacial	8	5.13	3.22	8.35	1.04
Orthopedic	701	630.32	314.52	944.84	1.35
Plastics	386	598.40	217.94	816.33	2.11
Pain Management	195	54.77	42.16	96.93	0.50
Podiatry	95	84.39	53.64	138.03	1.45
Otolaryngology	119	96.12	43.05	139.17	1.17
Urology	307	235.87	138.78	374.66	1.22
<b>Total</b>	<b>4,451</b>	<b>3,011</b>	<b>1,727</b>	<b>4,737.86</b>	<b>1.06</b>

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(g), Service Accessibility**

**Cooperative Venture**

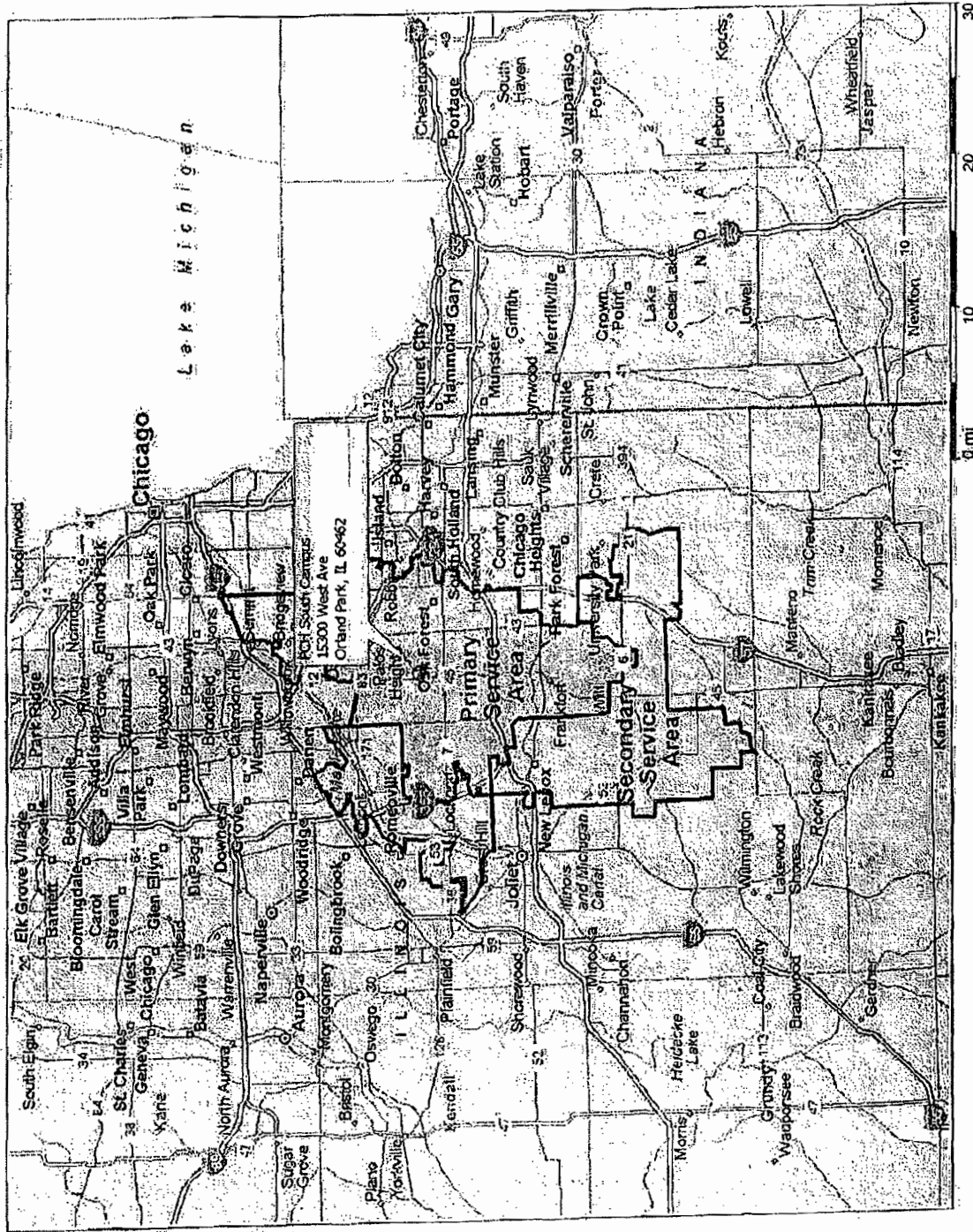
1. The Palos Health Surgery Center is a cooperative venture and, based on that, meets the Service Accessibility criterion of the State Board's rules. Palos Community Hospital is a co-applicant to the CON permit application for the proposed Surgery Center. The Palos hospital GSA for outpatient services is closely aligned with the service area of the proposed Surgery Center. The proposed Surgery Center will be housed within the recently approved medical office building located on Palos' South Campus in Orland Park. As noted in Palos Community Hospital's recent application for the South Campus medical office building, the South Campus is centrally located within Palos Hospital's primary service area. See Attachment – 27B. Accordingly, Palos Community Hospital currently provides outpatient services to the population of the Surgery Center's GSA, and these service areas are generally reflective of Palos' outpatient hospital services.
2. The proposed project is a collaboration between Palos Community Hospital and Loyola University Health System ("Loyola"). As reflected in the State Board's published annual hospital report, utilization of Loyola's surgical program increased by 7%, and its operating rooms have operated well over 100% for over 4 years. In 2015, physicians performed over 72,000 hours of surgery in Loyola's operating rooms and procedure rooms, over 35% above the State Board standard of 1,500 hours. Similarly, utilization of Palos' surgical program increased 18% over that same four year period. At Palos Community Hospital, physicians performed over 26,000 surgery hours in 2015. Thirteen of the operating rooms are operating at the State Board standard, and the fourteenth room is necessary for overflow on days with heavy surgical volumes to avoid backlogs and delay. Similarly, the four endoscopy rooms are operating at target utilization with a fifth non-dedicated procedure room utilized for minor procedures that are inappropriate for an operating room and do not involve endoscopic procedures. Thus, the hospital programs which expect to transfer cases to the proposed surgery center are effectively operating at target capacity.

The Surgery Center will allow Palos and Loyola to shift appropriate procedures from their HOPDs to the Surgery Center. For many patients, this location will be closer to home. ASTCs are efficient providers of surgical services and provide high quality surgical care, excellent outcomes and a high level of patient satisfaction at a lower cost than HOPDs. Surgical procedures performed in an ASTC are reimbursed at a lower rate than HOPDs and result in lower out-of-pocket expenses for patients. In fact, based on the payor's desire to cover certain procedures only in the ASTC setting, United Healthcare has announced prior authorization guidelines which generally require simple procedures to be performed in an ASTC rather than an HOPD except in exceptional circumstances. See Attachment – 27C. Furthermore, patients often report an enhanced experience at ASTCs compared to HOPDs due, in part, to easier access to parking, shorter waiting times and ease of access into and out of the operating rooms. Finally,

surgeons are more often efficient in an ASTC due to faster turnover of operating rooms, designated surgical times without risk of delay due to more urgent procedures and specialized nursing staff.

3. Palos agrees not to increase its surgical/treatment room capacity until the proposed Surgery Center's surgical/treatment rooms are operating at or above 1,500 surgical hours for a period of at least 12 consecutive months.
4. With regard to a comparison of reimbursement between the Palos and Loyola and the Surgery Center, not only will the proposed charges for comparable procedures at the Surgery Center be generally lower than those of Palos and Loyola for the same procedures, but Medicare payment rates for ASCs are on average 55% of what CMS pays hospitals. This comparison helps demonstrate the value provided by the proposed Surgery Center.

# Palos Service Area



- Pushpins
- 17 My pushpins
- Custom territories
- Primary Service Area
- Secondary Service Area

Copyright © 2009 Microsoft Corporation and/or its suppliers. All rights reserved. <http://www.microsoft.com/maps/>  
 Carian mapping and elevation data © 2009 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for  
 Ontario NAVTEQ and NAVTEQ ON BROAD are trademarks of NAVTEQ. © 2009 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas. Inc. © 2009 by Apollon Geographic Systems. All  
 rights reserved





## Prior Authorization Requirement for Certain Surgical Procedures

### Overview

As we continue to work toward the Triple Aim of better care, better health and lower costs for UnitedHealthcare members, we are expanding our prior authorization requirement for certain surgical procedures to be covered in an outpatient hospital setting to include the following procedures, effective for dates of service on or after Oct. 1, 2016 in most states. In Illinois, the effective date is Dec. 1, 2016.

Cardiovascular	36561	36590		
Cosmetic and Reconstructive	13101	13132	14040	14060
	14301	21552	21931	
Ear, Nose and Throat	21320	30140	30520	69436
	69631			
Hernia	49505			
Miscellaneous	20680			
Ophthalmology	65426	65730	65855	66170
	66761	67028	67036	67040
	67228	67311	67312	
Urology	54161	55040	55700	

*Important clarification: In previous communications about this requirement, CPT code 66180 was included. Prior authorization will not be required for CPT code 66180.*

**Effective Oct. 1, 2016, we are also expanding this requirement to UnitedHealthcare Community Plan Medicaid members in Delaware, to include the full list of codes already in scope for this prior authorization requirement as well as these additional procedures.**

When you request prior authorization for these procedures, we will work with care providers based on the terms of the member's benefit plan to determine whether the site of service is medically necessary or if the procedure may safely and effectively be performed in a more cost-effective setting, such as an ambulatory surgery center. Coverage determinations take into account the availability of a participating facility, specialty requirements, physician privileges and whether a member has individual needs that require more intensive services.

**You do not need to request prior authorization to perform these procedures in a network ambulatory surgery center unless the patient is a member of a health plan that already requires it to evaluate the medical necessity of the procedure in any setting.**

As a reminder, many UnitedHealthcare plans already require physicians to request prior authorization to perform certain surgical procedures in an outpatient hospital setting in most states. The requirement applies to members of the following UnitedHealthcare Commercial plans, including Exchange plans:

- Golden Rule Insurance Company (group 902667)
- Mid-AtlanticMD Healthplan Individual Practice Association, Inc. (M.D. IPA) or Optimum Choice, Inc. plans
- Neighborhood Health Partnership\*
- UnitedHealthcare of the River Valley\*
- UnitedHealthcare Oxford\*
- UnitedHealthcare
- UnitedHealthcare Life Insurance Company (group 755870)

\*Neighborhood Health Partnership, UnitedHealthcare Oxford and UnitedHealthcare of the River Valley plans require prior authorization requests to evaluate medical necessity for procedures provided in any setting other than a physician's office. Site of service will now be reviewed as part the existing prior authorization review process for these procedures to be performed in an outpatient hospital setting.

The requirement also applies to Medicaid members enrolled in UnitedHealthcare Community Plan, excluding Medicare Dual Special Needs Plans (DSNPs) and Medicare Medicaid Plans (MMPs), in the following states:

- Arizona
- Maryland
- New Mexico
- New York
- Pennsylvania
- Rhode Island
- Tennessee
- Washington

Effective Oct. 1, 2016, we will also implement this requirement for UnitedHealthcare Community Plan in Delaware to include the full list of codes that currently in scope for this requirement, as outlined below, as well as the procedure codes being added at this time.

The following procedures already require site of service medical necessity reviews to be performed in an outpatient hospital setting:

Abdominal Paracentesis	49083			
Carpal Tunnel	64721			
Cataract	66821	66982	66984	
Gynecology	57522	58353	58558	58563
	58565			
Hernia Repair	49585	49587	49650	49651
	49652	49653	49654	49655
Liver Biopsy	47000			
Tonsillectomy & Adenoidectomy	42820	42821	42825	42826
	42830			
Upper & Lower Gastrointestinal Endoscopy	43235	43239	43249	45378
	45380	45384	45385	
Urology	50590	52000	52005	52204
	52224	52234	52235	52260
	52281	52310	52332	52351
	52352	52353	52356	57288

Site of service medical necessity reviews are part of our prior authorization process that supports member benefit plans and state Medicaid guidelines requiring care to be medically necessary as well as cost-effective. Ambulatory surgery centers frequently offer significant cost savings compared with a hospital setting, which can help many of our members save on out-of-pocket costs. Ambulatory surgery centers may provide more convenient care experiences for patients, as well.

As health care continues to evolve and consumers increasingly demand a wider range of quality, cost effective options for their health care services, we anticipate a continued focus on place of service. We encourage you to review network ambulatory surgery centers in your area and obtain privileges with those centers that best meet your needs and your patients' needs.

Standard prior authorization processes and protocols apply. If you do not notify us or complete the prior authorization process before performing a service that is subject to notification/prior authorization requirements, claims will be denied, and the member cannot be billed for the service. If prior authorization is denied due to lack of medical necessity, members can be billed for the service to be performed in an outpatient hospital setting if the physician obtains adequate written consent from the member per our protocols.

Please reference the following answers to frequently asked questions to learn more about these requirements.

## Frequently Asked Questions

### **Q1. Why did UnitedHealthcare choose these procedures for site of service reviews?**

- A. We conducted careful clinical reviews to determine which procedures are clinically appropriate to be performed at a network ambulatory surgery center for most members. We took into consideration the terms of our members' benefit plans, and any applicable state Medicaid guidelines, that require care to be medically necessary, including cost-effective. We also considered the patient care experience and significant out-of-pocket costs to UnitedHealthcare commercial members when these procedures are done in a hospital setting.

### **Q2. What information is considered as part of the site of service medical necessity review?**

- A. Clinical reviews evaluate the availability of a participating facility, specialty requirements, physician privileges and whether a member has individual needs that require more intensive services. Please provide any information you would like for us to consider at the time you submit your prior authorization request.

### **Q3. What happens if one of these procedures is already scheduled to be performed in an outpatient hospital setting after the effective date?**

- A. We are committed to working with physicians to make this transition smooth for their practice and their patients who are UnitedHealthcare members. If one of these procedures is scheduled to be performed on or after the effective date, you will need to request prior authorization. In some cases, this may mean you and your patient decide to move a procedure to a participating ambulatory surgery center to align with the coverage determination.

### **Q4. How can I find participating ambulatory surgery centers in my area?**

- A. For UnitedHealthcare commercial plans, participating ambulatory surgery centers can be found in the UnitedHealthcare Physician Directory at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > **Physician Directory** >

#### **General Physician Directory:**

- When you click on the link, a new tab will open in your browser.
- Select the applicable health plan.
- You will then see a variety of search options. Look for the "Ambulatory Surgicenter" link under "Search by Facility Type."

#### **For UnitedHealthcare Community Plan:**

- Go to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > **Physician Directory** > **Medicaid and other State Programs Physician Directory**.
- The "Find a Doctor" tool will open in a new window on your browser. The column on the left offers the option to search for facilities. Under "Type of Facility," select "All Facilities."
- For some plans, a drop-down menu will offer the option to choose specialty; if so, choose "ambulatory surgery center." For plans where there is not a drop-down menu option, you can still narrow your search by typing, "surg" into the facility name search box.
- Click on "Find Facility." Search results will indicate if a facility is an ambulatory surgery center.

You can also contact UnitedHealthcare Network Management or the phone number on the back of the patient's UnitedHealthcare member identification card for assistance. Additionally, when you submit a request for prior authorization, we will determine whether a network ambulatory surgical center is available within a reasonable service area and provide that information.

**Q5. What happens if the nearest in-network ambulatory surgery center is a long distance for the patient to travel or does not have the equipment or resources for the planned procedure?**

- A. We realize there may be instances when a UnitedHealthcare member does not have geographic access to a participating ambulatory surgery center that has the necessary resources to provide the care they need. In such cases, the procedure will be authorized at a network outpatient hospital.

**Q6. What if a patient has co-morbid medical conditions that may pose increased risks if a procedure is performed at an ambulatory surgery center?**

- A. We recognize that some patients require more complex care or may not meet facility requirements to receive care in an ambulatory surgery center. Our medical necessity review process is patient-centered and evaluates individual patient needs in conjunction with their benefit plans and applicable, state Medicaid guidelines. Our reviews consider and encourage your submission of any information that may indicate a need for procedures to be performed at an outpatient hospital setting.

**Q7. What if I do not have privileges at a participating ambulatory surgery center?**

- A. If you do not have privileges at a network ambulatory surgery center, please provide that information when requesting prior authorization. At this time, we will not deny coverage at an outpatient hospital if you do not have privileges at a network ambulatory surgery center. As with all requirements, we will continue to evaluate and make adjustments as appropriate. We strongly recommend that you obtain ambulatory surgery center privileges if you do not already have them. As health care continues to evolve and members increasingly ask for a wider range of options for their health care services, we anticipate a continued focus on place of service as part of our clinical review process.

**Q8. What effect do these requirements have on a patient's insurance coverage and payments?**

- A. Site of service medical necessity review requirements align with our member benefit plan requirements and applicable state Medicaid guidelines related to medically appropriate and cost-effective care. If an outpatient hospital site of service is determined to be medically necessary and cost-effective, it will be covered. If coverage is denied based on our review, the member cannot be billed for the service in an outpatient hospital setting unless you obtain appropriate written consent from the member in accordance with our protocols. If you do not complete the prior authorization process before performing a procedure at an outpatient hospital setting, claims will be denied, and the member cannot be billed for the service.

**Q9. If I have privileges at both a hospital and a participating ambulatory surgery center, will my request for prior authorization at an outpatient hospital site of service be denied?**

- A. Coverage determinations are patient-centered and take into account any information you submit that might indicate a patient has a clinical need for services in an outpatient hospital setting. If, based on the information provided, it is determined that the outpatient hospital site of service is not medically necessary, the request for the procedure to be covered in that setting would be denied.

**Q10. Do these requirements apply to colonoscopy procedures that are preventive?**

- A. You are not required to request prior authorization for preventive colonoscopies. This includes preventive colonoscopy services that turn into diagnostic procedures upon performing the surgery.

If you have additional questions, please contact your local Network Management representative or call the customer service phone number on the back of the member's health care identification card. Thank you.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Texas, Inc. and UnitedHealthcare of Utah, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc. OptumRx, OptumHealth Care Solutions, Inc. or its affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(h), Unnecessary Duplication/Maldistribution**

1. Unnecessary Duplication of Services

- a. Palos Health Surgery Center, LLC will be located at Southwest Corner of 153<sup>rd</sup> Street and West Avenue, Orland Park, Illinois. A map of the proposed facility's market area is attached at Attachment – 27D. A list of all zip codes located, in total or in part, within 45 minutes normal travel time of the site of the proposed facility as well as 2010 census figures for each zip code is provided in Table 1110.1540(h)(1).

<b>Table 1110.1540(c)(2)(A)</b>		
<b>Zip Code</b>	<b>City</b>	<b>Population</b>
60016	Des Plaines	59690
60018	Des Plaines	30099
60101	Addison	39119
60104	Bellwood	19038
60106	Bensenville	20309
60126	Elmhurst	46371
60130	Forest Park	14167
60131	Franklin Park	18097
60137	Glen Ellyn	37805
60139	Glendale Heights	34381
60141	Hines	224
60143	Itasca	10360
60148	Lombard	51468
60153	Maywood	24106
60154	Westchester	16773
60155	Broadview	7927
60157	Medinah	2380
60160	Melrose Park	25432
60162	Hillside	8111
60163	Berkeley	5209
60164	Melrose Park	22048
60165	Stone Park	4946
60171	River Grove	10246
60176	Schiller Park	11795
60181	Villa Park	28836
60187	Wheaton	29016
60189	Wheaton	30472
60190	Winfield	10663
60191	Wood Dale	14310
60301	Oak Park	2539
60302	Oak Park	32108
60304	Oak Park	17231
60305	River Forest	11172

Table 1110.1540(c)(2)(A)		
Zip Code	City	Population
60401	Beecher	7797
60402	Berwyn	63448
60403	Crest Hill	17529
60404	Shorewood	17395
60406	Blue Island	25460
60408	Braidwood	5696
60409	Calumet City	37186
60410	Channahon	12687
60411	Chicago Heights	58136
60415	Chicago Ridge	14139
60417	Crete	15547
60419	Dolton	22788
60421	Elwood	3968
60422	Flossmoor	9403
60423	Frankfort	30423
60425	Glenwood	9117
60426	Harvey	29594
60428	Markham	12203
60429	Hazel Crest	15630
60430	Homewood	20094
60431	Joliet	22577
60432	Joliet	21403
60433	Joliet	17160
60435	Joliet	48899
60436	Joliet	18315
60438	Lansing	28884
60439	Lemont	22919
60440	Bolingbrook	52911
60441	Lockport	36869
60442	Manhattan	9924
60443	Matteson	21145
60445	Midlothian	26057
60446	Romeoville	39807
60447	Minooka	13709
60448	Mokena	24423
60449	Monee	9217
60450	Morris	20332
60451	New Lenox	34063
60452	Oak Forest	27969
60453	Oak Lawn	56855
60455	Bridgeview	16446
60456	Hometown	4349
60457	Hickory Hills	14049
60458	Justice	14428

<b>Table 1110.1540(c)(2)(A)</b>		
<b>Zip Code</b>	<b>City</b>	<b>Population</b>
60459	Burbank	28929
60461	Olympia Fields	4836
60462	Orland Park	38723
60463	Palo Heights	14671
60464	Palos Park	9620
60465	Palos Hills	17495
60466	Park Forest	22115
60467	Orland Park	26046
60468	Peotone	6116
60469	Posen	5930
60471	Richton Park	14101
60472	Robbins	5390
60473	South Holland	22439
60475	Steger	9870
60476	Thornton	2391
60477	Tinley Park	38161
60478	County Club Hills	16833
60480	Willow Springs	5246
60481	Wilmington	11851
60482	Worth	11063
60484	University Park	6829
60487	Tinley Park	26928
60490	Bolingbrook	20463
60491	Homer Glen	22743
60501	Summit Argo	11626
60502	Aurora	21873
60503	Aurora	16717
60504	Aurora	37919
60513	Brookfield	19047
60514	Clarendon Hills	9708
60515	Downers Grove	27503
60516	Downers Grove	29084
60517	Woodridge	32038
60519	Eola	88
60521	Hinsdale	17597
60523	Oak Brook	9890
60525	La Grange	31168
60526	La Grange Park	13576
60527	Willowbrook	27486
60532	Lisle	27066
60534	Lyons	10649
60540	Naperville	42910
60543	Oswego	36156
60544	Plainfield	25959

Table 1110.1540(c)(2)(A)		
Zip Code	City	Population
60546	Riverside	15668
60555	Warrenville	13538
60558	Western Springs	12960
60559	Westmont	24852
60561	Darien	23115
60563	Naperville	35922
60564	Naperville	41312
60565	Naperville	40524
60585	Plainfield	22311
60586	Plainfield	46251
60601	Chicago	11110
60602	Chicago	1204
60603	Chicago	493
60604	Chicago	570
60605	Chicago	24668
60606	Chicago	2308
60607	Chicago	23897
60608	Chicago	82739
60609	Chicago	64906
60610	Chicago	37726
60612	Chicago	33472
60614	Chicago	66617
60615	Chicago	40603
60616	Chicago	48433
60617	Chicago	84155
60618	Chicago	92084
60619	Chicago	63825
60620	Chicago	72216
60621	Chicago	35912
60622	Chicago	52548
60623	Chicago	92108
60624	Chicago	38105
60628	Chicago	72202
60629	Chicago	113916
60632	Chicago	91326
60633	Chicago	12927
60634	Chicago	74298
60636	Chicago	40916
60637	Chicago	49503
60638	Chicago	55026
60639	Chicago	90407
60641	Chicago	71663
60642	Chicago	18480
60643	Chicago	49952



<b>Table 1110.1540(c)(2)(A)</b>		
<b>Zip Code</b>	<b>City</b>	<b>Population</b>
60644	Chicago	48648
60647	Chicago	87291
60649	Chicago	46650
60651	Chicago	64267
60652	Chicago	40959
60653	Chicago	29908
60654	Chicago	14875
60655	Chicago	28550
60656	Chicago	27613
60657	Chicago	65996
60661	Chicago	7792
60706	Chicago	23134
60707	Harwood Heights	42920
60803	Alsip	22285
60804	Cicero	84573
60805	Evergreen Park	19852
60827	Riverdale	27946
60914	Bourbonnais	29107
60915	Bradley	10774
60950	Manteno	12168
<b>TOTAL</b>		<b>5,286,323</b>

Source: U.S. Census Bureau, Census 2010, American Factfinder available at <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml> (last visited Oct. 24, 2016).

- b. A list of all existing and approved health care facilities located within the Palos Health Surgery Center, LLC GSA that provide the surgical services proposed by the project is attached at Attachment – 27E.

## 2. Maldistribution of Services

### a. Ratio of Stations to Population

As shown in Table 1110.1540(h)(2)(A), the ratio of operating and procedure rooms to population is 58% of the State Average.

<b>Table 1110.1540(h)(2)(A)</b>			
<b>Ratio of Stations to Population</b>			
	<b>Population</b>	<b>Operating &amp; Procedures Rooms</b>	<b>Operating &amp; Procedure Rooms to Population</b>
Geographic Service Area	5,286,323	499	1:10,593
State	12,830,632	3,054	1:4,201

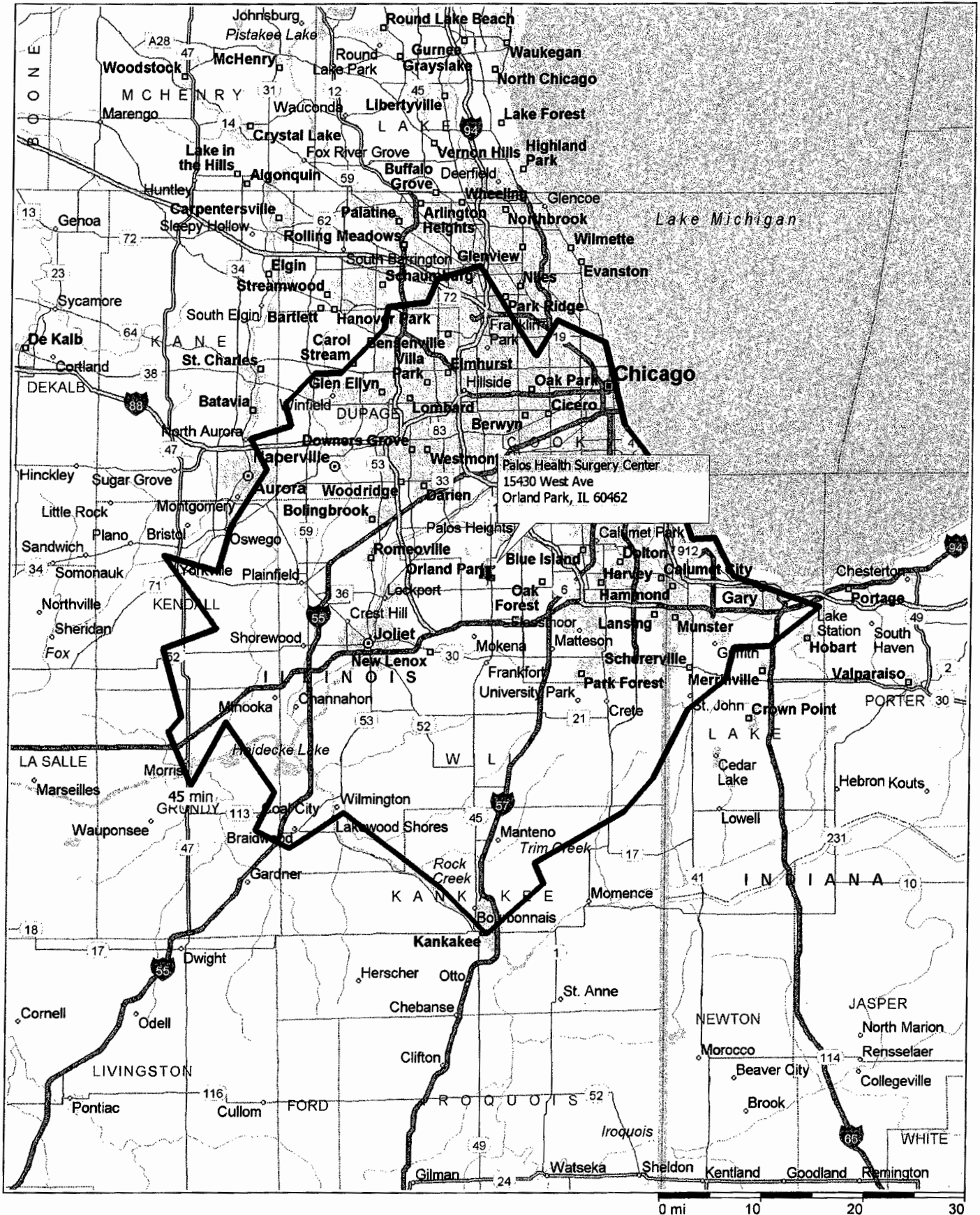
b. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a surgery center with four operating rooms. To achieve the State Board standard of 1,500 hours per operating room within the first year after project completion, the Applicants would need over 4,126 patient referrals. As set forth above in Table 1110.1540(d), the referring physicians historically perform 17,435 procedures annually. Once the Surgery Center is operational, the referring physicians anticipate performing an adequate volume of procedures at the facility to reach target utilization after the second year of project completion.

3. Impact to Other Providers

- a. The Surgery Center will not have an adverse impact on existing facilities in the GSA.
- b. The proposed facility will not lower the utilization of other area providers that are operating below the occupancy standards.

## Orland Park Illinois United States



Copyright © and (P) 1988–2009 Microsoft Corporation and/or its suppliers. All rights reserved. <http://www.microsoft.com/mappoint/>  
 Certain mapping and direction data © 2009 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario. NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2009 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2009 by Apple Geographic Systems. All rights reserved.

Hospital Name	Address	City	Zip	Distance	Time	Adjusted Time
Palos Community Hospital	12251 South 80th Avenue	Palos Heights	60463	5.5	13	14.95
Silver Cross Hospital	1900 Silver Cross Blvd	New Lenox	60451	12.1	18	20.7
Advocate South Suburban Hospital	17800 South Kedzie Avenue	Hazel Crest	60429	14.9	23	26.45
Franciscan St. James Health - Olympia Fields	20201 South Crawford	Olympia Fields	60461-1010	15.3	24	27.6
Ingalls Memorial Hospital	One Ingalls Drive	Harvey	60426	11.5	26	29.9
Adventist Bolingbrook Hospital	500 Remington Blvd	Bolingbrook	60440	18.4	29	33.35
Blue Island Hospital Company, LLC DBA MetroSouth	12935 Gregory Street	Blue Island	60406	12.3	29	33.35
Advocate Christ Medical Center	4440 West 95th Street	Oak Lawn	60453	11.7	30	34.5
Adventist La Grange Memorial Hospital	5101 S. Willow Springs Road	La Grange	60525	14.8	31	35.65
Adventist Hinsdale Hospital	120 North Oak Street	Hinsdale	60521	19.2	33	37.95
Franciscan St. James Health - Chicago Heights	1423 Chicago Road	Chicago Heights	60411-3483	20.3	33	37.95
Advocate Good Samaritan Hospital	3815 Highland Avenue	Downers Grove	60515	26.1	34	39.1
Little Company of Mary Hospital	2800 West 95th Street	Evergreen Park	60805	13.6	34	39.1
Roseland Community Hospital	45 West 111th Street	Chicago	60628	17.9	34	39.1
Elmhurst Memorial Hospital	155 East Brush Hill Road	Elmhurst	60126	22	35	40.25
Mercy Hospital & Medical Center	2525 South Michigan Avenue	Chicago	60616-2477	26.3	35	40.25
Mount Sinai Hospital Medical Center	2750 W. 15th Street	Chicago	60608	24	35	40.25
Saint Anthony Hospital	2875 West 19th Street	Chicago	60623	23.7	35	40.25
Advocate Trinity Hospital	2320 East 93rd Street	Chicago	60617	28.1	37	42.55
St. Bernard Hospital	326 West 64th Street	Chicago	60621	29	37	42.55
Loyola University Medical Center	2160 South 1st Avenue	Maywood	60153	20.3	38	43.7
Edward Hospital	801 South Washington	Naperville	60540	24.2	39	44.85
MacNeal Hospital	3249 South Oak Park Avenue	Berwyn	60402	18.5	39	44.85
The University of Chicago Medical Center	5841 South Maryland	Chicago	60637	31.2	39	44.85

Ambulatory Surgical Treatment Center	Address	City	Zip	Distance	Time	Adjusted Time
Preferred SurgiCenter, LLC	10 Orland Square Drive	Orland Park	60462	1.4	5	5.75
Southwest Ambulatory Surgery Center - DBA Tinley Woods Surgery Center	18210 S. La Grange Road	Tinley Park	60487	4	9	10.35
Ingalls Same Day Surgery	6701 West 159th Street	Tinley Park	60477	4.7	12	13.8
Southwest Surgery Center, LLC - DBA Center for Minimally Invasive Surgery	19110 Darvin Drive	Mokena	60448	5.8	13	14.95
Palos Surgicenter, LLC	7340 College Drive	Palos Heights	60463	6.3	15	17.25
Palos Hills Surgery Center	10330 South Roberts Road, Suite 3000	Palos Hills	60465	8	18	20.7
Silver Cross Ambulatory Surgery Center	1900 Silver Cross Blvd.	New Lennox	60451	9.8	19	21.85
Justice Med-Surg Center - DBA Forest Med-Surg Center	9050 W. 81st Street	Justice	60458	10.1	20	23
Oak Lawn IL Endoscopy ASC LLC - DBA Oak Lawn Endoscopy Center	9921 Southwest Highway	Oak Lawn	60453	9	22	25.3
NovaMed Surg Center of Oak Lawn, LLC - DBA Center for Reconstructive Surgery	6309 West 95th Street	Oak Lawn	60453	9.6	23	26.45
Midwest Eye Center, SC	1700 East West Road	Calumet City	60409	22.2	27	31.05
United Shockwave Services, LTD - DBA United Urology Center LaGrange	120 N. La Grange Road	La Grange	60525	14.9	29	33.35
Eye Surgery Center of Hinsdale, LLC d/b/a Smith Perry Eye Center	950 North York Road, Suite 203	Hinsdale	60521	18.7	31	35.65
Chicago Prostate Cancer Surgery Center	815 Pasquinelli Drive	Westmont	60559	18.8	32	36.8
Hinsdale Surgical Center	10 Salt Creek Lane	Hinsdale	60521	18.4	32	36.8
Southwestern Medical Center, LLC - DBA Magna Surgical Center	7456 South State Road	Bedford Park	60638	12.9	32	36.8
AmSurg Surgery Center	998 129th Infantry Drive	Joliet	60435	22.6	33	37.95
Westmont Surg Ctr, LLC - DBA Salt Creek Surgery Center	530 N. Cass Avenue	Westmont	60559	19.7	33	37.95
Ambulatory Surgicenter of Downers Grove, Ltd.	4333 Main Street	Downers Grove	60515	24	34	39.1
Elmhurst Outpatient Surgery Center	1200 South York Road Suite 1400	Elmhurst	60126	21.9	34	39.1
River North Surgical Suites Inc - DBA Elmhurst Foot & Ankle Surgery Center Inc	340 West Butterfield Road Suite 1B	Elmhurst	60126	23	34	39.1
Oak Brook Surgical Centre, Inc. The	2425 West 22nd Street Suite 101	Oak Brook	60521	21.6	35	40.25
Children's Outpatient Services at Westchester	2301 Enterprise Drive	Westchester	60154	20.5	36	41.4
Loyola Ambulatory Surgery Center at Oakbrook, LP - DBA Loyola Surgery Center	1 South 224 Summit suite 201	Oakbrook Terrace	60181	21.8	36	41.4
The Center for Surgery	475 East Diehl Road	Naperville	60563	27.1	36	41.4
Cadence Ambulatory Surgery Center, LLC - DBA Northwestern Medicine Surgery Center	27650 Ferry Road	Warrenville	60555	28.1	37	42.55
DMG Surgical Center, LLC	2725 S. Technology Drive	Lombard	60148	26.5	37	42.55
Midwest Day Surgery, LLC - DBA Midwest Center for Day Surgery	3811 Highland Avenue	Downer's Grove	60515	26.3	37	42.55
Loyola University Medical Center - DBA Loyola University ASC- Loyola Outpatient	2160 South First Avenue, Bldg. 201	Maywood	60153	20.3	39	44.85

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(i), Staffing**

Palos Health Surgery Center, LLC will be staffed in accordance with all State and Medicare staffing requirements. Palos Health Surgery Center, LLC will be staffed as follows:

- Administrator (1 FTE)
- Director of Nursing (1 FTE)
- Operating Room Staffing
  - Operating Room RNs (4 FTEs)
  - Surgical Technologist (4 FTEs)
  - Central Supply Technologist (1 FTE)
  - Materials Manager (1 FTE)
  - Radiology Technologist (1 FTE)
- Preoperative/Post Operative Unit
  - Pre/Post Operative RNs (4 FTEs)

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(g), Charge Commitment**

- a. A list of the procedures to be performed at Palos Health Surgery Center, LLC with the proposed charges is provided in Table 1110.1540(g) below.

<b>Table 1110.1540(g)</b> <b>Palos Health Surgery Center, LLC Fee Schedule<sup>1</sup></b>		
<b>CPT Code</b>	<b>Description</b>	<b>Charge</b>
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)	\$17,390
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)	\$17,839
29827	Arthroscopy, shoulder surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament release, when performed	\$23,701
64721	Carpal Tunnel Release	\$10,162
20680	Removal of implant, deep	\$10,852
62311	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)	\$4,846
62310	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic	\$3,388
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	\$3,161
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	\$3,545
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	\$3,875
52000	Cystourethroscopy with sounding and vaginoscopy	\$6,008
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service)	\$13,483
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent	\$11,500



**Table 1110.1540(g)  
Palos Health Surgery Center, LLC Fee Schedule<sup>1</sup>**

<b>CPT Code</b>	<b>Description</b>	<b>Charge</b>
52332	Cystourethroscopy, with insertion of indwelling ureteral stent	\$10,741
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	\$14,315
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple.	\$6,797
45378	Colonoscopy	\$6,264
45380	Colonoscopy, with biopsy, single or multiple	\$7,180
45385	Colonoscopy, with removal of tumor(s), polyp(s), lesion(s) by snare technique.	\$7,985
19301	Partial mastectomy or lumpectomy when the tumor is removed and specific attention is paid to the surgical margins	\$17,125
36561	Under Insertion of Central Venous Access Device	\$15,420
49505	Repair initial inguinal hernia	\$17,150
19125	Open excisional biopsy identified by radiologic marker	\$9,938
47562	Removal of Gallbladder	\$13,540
58558	Hysteroscopy, diagnostic, separate procedure	\$11,407
58662	Laparoscopy; Laparoscopic surgery with fulguration or excision of lesions of the ovary, pelvic viscera or peritoneal surface by any method	\$12,100
58561	Hysteroscopy, surgical; with removal of leiomyomata (Removal of fibroids)	\$11,797
58563	Laparoscopy; Laparoscopic surgery with endometrial ablation (any method)	\$14,390
58565	Hysteroscopic Sterilization with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants.	\$12,069
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	\$12,467
31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)	\$12,467
42820	Tonsillectomy and adenoidectomy; under age 12	\$5,251
42826	Excision and Destruction Procedures on the Pharynx, Adenoids, and Tonsils.	\$5,647
42826	Excision and Destruction Procedures on the Pharynx, Adenoids, and Tonsils.	\$5,374
28285	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	\$10,628
28296	Correction, Hallux valgus (Bunion), with or without sesamoidectomy; simple exostectomy	\$12,652
20680	Deep Pin Removal procedures, where the physician makes an incision overlying the site of the implant dissects deeply to visualize the implant (which is usually below the muscle level	\$10,852



Table 1110.1540(g) Palos Health Surgery Center, LLC Fee Schedule <sup>1</sup>		
CPT Code	Description	Charge
	and within bone)	
28292	Keller bunionectomy as well as the McBride bunionectomy	\$12,225
28080	Excision Procedures on the Foot and Toes.	\$9,309
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique	\$7,271
66982	Extracapsular cataract extraction removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique, complex, requiring devices or techniques not generally used in routine cataract surgery or performed on patients in the amblyogenic developmental stage	\$7,850
67311	Strabismus surgery, recession or resection procedure: one horizontal muscle	\$4,326

- b. A letter from Palos Health Surgery Center, LLC committing to maintain the above charges for the first two years of operation is attached at Attachment – 27F.

**Palos Health Surgery Center, LLC  
15300 West Avenue  
Orland Park, Illinois 60462**

December 16, 2016

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

**Re: Charge Commitment**

Dear Chair Olson:

Pursuant to 77 Ill. Admin. Code § 1110.1540(j), I hereby commit the charge schedule submitted as part of the Palos Health Surgery Center, LLC certificate of need application will not be increased, at a minimum, for the first two years of operation unless a permit is first obtained pursuant to 77 Ill. Admin. Code § 1130.310(a).

Sincerely,



Timothy J. Brosnan  
Vice President, Planning and Community Relations  
Palos Health Surgery Center, LLC

**Section VIII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(k), Assurances**

Attached at Attachment – 27G is a letter from Palos Health Surgery Center certifying that the proposed facility will achieve target utilization by the end of the second year of operation.

**Palos Health Surgery Center, LLC**  
**15300 West Avenue**  
**Orland Park, Illinois 60462**

December 16, 2016

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

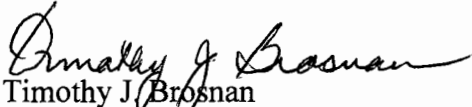
**Re: Non-Hospital Based Ambulatory Surgical Treatment Center Assurances**

Dear Chair Olson:

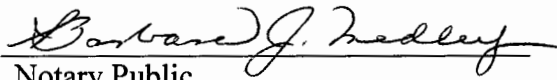
Pursuant to 77 Ill. Admin. Code § 1110.1540(k), I hereby certify the following:

- A peer review program will be implemented at Palos Health Surgery Center that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for the surgical services, and if outcomes do not meet or exceed those standards, a quality improvement plan will be initiated; and
- By the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms at Palos Health Surgery Center will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

Sincerely,

  
Timothy J. Brosnan  
Vice President, Planning and Community Relations  
Palos Health Surgery Center, LLC

Subscribed and sworn to me  
This 21<sup>st</sup> day of December, 2016

  
Notary Public



**Section VIII, Financial Feasibility**  
**Criterion 1120.120 Availability of Funds**

Attached at Attachment – 36 is the most recent bond rating from Fitch Ratings affirming an AA- bond rating for Palos Community Hospital. Accordingly, this requirement is not applicable.

# Fitch Ratings

33 Whitehall Street  
New York, NY 10004

T 212 908 0500 / 800 75 FITCH  
www.fitchratings.com

November 15, 2016

Mr. Roger Russell  
Chief Financial Officer  
Palos Community Hospital  
12251 S. 80th Ave  
Palos Heights, IL 60463

Dear Mr. Russell:

Fitch Ratings has assigned one or more ratings and/or otherwise taken rating action(s), as detailed in the attached Notice of Rating Action.

In issuing and maintaining its ratings, Fitch relies on factual information it receives from issuers and underwriters and from other sources Fitch believes to be credible. Fitch conducts a reasonable investigation of the factual information relied upon by it in accordance with its ratings methodology, and obtains reasonable verification of that information from independent sources, to the extent such sources are available for a given security or in a given jurisdiction.

The manner of Fitch's factual investigation and the scope of the third-party verification it obtains will vary depending on the nature of the rated security and its issuer, the requirements and practices in the jurisdiction in which the rated security is offered and sold and/or the issuer is located, the availability and nature of relevant public information, access to the management of the issuer and its advisers, the availability of pre-existing third-party verifications such as audit reports, agreed-upon procedures letters, appraisals, actuarial reports, engineering reports, legal opinions and other reports provided by third parties, the availability of independent and competent third-party verification sources with respect to the particular security or in the particular jurisdiction of the issuer, and a variety of other factors.

Users of Fitch's ratings should understand that neither an enhanced factual investigation nor any third-party verification can ensure that all of the information Fitch relies on in connection with a rating will be accurate and complete. Ultimately, the issuer and its advisers are responsible for the accuracy of the information they provide to Fitch and to the market in offering documents and other reports. In issuing its ratings Fitch must rely on the work of experts, including independent auditors with respect to financial statements and attorneys with respect to legal and tax matters. Further, ratings are inherently forward-looking and embody assumptions and predictions about future events that by their nature cannot be verified as facts. As a result, despite any verification of current facts, ratings can be affected by future events or conditions that were not anticipated at the time a rating was issued or affirmed.

Fitch seeks to continuously improve its ratings criteria and methodologies, and periodically updates the descriptions on its website of its criteria and methodologies for securities of a given type. The criteria and methodology used to determine a rating action are those in effect at the time the rating action is taken, which for public ratings is the date of the related rating action commentary. Each rating action commentary provides information about the criteria and methodology used to arrive at the stated rating, which may differ from the general criteria and methodology for the applicable security type posted on the website at a given time. For this reason, you should always consult the applicable rating action commentary for the most accurate information on the basis of any given public rating.

Ratings are based on established criteria and methodologies that Fitch is continuously evaluating and updating. Therefore, ratings are the collective work product of Fitch and no individual, or group of individuals, is solely responsible for a rating. All Fitch reports have shared authorship. Individuals identified in a Fitch report were involved in, but are not solely responsible for, the opinions stated therein. The individuals are named for contact purposes only.

Attachment - 36

Ratings are not a recommendation or suggestion, directly or indirectly, to you or any other person, to buy, sell, make or hold any investment, loan or security or to undertake any investment strategy with respect to any investment, loan or security or any issuer. Ratings do not comment on the adequacy of market price, the suitability of any investment, loan or security for a particular investor (including without limitation, any accounting and/or regulatory treatment), or the tax-exempt nature or taxability of payments made in respect of any investment, loan or security. Fitch is not your advisor, nor is Fitch providing to you or any other party any financial advice, or any legal, auditing, accounting, appraisal, valuation or actuarial services. A rating should not be viewed as a replacement for such advice or services.

performed the roles or tasks associated with an "underwriter" or "seller" under this engagement.

It is important that you promptly provide us with all information that may be material to the ratings so that our ratings continue to be appropriate. Ratings may be raised, lowered, withdrawn, or placed on Rating Watch due to changes in, additions to, accuracy of or the inadequacy of information or for any other reason Fitch deems sufficient.

Nothing in this letter is intended to or should be construed as creating a fiduciary relationship between Fitch and you or between us and any user of the ratings.

In this letter, "Fitch" means Fitch Ratings, Inc. and any successor in interest.

We are pleased to have had the opportunity to be of service to you. If we can be of further assistance, please feel free to contact us at any time.

Jeff Schaub  
Managing Director, Operations  
U.S. Public Finance / Global Infrastructure & Project  
Finance

JS/df

Enc: Notice of Rating Action  
(Doc ID: 0 )

**Notice of Rating Action**

---

<u>Bond Description</u>	<u>Rating Type</u>	<u>Rating Action</u>	<u>Rating</u>	<u>Outlook/ Watch</u>	<u>Eff Date</u>	<u>Notes</u>
Illinois Finance Authority (IL) (Palos Community Hospital) fixed rate rev bonds ser 2010C	Long Term	Affirmed	AA-	RO:Sta	28-Mar-2016	
Illinois Finance Authority (IL) (Palos Community Hospital) Revenue Bonds ser 2007A	Long Term	Affirmed	AA-	RO:Sta	28-Mar-2016	

---

**Key:** RO: Rating Outlook, RW: Rating Watch; Pos: Positive, Neg: Negative, Sta: Stable, Evo: Evolving

---

A rectangular button with a textured background and the word "Print" in the center.



**Section IX, Financial Feasibility**  
**Criterion 1120.130 – Financial Viability Waiver**

Attached at Attachment – 36 is the most recent bond rating from Fitch Ratings affirming an AA- bond rating for Palos Community Hospital. Accordingly, this requirement is not applicable.

**Section X, Economic Feasibility Review Criteria**

**Criterion 1120.140(a), Reasonableness of Financing Arrangements**

Attached at Attachment – 39A is a letter from Timothy Brosnan, Vice President, Planning and Community Relations, Palos Health Surgery Center, LLC, attesting that the total estimated project costs will be funded entirely with cash and cash equivalents.

**Palos Health Surgery Center, LLC  
15300 West Avenue  
Orland Park, Illinois 60462**

December 16, 2016


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

**Re: Reasonableness of Financing Arrangements**

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents.

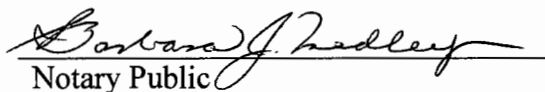
Sincerely,

  
Timothy J. Brosnan

Vice President, Planning and Community Relations  
Palos Health Surgery Center, LLC

Subscribed and sworn to me

This 21<sup>st</sup> day of December 2016

  
Notary Public



**Section X, Economic Feasibility Review Criteria**  
**Criterion 1120.140(b), Conditions of Debt Financing**

This project will be funded in total with cash and cash equivalents. Accordingly, this criterion is not applicable.

**Section X, Economic Feasibility Review Criteria**  
**Criterion 1120.140(c), Reasonableness of Project and Related Costs**

1. The Cost and Gross Square Feet by Department is provided in the table below.

Cost and Gross Sq Ft by Department									
Department	A	B	C	D	E	F	G	H	Total
	Cost/Square Foot		Gross Sq Ft		Gross Sq Ft		Const. \$	Mod. \$	Cost
	New	Mod.	New	Circ*	Mod	Circ*	(AxC)	(B x E)	(G + H)
<b>CLINICAL</b>									
Procedure areas	\$ 405		2,810	26%			\$ 1,137,911		\$ 1,137,911
Prep and Recovery Spaces	\$ 308		2,990	24%			\$ 921,308		\$ 921,308
Nurse stations	\$ 247		745	48%			\$ 184,312		\$ 184,312
<b>Clinical Subtotal</b>	\$ 343		6,545				\$ 2,243,531		\$ 2,243,531
<b>NON-CLINICAL</b>									
Admin offices	\$ 182		965	19%			\$ 176,042		\$ 176,042
Reception, registration, consult	\$ 271		1,125	22%			\$ 305,349		\$ 305,349
Storage, supplies, equip	\$ 201		3,390	18%			\$ 682,762		\$ 682,762
Patient toilet	\$ 183		270	27%			\$ 49,507		\$ 49,507
Staff lockers, toilets, lounges	\$ 191		1,025	18%			\$ 195,364		\$ 195,364
MEP, Facilities, housekeeping	\$ 259		1,000	26%			\$ 258,917		\$ 258,917
Communication, IT, electric	\$ 241		320	22%			\$ 77,259		\$ 77,259
Decontamination and Sterilization	\$ 280		1,130	16%			\$ 316,631		\$ 316,631
<b>Non-clinical Subtotal</b>	\$ 224		9,225				\$ 2,061,831		\$ 2,061,831
<b>GRAND TOTAL</b>	\$ 273		15,770				\$ 4,305,362		\$ 4,305,362

2. As shown in Table 1120.310(c) below, the project costs are below the State Standard.

Table 1120.310(c)			
	Proposed ASTC	State Standard	Above/Below State Standard
New Construction	\$2,467,884	$\$391.08 \times 6,545 \text{ GSF} = \$2,559,618.60$	Below State Standard
Contingencies	\$224,353	$10\% \times \text{Construction Costs}$ $(10\% \times \$2,243,531) = \$224,353.10$	Meets State Standard
Architectural/ Engineering Fees	\$246,265	$7.06\% \text{ to } 10.60\% \times$ $(\text{Construction} +$ $\text{Contingencies}) =$ $(7.06\% \times \$2,467,884) \text{ to}$ $(10.60\% \times \$2,467,884) =$ $\$174,232.61 - \$261,595.70$	Meets State Standard
Equipment	\$1,901,319	$\$461,631.36 \text{ per operating/}$ $\text{procedure room} =$ $4 \times \$475,480.30 =$ $\$1,901,921.20$	Above State Standard
Fair Market Value of Leased Space or Equipment	\$1,839,145	No State Standard	N/A
All other Capital Costs	\$102,000	No State Standard	N/A

**Section X, Economic Feasibility Review Criteria**  
**Criterion 1120.140(d), Projected Operating Costs**

Operating Expenses:

Salaries	1,768,860
Benefits	398,004
Supplies	<u>1,736,580</u>
Total	3,903,444

Procedures: 4,451

Operating Expense per Procedure: \$876.98

**Section X, Economic Feasibility Review Criteria**  
**Criterion 1120.140(e), Projected Capital Costs**

Capital Costs:

Depreciation & Amortization:	\$ 945,540
Interest:	<u>\$ 259,979</u>
Total Capital Costs:	\$1,205,519

Procedures: 4,451

Capital Costs per Procedure: \$270.84 per procedure



## Section XI, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. The proposed Surgery Center will not adversely impact safety net services in the community. To the contrary the proposed Surgery Center will improve access to surgical services to uninsured and underinsured patients. The facility will accept all patients who are medically appropriate for admission at an ambulatory surgery center regardless of ability to pay. Uninsured patients ineligible for or pending Medicaid approval and unable to pay for services will be eligible for free care. Further, patients with incomes between 100% to 200% of the federal poverty level will be eligible for discounts ranging from 25% to 100%. Accordingly, the proposed Surgery Center will enhance safety net services in the community.
2. The proposed Surgery Center will not impact the ability of other providers to cross-subsidize safety net services. A central purpose of the proposed Surgery Center is to allow Palos and Loyola to shift appropriate procedures from their HOPDs to the Surgery Center. Ambulatory surgery centers provide high quality surgical care, excellent outcomes and a high level of patient satisfaction at a lower cost than HOPDs. Surgical procedures performed in an ASTC are reimbursed at a lower rate than HOPDs and result in lower out-of-pocket expenses for patients. As surgical cases will primarily be transferred from Palos and Loyola to the proposed Surgery Center, it will not impact the ability of other providers to cross-subsidize safety net services.
3. The proposed project will not result in the discontinuation of a facility or service. Accordingly, this criterion is not applicable.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2013	2014	2015
<b>Charity (# of patients)</b>			
Inpatient	860	748	653
Outpatient	4,305	3,586	2,933
<b>Total</b>	<b>5,165</b>	<b>4,334</b>	<b>3,586</b>
<b>Charity (cost in dollars)</b>			
Inpatient	\$3,272,896	\$2,962,744	\$1,154,357
Outpatient	\$2,615,864	\$2,209,552	\$1,552,282
<b>Total</b>	<b>\$5,888,760</b>	<b>\$5,172,298</b>	<b>\$2,706,639</b>
MEDICAID			
	2013	2014	2015
<b>Medicaid (# of patients)</b>			
Inpatient	686	1,228	1,366
Outpatient	19,793	24,329	24,334
<b>Total</b>	<b>20,479</b>	<b>25,557</b>	<b>25,700</b>
<b>Medicaid (revenue)</b>			
Inpatient	\$15,283,868	\$14,202,274	6,385,875
Outpatient	\$3,070,682	\$6,588,101	6,961,113
<b>Total</b>	<b>\$18,354,550</b>	<b>\$20,790,375</b>	<b>13,346,988</b>

**Section XII, Charity Care Information**

The tables below provide charity care information for Palos Community Hospital for the most recent three calendar years.

<b>Palos Community Hospital CHARITY CARE</b>			
	<b>2013</b>	<b>2014</b>	<b>2015</b>
<b>Net Patient Revenue</b>	<b>\$315,296,194</b>	<b>\$340,954,308</b>	<b>\$367,378,672</b>
<b>Cost of Charity Care</b>	<b>\$5,888,760</b>	<b>\$5,172,298</b>	<b>\$2,706,639</b>

**Appendix 1**  
**Physician Referral Letters**

Attached as Appendix 1 is are physician referral letters projecting 4,451 procedures will be performed at Palos Health Surgery Center by the second year after project completion.



LOYOLA  
UNIVERSITY  
HEALTH SYSTEM

Daniel J. Post  
Executive Vice President  
Network Development & System Integration  
Tel: (708) 216-1670  
Fax: (708) 216-4140  
dpost@lumc.edu

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

Dear Ms. Olson:

I am writing on behalf of Loyola Medicine. Loyola Medicine is home to world-renowned doctors representing nearly every specialty in medicine. We have primary care physicians for every age and healthcare need and specialists who work with patients and their doctors to diagnose and treat your health concerns. Our doctors are committed to educating the next generation of doctors and pursuing the most promising research. Our physicians include over 1,100 providers representing over 75 specialties and 30 locations. Loyola Medicine supports the establishment of Palos Health Surgery Center planned for the new medical office building to be located on the southwest corner of 153rd and West Avenue in Orland Park, Illinois.

Over the past 12 months, the 69 Loyola Medicine physicians represented in the attachments to this letter performed a total of 17,435 surgical cases in hospitals and surgery centers licensed by the Illinois Department of Public Health. We anticipate 2,401 of those physicians' cases to be referred to the new Palos Health Surgery Center in each of the two years after the Palos Health Surgery Center opens. The attached Table One documents the zip code by residence for those patients (broken down by treating physician) and Table Two indicates the facilities where those cases were performed similarly broken down by physician. Finally, Table Three breaks out the anticipated referrals to Palos Health Surgery Center by physician.

While some physicians represented in this letter serve patients who live outside of the geographic service area of the proposed surgery center, the projected patient volume that shall be referred to Palos Health Surgery Center are anticipated to come from the proposed geographic service area of the proposed surgery center. We do not anticipate that our physicians' other cases coming from outside that geographic service area will be transferred to the Palos Health Surgery Center. The referrals represented above have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

Loyola Medicine supports the establishment of Palos Health Surgery Center.

Sincerely,

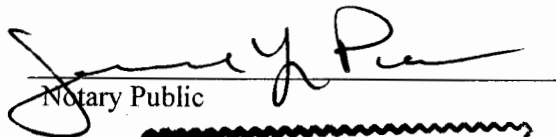
Daniel J. Post  
Executive Vice President

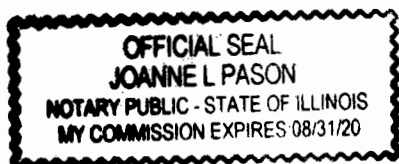
Appendix - 1



LOYOLA  
UNIVERSITY  
HEALTH SYSTEM

Subscribed and sworn to me  
This 8 day of November, 2016

  
Notary Public



**Daniel J. Post**  
Executive Vice President  
Network Development & System Integration  
Tel: (708) 216-1670  
Fax: (708) 216-4140  
dpost@lumc.edu

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Abood, Gerard Surgical Oncology (Colorectal)  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60123	1
	60130	1
	60154	1
	60189	1
	60463	1
	60501	1
	60516	1
	60525	1
	60622	1
	60623	1
	60803	1
	60804	1
	60804	6
Agnew, Sonya Plastic Surgery  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60402	5
	60104	3
	60153	3
	60439	3
	60450	3
	60534	3
	60546	3
	60629	3
	60707	3
	60073	2
	60126	2
	60155	2
	60160	2
	60433	2
	60513	2
	60608	2
	60634	2
	60639	2
	60706	2
	46319	1
	46349	1
	46410	1
	49038	1
	50131	1
	60004	1
	60007	1
	60030	1
	60070	1
	60085	1
	60103	1
	60108	1
	60120	1
	60130	1
	60133	1
	60137	1
	60139	1
	60154	1
	60161	1
	60165	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Agnew, Sonya (continued)	60172	1
	60175	1
	60176	1
	60181	1
	60188	1
	60303	1
	60305	1
	60409	1
	60426	1
	60441	1
	60457	1
	60459	1
	60482	1
	60517	1
	60525	1
	60527	1
	60542	1
	60559	1
	60560	1
	60561	1
	60565	1
	60609	1
	60611	1
	60612	1
	60620	1
	60623	1
	60628	1
	60636	1
	60638	1
	60641	1
	60644	1
	60651	1
	60652	1
	60655	1
	60656	1
	Unknown	30
Aulivola, Bernadette Vascular Surgery  Primary Practice Address: 6800 North Frontage Road Burr Ridge, IL 60527	60126	9
	60804	6
	60154	5
	60546	5
	60104	4
	60462	4
	60160	3
	60181	3
	60448	3
	60457	3
	60465	3
	60164	2
	60175	2
	60185	2
	60193	2
	60402	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Aulivola, Bernadette (continued)	60431	2
	60445	2
	60513	2
	60517	2
	60521	2
	60525	2
	60544	2
	60563	2
	60565	2
	60634	2
	60637	2
	60638	2
	60706	2
	46375	1
	60008	1
	60031	1
	60153	1
	60188	1
	60195	1
	60302	1
	60423	1
	60435	1
	60440	1
	60450	1
	60451	1
	60456	1
	60458	1
	60464	1
	60478	1
	60480	1
	60491	1
	60501	1
	60514	1
	60527	1
	60534	1
	60558	1
	60629	1
	60643	1
	60707	1
	60915	1
	60935	1
	61114	1
	61327	1
Benya, Richard Gastroenterology  Primary Practice Address: 17W578 Morningside Dr Oakbrook Terrace, IL 60181	60402	82
	60153	74
	60546	62
	60707	61
	60104	59
	60126	58
	60302	53
	60513	52
	60154	50



TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Benya, Richard (continued)	60525	44
	60160	42
	60804	41
	60305	38
	60527	35
	60638	35
	60155	34
	60526	34
	60304	33
	60181	26
	60130	25
	60148	25
	60440	25
	60561	23
	60137	22
	60523	22
	60559	22
	60164	20
	60439	20
	60521	20
	60101	19
	60462	19
	60188	18
	60558	18
	60517	17
	60534	17
	60634	17
	60131	16
	60187	16
	60491	16
	60515	16
	60516	16
	60189	15
	60629	15
	60651	15
	60162	14
	60453	14
	60455	14
	60458	14
	60632	14
	60639	13
	60644	13
	60477	12
	60624	12
	60163	11
	60171	11
	60446	11
	60451	11
	60465	11
	60501	11
	60532	11
	60656	10

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Benya, Richard (continued)	60435	9
	60467	9
	60564	9
	60108	8
	60139	8
	60185	8
	60191	8
	60452	8
	60463	8
	60623	8
	60068	7
	60403	7
	60457	7
	60487	7
	60585	7
	60630	7
	60106	6
	60165	6
	60441	6
	60459	6
	60505	6
	60565	6
	60586	6
	60016	5
	60018	5
	60067	5
	60423	5
	60448	5
	60480	5
	60490	5
	60555	5
	60646	5
	60706	5
	60805	5
	60103	4
	60174	4
	60193	4
	60301	4
	60436	4
	60502	4
	60514	4
	60540	4
	60542	4
	60543	4
	60563	4
	60614	4
	60631	4
	60641	4
	60652	4
	60010	3
	60077	3
	60115	3

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Benya, Richard (continued)	60123	3
	60143	3
	60194	3
	60404	3
	60432	3
	60456	3
	60464	3
	60466	3
	60478	3
	60504	3
	60544	3
	60560	3
	60612	3
	60619	3
	60620	3
	60622	3
	60626	3
	60628	3
	60636	3
	60640	3
	60647	3
	60714	3
	60803	3
	61554	3
	46312	2
	46319	2
	46410	2
	60056	2
	60073	2
	60074	2
	60089	2
	60097	2
	60098	2
	60102	2
	60107	2
	60110	2
	60169	2
	60176	2
	60190	2
	60195	2
	60408	2
	60411	2
	60415	2
	60424	2
	60433	2
	60434	2
	60450	2
	60482	2
	60531	2
	60607	2
	60611	2
	60616	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Benya, Richard (continued)	60618	2
	60625	2
	60643	2
	60649	2
	60655	2
	60657	2
	61032	2
	61107	2
	61354	2
	44145	1
	46307	1
	46323	1
	46324	1
	46360	1
	46375	1
	46563	1
	60004	1
	60005	1
	60008	1
	60012	1
	60048	1
	60050	1
	60051	1
	60064	1
	60124	1
	60134	1
	60135	1
	60140	1
	60142	1
	60172	1
	60173	1
	60177	1
	60410	1
	60422	1
	60426	1
	60443	1
	60445	1
	60473	1
	60475	1
	60506	1
	60510	1
	60538	1
	60545	1
	60548	1
	60552	1
	60567	1
	60605	1
	60608	1
	60609	1
	60613	1
	60637	1
	60661	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Benya, Richard (continued)	60690	1
	61081	1
	61265	1
	61341	1
	61356	1
	61603	1
	89149	1
Bernstein, Mitchell Orthopaedics  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60402	5
	60561	4
	60440	2
	60446	2
	60450	2
	60462	2
	60513	2
	60527	2
	60629	2
	60804	2
	61201	2
	46303	1
	60007	1
	60101	1
	60104	1
	60106	1
	60126	1
	60131	1
	60133	1
	60134	1
	60137	1
	60148	1
	60153	1
	60154	1
	60155	1
	60160	1
	60164	1
	60181	1
	60304	1
	60305	1
	60408	1
	60433	1
	60445	1
	60448	1
	60455	1
	60458	1
	60467	1
	60477	1
	60480	1
	60491	1
	60521	1
	60616	1
	60619	1
	60621	1
	60639	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Bernstein, Mitchell (continued)	60647	1
	60651	1
	60660	1
	60803	1
	60827	1
Borrowdale, Richard Surgical Oncology (ENT)  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60558	8
	60707	6
	60126	5
	60148	5
	60453	5
	60561	5
	60051	4
	60104	4
	60134	4
	60153	4
	60160	4
	60164	4
	60172	4
	60402	4
	60445	4
	60446	4
	60459	4
	60464	4
	60491	4
	60515	4
	60517	4
	60521	4
	60656	4
	60010	3
	60097	3
	60098	3
	60123	3
	60131	3
	60137	3
	60139	3
	60154	3
	60513	3
	60525	3
	60526	3
	60585	3
	60644	3
	60007	2
	60013	2
	60102	2
	60103	2
	60115	2
	60120	2
	60124	2
	60133	2
	60156	2
	60176	2
	60189	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Borrowdale, Richard (continued)	60435	2
	60439	2
	60441	2
	60457	2
	60467	2
	60527	2
	60543	2
	60563	2
	60565	2
	60625	2
	60631	2
	60632	2
	29928	1
	46310	1
	46342	1
	46385	1
	53128	1
	60018	1
	60021	1
	60041	1
	60050	1
	60068	1
	60073	1
	60090	1
	60099	1
	60106	1
	60110	1
	60118	1
	60143	1
	60152	1
	60163	1
	60169	1
	60171	1
	60174	1
	60178	1
	60184	1
	60188	1
	60191	1
	60193	1
	60194	1
	60302	1
	60304	1
	60404	1
	60417	1
	60428	1
	60430	1
	60431	1
	60440	1
	60448	1
	60450	1
	60455	1
	60458	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Borrowdale, Richard (continued)	60477	1
	60482	1
	60487	1
	60501	1
	60505	1
	60506	1
	60510	1
	60516	1
	60518	1
	60534	1
	60538	1
	60540	1
	60542	1
	60544	1
	60554	1
	60586	1
	60609	1
	60612	1
	60628	1
	60629	1
	60630	1
	60634	1
	60636	1
	60638	1
	60639	1
	60640	1
	60641	1
	60643	1
	60651	1
	60653	1
	60714	1
	60803	1
	60804	1
	60827	1
	60958	1
	61021	1
	61054	1
	61080	1
	61103	1
	61301	1
	61350	1
Bouchard, Charles S Ophthalmology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60402	11
	60546	11
	60126	8
	60302	7
	60148	6
	60153	6
	60516	6
	60525	6
	60638	6
	60074	5
	60634	5



TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Bouchard, Charles S (continued)	60104	4
	60108	4
	60164	4
	60181	4
	60435	4
	60439	4
	60523	4
	60561	4
	60804	4
	60073	3
	60077	3
	60101	3
	60154	3
	60163	3
	60191	3
	60526	3
	60707	3
	60010	2
	60014	2
	60018	2
	60046	2
	60062	2
	60131	2
	60141	2
	60155	2
	60187	2
	60189	2
	60304	2
	60436	2
	60440	2
	60453	2
	60477	2
	60480	2
	60487	2
	60502	2
	60513	2
	60515	2
	60521	2
	60559	2
	60619	2
	60630	2
	60651	2
	60706	2
	61424	2
	60007	1
	60056	1
	60060	1
	60076	1
	60103	1
	60120	1
	60137	1
	60175	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Bouchard, Charles S (continued)	60193	1
	60194	1
	60409	1
	60422	1
	60433	1
	60482	1
	60491	1
	60505	1
	60517	1
	60534	1
	60540	1
	60544	1
	60558	1
	60586	1
	60624	1
	60641	1
	60643	1
	60656	1
	60712	1
	61362	1
Buck, Troy A Pain Management  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60546	14
	60707	14
	60525	13
	60130	12
	60302	12
	60527	11
	60638	11
	60131	10
	60160	10
	60441	10
	60462	10
	60153	9
	60440	9
	60115	8
	60126	8
	60305	8
	60402	8
	60423	8
	60513	8
	60516	8
	60523	8
	60534	8
	60639	8
	60108	7
	60154	7
	60453	7
	60514	7
	60804	7
	60467	6
	60491	6
	60630	6
	60171	5

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Buck, Troy A (continued)	60304	5
	60439	5
	60452	5
	60459	5
	60481	5
	60517	5
	60544	5
	02702	4
	60089	4
	60134	4
	60140	4
	60164	4
	60181	4
	60446	4
	60451	4
	60457	4
	60463	4
	60464	4
	60480	4
	60521	4
	60540	4
	60617	4
	60651	4
	60655	4
	54982	3
	60056	3
	60123	3
	60155	3
	60169	3
	60458	3
	60465	3
	60526	3
	60530	3
	60558	3
	60559	3
	60623	3
	60805	3
	19107	2
	46307	2
	60005	2
	60014	2
	60046	2
	60067	2
	60068	2
	60078	2
	60102	2
	60104	2
	60133	2
	60139	2
	60148	2
	60151	2
	60163	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Buck, Troy A (continued)	60176	2
	60202	2
	60403	2
	60435	2
	60436	2
	60442	2
	60477	2
	60543	2
	60564	2
	60586	2
	60622	2
	60629	2
	60634	2
	60644	2
	60645	2
	60938	2
	61354	2
	61364	2
	32408	1
	37919	1
	46304	1
	46311	1
	46322	1
	46375	1
	46383	1
	46410	1
	53115	1
	60021	1
	60050	1
	60060	1
	60076	1
	60101	1
	60120	1
	60137	1
	60143	1
	60156	1
	60157	1
	60172	1
	60177	1
	60187	1
	60191	1
	60408	1
	60411	1
	60421	1
	60422	1
	60431	1
	60433	1
	60443	1
	60449	1
	60472	1
	60473	1
	60501	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Buck, Troy A (continued)	60502	1
	60505	1
	60506	1
	60515	1
	60532	1
	60618	1
	60632	1
	60640	1
	60641	1
	60643	1
	60652	1
	60803	1
	61068	1
	61301	1
Cimino, Victor G Plastic Surgery  Primary Practice Address: 17W578 Morningside Dr Oakbrook Terrace, IL 60181	60707	6
	60189	4
	60432	4
	60446	4
	60546	4
	60706	4
	60126	3
	60160	3
	60163	3
	60164	3
	60171	3
	60181	3
	60402	3
	60435	3
	60448	3
	60634	3
	60639	3
	60068	2
	60104	2
	60106	2
	60131	2
	60142	2
	60162	2
	60433	2
	60463	2
	60465	2
	60467	2
	60521	2
	60558	2
	60564	2
	60618	2
	60651	2
	60656	2
	60804	2
	48858	1
	60004	1
	60016	1
	60062	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Cimino, Victor G (continued)	60101	1
	60108	1
	60119	1
	60120	1
	60148	1
	60154	1
	60165	1
	60176	1
	60187	1
	60191	1
	60302	1
	60304	1
	60411	1
	60415	1
	60431	1
	60439	1
	60441	1
	60451	1
	60452	1
	60453	1
	60462	1
	60464	1
	60487	1
	60491	1
	60513	1
	60525	1
	60527	1
	60534	1
	60554	1
	60561	1
	60563	1
	60565	1
	60586	1
	60609	1
	60623	1
	60624	1
	60632	1
	60636	1
	60638	1
	60644	1
	60646	1
	60655	1
	62626	1
	Unknown	133
Crisostomo, Paul Vascular Surgery  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60402	5
	60153	3
	60623	3
	60160	2
	60458	2
	60491	2
	60505	2
	60534	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Crisostomo, Paul (continued)	60629	2
	46375	1
	60073	1
	60090	1
	60123	1
	60130	1
	60139	1
	60154	1
	60155	1
	60187	1
	60403	1
	60415	1
	60424	1
	60429	1
	60431	1
	60435	1
	60450	1
	60453	1
	60455	1
	60459	1
	60525	1
	60649	1
	60652	1
	60707	1
	60804	1
Davis, Patricia L Ophthalmology	60440	1
	60445	1
	60453	1
	60458	1
	60487	1
Primary Practice Address: 15620 Lourdes Drive Homer Glen, IL 60491	60647	1
De Jong, Steven A General Surgery	60525	11
	60174	9
	60462	8
	60154	6
	60546	6
	60134	5
	60477	5
	60007	4
	60131	4
	60191	4
	60464	4
	60516	4
	60521	4
	60638	4
	60707	4
	60103	3
	60104	3
	60130	3
	60194	3
	60402	3
	60448	3

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
De Jong, Steven A (continued)	60452	3
	60457	3
	60515	3
	60523	3
	60527	3
	60559	3
	60639	3
	61021	3
	60107	2
	60118	2
	60126	2
	60139	2
	60155	2
	60175	2
	60439	2
	60440	2
	60449	2
	60453	2
	60458	2
	60465	2
	60467	2
	60473	2
	60487	2
	60491	2
	60501	2
	60534	2
	60540	2
	60542	2
	60605	2
	60634	2
	60644	2
	60804	2
	60901	2
	60950	2
	46311	1
	49946	1
	60004	1
	60014	1
	60016	1
	60047	1
	60056	1
	60068	1
	60101	1
	60108	1
	60120	1
	60124	1
	60133	1
	60137	1
	60143	1
	60148	1
	60153	1
	60160	1



TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
De Jong, Steven A (continued)	60162	1
	60163	1
	60172	1
	60176	1
	60177	1
	60185	1
	60188	1
	60189	1
	60302	1
	60304	1
	60305	1
	60403	1
	60404	1
	60406	1
	60408	1
	60423	1
	60425	1
	60435	1
	60441	1
	60445	1
	60446	1
	60450	1
	60451	1
	60456	1
	60463	1
	60480	1
	60482	1
	60484	1
	60502	1
	60504	1
	60505	1
	60510	1
	60513	1
	60517	1
	60526	1
	60532	1
	60550	1
	60551	1
	60558	1
	60563	1
	60586	1
	60613	1
	60622	1
	60624	1
	60628	1
	60645	1
	60651	1
	60661	1
	60936	1
	60964	1
	61061	1
	61072	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
De Jong, Steven A (continued)	61073	1
	61329	1
	61350	1
	61356	1
	61364	1
	61571	1
	61704	1
	85395	1
Dickey, Sarah Podiatry  Primary Practice Address: 15620 Lourdes Drive Homer Glen, IL 60491	60638	2
	60124	1
	60154	1
	60305	1
	60423	1
	60433	1
	60441	1
	60491	1
	60513	1
	60525	1
	60527	1
	60561	1
	60707	1
	60803	1
	60804	1
	Unknown	45
	60402	5
	60148	4
	60153	4
Eberhardt, Joshua M Colorectal Surgery  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60525	4
	60707	4
	60126	3
	60448	3
	60623	3
	60804	3
	60070	2
	60130	2
	60164	2
	60188	2
	60440	2
	60446	2
	60455	2
	60467	2
	60501	2
	60506	2
	60526	2
	60706	2
	60014	1
	60015	1
	60018	1
	60101	1
	60104	1
	60108	1
	60131	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Eberhardt, Joshua M (continued)	60154	1
	60171	1
	60174	1
	60175	1
	60181	1
	60304	1
	60432	1
	60439	1
	60441	1
	60445	1
	60457	1
	60458	1
	60463	1
	60475	1
	60505	1
	60510	1
	60516	1
	60517	1
	60521	1
	60523	1
	60527	1
	60534	1
	60558	1
	60561	1
	60563	1
	60616	1
	60618	1
	60634	1
	60637	1
	60639	1
	60656	1
Evans, Douglas A Orthopaedics  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60126	5
	60525	5
	60153	4
	60457	4
	60458	4
	60546	4
	60638	4
	60104	3
	60160	3
	60402	3
	60505	3
	60526	3
	60632	3
	60639	3
	60131	2
	60154	2
	60155	2
	60165	2
	60181	2
	60302	2
	60403	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Evans, Douglas A (continued)	60435	2
	60440	2
	60491	2
	60501	2
	60516	2
	60538	2
	60559	2
	60586	2
	60641	2
	60651	2
	60707	2
	33610	1
	46368	1
	46815	1
	60008	1
	60053	1
	60056	1
	60101	1
	60106	1
	60107	1
	60108	1
	60123	1
	60148	1
	60162	1
	60163	1
	60171	1
	60172	1
	60180	1
	60185	1
	60189	1
	60191	1
	60305	1
	60415	1
	60429	1
	60436	1
	60441	1
	60451	1
	60452	1
	60453	1
	60455	1
	60459	1
	60463	1
	60466	1
	60467	1
	60471	1
	60475	1
	60477	1
	60478	1
	60482	1
	60504	1
	60506	1
	60510	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Evans, Douglas A (continued)	60513	1
	60515	1
	60527	1
	60560	1
	60565	1
	60625	1
	60626	1
	60629	1
	60633	1
	60634	1
	60643	1
	60644	1
	60646	1
	60653	1
	60655	1
	60656	1
	60657	1
	60706	1
	60803	1
	61081	1
	61422	1
	Unknown	105
Farooq, Ahmer Urology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60153	7
	60525	6
	60546	6
	60638	6
	60181	5
	60629	5
	60634	5
	60707	5
	60154	4
	60402	4
	60453	4
	60104	3
	60130	3
	60148	3
	60155	3
	60423	3
	60435	3
	60439	3
	60467	3
	60480	3
	60565	3
	60639	3
	60644	3
	60804	3
	46544	2
	60004	2
	60005	2
	60016	2
	60101	2
	60103	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Farooq, Ahmer (continued)	60160	2
	60171	2
	60172	2
	60187	2
	60192	2
	60304	2
	60433	2
	60441	2
	60457	2
	60463	2
	60475	2
	60477	2
	60506	2
	60513	2
	60527	2
	60545	2
	60632	2
	60641	2
	46307	1
	46321	1
	53115	1
	60107	1
	60123	1
	60131	1
	60165	1
	60179	1
	60188	1
	60305	1
	60403	1
	60420	1
	60426	1
	60440	1
	60443	1
	60446	1
	60448	1
	60450	1
	60458	1
	60462	1
	60465	1
	60491	1
	60504	1
	60505	1
	60515	1
	60516	1
	60517	1
	60532	1
	60538	1
	60543	1
	60544	1
	60548	1
	60554	1
	60559	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Farooq, Ahmer (continued)	60561	1
	60586	1
	60608	1
	60630	1
	60631	1
	60636	1
	60640	1
	60643	1
	60651	1
	60706	1
	60803	1
	62431	1
	62704	1
Flanigan, Robert C Surgical Oncology (Urology)  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60525	5
	60638	5
	60652	4
	52031	3
	60104	3
	60126	3
	60164	3
	60453	3
	60501	3
	60651	3
	60714	3
	61315	3
	60002	2
	60102	2
	60124	2
	60192	2
	60302	2
	60402	2
	60410	2
	60442	2
	60443	2
	60463	2
	60491	2
	60515	2
	60542	2
	60543	2
	60007	1
	60013	1
	60018	1
	60025	1
	60046	1
	60051	1
	60073	1
	60074	1
	60108	1
	60123	1
	60154	1
	60155	1
	60163	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Flanigan, Robert C (continued)	60181	1
	60305	1
	60431	1
	60439	1
	60440	1
	60445	1
	60448	1
	60450	1
	60459	1
	60462	1
	60464	1
	60476	1
	60502	1
	60510	1
	60516	1
	60523	1
	60526	1
	60540	1
	60554	1
	60560	1
	60563	1
	60565	1
	60585	1
	60645	1
	60917	1
	61108	1
Garbis, Nickolas Orthopaedics  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60513	9
	60153	6
	60131	5
	60441	4
	60515	4
	60525	4
	60804	4
	60104	3
	60155	3
	60402	3
	60439	3
	60462	3
	60505	3
	60514	3
	60546	3
	60644	3
	60007	2
	60016	2
	60139	2
	60154	2
	60164	2
	60304	2
	60305	2
	60420	2
	60435	2
	60451	2



TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Garbis, Nickolas (continued)	60477	2
	60482	2
	60487	2
	60491	2
	60504	2
	60510	2
	60517	2
	60523	2
	60586	2
	60608	2
	60612	2
	60619	2
	60634	2
	60805	2
	61362	2
	53190	1
	60015	1
	60018	1
	60051	1
	60067	1
	60068	1
	60090	1
	60107	1
	60115	1
	60121	1
	60130	1
	60137	1
	60140	1
	60141	1
	60143	1
	60160	1
	60163	1
	60169	1
	60171	1
	60187	1
	60189	1
	60192	1
	60302	1
	60404	1
	60423	1
	60426	1
	60436	1
	60440	1
	60442	1
	60448	1
	60450	1
	60453	1
	60455	1
	60457	1
	60458	1
	60460	1
	60463	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Garbis, Nickolas (continued)	60464	1
	60474	1
	60481	1
	60506	1
	60526	1
	60534	1
	60538	1
	60541	1
	60559	1
	60609	1
	60620	1
	60623	1
	60626	1
	60632	1
	60636	1
	60638	1
	60641	1
	60649	1
	60651	1
	60656	1
	60707	1
	61008	1
	61101	1
	61109	1
	61201	1
	61364	1
	61738	1
	Unknown	49
Godellas, Constantine Surgical Oncology (Breast)  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60126	7
	60707	7
	60302	6
	60527	6
	60154	5
	60521	5
	60526	5
	60104	4
	60153	4
	60155	4
	60462	4
	60513	4
	60525	4
	60546	4
	60176	3
	60491	3
	60515	3
	60008	2
	60108	2
	60130	2
	60131	2
	60160	2
	60164	2
	60171	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Godellas, Constantine (continued)	60172	2
	60305	2
	60404	2
	60457	2
	60459	2
	60463	2
	60464	2
	60477	2
	60502	2
	60514	2
	60634	2
	60639	2
	60644	2
	60804	2
	46236	1
	46360	1
	46394	1
	53184	1
	60007	1
	60016	1
	60030	1
	60047	1
	60101	1
	60102	1
	60106	1
	60124	1
	60139	1
	60157	1
	60169	1
	60177	1
	60188	1
	60189	1
	60194	1
	60301	1
	60304	1
	60402	1
	60423	1
	60432	1
	60436	1
	60439	1
	60440	1
	60442	1
	60448	1
	60450	1
	60452	1
	60458	1
	60465	1
	60467	1
	60468	1
	60481	1
	60487	1
	60501	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Godellas, Constantine (continued)	60504	1
	60506	1
	60516	1
	60534	1
	60543	1
	60558	1
	60559	1
	60561	1
	60608	1
	60616	1
	60618	1
	60630	1
	60632	1
	60637	1
	60638	1
	60642	1
	60657	1
	60950	1
	61030	1
	61350	1
	61362	1
	61846	1
Gorbonos, Alex Surgical Oncology (Urology)  Primary Practice Address: 675 W. North Ave Melrose Park, IL 60160	60402	8
	60638	8
	60155	5
	60641	5
	60101	4
	60453	4
	60455	4
	60501	4
	60515	4
	60561	4
	60103	3
	60131	3
	60148	3
	60491	3
	60513	3
	60534	3
	60543	3
	60031	2
	60056	2
	60106	2
	60120	2
	60123	2
	60130	2
	60153	2
	60154	2
	60164	2
	60171	2
	60174	2
	60193	2
	60439	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Gorbonos, Alex (continued)	60441	2
	60449	2
	60477	2
	60506	2
	60510	2
	60516	2
	60527	2
	60538	2
	60605	2
	60629	2
	60644	2
	60652	2
	60706	2
	60707	2
	61341	2
	46322	1
	60004	1
	60104	1
	60134	1
	60136	1
	60143	1
	60161	1
	60169	1
	60172	1
	60176	1
	60187	1
	60188	1
	60194	1
	60301	1
	60302	1
	60304	1
	60431	1
	60432	1
	60435	1
	60443	1
	60451	1
	60452	1
	60457	1
	60462	1
	60465	1
	60487	1
	60503	1
	60504	1
	60505	1
	60517	1
	60526	1
	60558	1
	60608	1
	60624	1
	60632	1
	60634	1
	60647	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Gorbonos, Alex (continued)	60649	1
	60651	1
	60803	1
	60827	1
	61030	1
	61350	1
Gupta, Gopal Surgical Oncology (Urology)  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60153	4
	60155	4
	60491	4
	60513	4
	60104	3
	60137	3
	60154	3
	60074	2
	60101	2
	60119	2
	60123	2
	60188	2
	60193	2
	60459	2
	60462	2
	60505	2
	60515	2
	60538	2
	60560	2
	60638	2
	60707	2
	46307	1
	46360	1
	60002	1
	60004	1
	60033	1
	60041	1
	60071	1
	60090	1
	60115	1
	60126	1
	60134	1
	60140	1
	60148	1
	60160	1
	60171	1
	60177	1
	60178	1
	60181	1
	60187	1
	60302	1
	60304	1
	60402	1
	60431	1
	60434	1
	60435	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Gupta, Gopal (continued)	60436	1
	60439	1
	60440	1
	60445	1
	60453	1
	60465	1
	60467	1
	60477	1
	60478	1
	60482	1
	60517	1
	60534	1
	60540	1
	60546	1
	60617	1
	60632	1
	60639	1
	60644	1
	60656	1
	60712	1
	60803	1
Gupta, Neil Gastroenterology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	61008	1
	61021	1
	60707	26
	60515	23
	60546	21
	60402	20
	60153	16
	60048	13
	60148	13
	60638	13
	60305	12
	60525	11
	60154	10
	60462	10
	60631	10
	60639	10
	60104	9
	60527	9
	60651	9
	60007	8
	60015	8
	60016	8
	60516	8
	60561	8
	60901	8
	60107	7
	60108	7
	60142	7
	60164	7
	60304	7
	60477	7

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Gupta, Neil (continued)	60513	7
	60804	7
	60103	6
	60126	6
	60130	6
	60181	6
	60188	6
	60439	6
	60467	6
	60491	6
	60563	6
	60564	6
	60644	6
	49091	5
	60062	5
	60155	5
	60172	5
	60302	5
	60403	5
	60440	5
	60455	5
	60457	5
	60465	5
	60646	5
	60176	4
	60184	4
	60436	4
	60453	4
	60463	4
	60472	4
	60490	4
	60502	4
	60517	4
	60523	4
	60526	4
	60532	4
	60542	4
	60543	4
	60634	4
	60647	4
	60656	4
	60803	4
	60954	4
	60958	4
	61008	4
	61327	4
	61350	4
	61364	4
	61554	4
	46410	3
	60041	3
	60068	3



TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Gupta, Neil (continued)	60083	3
	60102	3
	60124	3
	60160	3
	60171	3
	60189	3
	60409	3
	60419	3
	60441	3
	60445	3
	60446	3
	60452	3
	60459	3
	60510	3
	60540	3
	60552	3
	60559	3
	60585	3
	60586	3
	60601	3
	60611	3
	60624	3
	60641	3
	60657	3
	60805	3
	61104	3
	61761	3
	60004	2
	60008	2
	60010	2
	60018	2
	60030	2
	60045	2
	60051	2
	60074	2
	60101	2
	60109	2
	60110	2
	60115	2
	60131	2
	60135	2
	60152	2
	60163	2
	60169	2
	60177	2
	60191	2
	60301	2
	60404	2
	60411	2
	60415	2
	60416	2
	60421	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Gupta, Neil (continued)	60423	2
	60431	2
	60433	2
	60447	2
	60450	2
	60464	2
	60478	2
	60479	2
	60480	2
	60487	2
	60521	2
	60544	2
	60548	2
	60565	2
	60622	2
	60623	2
	60640	2
	60642	2
	60655	2
	60706	2
	61081	2
	61108	2
	61737	2
	34135	1
	46360	1
	46383	1
	52732	1
	52804	1
	60014	1
	60026	1
	60029	1
	60033	1
	60056	1
	60060	1
	60087	1
	60098	1
	60106	1
	60120	1
	60123	1
	60139	1
	60145	1
	60156	1
	60193	1
	60194	1
	60424	1
	60449	1
	60451	1
	60481	1
	60504	1
	60505	1
	60506	1
	60518	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Gupta, Neil (continued)	60534	1
	60541	1
	60555	1
	60558	1
	60560	1
	60607	1
	60608	1
	60609	1
	60614	1
	60618	1
	60629	1
	60633	1
	60645	1
	60649	1
	60654	1
	60714	1
	60827	1
	60913	1
	61068	1
	61071	1
	61244	1
	61310	1
	61360	1
	61401	1
	61704	1
	61745	1
	62204	1
	77836	1
Halandras, Pegge Vascular Surgery  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60130	5
	60153	4
	60155	4
	60104	3
	60160	3
	60402	3
	60404	3
	60139	2
	60154	2
	60415	2
	60423	2
	60441	2
	60546	2
	60624	2
	60644	2
	60707	2
	60804	2
	60016	1
	60162	1
	60164	1
	60201	1
	60406	1
	60436	1
	60440	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Halandras, Pegge (continued)	60458	1
	60467	1
	60471	1
	60525	1
	60609	1
	60616	1
	60621	1
	60629	1
	60634	1
	60638	1
	60641	1
	60104	1
Harris, George Otolaryngology	60164	1
	60448	1
Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60467	1
	60651	1
Hayden, Dana Colorectal Surgery	60805	1
	60302	5
Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60104	4
	60440	4
	60614	4
	60804	4
	60101	3
	60103	3
	60137	3
	60153	3
	60163	3
	60165	3
	60181	3
	60305	3
	60402	3
	60438	3
	60513	3
	60515	3
	60543	3
	60625	3
	60707	3
	61010	3
	60089	2
	60118	2
	60126	2
	60133	2
	60148	2
	60160	2
	60164	2
	60187	2
	60455	2
	60465	2
	60467	2
	60472	2
	60487	2
	60501	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Hayden, Dana (continued)	60516	2
	60609	2
	60623	2
	60630	2
	60634	2
	60638	2
	32827	1
	49128	1
	60010	1
	60014	1
	60050	1
	60056	1
	60067	1
	60084	1
	60139	1
	60155	1
	60168	1
	60169	1
	60176	1
	60185	1
	60189	1
	60191	1
	60406	1
	60411	1
	60441	1
	60457	1
	60462	1
	60505	1
	60517	1
	60525	1
	60532	1
	60554	1
	60558	1
	60561	1
	60618	1
	60622	1
	60639	1
	60641	1
	60644	1
	60647	1
	60651	1
	61021	1
	61354	1
	61434	1
Holtman, Joseph Pain Management  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60153	17
	60525	11
	60516	7
	60707	7
	60164	6
	60623	6
	60634	6
	60402	5

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Holtman, Joseph (continued)	60431	5
	60439	5
	60638	5
	60706	5
	60126	4
	60133	4
	60148	4
	60160	4
	60302	4
	60304	4
	60458	4
	60655	4
	60104	3
	60106	3
	60131	3
	60155	3
	60171	3
	60176	3
	60191	3
	60455	3
	60527	3
	60803	3
	60010	2
	60053	2
	60118	2
	60120	2
	60137	2
	60154	2
	60168	2
	60194	2
	60410	2
	60426	2
	60445	2
	60450	2
	60467	2
	60477	2
	60501	2
	60513	2
	60523	2
	60544	2
	60546	2
	60558	2
	60632	2
	60644	2
	60827	2
	61071	2
	60016	1
	60068	1
	60101	1
	60130	1
	60139	1
	60165	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Holtman, Joseph (continued)	60177	1
	60193	1
	60301	1
	60419	1
	60421	1
	60441	1
	60453	1
	60457	1
	60504	1
	60505	1
	60506	1
	60521	1
	60534	1
	60552	1
	60559	1
	60561	1
	60565	1
	60586	1
	60608	1
	60629	1
	60639	1
	60647	1
	60656	1
	60914	1
	61265	1
	61350	1
	61356	1
Hotaling, Andrew J Otolaryngology  Primary Practice Address: 17W578 Morningside Dr Oakbrook Terrace, IL 60181	60402	15
	60126	14
	60441	11
	60526	11
	60462	10
	60513	10
	60804	10
	60101	9
	60448	9
	60527	8
	60638	8
	60516	7
	60160	6
	60185	6
	60423	6
	60546	6
	60137	5
	60148	5
	60153	5
	60181	5
	60446	5
	60491	5
	60521	5
	60558	5
	60133	4

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Hotaling, Andrew J (continued)	60139	4
	60193	4
	60304	4
	60450	4
	60467	4
	60482	4
	60561	4
	60564	4
	60639	4
	60074	3
	60131	3
	60154	3
	60188	3
	60189	3
	60440	3
	60487	3
	60506	3
	60510	3
	60515	3
	60525	3
	60534	3
	60544	3
	60545	3
	60632	3
	60707	3
	60010	2
	60103	2
	60104	2
	60107	2
	60108	2
	60120	2
	60143	2
	60171	2
	60174	2
	60177	2
	60305	2
	60435	2
	60445	2
	60451	2
	60453	2
	60459	2
	60464	2
	60490	2
	60502	2
	60505	2
	60514	2
	60523	2
	60609	2
	60619	2
	60630	2
	60634	2
	60655	2



TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Hotaling, Andrew J (continued)	30358	1
	60004	1
	60007	1
	60008	1
	60056	1
	60093	1
	60102	1
	60106	1
	60123	1
	60124	1
	60134	1
	60142	1
	60155	1
	60162	1
	60163	1
	60164	1
	60165	1
	60172	1
	60175	1
	60187	1
	60191	1
	60302	1
	60401	1
	60404	1
	60415	1
	60432	1
	60433	1
	60436	1
	60439	1
	60442	1
	60447	1
	60449	1
	60452	1
	60455	1
	60457	1
	60458	1
	60463	1
	60466	1
	60477	1
	60501	1
	60504	1
	60532	1
	60538	1
	60540	1
	60542	1
	60552	1
	60554	1
	60559	1
	60563	1
	60565	1
	60586	1
	60617	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Hotaling, Andrew J (continued)	60618	1
	60624	1
	60629	1
	60653	1
	60657	1
	60706	1
	60803	1
	61341	1
Jones, Paul Otolaryngology  Primary Practice Address: 6800 North Frontage Road Burr Ridge, IL 60527	60527	5
	60638	5
	60131	3
	60513	3
	60101	2
	60155	2
	60423	2
	60430	2
	60435	2
	60436	2
	60441	2
	60465	2
	60521	2
	60616	2
	60639	2
	60007	1
	60018	1
	60062	1
	60137	1
	60153	1
	60165	1
	60172	1
	60176	1
	60189	1
	60302	1
	60403	1
	60440	1
	60447	1
	60455	1
	60457	1
	60458	1
	60477	1
	60487	1
	60501	1
	60505	1
	60515	1
	60540	1
	60544	1
	60586	1
	60611	1
	60618	1
	60619	1
	60634	1
	60644	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Jones, Paul (continued)	60647	1
	60803	1
	60804	1
	60805	1
	61012	1
Kabaker, Adam General Surgery  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60153	7
	60155	5
	60126	4
	60171	4
	60638	4
	60104	3
	60302	3
	60304	3
	60402	3
	60506	3
	60516	3
	60651	3
	60706	3
	60707	3
	60131	2
	60137	2
	60139	2
	60163	2
	60164	2
	60176	2
	60189	2
	60433	2
	60441	2
	60462	2
	60477	2
	60487	2
	60517	2
	60526	2
	60527	2
	60534	2
	60544	2
	60561	2
	60804	2
	09593	1
	60016	1
	60101	1
	60108	1
	60112	1
	60123	1
	60154	1
	60168	1
	60178	1
	60193	1
	60401	1
	60403	1
	60410	1
	60416	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Kabaker, Adam	60432	1
	60435	1
	60444	1
	60445	1
	60450	1
	60453	1
	60457	1
	60458	1
	60465	1
	60473	1
	60478	1
	60482	1
	60505	1
	60513	1
	60514	1
	60515	1
	60523	1
	60525	1
	60538	1
	60540	1
	60543	1
	60546	1
	60560	1
	60564	1
	60608	1
	60610	1
	60618	1
	60620	1
	60629	1
	60632	1
	60634	1
	60639	1
	60643	1
	60647	1
	60655	1
	60657	1
	61341	1
	61350	1
	61603	1
	61769	1
Khan, Noureen Ophthalmology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60104	4
	60651	4
	60513	3
	60525	3
	60632	3
	60103	2
	60153	2
	60462	2
	60644	2
	60098	1
	60154	1
	60446	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Khan, Noureen (continued)	60465	1
	60480	1
	60487	1
	60546	1
	60629	1
	60638	1
	60647	1
Khan, Omar Gastroenterology  Primary Practice Address: 6800 North Frontage Road Burr Ridge, IL 60527	60402	33
	60153	32
	60638	32
	60525	31
	60707	29
	60457	28
	60439	27
	60462	25
	60126	22
	60453	21
	60455	19
	60465	19
	60104	18
	60304	18
	60513	18
	60458	17
	60546	17
	60130	16
	60491	16
	60154	15
	60155	15
	60527	15
	60463	14
	60804	14
	60477	13
	60526	13
	60459	12
	60467	12
	60561	12
	60609	12
	60302	11
	60501	11
	60558	11
	60559	11
	60480	10
	60534	10
	60634	10
	60644	10
	60651	10
	60482	9
	60632	9
	60137	8
	60440	8
	60441	8
	60464	8

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Khan, Omar (continued)	60523	8
	60532	8
	60655	8
	60148	7
	60160	7
	60185	7
	60187	7
	60517	7
	60803	7
	60106	6
	60134	6
	60164	6
	60305	6
	60435	6
	60448	6
	60540	6
	60618	6
	60652	6
	60656	6
	60025	5
	60131	5
	60139	5
	60188	5
	60487	5
	60515	5
	60607	5
	60623	5
	46321	4
	60016	4
	60110	4
	60163	4
	60165	4
	60176	4
	60181	4
	60430	4
	60446	4
	60452	4
	60506	4
	60514	4
	60521	4
	60543	4
	60565	4
	60585	4
	60586	4
	60629	4
	60805	4
	60101	3
	60108	3
	60123	3
	60171	3
	60415	3
	60423	3

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Khan, Omar (continued)	60443	3
	60516	3
	60538	3
	60622	3
	60628	3
	60630	3
	60631	3
	60639	3
	60646	3
	61350	3
	61732	3
	60004	2
	60062	2
	60068	2
	60103	2
	60143	2
	60169	2
	60189	2
	60193	2
	60301	2
	60303	2
	60404	2
	60417	2
	60421	2
	60433	2
	60447	2
	60449	2
	60450	2
	60451	2
	60473	2
	60478	2
	60481	2
	60490	2
	60544	2
	60548	2
	60563	2
	60564	2
	60608	2
	60612	2
	60616	2
	60617	2
	60625	2
	60643	2
	60649	2
	60706	2
	60714	2
	61104	2
	61701	2
	32608	1
	46311	1
	46342	1
	52403	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Khan, Omar (continued)	60005	1
	60008	1
	60014	1
	60053	1
	60073	1
	60107	1
	60115	1
	60141	1
	60142	1
	60152	1
	60162	1
	60406	1
	60411	1
	60416	1
	60422	1
	60429	1
	60431	1
	60445	1
	60456	1
	60475	1
	60504	1
	60554	1
	60555	1
	60614	1
	60626	1
	60636	1
	60647	1
	60827	1
	60950	1
	61301	1
	62960	1
Kircher, Matthew L Otolaryngology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60153	5
	60115	4
	60130	4
	60160	4
	60402	4
	60453	4
	60639	4
	60099	3
	60131	3
	60134	3
	60188	3
	60458	3
	60502	3
	60516	3
	60586	3
	60630	3
	60638	3
	46307	2
	60014	2
	60018	2
	60060	2



TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Kircher, Matthew L (continued)	60067	2
	60084	2
	60085	2
	60103	2
	60123	2
	60126	2
	60133	2
	60148	2
	60155	2
	60164	2
	60181	2
	60185	2
	60441	2
	60448	2
	60451	2
	60462	2
	60480	2
	60481	2
	60487	2
	60490	2
	60491	2
	60506	2
	60517	2
	60525	2
	60532	2
	60540	2
	60548	2
	60561	2
	60563	2
	60613	2
	60634	2
	60645	2
	60647	2
	60652	2
	60655	2
	60656	2
	60707	2
	61111	2
	61251	2
	46303	1
	46327	1
	49829	1
	60004	1
	60007	1
	60016	1
	60025	1
	60031	1
	60046	1
	60047	1
	60056	1
	60073	1
	60090	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Kircher, Matthew L (continued)	60101	1
	60107	1
	60108	1
	60120	1
	60124	1
	60137	1
	60139	1
	60140	1
	60142	1
	60146	1
	60150	1
	60152	1
	60154	1
	60169	1
	60173	1
	60187	1
	60189	1
	60302	1
	60304	1
	60305	1
	60404	1
	60408	1
	60416	1
	60423	1
	60432	1
	60435	1
	60438	1
	60439	1
	60440	1
	60442	1
	60446	1
	60447	1
	60452	1
	60455	1
	60465	1
	60467	1
	60477	1
	60504	1
	60513	1
	60527	1
	60556	1
	60559	1
	60564	1
	60565	1
	60625	1
	60629	1
	60632	1
	60644	1
	60651	1
	60706	1
	60803	1
	60804	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Kircher, Matthew L (continued)	60805	1
	60914	1
	60940	1
	61068	1
	61081	1
	61301	1
Lack, William Orthopaedics  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60153	5
	60402	4
	60707	4
	60302	3
	60458	3
	60104	2
	60155	2
	60164	2
	60424	2
	60525	2
	60546	2
	60608	2
	60623	2
	60634	2
	60901	2
	46368	1
	46375	1
	60074	1
	60101	1
	60107	1
	60124	1
	60130	1
	60131	1
	60162	1
	60176	1
	60181	1
	60401	1
	60406	1
	60410	1
	60441	1
	60446	1
	60452	1
	60457	1
	60462	1
	60491	1
	60506	1
	60513	1
	60516	1
	60638	1
	60641	1
	60644	1
	60647	1
	60655	1
	60656	1
	60659	1
	60706	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Lack, William (continued)	60804	1
	60913	1
	60950	1
	61103	1
Leonetti, John P Otolaryngology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60453	7
	60123	6
	60142	5
	60565	5
	60101	4
	60126	4
	60148	4
	60172	4
	60187	4
	60506	4
	60564	4
	60655	4
	60805	4
	60007	3
	60014	3
	60056	3
	60108	3
	60137	3
	60193	3
	60302	3
	60439	3
	60451	3
	60516	3
	60623	3
	60638	3
	46307	2
	46385	2
	60004	2
	60051	2
	60085	2
	60089	2
	60102	2
	60103	2
	60119	2
	60130	2
	60134	2
	60139	2
	60160	2
	60169	2
	60176	2
	60178	2
	60188	2
	60191	2
	60462	2
	60467	2
	60477	2
	60487	2
	60491	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Leonetti, John P (continued)	60517	2
	60532	2
	60543	2
	60545	2
	60560	2
	60561	2
	60631	2
	60632	2
	60634	2
	60706	2
	60714	2
	61354	2
	46356	1
	46368	1
	46383	1
	46614	1
	49048	1
	49056	1
	60005	1
	60012	1
	60013	1
	60015	1
	60016	1
	60025	1
	60030	1
	60035	1
	60045	1
	60047	1
	60048	1
	60062	1
	60067	1
	60068	1
	60069	1
	60073	1
	60083	1
	60091	1
	60096	1
	60104	1
	60106	1
	60107	1
	60110	1
	60120	1
	60124	1
	60141	1
	60143	1
	60154	1
	60175	1
	60177	1
	60184	1
	60185	1
	60189	1
	60192	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Leonetti, John P (continued)	60402	1
	60403	1
	60406	1
	60407	1
	60416	1
	60421	1
	60431	1
	60432	1
	60435	1
	60440	1
	60443	1
	60445	1
	60447	1
	60448	1
	60455	1
	60457	1
	60458	1
	60459	1
	60464	1
	60466	1
	60480	1
	60502	1
	60503	1
	60510	1
	60513	1
	60514	1
	60515	1
	60521	1
	60526	1
	60534	1
	60544	1
	60546	1
	60548	1
	60554	1
	60555	1
	60559	1
	60563	1
	60585	1
	60611	1
	60613	1
	60625	1
	60629	1
	60630	1
	60639	1
	60641	1
	60643	1
	60646	1
	60647	1
	60651	1
	60656	1
	60707	1
	60803	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Leonetti, John P (continued)	60804	1
	61011	1
	61021	1
	61068	1
	61071	1
	61081	1
	61109	1
	61270	1
	61301	1
	61310	1
	61342	1
	61348	1
	61356	1
	61376	1
	61421	1
	61820	1
	62644	1
	62704	1
	83001	1
Leya, Jack Gastroenterology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60634	10
	60439	8
	60707	7
	60101	6
	60126	6
	60154	6
	60630	6
	60172	5
	60302	5
	60457	5
	60631	5
	60638	5
	60048	4
	60108	4
	60130	4
	60148	4
	60453	4
	60527	4
	60706	4
	46410	3
	60010	3
	60016	3
	60189	3
	60435	3
	60451	3
	60464	3
	60465	3
	60517	3
	60525	3
	60005	2
	60069	2
	60097	2
	60107	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Leya, Jack (continued)	60157	2
	60194	2
	60402	2
	60445	2
	60459	2
	60467	2
	60501	2
	60513	2
	60521	2
	60532	2
	60540	2
	60543	2
	60559	2
	60563	2
	60608	2
	60609	2
	60628	2
	60632	2
	60640	2
	60656	2
	60804	2
	46360	1
	46563	1
	60014	1
	60035	1
	60047	1
	60053	1
	60062	1
	60070	1
	60120	1
	60124	1
	60153	1
	60155	1
	60160	1
	60164	1
	60174	1
	60176	1
	60187	1
	60188	1
	60305	1
	60416	1
	60423	1
	60433	1
	60436	1
	60440	1
	60446	1
	60452	1
	60455	1
	60491	1
	60505	1
	60514	1
	60516	1



TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Leya, Jack (continued)	60523	1
	60526	1
	60565	1
	60618	1
	60641	1
	60644	1
	60647	1
	60660	1
	60805	1
	60950	1
	60954	1
	61008	1
Liotta, Margaret Surgical Oncology (Gyn)  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60104	7
	60402	6
	60707	6
	60154	4
	60160	4
	60164	4
	60462	4
	60491	4
	60527	4
	60639	4
	60103	3
	60123	3
	60153	3
	60453	3
	60634	3
	60056	2
	60101	2
	60115	2
	60119	2
	60130	2
	60131	2
	60148	2
	60187	2
	60304	2
	60305	2
	60423	2
	60433	2
	60440	2
	60506	2
	60516	2
	60517	2
	60525	2
	60546	2
	60564	2
	60632	2
	60644	2
	60647	2
	61061	2
	46304	1
	46350	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Liotta, Margaret (continued)	46382	1
	60014	1
	60033	1
	60060	1
	60067	1
	60102	1
	60106	1
	60107	1
	60110	1
	60120	1
	60126	1
	60137	1
	60155	1
	60156	1
	60162	1
	60163	1
	60171	1
	60172	1
	60175	1
	60185	1
	60188	1
	60191	1
	60193	1
	60301	1
	60302	1
	60410	1
	60416	1
	60445	1
	60446	1
	60448	1
	60455	1
	60465	1
	60467	1
	60487	1
	60501	1
	60510	1
	60521	1
	60532	1
	60534	1
	60538	1
	60545	1
	60548	1
	60563	1
	60565	1
	60585	1
	60608	1
	60613	1
	60616	1
	60620	1
	60638	1
	60641	1
	60656	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Liotta, Margaret (continued)	60804	1
	60915	1
	61006	1
	61073	1
Luchette, Frederick A General Surgery  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60160	5
	60181	4
	60441	4
	60513	4
	60130	3
	60153	3
	60402	3
	60423	3
	60455	3
	60561	3
	60126	2
	60155	2
	60305	2
	60436	2
	60458	2
	60462	2
	60465	2
	60526	2
	60527	2
	60608	2
	60707	2
	46323	1
	60014	1
	60101	1
	60104	1
	60106	1
	60124	1
	60148	1
	60154	1
	60163	1
	60176	1
	60302	1
	60304	1
	60426	1
	60435	1
	60445	1
	60446	1
	60450	1
	60453	1
	60457	1
	60459	1
	60463	1
	60464	1
	60467	1
	60477	1
	60491	1
	60501	1
	60505	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Luchette, Frederick A (continued)	60514	1
	60515	1
	60523	1
	60525	1
	60534	1
	60542	1
	60546	1
	60558	1
	60559	1
	60564	1
	60565	1
	60585	1
	60615	1
	60638	1
	60641	1
	60642	1
	60645	1
	60656	1
	60706	1
	60804	1
	60941	1
Macleod, Stephen Oral Surgery  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60540	4
	60018	3
	60107	3
	60402	3
	60007	2
	60051	2
	60101	2
	60120	2
	60134	2
	60164	2
	60185	2
	60416	2
	60477	2
	60501	2
	60506	2
	60555	2
	60625	2
	60644	2
	60651	2
	60707	2
	61764	2
	33178	1
	46407	1
	60004	1
	60014	1
	60016	1
	60047	1
	60102	1
	60104	1
	60106	1
	60126	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Macleod, Stephen (continued)	60133	1
	60148	1
	60153	1
	60160	1
	60178	1
	60187	1
	60188	1
	60191	1
	60193	1
	60202	1
	60302	1
	60305	1
	60404	1
	60417	1
	60424	1
	60430	1
	60431	1
	60433	1
	60439	1
	60441	1
	60445	1
	60451	1
	60467	1
	60505	1
	60513	1
	60514	1
	60515	1
	60525	1
	60526	1
	60546	1
	60554	1
	60560	1
	60563	1
	60564	1
	60565	1
	60616	1
	60618	1
	60622	1
	60623	1
	60640	1
	60656	1
	61341	1
	61356	1
	61364	1
	62449	1
Malhotra, Varun	60139	4
Ophthalmology	46383	3
	60104	3
Primary Practice Address:	60126	3
2160 South First Avenue	60153	3
Maywood, IL 60153	60154	2
	60188	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Malhotra, Varun (continued)	60455	2
	60457	2
	60504	2
	60517	2
	60534	2
	60561	2
	60617	2
	60623	2
	60707	2
	60172	1
	60181	1
	60439	1
	60440	1
	60491	1
	60546	1
	60552	1
	60558	1
	60629	1
	60638	1
	60651	1
	60656	1
Marzo, Sam J Otolaryngology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60954	1
	60133	3
	60462	3
	60527	3
	60634	3
	60010	2
	60126	2
	60130	2
	60187	2
	60402	2
	60475	2
	60544	2
	34714	1
	46311	1
	46324	1
	60005	1
	60007	1
	60016	1
	60025	1
	60026	1
	60050	1
	60053	1
	60064	1
	60076	1
	60101	1
	60106	1
	60123	1
	60134	1
	60135	1
	60136	1
	60137	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Marzo, Sam J (continued)	60142	1
	60143	1
	60151	1
	60160	1
	60163	1
	60164	1
	60172	1
	60173	1
	60181	1
	60184	1
	60188	1
	60189	1
	60203	1
	60409	1
	60410	1
	60411	1
	60422	1
	60423	1
	60429	1
	60433	1
	60439	1
	60442	1
	60446	1
	60451	1
	60457	1
	60467	1
	60477	1
	60502	1
	60503	1
	60506	1
	60516	1
	60517	1
	60525	1
	60526	1
	60532	1
	60541	1
	60546	1
	60548	1
	60563	1
	60564	1
	60565	1
	60625	1
	60626	1
	60628	1
	60629	1
	60632	1
	60638	1
	60651	1
	60656	1
	60706	1
	60707	1
	60714	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Marzo, Sam J (continued)	60803	1
	61032	1
	61068	1
	61101	1
	61104	1
	61107	1
	61108	1
	61111	1
	61114	1
	Unknown	19
Matoka, Derek Urology  Primary Practice Address: 17W578 Morningside Dr Oakbrook Terrace, IL 60181	60402	19
	60153	12
	60634	9
	60104	7
	60441	7
	60462	7
	60101	6
	60164	6
	60126	5
	60439	5
	60440	5
	60638	5
	60804	5
	60120	4
	60130	4
	60148	4
	60160	4
	60446	4
	60525	4
	60546	4
	60639	4
	60706	4
	60707	4
	60139	3
	60163	3
	60453	3
	60465	3
	60467	3
	60513	3
	60526	3
	60644	3
	61353	3
	60007	2
	60010	2
	60056	2
	60076	2
	60106	2
	60107	2
	60155	2
	60181	2
	60187	2
	60188	2



TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Matoka, Derek (continued)	60194	2
	60305	2
	60435	2
	60447	2
	60448	2
	60450	2
	60451	2
	60452	2
	60457	2
	60458	2
	60459	2
	60477	2
	60481	2
	60490	2
	60491	2
	60516	2
	60517	2
	60543	2
	60618	2
	60630	2
	60632	2
	60637	2
	60641	2
	60643	2
	60652	2
	60656	2
	60660	2
	61360	2
	60014	1
	60016	1
	60048	1
	60051	1
	60074	1
	60098	1
	60103	1
	60108	1
	60131	1
	60136	1
	60143	1
	60156	1
	60162	1
	60165	1
	60169	1
	60171	1
	60172	1
	60174	1
	60184	1
	60185	1
	60191	1
	60192	1
	60193	1
	60201	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Matoka, Derek (continued)	60302	1
	60304	1
	60408	1
	60426	1
	60431	1
	60432	1
	60436	1
	60442	1
	60445	1
	60455	1
	60456	1
	60463	1
	60475	1
	60478	1
	60482	1
	60484	1
	60503	1
	60504	1
	60505	1
	60506	1
	60514	1
	60527	1
	60534	1
	60540	1
	60554	1
	60558	1
	60559	1
	60560	1
	60561	1
	60565	1
	60613	1
	60616	1
	60622	1
	60623	1
	60624	1
	60629	1
	60631	1
	60642	1
	60651	1
	60680	1
	60714	1
	60950	1
	61065	1
	61108	1
	61356	1
McCasey, Craig Orthopaedics	60451	2
	60154	1
	60410	1
	60433	1
	60465	1
Primary Practice Address: 15620 Lourdes Drive Homer Glen, IL 60491	60491	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
McCasey, Craig (continued)	60545	1
	61068	1
Naik, Amar	60402	30
	60491	25
Gastroenterology	60104	24
	60153	23
Primary Practice Address: 6800 North Frontage Road Burr Ridge, IL 60527	60154	19
	60126	18
	60302	18
	60527	18
	60546	18
	60441	17
	60467	17
	60513	17
	60634	16
	60804	16
	60517	15
	60561	15
	60171	14
	60160	13
	60462	13
	60423	12
	60155	11
	60181	11
	60463	11
	60526	11
	60534	11
	60586	11
	60638	11
	60162	10
	60477	10
	60148	9
	60164	9
	60304	9
	60525	9
	60707	9
	60435	8
	60101	7
	60305	7
	60451	7
	60457	7
	60458	7
	60459	7
	60464	7
	60515	7
	60516	7
	60558	7
	60641	7
	60107	6
	60130	6
	60139	6
	60439	6

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Naik, Amar (continued)	60448	6
	60453	6
	60505	6
	60521	6
	60651	6
	60656	6
	60133	5
	60176	5
	60191	5
	60403	5
	60455	5
	60480	5
	60487	5
	60490	5
	60501	5
	60544	5
	60585	5
	60644	5
	60067	4
	60073	4
	60103	4
	60110	4
	60137	4
	60163	4
	60169	4
	60440	4
	60465	4
	60481	4
	60504	4
	60506	4
	60543	4
	60564	4
	60639	4
	60004	3
	60025	3
	60090	3
	60120	3
	60187	3
	60193	3
	60442	3
	60446	3
	60452	3
	60523	3
	60532	3
	60540	3
	60551	3
	60609	3
	60610	3
	60653	3
	37919	2
	60016	2
	60089	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Naik, Amar (continued)	60124	2
	60152	2
	60165	2
	60173	2
	60189	2
	60301	2
	60415	2
	60417	2
	60431	2
	60433	2
	60461	2
	60466	2
	60538	2
	60542	2
	60559	2
	60563	2
	60623	2
	60631	2
	60640	2
	60646	2
	60647	2
	60706	2
	60803	2
	60805	2
	46260	1
	46360	1
	46615	1
	49048	1
	54246	1
	60002	1
	60007	1
	60050	1
	60056	1
	60068	1
	60087	1
	60098	1
	60106	1
	60108	1
	60115	1
	60119	1
	60131	1
	60134	1
	60143	1
	60146	1
	60156	1
	60157	1
	60172	1
	60174	1
	60178	1
	60184	1
	60185	1
	60303	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Naik, Amar (continued)	60407	1
	60408	1
	60410	1
	60422	1
	60430	1
	60434	1
	60436	1
	60443	1
	60445	1
	60449	1
	60456	1
	60475	1
	60482	1
	60512	1
	60514	1
	60552	1
	60554	1
	60565	1
	60605	1
	60607	1
	60608	1
	60612	1
	60615	1
	60616	1
	60617	1
	60619	1
	60620	1
	60624	1
	60628	1
	60632	1
	60637	1
	60643	1
	60655	1
	60661	1
	60827	1
	60950	1
	60954	1
	61053	1
	61071	1
	61108	1
	61115	1
	61356	1
	61364	1
Nystrom, Lukas Orthopaedics  Primary Practice Address: 6800 North Frontage Road Burr Ridge, IL 60527	60160	4
	60402	3
	60126	2
	60153	2
	60154	2
	60155	2
	60181	2
	60446	2
	60453	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Nystrom, Lukas (continued)	60458	2
	60465	2
	60501	2
	60517	2
	60525	2
	60639	2
	60644	2
	61021	2
	46323	1
	60020	1
	60042	1
	60068	1
	60101	1
	60104	1
	60106	1
	60107	1
	60130	1
	60148	1
	60157	1
	60164	1
	60169	1
	60171	1
	60187	1
	60302	1
	60417	1
	60431	1
	60432	1
	60435	1
	60462	1
	60467	1
	60477	1
	60491	1
	60510	1
	60516	1
	60526	1
	60532	1
	60558	1
	60559	1
	60561	1
	60586	1
	60601	1
	60608	1
	60632	1
	60633	1
	60634	1
	60638	1
	60657	1
	60707	1
	60827	1
	61072	1
	61350	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Palmer, Lena Gastroenterology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60402	32
	60153	25
	60546	21
	60126	17
	60302	15
	60638	15
	60154	14
	60513	14
	60523	14
	60707	13
	60104	12
	60651	12
	60634	10
	60804	10
	60137	9
	60526	9
	60155	7
	60162	7
	60189	7
	60305	7
	60534	7
	60639	7
	60148	6
	60164	6
	60130	5
	60160	5
	60181	5
	60304	5
	60441	5
	60462	5
	60506	5
	60558	5
	60644	5
	60101	4
	60106	4
	60171	4
	60453	4
	60458	4
	60527	4
	60532	4
	60609	4
	60025	3
	60068	3
	60103	3
	60131	3
	60136	3
	60163	3
	60165	3
	60435	3
	60446	3
	60451	3
	60463	3



TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Palmer, Lena (continued)	60525	3
	60607	3
	60632	3
	60706	3
	60714	3
	33950	2
	60005	2
	60062	2
	60120	2
	60169	2
	60174	2
	60185	2
	60301	2
	60303	2
	60410	2
	60431	2
	60439	2
	60447	2
	60448	2
	60450	2
	60464	2
	60465	2
	60477	2
	60482	2
	60514	2
	60515	2
	60517	2
	60559	2
	60561	2
	60586	2
	60619	2
	60623	2
	60624	2
	60631	2
	60645	2
	46310	1
	46383	1
	60007	1
	60014	1
	60047	1
	60056	1
	60073	1
	60074	1
	60090	1
	60091	1
	60134	1
	60139	1
	60142	1
	60176	1
	60187	1
	60188	1
	60190	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Palmer, Lena (continued)	60191	1
	60192	1
	60193	1
	60201	1
	60404	1
	60411	1
	60416	1
	60433	1
	60438	1
	60440	1
	60455	1
	60457	1
	60467	1
	60491	1
	60504	1
	60510	1
	60516	1
	60521	1
	60540	1
	60543	1
	60563	1
	60564	1
	60601	1
	60612	1
	60616	1
	60618	1
	60625	1
	60629	1
	60646	1
	60647	1
	60656	1
	60657	1
	60803	1
Patadia, Monica Otolaryngology  Primary Practice Address: 6800 North Frontage Road Burr Ridge, IL 60527	60148	6
	60131	4
	60459	4
	60638	4
	60304	3
	60525	3
	60544	3
	60546	3
	60104	2
	60143	2
	60154	2
	60189	2
	60302	2
	60402	2
	60439	2
	60455	2
	60462	2
	60480	2
	60491	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Patadia, Monica (continued)	60513	2
	60516	2
	60526	2
	60527	2
	60532	2
	60565	2
	61350	2
	60020	1
	60022	1
	60030	1
	60046	1
	60047	1
	60056	1
	60068	1
	60073	1
	60108	1
	60130	1
	60133	1
	60137	1
	60153	1
	60155	1
	60163	1
	60164	1
	60174	1
	60175	1
	60176	1
	60181	1
	60187	1
	60188	1
	60193	1
	60301	1
	60404	1
	60415	1
	60435	1
	60445	1
	60448	1
	60452	1
	60457	1
	60458	1
	60465	1
	60477	1
	60482	1
	60487	1
	60510	1
	60515	1
	60523	1
	60534	1
	60539	1
	60558	1
	60564	1
	60618	1
	60622	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Patadia, Monica (continued)	60644	1
	60655	1
	60706	1
	60707	1
	60804	1
	60805	1
	60950	1
	61820	1
	Unknown	4
	60546	10
Patel, Parit Plastic Surgery  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60181	9
	60305	6
	60638	6
	60804	6
	60153	5
	60165	5
	60467	5
	60155	4
	60402	4
	60641	4
	60068	3
	60123	3
	60130	3
	60302	3
	60304	3
	60431	3
	60462	3
	60480	3
	60502	3
	60505	3
	60513	3
	60560	3
	60639	3
	60651	3
	60101	2
	60148	2
	60160	2
	60187	2
	60433	2
	60439	2
	60440	2
	60450	2
	60453	2
	60455	2
	60464	2
	60516	2
	60517	2
	60526	2
	60542	2
	60558	2
	60561	2
	60585	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Patel, Parit (continued)	60611	2
	60634	2
	78586	2
	46349	1
	46410	1
	60020	1
	60073	1
	60074	1
	60102	1
	60103	1
	60126	1
	60133	1
	60139	1
	60162	1
	60163	1
	60171	1
	60174	1
	60188	1
	60193	1
	60411	1
	60419	1
	60446	1
	60451	1
	60457	1
	60458	1
	60459	1
	60463	1
	60465	1
	60477	1
	60491	1
	60501	1
	60515	1
	60527	1
	60543	1
	60565	1
	60586	1
	60608	1
	60609	1
	60614	1
	60616	1
	60623	1
	60625	1
	60631	1
	60632	1
	60640	1
	60647	1
	60706	1
	60707	1
	60803	1
	60805	1
	61021	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Patel, Parit (continued)	61104	1
	Unknown	22
Perez, Claudia Surgical Oncology (Breast)  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60402	5
	60707	5
	60546	4
	60104	3
	60130	3
	60154	3
	60155	3
	60467	3
	60513	3
	60630	3
	60644	3
	60651	3
	60804	3
	60133	2
	60139	2
	60153	2
	60181	2
	60189	2
	60302	2
	60415	2
	60435	2
	60491	2
	60517	2
	60523	2
	60561	2
	60624	2
	46319	1
	60018	1
	60101	1
	60107	1
	60126	1
	60137	1
	60148	1
	60160	1
	60171	1
	60177	1
	60191	1
	60304	1
	60432	1
	60446	1
	60453	1
	60458	1
	60465	1
	60477	1
	60514	1
	60515	1
	60516	1
	60521	1
	60525	1
	60526	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Perez, Claudia (continued)	60527	1
	60540	1
	60551	1
	60559	1
	60586	1
	60608	1
	60612	1
	60629	1
	60632	1
	60641	1
	60652	1
	60657	1
	61325	1
	61362	1
	61364	1
Potkul, Ronald K	60126	8
Surgical Oncology (Gyn)	60106	7
	60527	5
	60707	5
Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60164	4
	60178	4
	60513	4
	60532	4
	60564	4
	60634	4
	60133	3
	60148	3
	60153	3
	60416	3
	60435	3
	60447	3
	60544	3
	60565	3
	60014	2
	60051	2
	60053	2
	60074	2
	60099	2
	60115	2
	60118	2
	60124	2
	60131	2
	60137	2
	60160	2
	60163	2
	60181	2
	60302	2
	60402	2
	60441	2
	60451	2
	60459	2
	60464	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Potkul, Ronald K (continued)	60487	2
	60515	2
	60561	2
	60563	2
	60631	2
	61107	2
	46360	1
	54603	1
	60004	1
	60005	1
	60007	1
	60008	1
	60010	1
	60013	1
	60016	1
	60034	1
	60042	1
	60050	1
	60056	1
	60098	1
	60104	1
	60107	1
	60110	1
	60120	1
	60135	1
	60139	1
	60143	1
	60155	1
	60156	1
	60162	1
	60172	1
	60176	1
	60177	1
	60187	1
	60190	1
	60304	1
	60403	1
	60410	1
	60432	1
	60439	1
	60440	1
	60452	1
	60462	1
	60463	1
	60467	1
	60477	1
	60480	1
	60482	1
	60491	1
	60517	1
	60523	1
	60526	1



TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Potkul, Ronald K (continued)	60540	1
	60545	1
	60548	1
	60558	1
	60559	1
	60560	1
	60586	1
	60598	1
	60609	1
	60616	1
	60620	1
	60629	1
	60639	1
	60651	1
	60654	1
	60706	1
	60804	1
	60914	1
	61008	1
	61010	1
	61025	1
	61054	1
	61109	1
	61341	1
Puri, Sameer Orthopaedics  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	61350	1
	60130	6
	60525	6
	60104	5
	60153	5
	60513	5
	60804	5
	60402	4
	60638	4
	60164	3
	60436	3
	60527	3
	60617	3
	60634	3
	60652	3
	60053	2
	60123	2
	60131	2
	60148	2
	60171	2
	60193	2
	60415	2
	60435	2
	60441	2
	60455	2
	60467	2
	60487	2
	60534	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Puri, Sameer (continued)	60559	2
	60561	2
	60644	2
	46375	1
	47240	1
	60041	1
	60051	1
	60073	1
	60110	1
	60120	1
	60126	1
	60145	1
	60154	1
	60155	1
	60160	1
	60181	1
	60188	1
	60302	1
	60304	1
	60403	1
	60409	1
	60411	1
	60417	1
	60423	1
	60432	1
	60433	1
	60438	1
	60453	1
	60459	1
	60481	1
	60482	1
	60491	1
	60502	1
	60546	1
	60558	1
	60585	1
	60608	1
	60612	1
	60614	1
	60616	1
	60620	1
	60622	1
	60636	1
	60641	1
	60651	1
	60655	1
	60707	1
	60712	1
	60940	1
	61104	1
	61109	1
	61341	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Puri, Sameer (continued)	61350	1
	Unknown	50
Raghavendra, Meda S Pain Management  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60130	12
	60804	11
	60525	7
	60491	6
	60446	5
	60104	4
	60108	4
	60133	4
	60188	4
	60402	4
	60448	4
	60544	4
	60559	4
	60638	4
	60016	3
	60153	3
	60435	3
	60440	3
	60441	3
	60453	3
	60465	3
	60487	3
	60555	3
	60160	2
	60162	2
	60181	2
	60304	2
	60305	2
	60403	2
	60423	2
	60433	2
	60462	2
	60513	2
	60527	2
	60546	2
	60560	2
	60586	2
	60651	2
	61008	2
	48327	1
	53936	1
	60007	1
	60018	1
	60115	1
	60131	1
	60137	1
	60154	1
	60178	1
	60417	1
	60431	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Raghavendra, Meda S (continued)	60432	1
	60439	1
	60452	1
	60463	1
	60477	1
	60490	1
	60505	1
	60540	1
	60542	1
	60543	1
	60623	1
	60629	1
	60632	1
	60634	1
	60639	1
	60641	1
	60647	1
	60652	1
	60707	1
	60915	1
	62703	1
Rhee, Lesley Gastroenterology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60465	32
	60304	21
	60638	21
	60153	20
	60457	18
	60462	15
	60458	14
	60534	14
	60126	13
	60402	13
	60477	13
	60525	12
	60706	12
	60104	11
	60160	11
	60455	11
	60467	11
	60513	11
	60546	11
	60130	10
	60155	10
	60305	10
	60154	9
	60131	8
	60148	8
	60439	8
	60624	8
	60634	8
	60707	8
	60181	7
	60302	7

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Rhee, Lesley (continued)	60464	7
	60559	7
	60632	7
	60651	7
	60164	6
	60441	6
	60453	6
	60558	6
	60629	6
	60016	5
	60162	5
	60415	5
	60459	5
	60527	5
	60532	5
	60652	5
	60189	4
	60301	4
	60451	4
	60463	4
	60478	4
	60504	4
	60641	4
	60655	4
	60656	4
	60067	3
	60139	3
	60163	3
	60165	3
	60176	3
	60429	3
	60440	3
	60448	3
	60491	3
	60501	3
	60515	3
	60521	3
	60526	3
	60544	3
	60639	3
	60644	3
	60805	3
	46373	2
	46392	2
	60005	2
	60007	2
	60018	2
	60062	2
	60074	2
	60090	2
	60106	2
	60137	2

TABLE ONE -- Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Rhee, Lesley (continued)	60143	2
	60403	2
	60425	2
	60426	2
	60430	2
	60473	2
	60482	2
	60517	2
	60548	2
	60561	2
	60564	2
	60586	2
	60605	2
	60609	2
	60619	2
	60647	2
	60804	2
	37919	1
	46311	1
	46407	1
	53168	1
	53944	1
	60034	1
	60051	1
	60078	1
	60101	1
	60103	1
	60107	1
	60120	1
	60123	1
	60133	1
	60142	1
	60146	1
	60171	1
	60172	1
	60175	1
	60187	1
	60190	1
	60191	1
	60194	1
	60401	1
	60417	1
	60419	1
	60431	1
	60433	1
	60438	1
	60445	1
	60452	1
	60471	1
	60490	1
	60516	1
	60523	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Rhee, Lesley (continued)	60540	1
	60563	1
	60565	1
	60611	1
	60612	1
	60614	1
	60617	1
	60620	1
	60621	1
	60623	1
	60630	1
	60631	1
	60637	1
	60643	1
	60646	1
	60657	1
	60661	1
	60714	1
	60803	1
	60950	1
	61362	1
	89052	1
Rottier, Francis J Podiatry  Primary Practice Address: 9608 Roberts Road Hickory Hills, IL 60457	60455	4
	60804	3
	60402	2
	60130	1
	60153	1
	60430	1
	60452	1
	60458	1
	60463	1
	60465	1
	60491	1
	60513	1
	60523	1
	60546	1
	60624	1
	60644	1
	60707	1
	Unknown	47
Saclarides, Theodore Colorectal Surgery  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60107	4
	60126	4
	60450	4
	60148	3
	60546	3
	60657	3
	60707	3
	47978	2
	60103	2
	60104	2
	60134	2
	60171	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Saclarides, Theodore (continued)	60176	2
	60178	2
	60185	2
	60439	2
	60451	2
	60459	2
	60565	2
	61021	2
	33525	1
	46304	1
	46368	1
	60015	1
	60119	1
	60130	1
	60136	1
	60143	1
	60154	1
	60156	1
	60164	1
	60174	1
	60175	1
	60181	1
	60187	1
	60191	1
	60305	1
	60421	1
	60429	1
	60435	1
	60445	1
	60448	1
	60452	1
	60455	1
	60463	1
	60465	1
	60467	1
	60477	1
	60490	1
	60491	1
	60501	1
	60505	1
	60527	1
	60540	1
	60560	1
	60561	1
	60607	1
	60622	1
	60632	1
	60647	1
	60653	1
	60655	1
	60714	1
	61529	1



TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Shah, Marmy Gastroenterology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60153	23
	60302	22
	60402	22
	60546	18
	60155	17
	60491	17
	60707	16
	60154	15
	60126	14
	60439	14
	60462	14
	60513	14
	60441	13
	60448	13
	60467	13
	60164	12
	60638	12
	60304	11
	60634	11
	60104	10
	60148	10
	60423	10
	60561	10
	60130	9
	60139	9
	60523	9
	60631	9
	60160	8
	60526	8
	60559	8
	60305	7
	60435	7
	60517	7
	60120	6
	60464	6
	60487	6
	60505	6
	60525	6
	60527	6
	60543	6
	60632	6
	60804	6
	60137	5
	60171	5
	60404	5
	60451	5
	60477	5
	60480	5
	60516	5
	60608	5
	60641	5
	60644	5

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Shah, Marmy (continued)	60101	4
	60181	4
	60446	4
	60457	4
	60534	4
	60538	4
	60544	4
	60564	4
	60639	4
	60651	4
	60803	4
	60007	3
	60050	3
	60103	3
	60112	3
	60162	3
	60169	3
	60189	3
	60440	3
	60463	3
	60465	3
	60490	3
	60501	3
	60506	3
	60586	3
	60622	3
	60630	3
	60655	3
	60010	2
	60068	2
	60124	2
	60131	2
	60133	2
	60142	2
	60163	2
	60174	2
	60176	2
	60188	2
	60193	2
	60194	2
	60410	2
	60432	2
	60445	2
	60447	2
	60450	2
	60452	2
	60453	2
	60455	2
	60459	2
	60481	2
	60514	2
	60558	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Shah, Marmy (continued)	60563	2
	60585	2
	60612	2
	60613	2
	60616	2
	60623	2
	60640	2
	60656	2
	60706	2
	61615	2
	46614	1
	49090	1
	60004	1
	60014	1
	60016	1
	60030	1
	60056	1
	60087	1
	60143	1
	60165	1
	60184	1
	60185	1
	60187	1
	60190	1
	60191	1
	60301	1
	60401	1
	60403	1
	60409	1
	60411	1
	60415	1
	60416	1
	60425	1
	60442	1
	60449	1
	60458	1
	60461	1
	60466	1
	60473	1
	60515	1
	60521	1
	60532	1
	60605	1
	60614	1
	60617	1
	60620	1
	60624	1
	60625	1
	60628	1
	60629	1
	60637	1
	60642	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Shah, Marmy (continued)	60805	1
	60827	1
	61028	1
	61080	1
	61350	1
Shastri, Nikhil Gastroenterology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60527	12
	60639	12
	60804	12
	60651	10
	60153	9
	60462	9
	60634	9
	60707	9
	60139	8
	60304	8
	60525	8
	60137	7
	60305	7
	60402	7
	60644	7
	60154	6
	60513	6
	60544	6
	60641	6
	60143	5
	60164	5
	60189	5
	60415	5
	60439	5
	60546	5
	60638	5
	60104	4
	60108	4
	60302	4
	60465	4
	60510	4
	60561	4
	60647	4
	60074	3
	60089	3
	60101	3
	60130	3
	60165	3
	60301	3
	60459	3
	60564	3
	60655	3
	60007	2
	60012	2
	60016	2
	60067	2
	60142	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Shastri, Nikhil (continued)	60148	2
	60155	2
	60160	2
	60181	2
	60187	2
	60188	2
	60423	2
	60435	2
	60440	2
	60451	2
	60453	2
	60502	2
	60506	2
	60532	2
	60542	2
	60548	2
	60608	2
	60624	2
	60625	2
	60631	2
	60656	2
	60919	2
	61071	2
	61265	2
	46348	1
	54220	1
	60004	1
	60033	1
	60099	1
	60103	1
	60106	1
	60110	1
	60115	1
	60124	1
	60126	1
	60131	1
	60184	1
	60403	1
	60406	1
	60424	1
	60449	1
	60455	1
	60457	1
	60458	1
	60461	1
	60467	1
	60477	1
	60480	1
	60484	1
	60491	1
	60517	1
	60518	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Shastri, Nikhil (continued)	60521	1
	60523	1
	60526	1
	60543	1
	60555	1
	60559	1
	60560	1
	60563	1
	60607	1
	60619	1
	60629	1
	60630	1
	60640	1
	60657	1
	60659	1
	60706	1
	61111	1
	61350	1
	61615	1
	61701	1
	61761	1
Sprang, Michael E Gastroenterology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60153	32
	60638	28
	60804	25
	60465	20
	60546	16
	60707	16
	60304	15
	60402	15
	60457	15
	60453	14
	60155	13
	60181	12
	60525	12
	60527	12
	60154	11
	60455	11
	60104	9
	60126	9
	60305	9
	60302	8
	60462	8
	60187	7
	60467	7
	60477	7
	60513	7
	60130	6
	60160	6
	60163	6
	60439	6
	60459	6
	60482	6

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Sprang, Michael E (continued)	60516	6
	60523	6
	60526	6
	60544	6
	60171	5
	60176	5
	60448	5
	60517	5
	60561	5
	60644	5
	60068	4
	60148	4
	60162	4
	60440	4
	60458	4
	60464	4
	60487	4
	60515	4
	60534	4
	60565	4
	60623	4
	60655	4
	49098	3
	60131	3
	60137	3
	60164	3
	60435	3
	60491	3
	60501	3
	60585	3
	60624	3
	60634	3
	60643	3
	60803	3
	60018	2
	60089	2
	60101	2
	60165	2
	60172	2
	60173	2
	60417	2
	60431	2
	60445	2
	60480	2
	60502	2
	60521	2
	60558	2
	60563	2
	60564	2
	60605	2
	60608	2
	60611	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Sprang, Michael E (continued)	60614	2
	60620	2
	60639	2
	60651	2
	60706	2
	60950	2
	34982	1
	60010	1
	60016	1
	60046	1
	60093	1
	60102	1
	60103	1
	60108	1
	60110	1
	60134	1
	60139	1
	60157	1
	60177	1
	60185	1
	60188	1
	60189	1
	60193	1
	60194	1
	60401	1
	60403	1
	60409	1
	60429	1
	60441	1
	60463	1
	60466	1
	60468	1
	60469	1
	60505	1
	60514	1
	60540	1
	60543	1
	60555	1
	60559	1
	60607	1
	60609	1
	60613	1
	60616	1
	60618	1
	60621	1
	60629	1
	60631	1
	60632	1
	60636	1
	60641	1
	60652	1
	60805	1



TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Sprang, Michael E (continued)	61114	1
	61350	1
Summers, Hobie D Orthopaedics  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60104	4
	60402	4
	60804	4
	60160	3
	60546	3
	60153	2
	60154	2
	60302	2
	60304	2
	60446	2
	60513	2
	60532	2
	60603	2
	60624	2
	60644	2
	60651	2
	60707	2
	60056	1
	60106	1
	60130	1
	60131	1
	60137	1
	60142	1
	60163	1
	60169	1
	60176	1
	60181	1
	60419	1
	60423	1
	60457	1
	60458	1
	60506	1
	60521	1
	60543	1
	60559	1
	60613	1
	60628	1
	60631	1
	60632	1
	60638	1
	60657	1
	61367	1
Tidow-Kebritchi, Susanne Ophthalmology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60153	13
	60104	12
	60154	12
	60402	7
	60453	7
	60457	7
	60546	7
	60126	6

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Tidow-Kebritchi, Susanne (continued)	60302	6
	60458	6
	60525	6
	60526	6
	60527	6
	60544	6
	60155	5
	60162	5
	60304	5
	60439	5
	60462	5
	60463	4
	60465	4
	60534	4
	60561	4
	60634	4
	60638	4
	60707	4
	60171	3
	60491	3
	60513	3
	60521	3
	60559	3
	60608	3
	60623	3
	60652	3
	60074	2
	60108	2
	60123	2
	60130	2
	60160	2
	60181	2
	60187	2
	60191	2
	60415	2
	60423	2
	60436	2
	60441	2
	60446	2
	60452	2
	60464	2
	60467	2
	60477	2
	60480	2
	60517	2
	60523	2
	60548	2
	60604	2
	60605	2
	60616	2
	60643	2
	60647	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Tidow-Kebritchi, Susanne (continued)	60651	2
	60706	2
	60803	2
	60804	2
	61354	2
	60047	1
	60071	1
	60101	1
	60131	1
	60141	1
	60142	1
	60148	1
	60163	1
	60164	1
	60305	1
	60426	1
	60435	1
	60451	1
	60455	1
	60459	1
	60481	1
	60501	1
	60503	1
	60532	1
	60540	1
	60614	1
	60624	1
	60629	1
	60630	1
	60640	1
	60641	1
	60642	1
	60644	1
	60656	1
	60714	1
	60805	1
Tonino, Pietro M Orthopaedics  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60707	14
	60302	10
	60160	9
	60305	9
	60546	9
	60148	8
	60304	8
	60634	7
	60804	7
	60130	6
	60513	5
	60516	5
	60068	4
	60131	4
	60153	4
	60171	4

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Tonino, Pietro M (continued)	60644	4
	60104	3
	60154	3
	60176	3
	60185	3
	60521	3
	60525	3
	60526	3
	60534	3
	60538	3
	60623	3
	60641	3
	60007	2
	60042	2
	60098	2
	60102	2
	60108	2
	60133	2
	60139	2
	60164	2
	60188	2
	60402	2
	60410	2
	60432	2
	60458	2
	60459	2
	60506	2
	60527	2
	60558	2
	60561	2
	60564	2
	60586	2
	60609	2
	60618	2
	60625	2
	60631	2
	60632	2
	60638	2
	60639	2
	61108	2
	21206	1
	34241	1
	50131	1
	53143	1
	60004	1
	60013	1
	60025	1
	60030	1
	60035	1
	60046	1
	60047	1
	60048	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Tonino, Pietro M (continued)	60050	1
	60067	1
	60073	1
	60084	1
	60088	1
	60101	1
	60103	1
	60107	1
	60137	1
	60142	1
	60162	1
	60163	1
	60174	1
	60192	1
	60193	1
	60194	1
	60201	1
	60409	1
	60425	1
	60435	1
	60436	1
	60443	1
	60448	1
	60453	1
	60457	1
	60467	1
	60477	1
	60480	1
	60482	1
	60487	1
	60490	1
	60503	1
	60540	1
	60607	1
	60608	1
	60612	1
	60613	1
	60614	1
	60629	1
	60630	1
	60651	1
	60652	1
	60653	1
	60827	1
	60914	1
	61101	1
	61107	1
	61109	1
	61301	1
	61350	1
	61362	1
	61421	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Turk, Thomas Urology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60402	9
	60302	7
	60707	6
	60193	5
	60638	5
	60004	4
	60016	4
	60154	4
	60453	4
	60465	4
	60513	4
	60526	4
	60534	4
	60546	4
	60559	4
	60102	3
	60104	3
	60106	3
	60126	3
	60191	3
	60305	3
	60481	3
	60491	3
	60521	3
	60634	3
	60067	2
	60068	2
	60131	2
	60137	2
	60153	2
	60155	2
	60160	2
	60192	2
	60403	2
	60423	2
	60441	2
	60463	2
	60467	2
	60476	2
	60502	2
	60517	2
	60527	2
	60544	2
	60555	2
	60561	2
	60563	2
	60585	2
	60586	2
	60616	2
	60706	2
	60804	2
	60805	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Turk, Thomas (continued)	61008	2
	49090	1
	49946	1
	60007	1
	60025	1
	60030	1
	60035	1
	60047	1
	60098	1
	60101	1
	60108	1
	60118	1
	60130	1
	60134	1
	60143	1
	60164	1
	60177	1
	60187	1
	60189	1
	60194	1
	60304	1
	60404	1
	60415	1
	60424	1
	60430	1
	60435	1
	60440	1
	60443	1
	60445	1
	60450	1
	60455	1
	60458	1
	60462	1
	60477	1
	60482	1
	60487	1
	60501	1
	60506	1
	60525	1
	60540	1
	60542	1
	60558	1
	60608	1
	60610	1
	60646	1
	60656	1
	60914	1
	61103	1
	61360	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Vaince, Faaiza Surgical Oncology (Breast)  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60130	5
	60153	5
	60126	4
	60402	4
	60546	4
	60565	4
	60707	4
	60104	3
	60155	3
	60162	3
	60164	3
	60441	3
	60644	3
	60804	3
	60139	2
	60154	2
	60187	2
	60302	2
	60458	2
	60459	2
	60527	2
	60534	2
	60558	2
	60561	2
	60067	1
	60103	1
	60131	1
	60137	1
	60141	1
	60143	1
	60160	1
	60165	1
	60181	1
	60188	1
	60189	1
	60192	1
	60304	1
	60305	1
	60401	1
	60404	1
	60415	1
	60438	1
	60439	1
	60440	1
	60446	1
	60453	1
	60455	1
	60457	1
	60462	1
	60467	1
	60481	1
	60487	1



TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Vaince, Faaiza (continued)	60490	1
	60491	1
	60515	1
	60517	1
	60523	1
	60525	1
	60532	1
	60559	1
	60586	1
	60616	1
	60617	1
	60623	1
	60629	1
	60634	1
	60636	1
	60638	1
	60651	1
	60706	1
	60827	1
	61111	1
	61115	1
	61341	1
Vandevender, Darl K Plastic Surgery  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60153	6
	60525	6
	60126	5
	60107	4
	60302	4
	60402	4
	60014	3
	60068	3
	60304	3
	60431	3
	60445	3
	60452	3
	60455	3
	60515	3
	60526	3
	60527	3
	60532	3
	60558	3
	60101	2
	60119	2
	60131	2
	60133	2
	60305	2
	60440	2
	60491	2
	60505	2
	60534	2
	60543	2
	60546	2
	60586	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Vandevender, Darl K (continued)	60638	2
	60641	2
	60804	2
	46383	1
	60004	1
	60005	1
	60030	1
	60073	1
	60074	1
	60099	1
	60102	1
	60104	1
	60108	1
	60123	1
	60124	1
	60137	1
	60148	1
	60162	1
	60165	1
	60172	1
	60177	1
	60181	1
	60187	1
	60188	1
	60419	1
	60446	1
	60450	1
	60458	1
	60463	1
	60464	1
	60472	1
	60481	1
	60482	1
	60487	1
	60490	1
	60503	1
	60506	1
	60510	1
	60513	1
	60516	1
	60523	1
	60541	1
	60559	1
	60561	1
	60564	1
	60609	1
	60614	1
	60615	1
	60623	1
	60624	1
	60629	1
	60632	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Vandevender, Darl K (continued)	60639	1
	60643	1
	60644	1
	60647	1
	60707	1
	60805	1
	60901	1
	60914	1
	61068	1
	61252	1
	61434	1
	61737	1
	61846	1
	62468	1
	Unknown	3
Venu, Mukund Gastroenterology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60153	25
	60154	22
	60491	21
	60302	19
	60467	19
	60513	19
	60546	18
	60462	17
	60804	17
	60104	16
	60304	16
	60439	16
	60638	16
	60441	15
	60707	15
	60402	14
	60130	12
	60155	10
	60525	10
	60561	10
	60634	10
	60305	9
	60463	9
	60516	9
	60527	9
	60126	8
	60148	8
	60171	8
	60448	8
	60477	8
	60521	8
	60632	8
	60188	7
	60189	7
	60464	7
	60487	7
	60523	7

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Venu, Mukund (continued)	60644	7
	60160	6
	60423	6
	60451	6
	60630	6
	60651	6
	60131	5
	60181	5
	60190	5
	60440	5
	60455	5
	60510	5
	60515	5
	60558	5
	60162	4
	60169	4
	60193	4
	60433	4
	60442	4
	60452	4
	60453	4
	60459	4
	60526	4
	60555	4
	60007	3
	60014	3
	60143	3
	60164	3
	60176	3
	60185	3
	60191	3
	60445	3
	60465	3
	60480	3
	60482	3
	60532	3
	60534	3
	60544	3
	60559	3
	60618	3
	60623	3
	60624	3
	60631	3
	60641	3
	60706	3
	53118	2
	60047	2
	60056	2
	60067	2
	60097	2
	60101	2
	60103	2

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Venu, Mukund (continued)	60118	2
	60124	2
	60172	2
	60175	2
	60301	2
	60404	2
	60416	2
	60446	2
	60457	2
	60458	2
	60502	2
	60505	2
	60517	2
	60540	2
	60542	2
	60563	2
	60564	2
	60609	2
	60628	2
	60629	2
	60637	2
	60645	2
	60654	2
	60656	2
	60803	2
	60914	2
	61081	2
	34112	1
	46390	1
	54220	1
	60002	1
	60008	1
	60016	1
	60018	1
	60071	1
	60098	1
	60106	1
	60107	1
	60108	1
	60123	1
	60134	1
	60135	1
	60137	1
	60141	1
	60142	1
	60173	1
	60177	1
	60187	1
	60303	1
	60417	1
	60430	1
	60431	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Venu, Mukund (continued)	60432	1
	60435	1
	60436	1
	60449	1
	60450	1
	60473	1
	60475	1
	60481	1
	60490	1
	60501	1
	60504	1
	60506	1
	60538	1
	60565	1
	60586	1
	60605	1
	60608	1
	60610	1
	60612	1
	60616	1
	60622	1
	60639	1
	60640	1
	60646	1
	60647	1
	60657	1
	60661	1
	60938	1
	60941	1
	61244	1
	61265	1
	61312	1
	61822	1
	62431	1
	62522	1
	62712	1
	71203	1
Wiley, Lena Obstetrics & Gynecology  Primary Practice Address: 17W578 Morningside Dr Oakbrook Terrace, IL 60181	60440	2
	60467	2
	60504	2
	60561	2
	60586	2
	60056	1
	60104	1
	60131	1
	60148	1
	60153	1
	60154	1
	60181	1
	60189	1
	60402	1
	60439	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Wiley, Lena (continued)	60446	1
	60452	1
	60464	1
	60477	1
	60510	1
	60516	1
	60527	1
	60532	1
	60546	1
	60585	1
	60620	1
	60638	1
	60652	1
	60137	3
Wrzosek, Mariusz Oral Surgery  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60153	2
	60625	2
	60804	2
	60016	1
	60018	1
	60034	1
	60046	1
	60103	1
	60107	1
	60110	1
	60112	1
	60126	1
	60131	1
	60140	1
	60143	1
	60148	1
	60174	1
	60181	1
	60193	1
	60304	1
	60402	1
	60404	1
	60410	1
	60411	1
	60419	1
	60431	1
	60434	1
	60436	1
	60439	1
	60440	1
	60442	1
	60451	1
	60453	1
	60463	1
	60482	1
	60525	1
	60532	1
	60538	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Wrzosek, Mariusz (continued)	60542	1
	60565	1
	60614	1
	60617	1
	60623	1
	60651	1
	60657	1
	61070	1
	61080	1
	61301	1
	61350	1
	62242	1
	62346	1
	62939	1
Wu, Karen Orthopaedics  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60130	1
	60153	1
	60181	1
	60191	1
	60302	1
	60304	1
	60416	1
	60433	1
	60435	1
	60441	1
	60453	1
	60477	1
	60480	1
	60506	1
	60526	1
	60559	1
	60561	1
Yang, Linda C Obstetrics & Gynecology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60153	6
	60465	6
	60462	5
	60491	5
	60402	4
	60457	4
	60513	4
	60126	3
	60155	3
	60304	3
	60440	3
	60467	3
	60526	3
	60546	3
	60638	3
	60804	3
	60115	2
	60130	2
	60154	2
	60160	2
	60162	2



TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Yang, Linda C (continued)	60302	2
	60403	2
	60415	2
	60423	2
	60448	2
	60451	2
	60452	2
	60458	2
	60477	2
	60525	2
	60559	2
	60586	2
	60608	2
	60628	2
	60644	2
	60007	1
	60018	1
	60074	1
	60101	1
	60104	1
	60106	1
	60131	1
	60148	1
	60161	1
	60163	1
	60165	1
	60171	1
	60176	1
	60181	1
	60188	1
	60421	1
	60426	1
	60432	1
	60441	1
	60445	1
	60446	1
	60447	1
	60455	1
	60461	1
	60463	1
	60478	1
	60480	1
	60482	1
	60501	1
	60505	1
	60516	1
	60521	1
	60527	1
	60540	1
	60560	1
	60585	1
	60609	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Yang, Linda C (continued)	60612	1
	60616	1
	60618	1
	60622	1
	60623	1
	60629	1
	60631	1
	60634	1
	60645	1
	60647	1
	60707	1
	60901	1
	61310	1
	61373	1
Yoo, David K Ophthalmology  Primary Practice Address: 2160 South First Avenue Maywood, IL 60153	60402	10
	60160	6
	60527	6
	60804	5
	60305	4
	60060	3
	60126	3
	60130	3
	60148	3
	60513	3
	60517	3
	60523	3
	60546	3
	60561	3
	60153	2
	60155	2
	60181	2
	60188	2
	60189	2
	60490	2
	60516	2
	60538	2
	60634	2
	60638	2
	60639	2
	60643	2
	60651	2
	60707	2
	46407	1
	60007	1
	60014	1
	60033	1
	60053	1
	60070	1
	60073	1
	60074	1
	60085	1
	60098	1

TABLE ONE – Patient Origin

FY 2016 (July 2015 to June 2016)

PHYSICIAN	ZIP CODE OF RESIDENCE	CASES
Yoo, David K (continued)	60102	1
	60106	1
	60137	1
	60154	1
	60163	1
	60175	1
	60185	1
	60187	1
	60193	1
	60302	1
	60403	1
	60423	1
	60431	1
	60435	1
	60441	1
	60443	1
	60451	1
	60453	1
	60455	1
	60480	1
	60491	1
	60501	1
	60505	1
	60515	1
	60521	1
	60525	1
	60526	1
	60540	1
	60558	1
	60559	1
	60560	1
	60565	1
	60586	1
	60644	1
	60647	1
	60657	1
	60714	1
	60803	1
	60940	1
	61073	1
	61350	1
	61364	1

Total, All Areas

17,435

Appendix - 1

**TABLE TWO – HISTORICAL REFERRALS  
FY 2016 (July 2015 to June 2016)**

PHYSICIAN NAME	HOSPITAL OR SURGERY CENTER NAME	NUMBER OF CASES
Abood, Gerard; Surgical Oncology (Colorectal)	Loyola University Medical Center	12
	Gottlieb Memorial Hospital	13
	Loyola Ambulatory Surgery Center at Oakbrook	30
Agnew, Sonya; Plastic Surgery	Loyola University Ambulatory Surgery Center	95
	Loyola University Medical Center	2
Aulivola, Bernadette; Vascular Surgery	Loyola University Ambulatory Surgery Center	95
	Loyola University Medical Center	19
Benya, Richard; Gastroenterology	Loyola University Medical Center	2,081
Bernstein, Mitchell; Orthopaedics	Loyola University Medical Center	66
Borrowdale, Richard; Surgical Oncology (ENT)	Loyola University Medical Center	268
Bouchard, Charles S; Ophthalmology	Loyola University Ambulatory Surgery Center	219
	Loyola University Medical Center	539
	Gottlieb Memorial Hospital	87
Buck, Troy A; Pain Management	Loyola Ambulatory Surgery Center at Oakbrook	133
	Loyola University Ambulatory Surgery Center	26
	Loyola University Medical Center	27
	Gottlieb Memorial Hospital	3
Cimino, Victor G; Plastic Surgery	Loyola University Ambulatory Surgery Center	34
	Loyola University Medical Center	10
Crisostomo, Paul; Vascular Surgery	Loyola University Ambulatory Surgery Center	5
	Loyola University Medical Center	1
Davis, Patricia L; Ophthalmology	Loyola University Ambulatory Surgery Center	1
	Loyola University Medical Center	1
De Jong, Steven A; General Surgery	Loyola University Ambulatory Surgery Center	1
	Loyola University Medical Center	253
	Loyola Ambulatory Surgery Center at Oakbrook	45
Dickey, Sarah; Podiatry	Loyola University Ambulatory Surgery Center	15
	Loyola University Medical Center	1
Eberhardt, Joshua M; Colorectal Surgery	Loyola University Ambulatory Surgery Center	16
	Loyola University Medical Center	79
	Gottlieb Memorial Hospital	63
	Loyola Ambulatory Surgery Center at Oakbrook	105
Evans, Douglas A; Orthopaedics	Loyola University Ambulatory Surgery Center	80
	Loyola University Medical Center	6
Farooq, Ahmer; Urology	Loyola University Ambulatory Surgery Center	111
	Loyola University Medical Center	80
Flanigan, Robert C; Surgical Oncology (Urology)	Loyola University Ambulatory Surgery Center	62
	Loyola University Medical Center	46
	Gottlieb Memorial Hospital	39
	Loyola Ambulatory Surgery Center at Oakbrook	49
Garbis, Nickolas; Orthopaedics	Loyola University Ambulatory Surgery Center	113
	Loyola University Medical Center	25
	Gottlieb Memorial Hospital	30
Godellas, Constantine; Surgical Oncology (Breast)	Loyola University Ambulatory Surgery Center	95
	Loyola University Medical Center	55
	Gottlieb Memorial Hospital	20
Gorbonos, Alex; Surgical Oncology (Urology)	Loyola University Ambulatory Surgery Center	103
	Loyola University Medical Center	47

**TABLE TWO – HISTORICAL REFERRALS**  
**FY 2016 (July 2015 to June 2016)**

PHYSICIAN NAME	HOSPITAL OR SURGERY CENTER NAME	NUMBER OF CASES
Gupta, Gopal; Surgical Oncology (Urology)	Loyola University Ambulatory Surgery Center	68
	Loyola University Medical Center	33
Gupta, Neil; Gastroenterology	Loyola University Medical Center	803
Halandras, Pegge; Vascular Surgery	Loyola University Ambulatory Surgery Center	2
	Loyola University Medical Center	61
Harris, George; Otolaryngology	Loyola University Ambulatory Surgery Center	6
	Gottlieb Memorial Hospital	15
Hayden, Dana; Colorectal Surgery	Loyola University Ambulatory Surgery Center	53
	Loyola University Medical Center	79
Holtman, Joseph; Pain Management	Loyola University Medical Center	228
Hotaling, Andrew J; Otolaryngology	Loyola University Ambulatory Surgery Center	332
	Loyola University Medical Center	56
Jones, Paul; Otolaryngology	Loyola University Ambulatory Surgery Center	61
	Loyola University Medical Center	11
Kabaker, Adam; General Surgery	Loyola University Medical Center	143
Khan, Noureen; Ophthalmology	Loyola University Ambulatory Surgery Center	35
Khan, Omar; Gastroenterology	Loyola University Medical Center	1,131
	Loyola University Ambulatory Surgery Center	214
Kircher, Matthew L; Otolaryngology	Loyola University Medical Center	2
	Gottlieb Memorial Hospital	9
Lack, William; Orthopaedics	Loyola University Medical Center	65
Leonetti, John P; Otolaryngology	Loyola University Medical Center	276
Leya, Jack; Gastroenterology	Loyola University Medical Center	225
Liotta, Margaret; Surgical Oncology (Gyn)	Loyola University Ambulatory Surgery Center	69
	Loyola University Medical Center	97
Luchette, Frederick A; General Surgery	Loyola University Ambulatory Surgery Center	60
	Loyola University Medical Center	45
MacLeod, Stephen; Oral Surgery	Loyola University Ambulatory Surgery Center	26
	Loyola University Medical Center	76
Malhotra, Varun; Ophthalmology	Loyola University Ambulatory Surgery Center	51
	Loyola Ambulatory Surgery Center at Oakbrook	19
Marzo, Sam J; Otolaryngology	Loyola University Ambulatory Surgery Center	3
	Loyola University Medical Center	103
Matoka, Derek; Urology	Loyola University Ambulatory Surgery Center	302
	Loyola University Medical Center	8
McCasey, Craig; Orthopaedics	Loyola University Medical Center	8
	Gottlieb Memorial Hospital	1
Naik, Amar; Gastroenterology	Loyola University Ambulatory Surgery Center	938
Nystrom, Lukas; Orthopaedics	Loyola University Medical Center	17
	Loyola University Medical Center	63
Palmer, Lena; Gastroenterology	Loyola University Medical Center	531
	Loyola Ambulatory Surgery Center at Oakbrook	4
Patadia, Monica; Otolaryngology	Loyola University Ambulatory Surgery Center	85
	Loyola University Medical Center	34
	Loyola Ambulatory Surgery Center at Oakbrook	22

**TABLE TWO – HISTORICAL REFERRALS  
FY 2016 (July 2015 to June 2016)**

PHYSICIAN NAME	HOSPITAL OR SURGERY CENTER NAME	NUMBER OF CASES
Patel, Parit; Plastic Surgery	Loyola University Ambulatory Surgery Center	156
	Loyola University Medical Center	41
Perez, Claudia; Surgical Oncology (Breast)	Loyola University Ambulatory Surgery Center	82
	Loyola University Medical Center	27
Potkul, Ronald K; Surgical Oncology (Gyn)	Loyola University Ambulatory Surgery Center	64
	Loyola University Medical Center	130
	Loyola Ambulatory Surgery Center at Oakbrook	50
Puri, Sameer; Orthopaedics	Loyola University Ambulatory Surgery Center	133
	Loyola University Medical Center	7
Raghavendra, Meda S; Pain Management	Loyola University Medical Center	168
Rhee, Lesley; Gastroenterology	Loyola University Medical Center	676
	Loyola Ambulatory Surgery Center at Oakbrook	47
Rottier, Francis J; Podiatry	Loyola University Ambulatory Surgery Center	23
Saclarides, Theodore; Colorectal Surgery	Gottlieb Memorial Hospital	11
	Loyola University Medical Center	83
Shah, Marmy; Gastroenterology	Loyola University Medical Center	726
Shastri, Nikhil; Gastroenterology	Loyola University Medical Center	355
Sprang, Michael E; Gastroenterology	Loyola University Medical Center	608
Summers, Hobie D; Orthopaedics	Loyola University Medical Center	67
	Loyola University Ambulatory Surgery Center	277
Tidow-Kebritchi, Susanne; Ophthalmology	Gottlieb Memorial Hospital	158
	Loyola University Ambulatory Surgery Center	112
Turk, Thomas; Urology	Loyola University Ambulatory Surgery Center	162
	Loyola University Medical Center	44
	Loyola University Ambulatory Surgery Center	94
	Loyola University Medical Center	27
Vaince, Faaiza; Surgical Oncology (Breast)	Loyola Ambulatory Surgery Center at Oakbrook	3
	Loyola University Ambulatory Surgery Center	38
	Loyola University Medical Center	120
Vandevender, Darl K; Plastic Surgery	Loyola University Medical Center	774
Venu, Mukund; Gastroenterology	Loyola University Ambulatory Surgery Center	25
Wiley, Lena; Obstetrics & Gynecology	Loyola University Medical Center	8
	Loyola University Ambulatory Surgery Center	22
Wrzosek, Mariusz; Oral Surgery	Loyola University Medical Center	36
	Loyola University Medical Center	17
Wu, Karen; Orthopaedics	Loyola University Medical Center	64
Yang, Linda C; Obstetrics & Gynecology	Loyola University Ambulatory Surgery Center	88
	Loyola University Medical Center	138
Yoo, David K; Ophthalmology	Loyola University Ambulatory Surgery Center	

**Total 17,435**

**TABLE THREE**  
**ANTICIPATED CASES TO PALOS HEALTH SURGERY CENTER BY PHYSICIAN**

PHYSICIAN NAME	NUMBER OF ANTICIPATED REFERRALS TO PALOS HEALTH SURGERY CENTER
Abood, Gerard; Surgical Oncology (Colorectal)	2
Agnew, Sonya; Plastic Surgery	7
Aulivola, Bernadette; Vascular Surgery	21
Benya, Richard; Gastroenterology	183
Bernstein, Mitchell; Orthopaedics	9
Borrowdale, Richard; Surgical Oncology (ENT)	34
Bouchard, Charles S; Ophthalmology	14
Buck, Troy A; Pain Management	88
Cimino, Victor G; Plastic Surgery	19
Crisostomo, Paul; Vascular Surgery	5
Davis, Patricia L; Ophthalmology	3
De Jong, Steven A; General Surgery	46
Dickey, Sarah; Podiatry	4
Eberhardt, Joshua M; Colorectal Surgery	10
Evans, Douglas A; Orthopaedics	17
Farooq, Ahmer; Urology	29
Flanigan, Robert C; Surgical Oncology (Urology)	13
Garbis, Nickolas; Orthopaedics	26
Godellas, Constantine; Surgical Oncology (Breast)	24
Gorbonos, Alex; Surgical Oncology (Urology)	20
Gupta, Gopal; Surgical Oncology (Urology)	16
Gupta, Neil; Gastroenterology	80
Halandras, Pegge; Vascular Surgery	7
Harris, George; Otolaryngology	2
Hayden, Dana; Colorectal Surgery	9
Holtman, Joseph; Pain Management	17
Hotaling, Andrew J; Otolaryngology	69
Jones, Paul; Otolaryngology	10
Kabaker, Adam; General Surgery	13
Khan, Noureen; Ophthalmology	5
Khan, Omar; Gastroenterology	254
Kircher, Matthew L; Otolaryngology	25
Lack, William; Orthopaedics	5
Leonetti, John P; Otolaryngology	30
Leya, Jack; Gastroenterology	35
Liotta, Margaret; Surgical Oncology (Gyn)	18
Luchette, Frederick A; General Surgery	20
MacLeod, Stephen; Oral Surgery	7
Malhotra, Varun; Ophthalmology	4
Marzo, Sam J; Otolaryngology	10
Matoka, Derek; Urology	46
McCasey, Craig; Orthopaedics	4
Naik, Amar; Gastroenterology	175
Nystrom, Lukas; Orthopaedics	8
Palmer, Lena; Gastroenterology	36

**TABLE THREE**  
**ANTICIPATED CASES TO PALOS HEALTH SURGERY CENTER BY PHYSICIAN**

PHYSICIAN NAME	NUMBER OF ANTICIPATED REFERRALS TO PALOS HEALTH SURGERY CENTER
Patadia, Monica; Otolaryngology	21
Patel, Parit; Plastic Surgery	25
Perez, Claudia; Surgical Oncology (Breast)	10
Potkul, Ronald K; Surgical Oncology (Gyn)	19
Puri, Sameer; Orthopaedics	13
Raghavendra, Meda S; Pain Management	30
Rhee, Lesley; Gastroenterology	145
Rottier, Francis J; Podiatry	4
Saclarides, Theodore; Colorectal Surgery	14
Shah, Marmy; Gastroenterology	144
Shastri, Nikhil; Gastroenterology	37
Sprang, Michael E; Gastroenterology	114
Summers, Hobie D; Orthopaedics	2
Tidow-Kebritchi, Susanne; Ophthalmology	55
Tonino, Pietro M; Orthopaedics	10
Turk, Thomas; Urology	25
Vaince, Faaiza; Surgical Oncology (Breast)	13
Vandevender, Darl K; Plastic Surgery	12
Venu, Mukund; Gastroenterology	167
Wiley, Lena; Obstetrics & Gynecology	6
Wrzosek, Mariusz; Oral Surgery	5
Wu, Karen; Orthopaedics	4
Yang, Linda C; Obstetrics & Gynecology	40
Yoo, David K; Ophthalmology	7
<b>Total</b>	<b>2,401</b>



**TABLE FOUR**  
**CASES BY SURGEON: TOTAL, WITHIN 45-MINUTE DRIVE-TIME, AND ANTICIPATED REFERRALS TO PALOS HEALTH SURGERY CENTER**

PHYSICIAN NAME	TOTAL CASES	CASES WITHIN 45-MINUTE DRIVE TIME OF PALOS HEALTH SURGERY CENTER	NUMBER OF ANTICIPATED REFERRALS TO PALOS HEALTH SURGERY CENTER
Aboud, Gerard; Surgical Oncology (Colorectal)	12	11	2
Agnew, Sonya; Plastic Surgery	140	80	7
Aullivola, Bernadette; Vascular Surgery	114	99	21
Benya, Richard; Gastroenterology	2,081	1,867	183
Bernstein, Mitchell; Orthopaedics	66	54	9
Borrowdale, Richard; Surgical Oncology (ENT)	268	182	34
Bouchard, Charles S; Ophthalmology	219	176	14
Buck, Troy A; Pain Management	539	432	88
Cimino, Victor G; Plastic Surgery	273	113	19
Crisostomo, Paul; Vascular Surgery	47	42	5
Davis, Patricia L; Ophthalmology	6	5	3
De Jong, Steven A; General Surgery	254	182	46
Dickey, Sarah; Podiatry	61	15	4
Eberhardt, Joshua M; Colorectal Surgery	95	80	10
Evans, Douglas A; Orthopaedics	254	123	17
Farooq, Ahmer; Urology	191	150	29
Flanigan, Robert C; Surgical Oncology (Urology)	108	74	13
Garbis, Nickolas; Orthopaedics	226	139	26
Godellas, Constantine; Surgical Oncology (Breast)	180	153	24
Gorbonos, Alex; Surgical Oncology (Urology)	170	132	20
Gupta, Gopal; Surgical Oncology (Urology)	101	72	16
Gupta, Neil; Gastroenterology	803	534	80
Halandras, Pegge; Vascular Surgery	63	59	7
Harris, George; Otolaryngology	6	6	2
Hayden, Dana; Colorectal Surgery	147	106	9
Holtman, Joseph; Pain Management	228	185	17
Hotaling, Andrew J; Otolaryngology	388	325	69
Jones, Paul; Otolaryngology	72	64	10
Kabaker, Adam; General Surgery	143	117	13
Khan, Noreen; Ophthalmology	35	31	5
Khan, Omar; Gastroenterology	1,131	1,018	254
Kircher, Matthew L; Otolaryngology	216	133	25
Lack, William; Orthopaedics	74	56	5
Leonetti, John P; Otolaryngology	276	147	30
Leya, Jack; Gastroenterology	225	155	35
Liotta, Margaret; Surgical Oncology (Gyn)	166	118	18
Luchette, Frederick A; General Surgery	105	96	20
MacLeod, Stephen; Oral Surgery	102	63	7
Malhotra, Varun; Ophthalmology	51	45	4
Marzo, Sam J; Otolaryngology	125	63	10
Matoka, Derek; Urology	310	234	46
Mcasey, Craig; Orthopaedics	9	7	4
Naik, Amar; Gastroenterology	938	794	175
Nystrom, Lukas; Orthopaedics	80	66	8
Palmer, Lena; Gastroenterology	531	448	36
Patadia, Monica; Otolaryngology	123	100	21
Patel, Parit; Plastic Surgery	219	155	25
Perez, Claudia; Surgical Oncology (Breast)	109	96	10
Potkul, Ronald K; Surgical Oncology (Gyn)	194	127	19
Puri, Sameer; Orthopaedics	190	117	13
Raghavendra, Meda S; Pain Management	168	146	30
Rhee, Lesley; Gastroenterology	676	598	145
Rottier, Francis J; Podiatry	70	23	4
Saclarides, Theodore; Colorectal Surgery	94	60	14
Shah, Mammy; Gastroenterology	726	627	144
Shastri, Nikhil; Gastroenterology	355	263	37
Sprang, Michael E; Gastroenterology	608	570	114
Summers, Hobie D; Orthopaedics	67	59	2
Tidow-Kebritchi, Susanne; Ophthalmology	277	252	55

**CASES BY SURGEON: TOTAL, WITHIN 45-MINUTE DRIVE-TIME, AND ANTICIPATED REFERRALS TO PALOS HEALTH SURGERY CENTER**

PHYSICIAN NAME	TOTAL CASES	CASES WITHIN 45-MINUTE DRIVE TIME OF PALOS HEALTH SURGERY CENTER	NUMBER OF ANTICIPATED REFERRALS TO PALOS HEALTH SURGERY CENTER
Tonino, Pietro M; Orthopaedics	270	199	10
Turk, Thomas; Urology	206	157	25
Vaince, Faaiza; Surgical Oncology (Breast)	121	113	13
Vandevender, Darl K; Plastic Surgery	161	117	12
Venu, Mukund; Gastroenterology	774	666	167
Wiley, Lena; Obstetrics & Gynecology	33	31	6
Wrzosek, Mariusz; Oral Surgery	58	35	5
Wu, Karen; Orthopaedics	17	15	4
Yang, Linda C; Obstetrics & Gynecology	152	138	40
Yoo, David K; Ophthalmology	138	112	7
<b>Total</b>	<b>17,435</b>	<b>13,827</b>	<b>2,401</b>
<b>% of Total</b>	<b>100%</b>	<b>79%</b>	<b>14%</b>

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

Dear Ms. Olson:

I am a physician specializing in Orthopedics. I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total 166 outpatient surgery cases at Illinois Department of Public Health licensed facilities. The attached Table One documents the zip code by residence for those patients and Table Two indicates the facilities where I performed those cases.

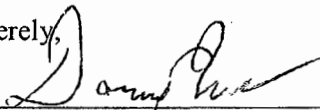
I expect to 100 cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

I support the proposed establishment of Palos Health Surgery Center.

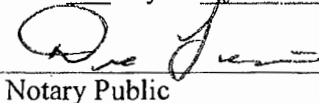
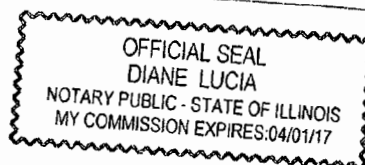
Sincerely,



Daniel Weber, M.D.  
Orthopedic Surgeon

Name of Practice: Integrity Orthopedics  
Practice Address: 6850 Centennial Drive  
Tinley Park, IL 60477

Subscribed and sworn to me  
This 9<sup>th</sup> day of November, 2016

  
Notary Public

**Table 1**

<b>Zip Code</b>	<b>Cases</b>
60477	14
60430	12
60423	8
60422	7
60452	7
60417	6
60445	6
60473	6
60429	5
60438	5
60466	5
60409	4
60411	4
60426	4
60443	4
60462	4
60476	4
60478	4
60448	3
60449	3
60459	3
60484	3
46311	2
46373	2
60453	2
60461	2
60465	2
60469	2
60487	2
60491	2
60803	2
46323	1
46394	1
50419	1
50422	1
50430	1
50443	1
50445	1

**Table 1**

<b>Zip Code</b>	<b>Cases</b>
50453	1
50478	1
60401	1
60406	1
60410	1
60419	1
60425	1
60428	1
60432	1
60437	1
60457	1
60463	1
60471	1
60475	1
60544	1
60620	1
60628	1
60633	1
60833	1
60950	1
61360	1
<b>Grand Total</b>	<b>167</b>

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

Dear Ms. Olson:

I am a physician specializing in orthopaedic surgery. I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total 289 outpatient surgery cases at Illinois Department of Public Health licensed facilities. The attached Table One documents the zip code by residence for those patients and Table Two indicates the facilities where I performed those cases.

I expect to refer 75 cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

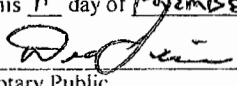
I support the proposed establishment of Palos Health Surgery Center.

Sincerely,

  
\_\_\_\_\_  
PHYSICIAN NAME, M.D.  
NAME OF SPECIALTY

Name of Practice: MIDWEST ORTHOPAEDIC CONSULTANTS  
Practice Address: 10719 W 160<sup>TH</sup> ST  
ORLAND PARK, IL 60467

Subscribed and sworn to me  
This 1<sup>st</sup> day of November, 2016

  
\_\_\_\_\_  
Notary Public



54785448.1

[illegible]

**TABLE TWO – HISTORICAL SURGICAL CASES FOR JAMES LEONARD**

**SEPTEMBER 1, 2015 – SEPTEMBER 1, 2016**

HOSPITAL OR SURGERY CENTER NAME	NUMBER OF CASES
SILVER CROSS HOSPITAL	42
PALOS SURGICENTER	64
ADVOCATE CHRIST OUTPATIENT PAVILION	181
PALOS HOSPITAL OUTPATIENT	2

54785448.1

Appendix - 1



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

Dear Ms. Olson:

I am a physician specializing in Orthopedics. I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total of 65 Orthopedic outpatient surgery cases at Illinois Department of Public Health licensed facilities. The attached Table One documents the zip code by residence for those patients and Table Two indicates the facilities where I performed those cases.

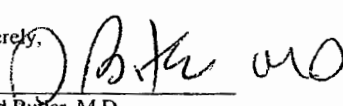
I expect to refer 65 cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

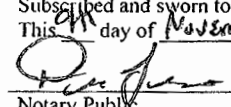
I support the proposed establishment of Palos Health Surgery Center.

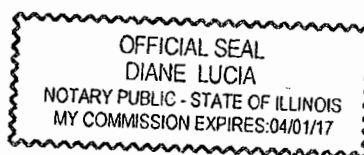
Sincerely,

  
David Butler, M.D.  
Orthopedics

Name of Practice: Butler Orthopaedics  
Practice Address: 15300 West Ave, Suite 300 E  
Orland Park, IL 60462

Subscribed and sworn to me  
This 21 day of November, 2016

  
Notary Public



54785448.1

Appendix - 1

9-1-15 TO 8-31-16

54785448.1

**TABLE TWO – HISTORICAL SURGICAL CASES FOR**

**DAVID BUTLER, MD**

**9-1-15 TO 8-31-16**

HOSPITAL OR SURGERY CENTER NAME	NUMBER OF CASES
<u>PALOS COMMUNITY HOSPITAL</u>	<u>62</u>
<u>PALOS SURGICENTER</u>	<u>3</u>

54785448.1

Appendix - 1

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

Dear Ms. Olson:

I am a physician specializing in [Podiatry]. I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total of 99 Podiatric outpatient surgery cases at Illinois Department of Public Health licensed facilities. The attached Table Two indicates the facilities where I performed those cases.

I expect to refer 20 cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

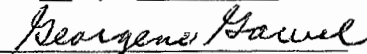
I support the proposed establishment of Palos Health Surgery Center.

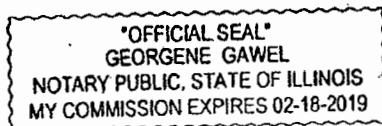
Sincerely,

  
Brian C. Wittmayer, D.P.M.

Name of Practice: Performance Foot and Ankle Center  
Practice Address: 15300 West Avenue, Suite 210  
Orland Park, IL 60462

Subscribed and sworn to me  
This 6 day of OCTOBER, 2016

  
Notary Public



Appendix - 1

[illegible]

**TABLE TWO - HISTORICAL SURGICAL CASES FOR  
TIMOTHY J. KRYGSHELD, D.P.M.**

**9/1/2015 - 9/30/2016**

HOSPITAL OR SURGERY CENTER NAME	NUMBER OF CASES
PALOS COMMUNITY HOSPITAL	30
INGALL'S HOSPITAL	10
INGALL'S SAME DAY SURGERY	60

54785448.1

Appendix - 1

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

Dear Ms. Olson:

I am a physician specializing in [Podiatry]. I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total of 190 Podiatric outpatient surgery cases at Illinois Department of Public Health licensed facilities. The attached Table Two indicates the facilities where I performed those cases.

I expect to refer 20 cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

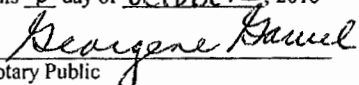
I support the proposed establishment of Palos Health Surgery Center.

Sincerely,

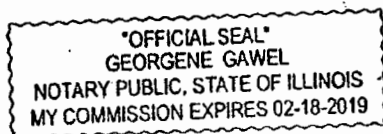
  
Timothy J. Krygsfeld, D.P.M.

Name of Practice: Performance Foot and Ankle Center  
Practice Address: 15300 West Avenue, Suite 210  
Orland Park, IL 60462

Subscribed and sworn to me  
This 6 day of OCTOBER, 2016

  
Notary Public

54785448.1



Appendix - 1

[illegible]



**TABLE TWO – HISTORICAL SURGICAL CASES FOR  
TIMOTHY J. KRYGSHELD, D.P.M.**

**9/1/2015 – 9/30/2016**

HOSPITAL OR SURGERY CENTER NAME	NUMBER OF CASES
PALOS COMMUNITY HOSPITAL	120
INGALL'S HOSPITAL	10
INGALL'S SAME DAY SURGERY	60

54785448.1

Appendix - 1

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

Dear Ms. Olson:

I am a physician specializing in [Podiatry]. I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total of 318 Podiatric outpatient surgery cases at Illinois Department of Public Health licensed facilities. The attached Table Two indicates the facilities where I performed those cases.

I expect to refer 20 cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

I support the proposed establishment of Palos Health Surgery Center.

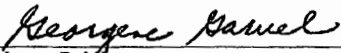
Sincerely,



Dale S. Brink, D.P.M.

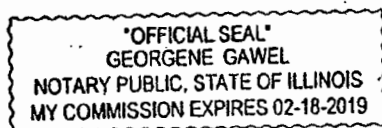
Name of Practice: Performance Foot and Ankle Center  
Practice Address: 15300 West Avenue, Suite 210  
Orland Park, IL 60462

Subscribed and sworn to me  
This 10 day of OCTOBER, 2016



Georgene Gawel  
Notary Public

54785448.1



Appendix - 1

[illegible]

**TABLE TWO - HISTORICAL SURGICAL CASES FOR**  
**DALE S. BRINK, D.P.M.**

**9/1/2015 - 9/30/2016**

HOSPITAL OR SURGERY CENTER NAME	NUMBER OF CASES
PALOS COMMUNITY HOSPITAL	20
INGALL'S HOSPITAL	150
INGALL'S SAME DAY SURGERY	150

54785448.1

Appendix - 1

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

Dear Ms. Olson:

I am a physician specializing in Orthopedic surgery, I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total of 222 Orthopedic outpatient surgery cases at Illinois Department of Public Health licensed facilities. ~~The attached Table One documents the zip code by residence for those patients and Table Two indicates the facilities where I performed those cases.~~

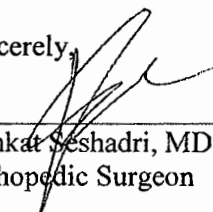
I expect to refer 50 cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

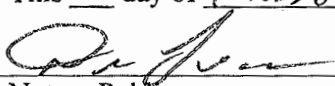
I support the proposed establishment of Palos Health Surgery Center.

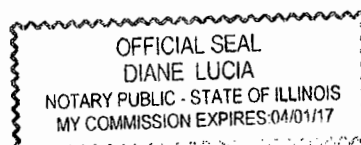
Sincerely,

  
\_\_\_\_\_  
Venkat Seshadri, MD  
Orthopedic Surgeon

Name of Practice: Premier Orthopaedic and Hand Center  
Practice Address: 19801 Governors Highway Suite #160  
Flossmoor, Illinois 60422

Subscribed and sworn to me  
This 11<sup>th</sup> day of November, 2016

  
\_\_\_\_\_  
Notary Public



**TABLE TWO – HISTORICAL SURGICAL CASES FOR**

**VENKAT SESHADRI, MD**

**SEPTEMBER 30, 2015 TO AUGUST 31, 2016**

HOSPITAL OR SURGERY CENTER NAME	NUMBER OF CASES
ADVOCATE SOUTH SUBURBAN HOSPITAL	135
FRANCISCAN ST JAMES HOSPITAL	87

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

Dear Ms. Olson:

I am a physician specializing in Endoscopy. I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total 598 outpatient surgery cases at Illinois Department of Public Health licensed facilities. The attached Table One documents the zip code by residence for those patients and Table Two indicates the facilities where I performed those cases.

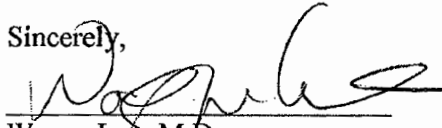
I expect to refer 160 cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

I support the proposed establishment of Palos Health Surgery Center.

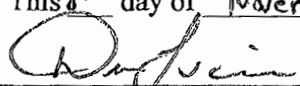
Sincerely,

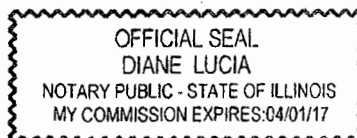
  
Wayne Lue, M.D.  
Endoscopy

Name of Practice:  
Practice Address:

Midwest Center for Digestive Health  
9921 Southwest Hwy.  
Oak Lawn, IL 60453

Subscribed and sworn to me  
This 8<sup>th</sup> day of November, 2016

  
Notary Public



[illegible]



**TABLE TWO – HISTORICAL SURGICAL CASES FOR**

**WAYNE LUE, MD**

**OCTOBER 1 2015 TO SEPTEMBER 30, 2106**

<b>HOSPITAL OR SURGERY CENTER NAME</b>	<b>NUMBER OF CASES</b>
<b><u>PALOS COMMUNITY HOSPITAL</u></b>	<b><u>598</u></b>

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

Dear Ms. Olson:

I am a physician specializing in Endoscopy I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total 632 Endoscopy outpatient surgery cases at Illinois Department of Public Health licensed facilities. The attached Table One documents the zip code by residence for those patients and Table Two indicates the facilities where I performed those cases.

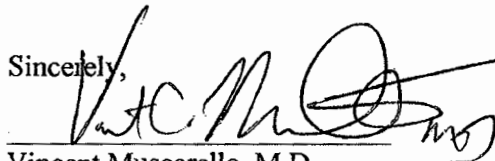
I expect to refer 10-15 cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

I support the proposed establishment of Palos Health Surgery Center.

Sincerely,



Vincent Muscarello, M.D.  
Endoscopy

Name of Practice:  
Practice Address:

Midwest Center for Digestive Health  
9921 Southwest Hwy.  
Oak Lawn, IL 60453

Subscribed and sworn to me  
This 8<sup>th</sup> day of November, 2016

  
Notary Public

[illegible]

**TABLE TWO – HISTORICAL SURGICAL CASES FOR**

**VINCENT MUSCARELLO, MD**

**OCTOBER 1, 2015 TO SEPTEMBER 30, 2016**

<b>HOSPITAL OR SURGERY CENTER NAME</b>	<b>NUMBER OF CASES</b>
<b><u>PALOS COMMUNITY HOSPITAL</u></b>	<b><u>632</u></b>

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

Dear Ms. Olson:

I am a physician specializing in Endoscopy. I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total 650 outpatient surgery cases at Illinois Department of Public Health licensed facilities. The attached Table One documents the zip code by residence for those patients and Table Two indicates the facilities where I performed those cases.

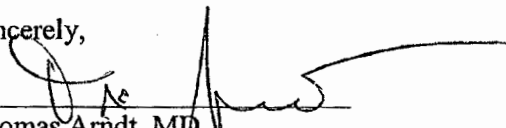
I expect to refer 170 cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

I support the proposed establishment of Palos Health Surgery Center.

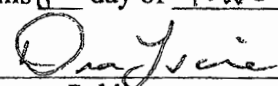
Sincerely,

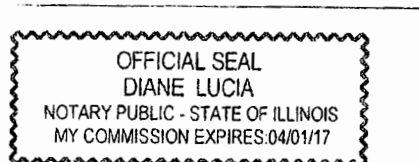
  
Thomas Arndt, MD  
Endoscopy

Name of Practice:  
Practice Address:

Midwest Center for Digestive Health  
9921 Southwest Hwy.  
Oak Lawn, IL 60453

Subscribed and sworn to me  
This 8<sup>th</sup> day of November, 2016

  
Notary Public



**OCTOBER 1, 2015 TO SEPTEMBER 30, 2016**[illegible]

**TABLE TWO – HISTORICAL SURGICAL CASES FOR**

**THOMAS ARNDT, MD**

**OCTOBER 1 2015 TO SEPTEMBER 30 2106**

<b>HOSPITAL OR SURGERY CENTER NAME</b>	<b>NUMBER OF CASES</b>
<b><u>PALOS COMMUNITY HOSPITAL</u></b>	<b><u>650</u></b>

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

Dear Ms. Olson:

I am a physician specializing in Urology. I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total 341 urological ] outpatient surgery cases at Illinois Department of Public Health licensed facilities. The attached Table One documents the zip code by residence for those patients and Table Two indicates the facilities where I performed those cases.

I expect to perform approximately 100 or more cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

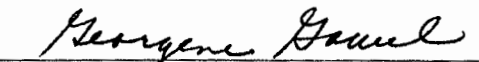
I support the proposed establishment of Palos Health Surgery Center.

Sincerely,

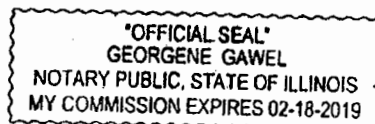
  
George Sreckovic M.D.  
Board Certified Urologist

Name of Practice: Associated Urological Specialists, LLC  
Practice Address: 15300 West Ave, Suite 314W  
Orland Park, IL 60462

Subscribed and sworn to me  
This 11 day of OCTOBER, 2016

  
Notary Public

54785448.1



Appendix - 1



**SEPTEMBER 1, 2015 THRU SEPTEMBER 31, 2016**

54785448.1

**TABLE TWO – HISTORICAL SURGICAL CASES FOR**

**GEORGE SRECKOVIC, M.D.]**

**SEPTEMBER 1, 2015 THRU SEPTEMBER 31, 2016]**

HOSPITAL OR SURGERY CENTER NAME	NUMBER OF CASES
<u>PALOS COMMUNITY OUTPATIENT</u>	<u>156</u>
<u>PARKSIDE UROLOGIC</u>	<u>145</u>
<u>INGALLS SAME DAY SURGERY CENTER</u>	<u>40</u>
<u>FOREST MED SURG CENTER</u>	<u>5</u>

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

Dear Ms. Olson:

I am a physician specializing in RETINA. I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total 114 RETINA-related outpatient surgery cases at Illinois Department of Public Health licensed facilities. The attached Table One documents the zip code by residence for those patients and Table Two indicates the facilities where I performed those cases.


I expect to refer 110 cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

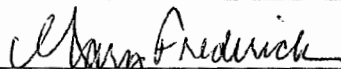
I support the proposed establishment of Palos Health Surgery Center.

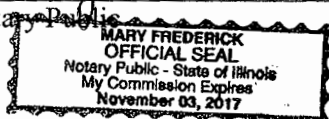
Sincerely,

  
Sohail J. Hasan, MD, PhD, FACS, FRCSC

Name of Practice: Illinois Retina Associates  
Practice Address: 15300 West Avenue, Suite 212, West Bldg.  
Orland Park, IL 60462

Subscribed and sworn to me  
This 13<sup>th</sup> day of OCTOBER, 2016

  
Notary Public



**AUGUST 31, 2015 – SEPTEMBER 30, 2016**

54785448.1

**TABLE TWO – HISTORICAL SURGICAL CASES FOR SOHAIL J. HASAN, MD**

**AUGUST 31, 2015 – SEPTEMBER 30, 2016**

HOSPITAL OR SURGERY CENTER NAME	NUMBER OF CASES
<u>PALOS HOSPITAL</u>	<u>103</u>
<u>INGALLS MEMORIAL HOSPITAL</u>	<u>11</u>

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

Dear Ms. Olson:

I am a physician specializing in Ophthalmology I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total 183 Ophthalmic outpatient surgery cases at Illinois Department of Public Health licensed facilities. The attached Table One documents the zip code by residence for those patients and Table Two indicates the facilities where I performed those cases.

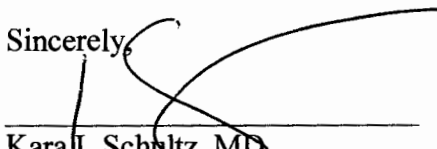
I expect to refer 150 cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

I support the proposed establishment of Palos Health Surgery Center.

Sincerely,

  
Kara L. Schultz, MD  
Ophthalmology

Name of Practice:

MATTHEW SCHMIDT + ASSOC

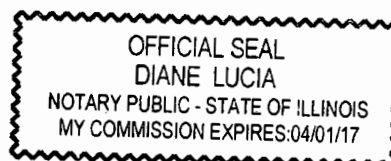
Practice Address:

7600 W COLLEGE DR  
PALOS HEIGHTS IL 60463

Subscribed and sworn to me

This 07<sup>th</sup> day of November, 2016

  
Notary Public





**TABLE TWO – HISTORICAL SURGICAL CASES FOR**

**KARA L. SCHULTZ, MD**

**9-1-15 TO 8-31-16**

<b>HOSPITAL OR SURGERY CENTER NAME</b>	<b>NUMBER OF CASES</b>
<b><u>PALOS COMMUNITY HOSPITAL</u></b>	<b><u>183</u></b>

Appendix - 1



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

Dear Ms. Olson:

I am a physician specializing in Ophthalmology. I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total 433 ophthalmic outpatient surgery cases at Illinois Department of Public Health licensed facilities. The attached Table One documents the zip code by residence for those patients and Table Two indicates the facilities where I performed those cases.

I expect to refer 375 cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

I support the proposed establishment of Palos Health Surgery Center.

Sincerely,

*Matthew E. Schmidt, M.D.*

Matthew E Schmidt, M.D.  
Ophthalmology

Name of Practice:

*Matthew E. Schmidt MD & Assoc.*

Practice Address:

*7600 W College Drive  
Palos Heights, IL 60463*

Subscribed and sworn to me

This *9<sup>th</sup>* day of *November*, 2016

*Diane Lucia*

Notary Public

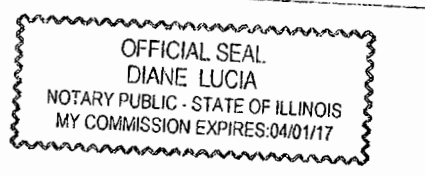


TABLE ONE FOR  
MATTHEW E SCHMIDT  
9-1-15 TO 8-31-16

Zip Code of Residence	Cases
60462	72
60467	13
60463	48
60464	44
60629	5
60643	7
60655	17
60652	6
60465	39
60477	38
60453	18
60482	17
60452	20
60445	15
60457	9
60423	8
60803	8
60448	8
60439	6
60415	5
60455	5
60491	5
60445	5
60451	4
60459	4
60561	7

Appendix - 1

**TABLE TWO – HISTORICAL SURGICAL CASES FOR**

**MATTHEW E. SCHMIDT**

**9-1-15 TO 8-31-16**

<b>HOSPITAL OR SURGERY CENTER NAME</b>	<b>NUMBER OF CASES</b>
<b><u>PALOS COMMUNITY HOSPITAL</u></b>	<b><u>433</u></b>



September 22, 2016

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

Dear Ms. Olson:

I am a physician specializing in Ophthalmology. I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total of 498 ophthalmology outpatient surgery cases at Illinois Department of Public Health licensed facilities. The attached Table One documents the zip code by residence for those patients and Table Two indicates the facilities where I performed those cases.

I expect to refer 125 cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

I support the proposed establishment of Palos Health Surgery Center.

Sincerely,

Nicholas P. Katsoulakis, M.D.  
Ophthalmology

Subscribed and sworn to me  
This 9<sup>th</sup> day of November, 2016

  
Notary Public

7340 W. College Drive  
Palos Heights, IL 60463  
Palos Surgicenter  
708-361-7800

15300 West Avenue, Suite 315  
Orland Park, IL 60462  
Palos Primary Care  
708-349-9222

4940 W. 95<sup>th</sup> Street  
Oak Lawn, IL 60453  
Oak Lawn Office  
708-422-1500



**TABLE ONE FOR NICKOLAS P. KATSOULAKIS, M.D.**

**09/01/2015 TO 08/31/2016**

Zip Code of Residence	Cases
42048	1
46375	1
53125	1
60401	1
60406	1
60411	3
60415	1
60417	1
60419	2
60422	3
60423	8
60425	2
60428	3
60429	1
60430	7
60438	4
60439	3
60440	1
60441	5
60443	1
60445	3
60448	11
60449	1
60451	6
60452	7
60453	27
60455	4
60456	4
60457	1
60458	2
60459	6
60461	4
60462	36
60463	11
60464	9

7340 W. College Drive  
Palos Heights, IL 60463  
Palos Surgicenter  
708-361-7800

15300 West Avenue, Suite 315  
Orland Park, IL 60462  
Palos Primary Care  
708-349-9222

4940 W. 95<sup>th</sup> Street  
Oak Lawn, IL 60453  
Oak Lawn Office  
708-422-1500



Zip Code of Residence	Cases
60465	3
60467	12
60471	3
60477	22
60478	5
60482	3
60486	1
60487	9
60491	14
60513	1
60525	2
60527	1
60544	1
60586	1
60606	1
60609	1
60617	2
60619	1
60620	3
60626	1
60629	7
60632	2
60638	1
60639	1
60647	1
60652	4
60655	1
60661	2
60803	3
60805	11
61350	1

7340 W. College Drive  
Palos Heights, IL 60463  
Palos Surgicenter  
708-361-7800

15300 West Avenue, Suite 315  
Orland Park, IL 60462  
Palos Primary Care  
708-349-9222

4940 W. 95<sup>th</sup> Street  
Oak Lawn, IL 60453  
Oak Lawn Office  
708-422-1500



**TABLE TWO – HISTORICAL SURGICAL CASES**  
**FOR**  
**NICKOLAS P. KATSOULAKIS, M.D.**

HOSPITAL OR SURGERY CENTER NAME	NUMBER OF CASES
ARBOR CENTER FOR EYE CARE	1
CENTER FOR MINIMALLY INVASIVE SURGERY	78
NOVAMED CENTER FOR RECONSTRUCTIVE SURGERY	78
PALOS COMMUNITY HOSPITAL	8
PALOS SURGICENTER	147

7340 W. College Drive  
Palos Heights, IL 60463  
Palos Surgicenter  
708-361-7800

15300 West Avenue, Suite 315  
Orland Park, IL 60462  
Palos Primary Care  
708-349-9222

4940 W. 95<sup>th</sup> Street  
Oak Lawn, IL 60453  
Oak Lawn Office  
708-422-1500

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

Dear Ms. Olson:

I am a physician specializing in General Surgery. I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total of 412 outpatient surgery cases at Illinois Department of Public Health licensed facilities. The attached Table One documents the zip code by residence for those patients and Table Two indicates the facilities where I performed those cases.

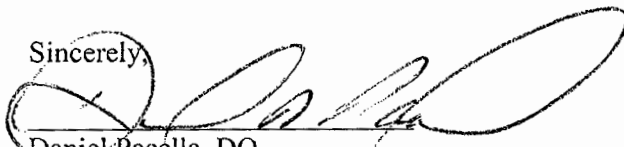
I expect to refer 400 cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

I support the proposed establishment of Palos Health Surgery Center.

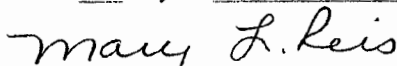
Sincerely,



Daniel Pacella, DO  
General Surgeon

Name of Practice: Daniel A Pacella DO PC  
Practice Address: 16501 S 106<sup>th</sup> Court  
Orland Park IL 60467

Subscribed and sworn to me  
This 29 day of SEPTEMBER, 2016



Notary Public





**TABLE ONE FOR DANIEL PACELLA, DO**

**SEPTEMBER 1, 2015 TO AUGUST 31, 2016**

<b>Zip Code of Residence</b>	<b>Cases</b>
60039	1
60406	2
60411	4
60415	8
60423	11
60426	1
60429	3
60439	4
60441	7
60445	19
60446	1
60448	13
60449	6
60451	11
60452	17
60453	19
60455	7
60457	9
60459	9
60462	57
60463	30
60464	19
60465	16
60467	26
60475	4
60477	34
60482	9
60487	19
60491	18
60609	1
60618	2
06029	4
60638	2
60643	1
60464	19

60465	16
60467	26
60475	4
60477	34
60482	9
60487	18
60491	19
60609	1
60618	2
60629	4
60638	2
60643	1
60652	4
60655	5
60803	7
60805	1
60964	1

**TABLE TWO – HISTORICAL SURGICAL CASES FOR**

**DANIEL PACELLA, DO**

**SEPTEMBER 1, 2015 TO AUGUST 31, 2016**

<b>HOSPITAL OR SURGERY CENTER NAME</b>	<b>NUMBER OF CASES</b>
<b><u>PALOS COMMUNITY HOSPITAL</u></b>	<b><u>412</u></b>

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

Dear Ms. Olson:

I am a physician specializing in Orthopedics. I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total 118 outpatient surgery cases at Illinois Department of Public Health licensed facilities. The attached Table One documents the zip code by residence for those patients and Table Two indicates the facilities where I performed those cases.

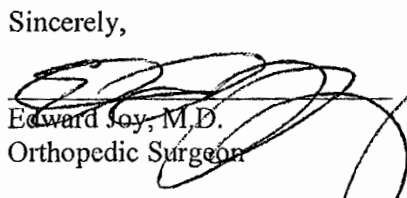
I expect to 50-75 cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

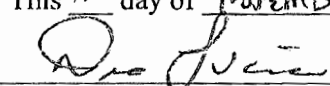
I support the proposed establishment of Palos Health Surgery Center.

Sincerely,

  
Edward Joy, M.D.  
Orthopedic Surgeon

Name of Practice: Integrity Orthopedics  
Practice Address: 6850 Centennial Drive  
Tinley Park, IL60477

Subscribed and sworn to me  
This 9<sup>th</sup> day of November, 2016

  
Notary Public



**Table 1**

<b>Zip Code</b>	<b>Cases</b>
60462	10
60463	9
60477	8
60467	7
60441	6
60445	6
60452	5
60487	4
60655	4
60423	3
60451	3
60453	3
60491	3
50445	2
50467	2
60426	2
60439	2
60458	2
60461	2
60465	2
60466	2
60586	2
60805	2
46311	1
46321	1
46392	1
50411	1
50464	1
60101	1
60201	1
60409	1
60411	1
60415	1
60422	1
60428	1
60432	1
60443	1
60446	1

Appendix - 1

**Table 1**

<b>Zip Code</b>	<b>Cases</b>
60448	1
60449	1
60455	1
60457	1
60459	1
60464	1
60468	1
60476	1
60478	1
60501	1
60623	1
60638	1
<b>Total</b>	<b>118</b>

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

Dear Ms. Olson:

I am a physician specializing in Orthopedics. I am writing in support of Palos Health Surgery Center's request for a Certificate of Need permit to establish an ambulatory surgical treatment center planned for the new medical office building to be located on the southwest corner of 153<sup>rd</sup> and West Avenue in Orland Park, Illinois.

During the past 12 months, I performed a total 83 outpatient surgery cases at Illinois Department of Public Health licensed facilities. The attached Table One documents the zip code by residence for those patients and Table Two indicates the facilities where I performed those cases.

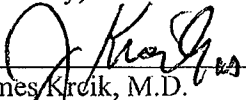
I expect to 50 cases to Palos Health Surgery Center in each of the two years following opening of the surgery center.

Projected patient volume shall come from the proposed geographic service area of Palos Health Surgery Center.

These referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

I support the proposed establishment of Palos Health Surgery Center.

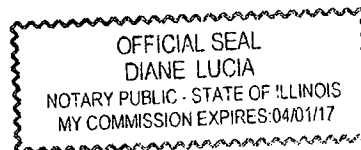
Sincerely,

  
James Krcik, M.D.  
Orthopedic Surgeon

Name of Practice: Integrity Orthopedics  
Practice Address: 6850 Centennial Drive  
Tinley Park, IL60477

Subscribed and sworn to me  
This 10<sup>th</sup> day of NOVEMBER, 2016

  
Notary Public



**Table 1**

<b>Zip Code</b>	<b>Cases</b>
60452	12
60445	10
60477	8
60417	5
60423	5
60449	5
60448	4
60487	4
60429	3
60430	3
60441	3
60453	3
60827	3
60428	2
60457	2
60527	2
46368	1
46408	1
50423	1
50447	1
50452	1
50477	1
50563	1
60411	1
60415	1
60426	1
60438	1
60446	1
60451	1
60463	1
60464	1
60466	1
60467	1
60472	1
60473	1
60475	1
60476	1
60478	1



**Table 1**

<b>Zip Code</b>	<b>Cases</b>
60482	1
60491	1
60516	1
60544	1
60586	1
60620	1
60636	1
60643	1
60655	1
60805	1
<b>Grand Total</b>	<b>106</b>

Appendix - 1

**Appendix 2**  
**Time and Distance**

Attached as Appendix 2 are MapQuest printouts with the time and distance to each facility within 45 minutes normal travel time of Palos Health Surgery Center.



15430 West Avenue, Orland Park, IL 60462 to Palos Health

Drive 5.5 miles, 13 min

**15430 West Avenue**

Orland Park, IL 60462

- ↑ 1. Head north on West Ave toward Shady Ln  
1.4 mi
- 2. Turn right onto W 143rd St  
0.2 mi
- ↶ 3. Turn left onto IL-7 S  
3.0 mi
- 4. Slight right toward W 123rd St/McCarthy Rd  
0.1 mi
- 5. Slight right onto W 123rd St/McCarthy Rd  
0.6 mi
- ↶ 6. Turn left onto S 80th Ave  
217 ft
- 7. Turn right  
 ⓘ Destination will be on the right  
0.2 mi

**Palos Health**

12251 South 80th Avenue, Palos Heights, IL 60463

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

9/15/2016

15430 West Avenue, Orland Park, IL 60462 to Silver Cross H - Google Maps

Google Maps 15430 West Avenue, Orland Park, IL 60462 to Silver Cross H Drive 12.1 miles, 18 min

Appendix - 2

**15430 West Avenue**

Orland Park, IL 60462

**Take West Ave to W 159th St**

- 2 min (0.7 mi)
- ↑ 1. Head south on West Ave toward Treetop Dr  
0.5 mi
  - ➡ 2. Turn right onto Ravinia Dr  
0.2 mi

**Take US-45 S/South La Grange Road and I-80 W to Cedar Crossing Dr in New Lenox**

- 14 min (11.1 mi)
- ➡ 3. Turn left onto W 159th St  
0.4 mi
  - ➡ 4. Turn right onto US-45 S/96th Ave/South La Grange Road  
 ⓘ Continue to follow US-45 S/South La Grange Road  
3.0 mi
  - ⬆ 5. Use the right lane to merge onto I-80 W via the ramp to Joliet  
5.5 mi
  - ➡ 6. Use the right lane to take exit 140 for I-355 N toward W Suburbs  
 ⚠ Toll road  
0.5 mi
  - ↑ 7. Continue onto I-355 N  
 ⚠ Toll road  
0.8 mi
  - ➡ 8. Take the US-6/SW Hwy exit  
 ⚠ Toll road  
0.5 mi
  - ➡ 9. Turn right onto US-6 W/SW Hwy/Maple Rd (signs for Joliet)  
 ⚠ Partial toll road  
0.4 mi

**Continue on Cedar Crossing Dr to your destination**

- 1 min (0.3 mi)
- ➡ 10. Turn left onto Cedar Crossing Dr  
0.2 mi
  - ➡ 11. Turn right  
338 ft
  - ➡ 12. Turn left  
446 ft

**Silver Cross Hospital**

1900 Silver Cross Boulevard, New Lenox, IL 60451

9/15/2016

15430 West Avenue, Orland Park, IL 60462 to Silver Cross H - Google Maps

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

Appendix - 2



15430 West Avenue, Orland Park, IL 60462 to  
Advocate South Suburban Hospital

Drive 14.9 miles, 23 min

## 15430 West Avenue

Orland Park, IL 60462

### Get on I-80 E in Frankfort Township from US-45 S/South La Grange Road

10 min (4.9 mi)

- ↑ 1. Head south on West Ave toward Treetop Dr  
0.5 mi
- 2. Turn right onto Ravinia Dr  
0.2 mi
- ⬅ 3. Turn left onto W 159th St  
0.4 mi
- 4. Turn right onto US-45 S/96th Ave/South La Grange Road  
Continue to follow US-45 S/South La Grange Road  
3.4 mi
- ⬆ 5. Use the right lane to merge onto I-80 E via the ramp to Indiana  
0.4 mi

### Follow I-80 E to Kedzie Ave in Hazel Crest. Take exit 154 from I-80 E

8 min (8.8 mi)

- ⬆ 6. Merge onto I-80 E  
8.6 mi
- 7. Take exit 154 for Kedzie Ave  
0.2 mi

### Continue on Kedzie Ave to your destination

4 min (1.2 mi)

- 8. Turn right onto Kedzie Ave  
1.0 mi
- 9. Turn right onto W 177th St  
0.1 mi
- ⬅ 10. Turn left  
Destination will be on the left  
0.1 mi

## Advocate South Suburban Hospital

17800 Kedzie Avenue, Hazel Crest, IL 60429

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



15430 West Avenue, Orland Park, IL 60462 to  
Franciscan St. James Health - Olympia Fields

Drive 15.3 miles, 24 min

## 15430 West Avenue

Orland Park, IL 60462

### Get on I-80 E in Frankfort Township from US-45 S/South La Grange Road

10 min (4.9 mi)

1. Head south on West Ave toward Treetop Dr  
0.5 mi
2. Turn right onto Ravinia Dr  
0.2 mi
3. Turn left onto W 159th St  
0.4 mi
4. Turn right onto US-45 S/96th Ave/South La Grange Road  
Continue to follow US-45 S/South La Grange Road  
3.4 mi
5. Use the right lane to merge onto I-80 E via the ramp to Indiana  
0.4 mi

### Continue on I-80 E. Take I-57 S to Vollmer Rd in Matteson. Take exit 342A from I-57 S

8 min (8.5 mi)

6. Merge onto I-80 E  
5.5 mi
7. Take exit 151A to merge onto I-57 S toward Memphis  
2.8 mi
8. Take exit 342A for Vollmer Rd E  
0.3 mi

### Continue on Vollmer Rd. Drive to Crawford Ave in Olympia Fields

3 min (1.9 mi)

9. Merge onto Vollmer Rd  
1.5 mi
10. Turn right onto Crawford Ave  
0.3 mi

## Franciscan St. James Health - Olympia Fields

20201 Crawford Avenue, Olympia Fields, IL 60461

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

Appendix - 2





15430 West Avenue, Orland Park, IL 60462 to Ingalls Memorial Hospital Drive 11.5 miles, 26 min

## 15430 West Avenue

Orland Park, IL 60462

- ↑ 1. Head south on West Ave toward Treetop Dr  
0.5 mi
- 2. Turn right onto Ravinia Dr  
0.2 mi
- ⬅ 3. Turn left onto US-6 E/W 159th St  
10.3 mi
- ⬅ 4. Turn left onto S Wood St  
0.4 mi
- 5. Turn right onto Ald Taylor Way  
348 ft
- ⬅ 6. Turn left onto Ingalls Dr  
157 ft

## Ingalls Memorial Hospital

1 Ingalls Drive, Harvey, IL 60426

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

Google Maps

15430 West Avenue, Orland Park, IL 60462 to  
Adventist Bolingbrook Hospital

Drive 18.4 miles, 29 min

**15430 West Avenue**

Orland Park, IL 60462

**Take W 153rd St to Wolf Rd**

- 4 min (1.7 mi)
1. Head north on West Ave toward Shady Ln  
0.2 mi
  2. Turn left onto W 153rd St  
1.5 mi
  3. Turn right onto Wolf Rd  
30 s (0.2 mi)

**Get on I-355 N in Homer Township from W 143rd St/Orland Park Rd**

- 14 min (8.1 mi)
4. Turn left onto W 151st St  
3.0 mi
  5. Turn right onto S Parker Rd  
1.0 mi
  6. Turn left onto W 143rd St/Orland Park Rd  
3.1 mi
  7. Turn right onto the I-355 ramp  
Toll road  
0.5 mi
  8. Keep left, follow signs for I-355 N and merge onto I-355 N  
Partial toll road  
0.4 mi

**Continue on I-355 N. Drive to Remington Blvd in Bolingbrook**

- 8 min (7.4 mi)
9. Merge onto I-355 N  
Toll road  
4.6 mi
  10. Take the exit onto I-55 S toward St Louis  
Partial toll road  
2.4 mi
  11. Use the right 2 lanes to take exit 267 toward Bolingbrook  
0.3 mi
  12. Merge onto S Bolingbrook Dr  
0.1 mi
  13. Use the left 2 lanes to turn left onto Remington Blvd  
Destination will be on the right  
2 min (1.0 mi)

## Adventist Bolingbrook Hospital

500 Remington Boulevard, Bolingbrook, IL 60440

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

Google Maps

15430 West Ave, Orland Park, IL 60462 to 12935  
Gregory Street, Blue Island, IL

Drive 12.3 miles, 29 min

*Blue Island Hospital*

15430 West Avenue

Orland Park, IL 60462

- ↑ 1. Head north on West Ave toward Shady Ln  
0.4 mi
  - 2. Turn right onto W 151st St  
2.3 mi
  - 3. Turn left onto S 82nd Ave  
1.0 mi
  - 4. Turn right onto W 143rd St  
2.8 mi
  - ↑ 5. Continue onto Midlothian Turnpike  
2.5 mi
  - 6. Turn right onto S Pulaski Rd  
0.1 mi
  - 7. Turn left onto W 139th St  
2.0 mi
  - 8. Turn left onto Western Ave  
0.9 mi
  - ↑ 9. Continue onto Gregory St  
0.3 mi
- ⓘ Destination will be on the right

12935 Gregory Street

Blue Island, IL 60406

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



15430 West Avenue, Orland Park, IL 60462 to  
Advocate Christ Medical Center

Drive 11.7 miles, 30 min

## 15430 West Avenue

Orland Park, IL 60462

- ↑ 1. Head north on West Ave toward Shady Ln  
1.4 mi
- ↱ 2. Turn right onto W 143rd St  
0.2 mi
- ↰ 3. Turn left onto IL-7 S  
5.9 mi
- ↑ 4. Continue straight onto SW Hwy  
2.1 mi
- ↱ 5. Turn right onto 95th St  
2.0 mi
- ↻ 6. Make a U-turn at S Kostner Ave  
390 ft

## Advocate Christ Medical Center

4440 95th Street, Oak Lawn, IL 60453

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



15430 West Avenue, Orland Park, IL 60462 to  
Adventist La Grange Memorial Hospital

Drive 14.8 miles, 31 min

## 15430 West Avenue

Orland Park, IL 60462

### Take W 151st St to US-45 N/96th Ave/South La Grange Road

3 min (0.9 mi)

↑ 1. Head north on West Ave toward Shady Ln

0.4 mi

➤ 2. Turn right onto W 151st St

0.5 mi

⬅ 3. Turn left onto US-45 N/96th Ave/South La Grange Road

ⓘ Continue to follow US-45 N/South La Grange Road

23 min (12.5 mi)

### Continue on W 55th St to your destination in La Grange

5 min (1.4 mi)

⬅ 4. Turn left onto W 55th St

0.8 mi

➤ 5. Turn right onto S Edgewood Ln

0.5 mi

⬅ 6. Turn left

79 ft

➤ 7. Turn right

0.1 mi

⬅ 8. Turn left

348 ft

## Adventist La Grange Memorial Hospital

5101 South Willow Springs Road, La Grange, IL 60525

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

Google Maps

15430 West Avenue, Orland Park, IL 60462 to 120  
North Oak Street, Hinsdale, IL

Drive 19.2 miles, 33 min

Adventist Hinsdale Hospital



**15430 West Avenue**

Orland Park, IL 60462

**Take W 151st St to US-45 N/96th Ave/South La Grange Road**

3 min (0.9 mi)

- ↑ 1. Head north on West Ave toward Shady Ln

0.4 mi

- ➡ 2. Turn right onto W 151st St

0.5 mi

**Continue on US-45 N/South La Grange Road. Take I-294 N to N County Line Rd in Lyons Township**

25 min (17.3 mi)

- ⬅ 3. Turn left onto US-45 N/96th Ave/South La Grange Road

➡ Continue to follow US-45 N/South La Grange Road

10.5 mi

- ⬆ 4. Use the right lane to take the I-55 S ramp to St Louis

0.3 mi

- ⬅ 5. Keep left and merge onto I-55 S

1.6 mi

- ➡ 6. Take exit 277A to merge onto I-294 N toward Wisconsin

⚠ Toll road

4.4 mi

- ➡ 7. Exit onto US-34 W/Ogden Ave

⚠ Partial toll road

0.4 mi

**Continue on N County Line Rd. Drive to N Oak St**

3 min (1.0 mi)

- ⬅ 8. Turn left onto N County Line Rd

0.8 mi

- ➡ 9. Turn right onto E Walnut St

0.1 mi

- ⬅ 10. Turn left at the 1st cross street onto N Oak St

➡ Destination will be on the right

318 ft

**120 North Oak Street**

Hinsdale, IL 60521

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



15430 West Avenue, Orland Park, IL 60462 to  
Franciscan St. James Health - Chicago Heights

Drive 20.3 miles, 33 min

## 15430 West Avenue

Orland Park, IL 60462

### Take West Ave to W 159th St

- 2 min (0.7 mi)
1. Head south on West Ave toward Treetop Dr  
0.5 mi
  2. Turn right onto Ravinia Dr  
0.2 mi

### Take US-45 S/South La Grange Road, I-80 E and I-57 S to US-30 E/Lincoln Hwy in Chicago Heights

- 28 min (19.6 mi)
3. Turn left onto W 159th St  
0.4 mi
  4. Turn right onto US-45 S/96th Ave/South La Grange Road  
Continue to follow US-45 S/South La Grange Road  
3.4 mi
  5. Use the right lane to merge onto I-80 E via the ramp to Indiana  
5.9 mi
  6. Take exit 151A to merge onto I-57 S toward Memphis  
4.3 mi
  7. Take exit 340A to merge onto US-30 E/211th St/Lincoln Hwy  
Continue to follow US-30 E/Lincoln Hwy  
Destination will be on the right  
5.7 mi

## Franciscan St. James Health - Chicago Heights

1423 Chicago Road, Chicago Heights, IL 60411

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

9/12/2016

15430 West Avenue, Orland Park, IL 60462 to Advocate Good Samaritan Hospital - Google Maps

Google Maps

15430 West Avenue, Orland Park, IL 60462 to  
Advocate Good Samaritan Hospital

Drive 26.1 miles, 34 min

Appendix - 2

-311-

**15430 West Avenue**

Orland Park, IL 60462

**Get on I-355 N in Homer Township from W 153rd St, W 151st St and W 143rd St/Orland Park Rd**

18 min (10.0 mi)

↑ 1. Head north on West Ave toward Shady Ln

0.2 mi

↙ 2. Turn left onto W 153rd St

1.5 mi

↘ 3. Turn right onto Wolf Rd

0.2 mi

↙ 4. Turn left onto W 151st St

3.0 mi

↘ 5. Turn right onto S Parker Rd

1.0 mi

↙ 6. Turn left onto W 143rd St/Orland Park Rd

3.1 mi

↗ 7. Turn right onto the I-355 ramp



0.5 mi

↙ 8. Keep left, follow signs for I-355 N and merge onto I-355 N

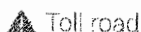


0.4 mi

**Continue on I-355 N to Downers Grove. Take the Highland Ave exit from I-88 E**

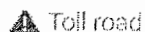
14 min (15.1 mi)

↗ 9. Merge onto I-355 N



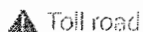
6.0 mi

↙ 10. Keep left at the fork to stay on I-355 N



5.2 mi

↘ 11. Use the right 2 lanes to take the exit toward Chicago



1.2 mi

↗ 12. Merge onto I-88 E



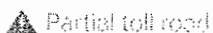
2.4 mi

↘ 13. Take the Highland Ave exit



0.3 mi

↘ 14. Turn right onto Highland Ave

**Appendix - 2**

2 min (1.0 mi)

## Advocate Good Samaritan Hospital

3815 Highland Avenue, Downers Grove, IL 60515

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



15430 West Avenue, Orland Park, IL 60462 to Little  
Company of Mary Hospital

Drive 13.6 miles, 34 min

## 15430 West Avenue

Orland Park, IL 60462

- ↑ 1. Head north on West Ave toward Shady Ln  
1.4 mi
  - 2. Turn right onto W 143rd St  
0.2 mi
  - 3. Turn left onto IL-7 S  
5.9 mi
  - ↑ 4. Continue straight onto SW Hwy  
2.1 mi
  - 5. Turn right onto 95th St  
4.0 mi
- i** Destination will be on the left

## Little Company of Mary Hospital

2800 95th Street, Evergreen Park, IL 60805

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



15430 West Avenue, Orland Park, IL 60462 to  
Roseland Community Hospital

Drive 17.9 miles, 34 min

## 15430 West Avenue

Orland Park, IL 60462

### Take West Ave to US-6 E/W 159th St

- 1. Head south on West Ave toward Treetop Dr  
2 min (0.7 mi)
- 2. Turn right onto Ravinia Dr  
0.5 mi
- 0.2 mi

### Follow US-6 E/W 159th St and I-57 N to S Hamlet Ave in Chicago. Take exit 355 from I-57 N

- 3. Turn left onto US-6 E/W 159th St  
25 min (15.2 mi)
- 4. Slight right onto the I-57 N ramp  
7.9 mi
- 5. Keep left at the fork and merge onto I-57 N  
0.3 mi
- 6. Take exit 355 toward Monterey Ave/111th St  
6.8 mi
- 0.2 mi

### Drive to W 111th St

- 7. Continue onto S Hamlet Ave  
8 min (2.0 mi)
- 8. Turn right onto W 111th St  
0.3 mi
- Destination will be on the right  
1.8 mi

## Roseland Community Hospital

45 West 111th Street, Chicago, IL 60628

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

9/12/2016

15430 West Avenue, Orland Park, IL 60462 to 155 East Brush Hill Road, Elmhurst, IL - Google Maps

Google Maps

15430 West Avenue, Orland Park, IL 60462 to 155  
East Brush Hill Road, Elmhurst, IL

Drive 22.0 miles, 35 min

Elmhurst Memorial Hospital

Appendix - 2

-316-



**15430 West Avenue**

Orland Park, IL 60462

**Take W 151st St to US-45 N/96th Ave/South La Grange Road**

3 min (0.9 mi)

- ↑ 1. Head north on West Ave toward Shady Ln

0.4 mi

- ➡ 2. Turn right onto W 151st St

0.5 mi

**Continue on US-45 N/South La Grange Road. Take I-294 N to IL-38 W/Roosevelt Rd in Proviso Township. Take the IL-38/Roosevelt Rd W exit from I-294 N**

28 min (20.1 mi)

- ↶ 3. Turn left onto US-45 N/96th Ave/South La Grange Road

ⓘ Continue to follow US-45 N/South La Grange Road

10.5 mi

- ⤴ 4. Use the right lane to take the I-55 S ramp to St Louis

0.3 mi

- ↶ 5. Keep left and merge onto I-55 S

1.6 mi

- ➡ 6. Take exit 277A to merge onto I-294 N toward Wisconsin

⚠ Toll road

7.4 mi

- ➡ 7. Take the IL-38/Roosevelt Rd W exit

⚠ Toll road

0.2 mi

**Continue on IL-38 W/Roosevelt Rd to your destination in Elmhurst**

2 min (1.0 mi)

- ⤴ 8. Merge onto IL-38 W/Roosevelt Rd

0.5 mi

- ➡ 9. Take the York Road exit

0.2 mi

- ↑ 10. Continue straight onto E Brush Hill Rd

0.3 mi

- ➡ 11. Turn right

174 ft

- ➡ 12. Turn right

3 ft

**155 East Brush Hill Road**

Elmhurst, IL 60126

**Appendix - 2**

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you

317

9/12/2016

15430 West Avenue, Orland Park, IL 60462 to 155 East Brush Hill Road, Elmhurst, IL - Google Maps

should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

-318-

Google Maps

15430 West Avenue, Orland Park, IL 60462 to  
Mercy Hospital & Medical Center

Drive 26.3 miles, 35 - 55 min

Appendix - 2

**15430 West Avenue**

Orland Park, IL 60462

**Get on I-55 N in Hodgkins from US-45 N/South La Grange Road**

21 min (11.6 mi)

1. Head north on West Ave toward Shady Ln 0.4 mi
2. Turn right onto W 151st St 0.5 mi
3. Turn left onto US-45 N/96th Ave/South La Grange Road  
Continue to follow US-45 N/South La Grange Road 10.3 mi
4. Use the right lane to merge onto I-55 N via the ramp to Chicago 0.4 mi

**Follow I-55 N to E 25th St in Chicago. Take exit 293D from I-55 N**

16 min (14.4 mi)

5. Merge onto I-55 N 14.3 mi
6. Take exit 293D toward Martin L King Dr 0.2 mi

**Take S King Dr/S Martin Luther King Dr and E 26th St to S Prairie Ave**

2 min (0.3 mi)

7. Use the right lane to merge onto E 25th St 98 ft
8. Slight right to stay on E 25th St 177 ft
9. Turn right onto S King Dr/S Martin Luther King Dr 0.1 mi
10. Turn right onto E 26th St 0.1 mi
11. Turn right at the 2nd cross street onto S Prairie Ave 20 ft

**Mercy Hospital & Medical Center**

2525 South Michigan Avenue, Chicago, IL 60616

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

Google Maps

15430 West Avenue, Orland Park, IL 60462 to  
2750 West 15th Street, Chicago, IL 60608

Drive 24.0 miles, 35 min - 1 h

Mount Sinai Hospital Medical Center

**15430 West Avenue**

Orland Park, IL 60462

**Take W 151st St to US-45 N/96th Ave/South La Grange Road**

3 min (0.9 mi)

- ↑ 1. Head north on West Ave toward Shady Ln

0.4 mi

- ↗ 2. Turn right onto W 151st St

0.5 mi

**Follow US-45 N/South La Grange Road and I-55 N to Chicago. Take exit 289 from I-55 N**

28 min (20.7 mi)

- ↙ 3. Turn left onto US-45 N/96th Ave/South La Grange Road

➊ Continue to follow US-45 N/South La Grange Road

10.3 mi

- ⤴ 4. Use the right lane to merge onto I-55 N via the ramp to Chicago

10.1 mi

- ↘ 5. Take exit 289 for California Ave

0.3 mi

**Take S California Ave to W 15th St**

10 min (2.4 mi)

- ↗ 6. Use the right 2 lanes to turn slightly right toward S California Ave

0.2 mi

- ↙ 7. Use the left 2 lanes to turn left onto S California Ave

2.1 mi

- ↗ 8. Turn right onto W Ogden Ave

397 ft

- ↗ 9. Turn right onto S Fairfield Ave

⚠ Restricted usage road

223 ft

- ↑ 10. S Fairfield Ave turns left and becomes W 15th St

⚠ Restricted usage road

7 ft

**2750 West 15th Street**

Chicago, IL 60608

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



15430 West Avenue, Orland Park, IL 60462 to St Anthony Hospital Drive 23.7 miles, 35 - 55 min

## 15430 West Avenue

Orland Park, IL 60462

### Take W 151st St to US-45 N/96th Ave/South La Grange Road

- ↑ 1. Head north on West Ave toward Shady Ln

3 min (0.9 mi)

- ➡ 2. Turn right onto W 151st St

0.4 mi

0.5 mi

### Follow US-45 N/South La Grange Road and I-55 N to Chicago. Take exit 289 from I-55 N

28 min (20.7 mi)

- ⬅ 3. Turn left onto US-45 N/96th Ave/South La Grange Road

ⓘ Continue to follow US-45 N/South La Grange Road

10.3 mi

- ⬆ 4. Use the right lane to merge onto I-55 N via the ramp to Chicago

10.1 mi

- ➡ 5. Take exit 289 for California Ave

0.3 mi

### Take S California Ave and S Marshall Blvd to W 19th St

8 min (2.1 mi)

- ➡ 6. Use the right 2 lanes to turn slightly right toward S California Ave

0.2 mi

- ⬅ 7. Use the left 2 lanes to turn left onto S California Ave

1.2 mi

- ⬅ 8. Turn left onto W 24th Blvd/S Marshall Blvd

ⓘ Continue to follow S Marshall Blvd

0.7 mi

- ➡ 9. Turn right onto W 19th St

ⓘ Destination will be on the right

292 ft

## St Anthony Hospital

2875 West 19th Street, Chicago, IL 60623

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

Appendix - 2



15430 West Avenue, Orland Park, IL 60462 to St Anthony Hospital  
Drive 23.7 miles, 35 - 55 min

## 15430 West Avenue

Orland Park, IL 60462

### Take W 151st St to US-45 N/96th Ave/South La Grange Road

3 min (0.9 mi)

↑ 1. Head north on West Ave toward Shady Ln

0.4 mi

➡ 2. Turn right onto W 151st St

0.5 mi

### Follow US-45 N/South La Grange Road and I-55 N to Chicago. Take exit 289 from I-55 N

28 min (20.7 mi)

⬅ 3. Turn left onto US-45 N/96th Ave/South La Grange Road

➡ Continue to follow US-45 N/South La Grange Road

10.3 mi

⬆ 4. Use the right lane to merge onto I-55 N via the ramp to Chicago

10.1 mi

➡ 5. Take exit 289 for California Ave

0.3 mi

### Take S California Ave and S Marshall Blvd to W 19th St

8 min (2.1 mi)

➡ 6. Use the right 2 lanes to turn slightly right toward S California Ave

0.2 mi

⬅ 7. Use the left 2 lanes to turn left onto S California Ave

1.2 mi

⬅ 8. Turn left onto W 24th Blvd/S Marshall Blvd

➡ Continue to follow S Marshall Blvd

0.7 mi

➡ 9. Turn right onto W 19th St

➡ Destination will be on the right

292 ft

## St Anthony Hospital

2875 West 19th Street, Chicago, IL 60623

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



9/12/2016

15430 West Avenue, Orland Park, IL 60462 to Advocate Trinity Hospital - Google Maps

Google Maps

15430 West Avenue, Orland Park, IL 60462 to  
Advocate Trinity Hospital

Drive 28.1 miles, 37 min

Appendix - 2

-325-

**15430 West Avenue**

Orland Park, IL 60462

**Get on I-80 E in Frankfort Township from US-45 S/South La Grange Road**

10 min (4.9 mi)

1. Head south on West Ave toward Treetop Dr  
0.5 mi
2. Turn right onto Ravinia Dr  
0.2 mi
3. Turn left onto W 159th St  
0.4 mi
4. Turn right onto US-45 S/96th Ave/South La Grange Road  
Continue to follow US-45 S/South La Grange Road  
3.4 mi
5. Use the right lane to merge onto I-80 E via the ramp to Indiana  
0.4 mi

**Continue on I-80 E. Take I-57 N to S Stony Island Ave in Chicago. Take exit 65 from I-94 E**

20 min (21.9 mi)

6. Merge onto I-80 E  
5.8 mi
7. Use the left 2 lanes to take exit 151B to merge onto I-57 N toward Chicago  
13.3 mi
8. Use the right 2 lanes to merge onto I-94 E toward Indiana  
1.4 mi
9. Take exit 65 to merge onto S Stony Island Ave  
1.3 mi

**Drive to E 93rd St**

5 min (1.4 mi)

10. Merge onto S Stony Island Ave  
0.5 mi
11. Turn right onto E 93rd St  
0.9 mi

**Advocate Trinity Hospital**

2320 East 93rd Street, Chicago, IL 60617

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

Google Maps

15430 West Avenue, Orland Park, IL 60462 to St.  
Bernard Hospital

Drive 29.0 miles, 37 min

Appendix - 2

-327-

**15430 West Avenue**

Orland Park, IL 60462

**Get on I-80 E in Frankfort Township from US-45 S/South La Grange Road**

10 min (4.9 mi)

- ↑ 1. Head south on West Ave toward Treetop Dr  
0.5 mi
- ➡ 2. Turn right onto Ravinia Dr  
0.2 mi
- ↶ 3. Turn left onto W 159th St  
0.4 mi
- ➡ 4. Turn right onto US-45 S/96th Ave/South La Grange Road  
Continue to follow US-45 S/South La Grange Road  
3.4 mi
- ⤴ 5. Use the right lane to merge onto I-80 E via the ramp to Indiana  
0.4 mi

**Continue on I-80 E. Take I-57 N to W Marquette Rd in Chicago. Take exit 59B from I-94 W**

22 min (23.3 mi)

- ⤴ 6. Merge onto I-80 E  
5.8 mi
- ↶ 7. Use the left 2 lanes to take exit 151B to merge onto I-57 N toward Chicago  
13.9 mi
- ⤴ 8. Merge onto I-94 W  
3.2 mi
- ➡ 9. Take exit 59B for Marquette Road toward 67th Street  
0.2 mi
- ➡ 10. Keep right to stay on Exit 59B  
0.2 mi

**Continue on W Marquette Rd. Take S Wentworth Ave to W 64th St**

4 min (0.8 mi)

- ↶ 11. Turn left onto W Marquette Rd  
0.2 mi
- ➡ 12. Turn right at the 3rd cross street onto S Wentworth Ave  
0.3 mi
- ↶ 13. Turn left onto W 65th St  
0.1 mi
- ➡ 14. Turn right onto S Yale Ave  
0.1 mi
- ↶ 15. Turn left onto W 64th St  
Destination will be on the right  
413 ft

Appendix - 2

St. Bernard Hospital

**-328-**

9/12/2016

15430 West Avenue, Orland Park, IL 60462 to St. Bernard Hospital - Google Maps

St. Bernard Hospital

326 West 64th Street, Chicago, IL 60621

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

Appendix - 2

-329-



15430 West Avenue, Orland Park, IL 60462 to 2160 South 1st Avenue, Maywood, IL

Drive 20.3 miles, 38 min

Loyola University Medical Center

## 15430 West Avenue

Orland Park, IL 60462

### Take W 151st St to US-45 N/96th Ave/South La Grange Road

3 min (0.9 mi)

↑ 1. Head north on West Ave toward Shady Ln

0.4 mi

➡ 2. Turn right onto W 151st St

0.5 mi

### Continue on US-45 N/South La Grange Road to Summit. Take exit 282B from I-55 N

21 min (14.2 mi)

⬅ 3. Turn left onto US-45 N/96th Ave/South La Grange Road

ⓘ Continue to follow US-45 N/South La Grange Road

10.3 mi

⬆ 4. Use the right lane to merge onto I-55 N via the ramp to Chicago

3.6 mi

➡ 5. Take exit 282B to merge onto IL-171 N

0.3 mi

### Follow IL-171 N to your destination in Hines

11 min (5.2 mi)

⬆ 6. Merge onto IL-171 N

5.1 mi

⬅ 7. Turn left

276 ft

## 2160 South 1st Avenue

Maywood, IL 60153

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

Google Maps

15430 West Avenue, Orland Park, IL 60462 to  
Edward Hospital - Main Campus

Drive 24.2 miles, 39 min

Appendix - 2

**15430 West Avenue**

Orland Park, IL 60462

- ↑ 1. Head north on West Ave toward Shady Ln 0.2 mi
- ↩ 2. Turn left onto W 153rd St 1.5 mi
- ↪ 3. Turn right onto Wolf Rd 0.2 mi
- ↩ 4. Turn left onto W 151st St 3.0 mi
- ↪ 5. Turn right onto S Parker Rd 1.0 mi
- ↩ 6. Turn left onto W 143rd St/Orland Park Rd 3.1 mi
- ⤴ 7. Turn right onto the I-355 ramp  
▲ Toll road 0.5 mi
- ↩ 8. Keep left, follow signs for I-355 N and merge onto I-355 N  
▲ Partial toll road 6.5 mi
- ⤴ 9. Keep left at the fork to stay on I-355 N  
▲ Toll road 1.4 mi
- ↪ 10. Take the 75th St exit  
▲ Toll road 0.3 mi
- ↩ 11. Use the left 2 lanes to turn left onto 75th St (signs for Woodridge)  
▲ Partial toll road 5.0 mi
- ↪ 12. Turn right onto S Washington St 1.1 mi
- ↪ 13. Turn right onto Meisinger Ln 0.1 mi
- ↩ 14. Turn left onto Edgewater Dr 0.4 mi
- ↩ 15. Turn left onto S Washington St  
📍 Destination will be on the right 138 ft

**Edward Hospital - Main Campus**

801 South Washington Street, Naperville, IL 60540

**Appendix - 2**

These directions are for planning purposes only. You may find that construction projects,

**-332-**



9/12/2016

15430 West Avenue, Orland Park, IL 60462 to Edward Hospital - Main Campus - Google Maps

traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.



15430 West Avenue, Orland Park, IL 60462 to  
MacNeal Hospital

Drive 18.5 miles, 39 min

## 15430 West Avenue

Orland Park, IL 60462

### Take W 151st St to US-45 N/96th Ave/South La Grange Road

3 min (0.9 mi)

↑ 1. Head north on West Ave toward Shady Ln

0.4 mi

➡ 2. Turn right onto W 151st St

0.5 mi

### Follow US-45 N/South La Grange Road and I-55 N to IL-43 N/Harlem Ave in Summit. Take exit 283 from I-55 N

22 min (14.9 mi)

⤵ 3. Turn left onto US-45 N/96th Ave/South La Grange Road

ⓘ Continue to follow US-45 N/South La Grange Road

10.3 mi

⤴ 4. Use the right lane to merge onto I-55 N via the ramp to Chicago

4.3 mi

➡ 5. Take exit 283 for IL-43/Harlem Ave

0.2 mi

### Continue on IL-43 N/Harlem Ave. Drive to S Oak Park Ave in Berwyn

10 min (2.7 mi)

⤵ 6. Use the left 2 lanes to turn left onto IL-43 N/Harlem Ave

1.8 mi

➡ 7. Turn right onto Historic U.S. 66 E/W Ogden Ave

0.6 mi

⤵ 8. Turn left onto S Oak Park Ave

ⓘ Destination will be on the right

0.3 mi

## MacNeal Hospital

3249 South Oak Park Avenue, Berwyn, IL 60402

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

**Google Maps** 15430 West Ave, Orland Park, IL 60462 to The University of Chicago Medical Center Drive 31.2 miles, 39 min

**15430 West Avenue**  
Orland Park, IL 60462

**Get on I-80 E in Frankfort Township from US-45 S/South La Grange Road**

- 10 min (4.9 mi)
- ↑ 1. Head south on West Ave toward Treetop Dr  
0.5 mi
  - ➔ 2. Turn right onto Ravinia Dr  
0.2 mi
  - ⬅ 3. Turn left onto W 159th St  
0.4 mi
  - ➔ 4. Turn right onto US-45 S/96th Ave/South La Grange Road  
Continue to follow US-45 S/South La Grange Road  
3.4 mi
  - ⬆ 5. Use the right lane to merge onto I-80 E via the ramp to Indiana  
0.4 mi

**Follow I-80 E, I-57 N and I-94 W to S Wentworth Ave in Chicago. Take exit 57 from I-94 W**

- 23 min (24.8 mi)
- ⬆ 6. Merge onto I-80 E  
5.8 mi
  - ⤵ 7. Use the left 2 lanes to take exit 151B to merge onto I-57 N toward Chicago  
13.9 mi
  - ⬆ 8. Merge onto I-94 W  
3.3 mi
  - ⤴ 9. Keep right at the fork to stay on I-94 W  
1.5 mi
  - ➔ 10. Take exit 57 toward Garfield Boulevard  
0.3 mi

**Take W Garfield Blvd and Morgan Dr to S Maryland Ave**

- 5 min (1.5 mi)
- ⬆ 11. Merge onto S Wentworth Ave  
341 ft
  - ➔ 12. Use the right 2 lanes to turn right onto W Garfield Blvd  
0.8 mi
  - ↑ 13. Continue straight onto Morgan Dr  
0.5 mi

Appendix - 2

↩ 14. Turn left onto E 57th St

0.2 mi

➡ 15. Turn right onto S Maryland Ave

📍 Destination will be on the right

30 ft

## The University of Chicago Medical Center

5758 South Maryland Avenue, Chicago, IL 60637

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





15430 West Avenue, Orland Park, IL 60462 to Preferred Drive 1.4 miles, 5 min  
SurgiCenter

## 15430 West Avenue

Orland Park, IL 60462

- ↑ 1. Head north on West Ave toward Shady Ln  
0.4 mi
- 2. Turn right onto W 151st St  
0.5 mi
- ↶ 3. Turn left onto 96th Ave/South La Grange Road  
0.4 mi
- 4. Turn right toward Orland Square Dr  
305 ft
- ↶ 5. Turn left onto Orland Square Dr  
341 ft

## Preferred SurgiCenter

10 Orland Square Drive #10-C, Orland Park, IL 60462

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



15430 West Avenue, Orland Park, IL 60462 to Tinley Woods Surgery Center

Drive 4.0 miles, 9 min

## 15430 West Avenue

Orland Park, IL 60462

- ↑ 1. Head south on West Ave toward Treetop Dr  
0.5 mi
  - 2. Turn right onto Ravinia Dr  
0.2 mi
  - ⬅ 3. Turn left onto W 159th St  
0.4 mi
  - 4. Turn right onto US-45 S/96th Ave/South La Grange Road  
2.8 mi
  - 5. Turn right onto Orland Pkwy  
456 ft
  - 6. Turn right  
220 ft
  - ↑ 7. Continue straight  
151 ft
- Destination will be on the left

## Tinley Woods Surgery Center

18210 South La Grange Road, Tinley Park, IL 60477

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



15430 West Avenue, Orland Park, IL 60462 to Ingalls Same Day Surgery Drive 4.7 miles, 12 min

## 15430 West Avenue

Orland Park, IL 60462

- ↑ 1. Head south on West Ave toward Treetop Dr  
0.5 mi
- 2. Turn right onto Ravinia Dr  
0.2 mi
- ⬅ 3. Turn left onto W 159th St  
Destination will be on the right  
4.0 mi

## Ingalls Same Day Surgery

6701 159th Street, Tinley Park, IL 60477

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

Appendix - 2





15430 West Avenue, Orland Park, IL 60462 to 19110 Darwin Drive, Mokena, IL

Center for Minimally Invasive Surgery

Drive 5.8 miles, 13 min

## 15430 West Avenue

Orland Park, IL 60462

- ↑ 1. Head south on West Ave toward Treetop Dr  
0.5 mi
- ↘ 2. Turn right onto Ravinia Dr  
0.2 mi
- ↙ 3. Turn left onto W 159th St  
0.4 mi
- ↘ 4. Turn right onto US-45 S/96th Ave/South La Grange Road  
Continue to follow US-45 S/South La Grange Road  
4.0 mi
- ↙ 5. Use the left 2 lanes to turn left onto W 191st St  
0.6 mi
- ↘ 6. Turn right onto Darwin Dr  
Destination will be on the right  
230 ft

## 19110 Darwin Drive

Mokena, IL 60448

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



15430 West Avenue, Orland Park, IL 60462 to Palos Surgicenter

Drive 6.3 miles, 15 min

## 15430 West Avenue

Orland Park, IL 60462

- ↑ 1. Head north on West Ave toward Shady Ln  
1.4 mi
- 2. Turn right onto W 143rd St  
0.2 mi
- 3. Turn left onto IL-7 S  
3.9 mi
- 4. Turn right onto 119th St/W College Dr  
0.8 mi

## Palos Surgicenter

7340 West College Drive # 1, Palos Heights, IL 60463

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



15430 West Avenue, Orland Park, IL 60462 to Palos Hills Surgery Center

Drive 8.0 miles, 18 min

## 15430 West Avenue

Orland Park, IL 60462

- ↑ 1. Head north on West Ave toward Shady Ln  
1.4 mi
- 2. Turn right onto W 143rd St  
0.2 mi
- ↶ 3. Turn left onto IL-7 S  
5.1 mi
- ↶ 4. Turn left onto W 111th St  
0.4 mi
- 5. Turn right onto S Roberts Rd  
Destination will be on the left  
0.9 mi

## Palos Hills Surgery Center

10330 South Roberts Road, Palos Hills, IL 60465

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

**Google Maps**

**15430 West Ave, Orland Park, IL 60462 to  
1900 Silver Cross Blvd, New Lenox, IL**

Drive 9.8 miles, 19 min

Silver Cross Ambulatory Surgery Center

## 15430 West Avenue

Orland Park, IL 60462

- ↑ 1. Head north on West Ave toward Shady Ln  
0.2 mi
- ↩ 2. Turn left onto W 153rd St  
1.5 mi
- ↩ 3. Turn left onto Wolf Rd  
2.6 mi
- ↪ 4. Turn right onto US-6 W  
5.2 mi
- ↩ 5. Turn left onto Cedar Crossing Dr  
0.2 mi
- ↪ 6. Turn right  
338 ft
- ↩ 7. Turn left  
420 ft

## 1900 Silver Cross Blvd, New Lenox, IL

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



15430 West Avenue, Orland Park, IL 60462 to  
Justice Med Surgery Center

Drive 10.1 miles, 20 min

## 15430 West Avenue

Orland Park, IL 60462

- ↑ 1. Head north on West Ave toward Shady Ln  
0.4 mi
- ↘ 2. Turn right onto W 151st St  
0.5 mi
- ↙ 3. Turn left onto US-45 N/96th Ave/South La Grange Road  
8.1 mi
- ↘ 4. Turn right onto W 87th St  
0.2 mi
- ↙ 5. Turn left onto S Kean Ave  
0.7 mi
- ↘ 6. Turn right onto W 81st St  
299 ft

## Justice Med Surgery Center

9050 West 81st Street, Justice, IL 60458

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

Google Maps

15430 West Avenue, Orland Park, IL 60462 to Oak  
Lawn Endoscopy

Drive 9.0 miles, 22 min

**15430 West Avenue**

Orland Park, IL 60462

- ↑ 1. Head north on West Ave toward Shady Ln  
1.4 mi
- ↘ 2. Turn right onto W 143rd St  
0.2 mi
- ↙ 3. Turn left onto IL-7 S  
5.9 mi
- ↑ 4. Continue straight onto SW Hwy  
1.4 mi  
Destination will be on the right

**Oak Lawn Endoscopy**

9921 Southwest Highway, Oak Lawn, IL 60453

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



15430 West Avenue, Orland Park, IL 60462 to Center For Reconstructv Surgery Drive 9.6 miles, 23 min

## 15430 West Avenue

Orland Park, IL 60462

- ↑ 1. Head north on West Ave toward Shady Ln  
1.4 mi
- ↱ 2. Turn right onto W 143rd St  
0.2 mi
- ↶ 3. Turn left onto IL-7 S  
5.9 mi
- ↑ 4. Continue straight onto SW Hwy  
1.2 mi
- ↶ 5. Turn left onto S Ridgeland Ave  
0.7 mi
- ↱ 6. Turn right onto 95th St  
Destination will be on the right  
417 ft

## Center For Reconstructv Surgery

6311 95th Street, Oak Lawn, IL 60453

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

Google Maps

15430 West Avenue, Orland Park, IL 60462 to  
Midwest Eye Center SC

Drive 22.2 miles, 27 min

Appendix - 2



**15430 West Avenue**

Orland Park, IL 60462

**Get on I-80 E in Frankfort Township from US-45 S/South La Grange Road**

10 min (4.9 mi)

- ↑ 1. Head south on West Ave toward Treetop Dr  
0.5 mi
- ➡ 2. Turn right onto Ravinia Dr  
0.2 mi
- ↩ 3. Turn left onto W 159th St  
0.4 mi
- ➡ 4. Turn right onto US-45 S/96th Ave/South La Grange Road  
Continue to follow US-45 S/South La Grange Road  
3.4 mi
- ⤴ 5. Use the right lane to merge onto I-80 E via the ramp to Indiana  
0.4 mi

**Continue on I-80 E to South Holland. Take exit 73B from I-94 W**

15 min (16.4 mi)

- ⤴ 6. Merge onto I-80 E  
⚠ Partial toll road  
9.3 mi
- ↩ 7. Keep left at the fork to stay on I-80 E  
⚠ Toll road  
4.9 mi
- ➡ 8. Use the right 2 lanes to take the Interstate 94 W exit toward Chicago  
⚠ Partial toll road  
1.4 mi
- ↑ 9. Continue onto I-94 W  
0.5 mi
- ➡ 10. Take exit 73B for US-6 E/159th St  
0.3 mi

**Continue on US-6 E/E 162nd St. Drive to East-West Rd in Calumet City**

2 min (0.9 mi)

- ⤴ 11. Merge onto US-6 E/E 162nd St  
0.6 mi
- ➡ 12. Turn right onto Paxton Ave  
0.1 mi
- ↑ 13. Continue onto East-West Rd  
Destination will be on the left  
0.2 mi

**Midwest Eye Center SC**

1700 East-West Road, Calumet City, IL 60409

Appendix - 2

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



15430 West Avenue, Orland Park, IL 60462 to 120  
South La Grange Road

Drive 14.9 miles, 29 min

United Urology Center LaGrange

## 15430 West Avenue

Orland Park, IL 60462

- ↑ 1. Head north on West Ave toward Shady Ln  
0.4 mi
- ↘ 2. Turn right onto W 151st St  
0.5 mi
- ↙ 3. Turn left onto US-45 N/96th Ave/South La Grange Road  
13.9 mi
  - 📍 Continue to follow US-45 N/South La Grange Road
  - 📍 Destination will be on the left

## 120 South La Grange Road

La Grange, IL 60525

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



15430 West Avenue, Orland Park, IL 60462 to Smith-Perry Eye Center Drive 18.7 miles, 31 min

## 15430 West Avenue

Orland Park, IL 60462

### Take W 151st St to US-45 N/96th Ave/South La Grange Road

3 min (0.9 mi)

1. Head north on West Ave toward Shady Ln

0.4 mi

2. Turn right onto W 151st St

0.5 mi

### Continue on US-45 N/South La Grange Road. Take I-294 N to York Rd in Hinsdale

26 min (17.6 mi)

3. Turn left onto US-45 N/96th Ave/South La Grange Road

Continue to follow US-45 N/South La Grange Road

10.5 mi

4. Use the right lane to take the I-55 S ramp to St Louis

0.3 mi

5. Keep left and merge onto I-55 S

1.6 mi

6. Take exit 277A to merge onto I-294 N toward Wisconsin

Toll road

4.4 mi

7. Exit onto US-34 W/Ogden Ave

Partial toll road

0.8 mi

### Continue on York Rd to your destination

1 min (0.2 mi)

8. Turn right onto York Rd

0.1 mi

9. Turn left

Destination will be on the right

144 ft

## Smith-Perry Eye Center

950 North York Road # 203, Hinsdale, IL 60521

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

9/12/2016

15430 West Avenue, Orland Park, IL 60462 to Chicago Prostate Center - Google Maps

Google Maps

15430 West Avenue, Orland Park, IL 60462 to  
Chicago Prostate Center

Drive 18.8 miles, 32 min

Appendix - 2

-353-

**15430 West Avenue**

Orland Park, IL 60462

**Follow W 153rd St to IL-7 N/Wolf Rd**

- 4 min (1.7 mi)
1. Head north on West Ave toward Shady Ln  
0.2 mi
  2. Turn left onto W 153rd St  
1.5 mi
  3. Turn right onto IL-7 N/Wolf Rd  
2 min (1.3 mi)

**Continue on Wolf Rd. Take W 123rd St/McCarthy Rd to IL-171 N/Archer Ave in Lemont Township**

- 9 min (5.9 mi)
4. Continue straight onto Wolf Rd  
2.5 mi
  5. Turn left onto W 123rd St/McCarthy Rd  
2.0 mi
  6. Turn right onto Bell Rd  
1.3 mi

**Take IL-83 N to Pasquinelli Dr in Westmont**

- 17 min (9.6 mi)
7. Turn right onto IL-171 N/Archer Ave  
1.0 mi
  8. Continue onto IL-83  
7.9 mi
  9. Take the US 34 exit toward Ogden Ave  
0.3 mi
  10. Turn right onto US-34 W/W Ogden Ave  
0.3 mi
  11. Turn right onto Pasquinelli Dr  
1 min (0.4 mi)

**Chicago Prostate Center**

815 Pasquinelli Drive, Westmont, IL 60559

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



15430 West Avenue, Orland Park, IL 60462 to 10 Salt Drive 18.4 miles, 32 min  
Creek Lane, Hinsdale, IL 60521

Hinsdale Surgical Center

## 15430 West Avenue

Orland Park, IL 60462

### Take W 151st St to US-45 N/96th Ave/South La Grange Road

3 min (0.9 mi)

- ↑ 1. Head north on West Ave toward Shady Ln

0.4 mi

- 2. Turn right onto W 151st St

0.5 mi

### Continue on US-45 N/South La Grange Road. Take I-294 N to Salt Creek Ln in Hinsdale

26 min (17.4 mi)

- ↩ 3. Turn left onto US-45 N/96th Ave/South La Grange Road

📍 Continue to follow US-45 N/South La Grange Road

10.5 mi

- ⤴ 4. Use the right lane to take the I-55 S ramp to St Louis

0.3 mi

- ↩ 5. Keep left and merge onto I-55 S

1.6 mi

- 6. Take exit 277A to merge onto I-294 N toward Wisconsin

⚠ Toll road

4.4 mi

- 7. Exit onto US-34 W/Ogden Ave

⚠ Partial toll road

0.5 mi

- 8. Turn right onto Salt Creek Ln

31 s (0.1 mi)

## 10 Salt Creek Lane

Hinsdale, IL 60521

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



15430 West Avenue, Orland Park, IL 60462 to Magna Drive 12.9 miles, 32 min  
Surgical Center

## 15430 West Avenue

Orland Park, IL 60462

- ↑ 1. Head north on West Ave toward Shady Ln  
1.4 mi
- ↘ 2. Turn right onto W 143rd St  
0.2 mi
- ↙ 3. Turn left onto IL-7 S  
5.9 mi
- ↑ 4. Continue straight onto SW Hwy  
2.7 mi
- ↙ 5. Turn left onto S Central Ave  
1.6 mi
- ↘ 6. Turn right onto State Rd  
Destination will be on the right  
1.1 mi

## Magna Surgical Center

7456 South State Road #300, Bedford Park, IL 60638

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





15430 West Avenue, Orland Park, IL 60462 to  
Amsurg Surgery Center

Drive 22.6 miles, 33 min

## 15430 West Avenue

Orland Park, IL 60462

### Get on I-80 W in Frankfort Township from US-45 S/South La Grange Road

- 1. Head south on West Ave toward Treetop Dr  
9 min (4.7 mi)
- 2. Turn right onto Ravinia Dr  
0.5 mi
- 3. Turn left onto W 159th St  
0.2 mi
- 4. Turn right onto US-45 S/96th Ave/South La Grange Road  
 Continue to follow US-45 S/South La Grange Road  
0.4 mi
- 5. Use the right lane to merge onto I-80 W via the ramp to Joliet  
3.0 mi
- 0.6 mi

### Follow I-80 W to IL-7 N/S Larkin Ave in Joliet. Take exit 130B from I-80 W

- 6. Merge onto I-80 W  
14 min (14.7 mi)
- 7. Take exit 130B to merge onto IL-7 N/S Larkin Ave  
14.3 mi
- 0.4 mi

### Follow IL-7 N/S Larkin Ave and Black Rd to 129th Infantry Dr in Troy Township

- 8. Merge onto IL-7 N/S Larkin Ave  
8 min (3.1 mi)
- 9. Turn left onto Black Rd  
1.6 mi
- 10. Turn right onto 129th Infantry Dr  
 Destination will be on the right  
1.3 mi
- 0.2 mi

## Amsurg Surgery Center

998 129th Infantry Drive, Joliet, IL 60435

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

Appendix - 2

9/12/2016

15430 West Avenue, Orland Park, IL 60462 to Salt Creek Surgery Center - Google Maps

Google Maps

15430 West Avenue, Orland Park, IL 60462 to Salt  
Creek Surgery Center

Drive 19.7 miles, 33 min

Appendix - 2

-358-

**15430 West Avenue**


Orland Park, IL 60462

**Follow W 153rd St to IL-7 N/Wolf Rd**


4 min (1.7 mi)

 1. Head north on West Ave toward Shady Ln

0.2 mi

 2. Turn left onto W 153rd St


1.5 mi

 3. Turn right onto IL-7 N/Wolf Rd

2 min (1.3 mi)

**Continue on Wolf Rd. Take W 123rd St/McCarthy Rd to IL-171 N/Archer Ave in Lemont Township**

9 min (5.9 mi)

 4. Continue straight onto Wolf Rd

2.5 mi

 5. Turn left onto W 123rd St/McCarthy Rd


2.0 mi

 6. Turn right onto Bell Rd

1.3 mi

**Take IL-83 N to N Cass Ave in Westmont**


19 min (10.9 mi)

 7. Turn right onto IL-171 N/Archer Ave


1.0 mi

 8. Continue onto IL-83


7.9 mi


 9. Take the US 34 exit toward Ogden Ave

0.3 mi

 10. Turn right onto US-34 W/W Ogden Ave

1.6 mi

 11. Turn left onto N Cass Ave

 Destination will be on the right

30 s (335 ft)

**Salt Creek Surgery Center**

530 North Cass Avenue, Westmont, IL 60559

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

Appendix - 2

Google Maps

15430 West Avenue, Orland Park, IL 60462 to  
Ambulatory Surgicenter

Drive 24.0 miles, 34 min

Appendix - 2











-360-

**15430 West Avenue**

Orland Park, IL 60462









**Get on I-355 N in Homer Township from W 153rd St, W 151st St and W 143rd St/Orland Park Rd**

18 min (10.0 mi)

-  1. Head north on West Ave toward Shady Ln  
0.2 mi
-  2. Turn left onto W 153rd St  
1.5 mi
-  3. Turn right onto Wolf Rd  
0.2 mi
-  4. Turn left onto W 151st St  
3.0 mi
-  5. Turn right onto S Parker Rd  
1.0 mi
-  6. Turn left onto W 143rd St/Orland Park Rd  
3.1 mi
-  7. Turn right onto the I-355 ramp  
 Toll road  
0.5 mi
-  8. Keep left, follow signs for I-355 N and merge onto I-355 N  
 Partial toll road  
0.4 mi

**Continue on I-355 N to Downers Grove**

16 min (14.0 mi)

-  9. Merge onto I-355 N  
 Toll road  
6.0 mi
-  10. Keep left at the fork to stay on I-355 N  
 Toll road  
5.4 mi
-  11. Take the US-34/Ogden Ave exit  
0.3 mi
-  12. Turn right onto US-34 E/Ogden Ave  
2.3 mi
-  13. Turn right onto Main St  
 Destination will be on the left  
16 s (217 ft)

**Ambulatory Surgicenter**

4333 Main Street #2, Downers Grove, IL 60515

Appendix - 2

9/12/2016

15430 West Avenue, Orland Park, IL 60462 to Ambulatory Surgicenter - Google Maps

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

Appendix - 2

-362-

9/12/2016

15430 West Avenue, Orland Park, IL 60462 to 1200 South York Street, Elmhurst, IL - Google Maps

Google Maps

15430 West Avenue, Orland Park, IL 60462 to 1200  
South York Street, Elmhurst, IL

Drive 21.9 miles, 34 min

Elmhurst Outpatient Surgery Center

Appendix - 2

-363-

**15430 West Avenue**

Orland Park, IL 60462

**Take W 151st St to US-45 N/96th Ave/South La Grange Road**

- 3 min (0.9 mi)
1. Head north on West Ave toward Shady Ln
  - 0.4 mi
  2. Turn right onto W 151st St
  - 0.5 mi

**Continue on US-45 N/South La Grange Road. Take I-294 N to IL-38 W/Roosevelt Rd in Proviso Township. Take the IL-38/Roosevelt Rd W exit from I-294 N**

- 28 min (20.1 mi)
3. Turn left onto US-45 N/96th Ave/South La Grange Road
    - Continue to follow US-45 N/South La Grange Road
  - 10.5 mi
  4. Use the right lane to take the I-55 S ramp to St Louis
  - 0.3 mi
  5. Keep left and merge onto I-55 S
  - 1.6 mi
  6. Take exit 277A to merge onto I-294 N toward Wisconsin
    - Toll road
  - 7.4 mi
  7. Take the IL-38/Roosevelt Rd W exit
    - Toll road
  - 0.2 mi

**Continue on IL-38 W/Roosevelt Rd. Drive to Fronza Pkwy in Elmhurst**

- 3 min (0.9 mi)
8. Merge onto IL-38 W/Roosevelt Rd
  - 0.5 mi
  9. Take the York Road exit
  - 0.2 mi
  10. Continue straight onto E Brush Hill Rd
  - 351 ft
  11. Turn right onto Fronza Pkwy
  - 417 ft

**1200 South York Street**

Elmhurst, IL 60126

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

**Appendix - 2****-364-**



Google Maps

15430 West Avenue, Orland Park, IL 60462 to 340  
Butterfield Road, Elmhurst, IL 60126

Drive 23.0 miles, 34 min

Elmhurst Foot & Ankle Surgery Center Inc

**15430 West Avenue**

Orland Park, IL 60462

**Take W 151st St to US-45 N/96th Ave/South La Grange Road**

3 min (0.9 mi)

- ↑ 1. Head north on West Ave toward Shady Ln

0.4 mi

- 2. Turn right onto W 151st St

0.5 mi

**Continue on US-45 N/South La Grange Road. Take I-294 N to IL-38 W/Roosevelt Rd in Proviso Township. Take the IL-38/Roosevelt Rd W exit from I-294 N**

28 min (20.1 mi)

- ↶ 3. Turn left onto US-45 N/96th Ave/South La Grange Road

ⓘ Continue to follow US-45 N/South La Grange Road

10.5 mi

- ⬆ 4. Use the right lane to take the I-55 S ramp to St Louis

0.3 mi

- ↶ 5. Keep left and merge onto I-55 S

1.6 mi

- 6. Take exit 277A to merge onto I-294 N toward Wisconsin

⚠ Toll road

7.4 mi

- 7. Take the IL-38/Roosevelt Rd W exit

⚠ Toll road

0.2 mi

**Continue on IL-38 W/Roosevelt Rd. Drive to Butterfield Rd in Elmhurst**

3 min (2.0 mi)

- ⬆ 8. Merge onto IL-38 W/Roosevelt Rd

1.6 mi

- 9. Take the exit toward IL-56/Butterfield Rd

0.2 mi

- ↶ 10. Turn left onto W Brush Hill Rd

489 ft

- 11. Turn right at the 1st cross street onto Butterfield Rd

ⓘ Destination will be on the right

0.2 mi

**340 Butterfield Road**

Elmhurst, IL 60126

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

**Appendix - 2****-366-**



Google Maps

15430 West Avenue, Orland Park, IL 60462 to 2425 West 22nd Street, Oak Brook, IL Drive 21.6 miles, 35 min

Oak Brook Surgical Centre, Inc.

**15430 West Avenue**


Orland Park, IL 60462

**Take W 153rd St to IL-7 N/Wolf Rd**


4 min (1.7 mi)

 1. Head north on West Ave toward Shady Ln

0.2 mi

 2. Turn left onto W 153rd St


1.5 mi

 3. Turn right onto IL-7 N/Wolf Rd


2 min (1.3 mi)

**Continue on Wolf Rd. Take W 123rd St/McCarthy Rd to IL-171 N/Archer Ave in Lemont Township**

9 min (5.9 mi)

 4. Continue straight onto Wolf Rd

2.5 mi

 5. Turn left onto W 123rd St/McCarthy Rd

2.0 mi

 6. Turn right onto Bell Rd

1.3 mi

**Follow IL-83 N to 22nd St in Oak Brook**

18 min (11.6 mi)

 7. Turn right onto IL-171 N/Archer Ave

1.0 mi

 8. Continue onto IL-83

10.5 mi


**Drive to 22nd St**

4 min (1.3 mi)

 9. Use the left 2 lanes to turn left onto 22nd St

1.1 mi

 10. Make a U-turn

 Destination will be on the right

0.2 mi

**2425 22nd Street**

Oak Brook, IL 60523

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

Appendix - 2

Google Maps

15430 West Avenue, Orland Park, IL 60462 to 2301 Enterprise Drive, Westchester, IL Drive 20.5 miles, 36 min

Children's Outpatient Services at Westchester

**15430 West Avenue**

Orland Park, IL 60462

**Take W 151st St to US-45 N/96th Ave/South La Grange Road**

3 min (0.9 mi)

- ↑ 1. Head north on West Ave toward Shady Ln

0.4 mi

- ➡ 2. Turn right onto W 151st St

0.5 mi

**Continue on US-45 N/South La Grange Road. Take I-294 N to Wolf Rd in Proviso Township**

26 min (17.5 mi)

- ⬅ 3. Turn left onto US-45 N/96th Ave/South La Grange Road

ⓘ Continue to follow US-45 N/South La Grange Road

10.5 mi

- ⤴ 4. Use the right lane to take the I-55 S ramp to St Louis

0.3 mi

- ⬅ 5. Keep left and merge onto I-55 S

1.6 mi

- ➡ 6. Take exit 277A to merge onto I-294 N toward Wisconsin

⚠ Toll road

4.1 mi

- ➡ 7. Exit onto US-34 E/Ogden Ave

0.9 mi

**Continue on Wolf Rd. Drive to Enterprise Dr in Westchester**

6 min (2.1 mi)

- ⬅ 8. Turn left onto Wolf Rd

1.4 mi

- ⬅ 9. Turn left onto Constitution Dr

0.2 mi

- ↑ 10. Continue onto Enterprise Dr

ⓘ Destination will be on the right

0.5 mi

**2301 Enterprise Drive**

Westchester, IL 60154

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

Google Maps

15430 West Avenue, Orland Park, IL 60462 to Loyola Ambulatory Surgery Center Drive 21.8 miles, 36 min



**15430 West Avenue**

Orland Park, IL 60462

**Take W 153rd St to IL-7 N/Wolf Rd**

- 4 min (1.7 mi)
- ↑ 1. Head north on West Ave toward Shady Ln  
0.2 mi
  - ↩ 2. Turn left onto W 153rd St  
1.5 mi
  - ↪ 3. Turn right onto IL-7 N/Wolf Rd  
2 min (1.3 mi)

**Continue on Wolf Rd. Take W 123rd St/McCarthy Rd to IL-171 N/Archer Ave in Lemont Township**

- 9 min (5.9 mi)
- ↑ 4. Continue straight onto Wolf Rd  
2.5 mi
  - ↩ 5. Turn left onto W 123rd St/McCarthy Rd  
2.0 mi
  - ↪ 6. Turn right onto Bell Rd  
1.3 mi

**Follow IL-83 N to 22nd St in Oak Brook**

- 18 min (11.6 mi)
- ↪ 7. Turn right onto IL-171 N/Archer Ave  
1.0 mi
  - ↑ 8. Continue onto IL-83  
10.5 mi

**Continue on 22nd St. Drive to Summit Ave**

- 5 min (1.5 mi)
- ↩ 9. Use the left 2 lanes to turn left onto 22nd St  
0.8 mi
  - ↪ 10. Turn right onto Midwest Rd  
0.3 mi
  - ↑ 11. Continue onto Summit Ave  
0.4 mi
- 📍 Destination will be on the left

**Loyola Ambulatory Surgery Center**

1S224 South Summit Avenue, Oakbrook Terrace, IL 60181

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

**Appendix - 2****-373-**



Google Maps

15430 West Avenue, Orland Park, IL 60462 to 475  
East Diehl Road, Naperville, IL

Drive 27.1 miles, 36 min

The Center for Surgery

Appendix - 2

**15430 West Avenue**

Orland Park, IL 60462

**Get on I-355 N in Homer Township from W 153rd St, W 151st St and W 143rd St/Orland Park Rd**

18 min (10.0 mi)

1. Head north on West Ave toward Shady Ln  
0.2 mi
2. Turn left onto W 153rd St  
1.5 mi
3. Turn right onto Wolf Rd  
0.2 mi
4. Turn left onto W 151st St  
3.0 mi
5. Turn right onto S Parker Rd  
1.0 mi
6. Turn left onto W 143rd St/Orland Park Rd  
3.1 mi
7. Turn right onto the I-355 ramp  
▲ Toll road  
0.5 mi
8. Keep left, follow signs for I-355 N and merge onto I-355 N  
▲ Partial toll road  
0.4 mi

**Continue on I-355 N to Lisle Township. Take the exit toward Naperville Road from I-88 W**

15 min (15.9 mi)

9. Merge onto I-355 N  
▲ Toll road  
6.0 mi
10. Keep left at the fork to stay on I-355 N  
▲ Toll road  
5.2 mi
11. Use the right 2 lanes to take the exit toward Aurora  
▲ Toll road  
1.3 mi
12. Merge onto I-88 W  
▲ Toll road  
3.0 mi
13. Use the 2nd from the right lane to take the exit toward Naperville Road  
0.3 mi

**Drive to Diehl Rd in Naperville**

3 min (1.3 mi)

14. Use the left 2 lanes to turn left onto Freedom Dr (signs for Southbound/Naperville Road/Warrenville Road)

15. Use the right 2 lanes to turn right onto Diehl Rd

## 475 East Diehl Road

Naperville, IL 60563

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

Google Maps

15430 West Avenue, Orland Park, IL 60462 to  
Northwestern Medicine Surgery Center

Drive 28.1 miles, 37 min

Appendix - 2

**15430 West Avenue**

Orland Park, IL 60462

**Get on I-355 N in Homer Township from W 153rd St, W 151st St and W 143rd St/Orland Park Rd**

18 min (10.0 mi)

- ↑ 1. Head north on West Ave toward Shady Ln  
0.2 mi
- ↩ 2. Turn left onto W 153rd St  
1.5 mi
- ➡ 3. Turn right onto Wolf Rd  
0.2 mi
- ↩ 4. Turn left onto W 151st St  
3.0 mi
- ➡ 5. Turn right onto S Parker Rd  
1.0 mi
- ↩ 6. Turn left onto W 143rd St/Orland Park Rd  
3.1 mi
- ⤴ 7. Turn right onto the I-355 ramp  
▲ Toll road  
0.5 mi
- ↩ 8. Keep left, follow signs for I-355 N and merge onto I-355 N  
▲ Partial toll road  
0.4 mi

**Continue on I-355 N to Lisle Township. Take the exit toward Naperville Road from I-88 W**

15 min (15.9 mi)

- ⤴ 9. Merge onto I-355 N  
▲ Toll road  
6.0 mi
- ⤴ 10. Keep left at the fork to stay on I-355 N  
▲ Toll road  
5.2 mi
- ➡ 11. Use the right 2 lanes to take the exit toward Aurora  
▲ Toll road  
1.3 mi
- ⤴ 12. Merge onto I-88 W  
▲ Toll road  
3.0 mi
- ➡ 13. Use the right lane to take the exit toward Naperville Road  
0.3 mi

**Take E Warrenville Rd to Ferry Rd in Warrenville**

5 min (2.3 mi)

- ➡ 14. Use the 2nd from the right lane to turn right onto Freedom Dr  
0.2 mi

Appendix - 2

-379-

15. Use the left 2 lanes to turn left onto E Warrenville Rd

1.9 mi

16. Continue straight onto Ferry Rd

0.3 mi

## Northwestern Medicine Surgery Center

27650 Ferry Road, 140, Warrenville, IL 60555

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



9/12/2016

15430 West Avenue, Orland Park, IL 60462 to 2725 Technology Drive, Lombard, IL - Google Maps

Google Maps

15430 West Avenue, Orland Park, IL 60462 to 2725 Technology Drive, Lombard, IL Drive 26.5 miles, 37 min

DMG Surgical Center, LLC

Appendix - 2

-381-

**15430 West Avenue**

Orland Park, IL 60462

**Get on I-355 N in Homer Township from W 153rd St, W 151st St and W 143rd St/Orland Park Rd**

18 min (10.0 mi)

- ↑ 1. Head north on West Ave toward Shady Ln  
0.2 mi
- ↩ 2. Turn left onto W 153rd St  
1.5 mi
- ↪ 3. Turn right onto Wolf Rd  
0.2 mi
- ↩ 4. Turn left onto W 151st St  
3.0 mi
- ↪ 5. Turn right onto S Parker Rd  
1.0 mi
- ↩ 6. Turn left onto W 143rd St/Orland Park Rd  
3.1 mi
- ↗ 7. Turn right onto the I-355 ramp  
▲ Toll road  
0.5 mi
- ↩ 8. Keep left, follow signs for I-355 N and merge onto I-355 N  
▲ Partial toll road  
0.4 mi

**Follow I-355 N to IL-56 E/Butterfield Rd in Downers Grove. Take the IL-56/Butterfield Rd exit from I-355 N**

13 min (14.8 mi)

- ↗ 9. Merge onto I-355 N  
▲ Toll road  
6.0 mi
- ↩ 10. Keep left at the fork to stay on I-355 N  
▲ Toll road  
8.2 mi
- ↪ 11. Take the IL-56/Butterfield Rd exit  
▲ Toll road  
0.6 mi

**Follow IL-56 E/Butterfield Rd to your destination in Lombard**

5 min (1.8 mi)

- ↪ 12. Use the right 2 lanes to turn right onto IL-56 E/Butterfield Rd (signs for Oak Brook)  
▲ Partial toll road  
1.6 mi
- ↪ 13. Turn right  
446 ft
- ↩ 14. Turn left  
194 ft

Appendix - 2

9/12/2016

15430 West Avenue, Orland Park, IL 60462 to 2725 Technology Drive, Lombard, IL - Google Maps



15. Turn right



Destination will be on the left

161 ft

## 2725 Technology Drive

Lombard, IL 60148

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

Appendix - 2

Google Maps

15430 West Avenue, Orland Park, IL 60462 to  
Midwest Center For Day Surgery: Dillon Jane MD

Drive 26.3 miles, 37 min











Appendix - 2

**15430 West Avenue**

Orland Park, IL 60462











**Get on I-355 N in Homer Township from W 153rd St, W 151st St and W 143rd St/Orland Park Rd**

18 min (10.0 mi)

1.  Head north on West Ave toward Shady Ln 0.2 mi
2.  Turn left onto W 153rd St 1.5 mi
3.  Turn right onto Wolf Rd 0.2 mi
4.  Turn left onto W 151st St 3.0 mi
5.  Turn right onto S Parker Rd 1.0 mi
6.  Turn left onto W 143rd St/Orland Park Rd 3.1 mi
7.  Turn right onto the I-355 ramp  
 Toll road 0.5 mi
8.  Keep left, follow signs for I-355 N and merge onto I-355 N  
 Partial toll road 0.4 mi



**Continue on I-355 N to Downers Grove. Take the Highland Ave exit from I-88 E**

14 min (15.1 mi)

9.  Merge onto I-355 N  
 Toll road 6.0 mi
10.  Keep left at the fork to stay on I-355 N  
 Toll road 5.2 mi
11.  Use the right 2 lanes to take the exit toward Chicago  
 Toll road 1.2 mi
12.  Merge onto I-88 E  
 Toll road 2.4 mi
13.  Take the Highland Ave exit  
 Toll road 0.3 mi

**Continue on Highland Ave to your destination**

4 min (1.2 mi)

14.  Turn right onto Highland Ave  
 Partial toll road

**-385-****Appendix - 2**

 15430 West Avenue, Orland Park, IL 60462

- 1.0 mi
15. Turn left
- 121 ft
16. Turn left
- 0.1 mi
17. Turn right
-  Destination will be on the right
- 394 ft

## Midwest Center For Day Surgery: Dillon Jane MD

3811 Highland Avenue, Downers Grove, IL 60515

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



15430 West Avenue, Orland Park, IL 60462 to 2160 South 1st Avenue, Maywood, IL Drive 20.3 miles, 39 min

Loyola University ASC- Loyola Outpatient

## 15430 West Avenue

Orland Park, IL 60462

### Take W 151st St to US-45 N/96th Ave/South La Grange Road

- 3 min (0.9 mi)
1. Head north on West Ave toward Shady Ln
  2. Turn right onto W 151st St
- 0.4 mi
- 0.5 mi

### Continue on US-45 N/South La Grange Road to Summit. Take exit 282B from I-55 N

- 21 min (14.2 mi)
3. Turn left onto US-45 N/96th Ave/South La Grange Road
  - Continue to follow US-45 N/South La Grange Road
  4. Use the right lane to merge onto I-55 N via the ramp to Chicago
  5. Take exit 282B to merge onto IL-171 N
- 10.3 mi
- 3.6 mi
- 0.3 mi

### Follow IL-171 N to your destination in Hines

- 11 min (5.2 mi)
6. Merge onto IL-171 N
  7. Turn left
- 5.1 mi
- 276 ft

## 2160 South 1st Avenue

Maywood, IL 60153

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	27-31
2	Site Ownership	32-33
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	34-35
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	36-37
5	Flood Plain Requirements	38-39
6	Historic Preservation Act Requirements	40-41
7	Project and Sources of Funds Itemization	42
8	Obligation Document if required	43
9	Cost Space Requirements	44
10	Discontinuation	
11	Background of the Applicant	45-49
12	Purpose of the Project	50-51
13	Alternatives to the Project	52-53
14	Size of the Project	54
15	Project Service Utilization	55
16	Unfinished or Shell Space	56
17	Assurances for Unfinished/Shell Space	57
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	<b>Service Specific:</b>	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	58-96
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	
35	Freestanding Emergency Center Medical Services	
	<b>Financial and Economic Feasibility:</b>	
36	Availability of Funds	97-101
37	Financial Waiver	
38	Financial Viability	
39	Economic Feasibility	102-108
40	Safety Net Impact Statement	109
41	Charity Care Information	110
	Appendix - 1	111-293
	Appendix - 2	294-387