

Juan Morado, Jr. 333 West Wacker Drive, Suite 1900 Chicago, IL 60606

Direct Dial: 312.212.4967 Fax: 312.757.9192

imorado@beneschlaw.com

February 6, 2019

RECEIVED

HEALTI FACILITIES & SERVICES REVIEW BOARD

VIA FEDEX

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

Re:

Illinois Spine Institute, HFSRB Project #18-044- Supplemental Application

Information

Dear Ms. Avery:

We represent Specialty Surgicare, LTD., in connection with Project #18-044, Illinois Spine Institute. The purpose of this letter is to provide you with supplemental information for our previously filed application. Enclosed with this letter please find a detailed floor plan of the facility, zip code and patient origination date as required under Ill. Admin. Code Section 1110.235(c), and we have provided updated Attachments 37-Saftey Net Impact Statement and 38-Charity Care Information. This is the same information we provided to your office via email on February 5, 2019.

We are also providing copies of tax returns for calendar year 2015 through 2017 for Drs. Babak Lami and Carl Graf. These returns are being provided at the request of staff. We are confident that you will find that both Drs. Lami and Graf have adequate resources that reflects the project is financial viable. However, even though we are providing these tax returns as requested, we assert that they should be kept in the strictest confidence and not published on the Board's website. Furthermore, if anyone should request a copy of these records, we would ask that the Board not produce these returns as they fall under an exemption of the Freedom of Information Act (5 ILCS 140/7(g)). The tax returns contain financial information and the tax returns are being furnished under a claim that they are privileged and confidential, and the disclosure of this information would cause harm to both Drs. Lami and Graf.

Courtney Avery February 6, 2019 Page 2

We thank you and the rest of the staff for taking time to discuss this application and the supplemental information we are providing to you. If you should have any questions, please do not hesitate to contact me at 312-212-4967 or via email at JMorado@beneschlaw.com, you can also contact my colleague Mark J. Silberman at 312-212-4952 or via email at MSilberman@benseschlaw.com.

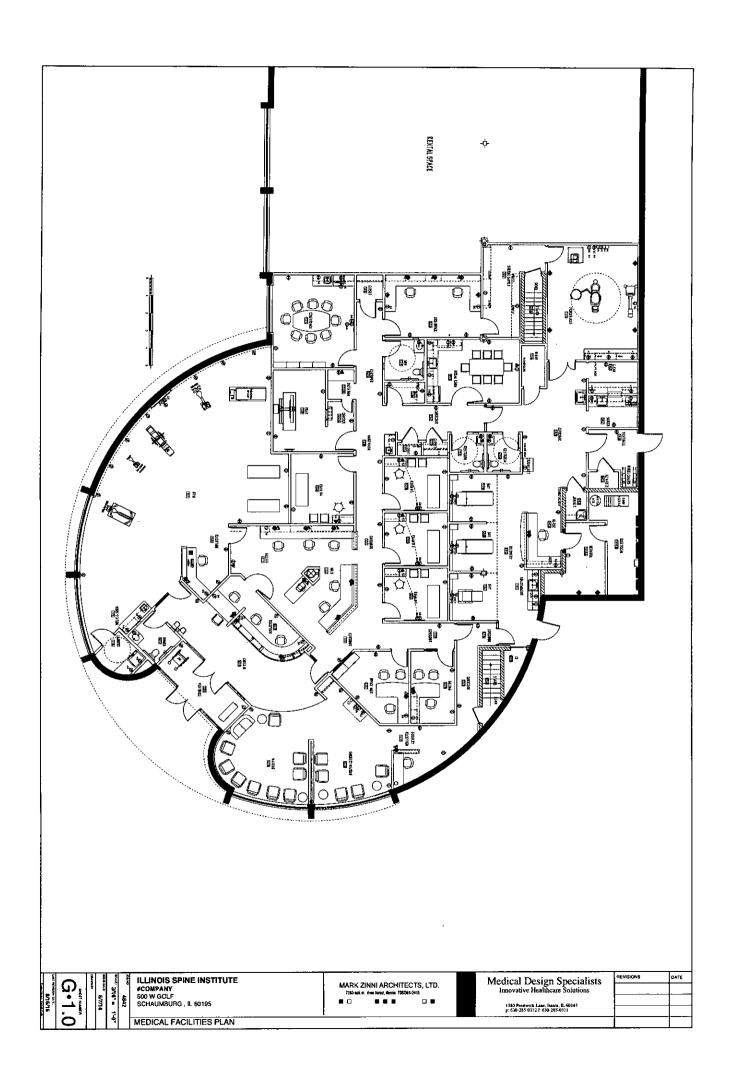
Very truly yours,

BENESCH, FRIEDLANDER, COPLAN & ARONOFF LLP

Juan Morado, Jr.

Juan Il.

JMJ Enclosures



Dr. Graf and Dr. Lami Patient Zip Code Origination Data-2017

| Zip Code of Patient Residence | Number of Patients |
|-------------------------------|--------------------|
| 60002 | 2 |
| 60004 | 18 |
| 60005 | 5 |
| 60007 | 7 |
| 60008 | 3 |
| 60010 | 23 |
| 60012 | 13 |
| 60013 | 23 |
| 60014 | 69 |
| 60015 | 1 |
| 60016 | 4 |
| 60018 | 8 |
| 60020 | 3 |
| 60021 | 6 |
| 60030 | 1 |
| 60031 | 1 |
| 60033 | 12 |
| 60034 | 2 |
| 60035 | 1 |
| 60039 | 1 |
| 60041 | 3 |
| 60042 | 4 |
| 60044 | 1 |
| 60045 | 1 |
| 60046 | 4 |
| 60047 | 9 |
| 60048 | 1 |
| 60050 | 40 |
| 60051 | 27 |
| 60056 | 9 |
| 60060 | 3 |
| 60061 | 1 |
| 60062 | 2 |
| 60067 | 14 |
| 60070 | 1 |
| 60071 | 6 |
| 60072 | 1 |
| 60074 | 5 |
| 60081 | 8 |
| 60084 | 4 |
| 60085 | 1 |
| 60089 | 9 |
| 60090 | 2 |
| 60097 | 14 |

| 60098 | 40 |
|-------|----|
| 60101 | 1 |
| 60102 | 34 |
| 60103 | 15 |
| 60106 | 8 |
| 60107 | 29 |
| 60108 | 6 |
| 60110 | 23 |
| 60118 | 4 |
| 60120 | 20 |
| 60123 | 15 |
| 60124 | 13 |
| 60126 | 1 |
| 60131 | 1 |
| 60133 | 14 |
| 60134 | 5 |
| 60135 | 1 |
| 60137 | 3 |
| 60139 | 1 |
| 60140 | 7 |
| 60142 | 28 |
| 60143 | 1 |
| 60146 | 1 |
| 60148 | 1 |
| 60152 | 11 |
| 60156 | 44 |
| 60160 | 1 |
| 60162 | 1 |
| 60165 | 4 |
| 60169 | 35 |
| 60172 | 7 |
| 60173 | 8 |
| 60174 | 2 |
| 60177 | 5 |
| 60178 | 1 |
| 60180 | 3 |
| 60181 | 3 |
| 60185 | 1 |
| 60188 | 5 |
| 60191 | 1 |
| 60192 | 2 |
| 60193 | 30 |
| 60194 | 20 |
| 60195 | 1 |
| 60201 | 1 |
| 60406 | 1 |
| 60441 | 1 |
| | |

| Total | | 875 |
|-------------|-------|-----|
| | 61359 | 1 |
| | 61103 | 1 |
| | 61080 | 1 |
| | 61065 | 2 |
| | 61008 | 4 |
| | 60804 | 3 |
| | 60803 | 1 |
| | 60712 | 1 |
| | 60707 | 1 |
| | 60706 | 5 |
| | 60652 | 1 |
| | 60640 | 1 |
| | 60639 | 1 |
| | 60634 | 2 |
| | 60630 | 1 |
| | 60620 | 2 |
| | 60618 | 1 |
| | 60586 | 1 |
| | 60555 | 4 |
| | 60554 | 1 |
| | 60543 | 2 |
| | 60531 | 1 |
| | 60510 | 2 |
| | 60453 | 1 |
| | 60449 | 1 |

Dr. Yuk Patient Data by Zip Code (2017)

| Zip Code of Patient Residence | Number of Patients |
|-------------------------------|--------------------|
| 60014 | 40 |
| 60107 | 30 |
| 60102 | 20 |
| 60142 | 20 |
| 60110 | 10 |
| 60013 | 10 |
| 60012 | 25 |
| 60051 | 30 |
| 60142 | 30 |
| 60033 | 5 |
| 60152 | 10 |
| 60050 | 20 |
| 60156 | 20 |
| 60102 | 30 |
| Total | 300 |

Dr. Panchal Patient Data by Zip Code (2017)

| Zip Code of Patient Residence | Number of Patients |
|-------------------------------|--------------------|
| 60169 | 10 |
| 60107 | 10 |
| 60193 | 10 |
| 60194 | 10 |
| 60010 | 5 |
| 60120 | 10 |
| 60103 | 5 |
| 60123 | 10 |
| 60004 | 10 |
| 60067 | 20 |
| 60133 | 10 |
| 60013 | 10 |
| 60110 | 20 |
| 60140 | 5 |
| 60118 | 5 |
| 60014 | 20 |
| 60051 | 20 |
| 60097 | 30 |
| 60152 | 10 |
| 60067 | 10 |
| 60102 | 20 |
| 60156 | 20 |
| 60156 | 20 |
| Total | 300 |

20ILCS 3960/5.4 Safety Net Impact Statement

Attachment 37

This project will have a significant impact on the essential safety net services in the community. Our doctors are either currently Medicare and Medicaid certified physicians (or have pending applications) whose existing patient base will utilize the facility to continue treatments to alleviate chronic pain conditions and address back pain through state of the art spinal interventions procedures.

This facility will complement existing health care facilities and relieve pressure on area hospital surgical suites in the area, while providing patients with a facility dedicated to ensuring they can continue receiving life sustaining treatment.

| | CHARITY CAR | E | <u></u> |
|---------------------------|-------------------------|--------------|----------|
| Charity (# of patients) | 2015 | 2016 | 2017 |
| Outpatient | 0 | 1 | 1 |
| Total | | | |
| Charity (cost In dollars) | 0 | \$6,513.35 | \$900.00 |
| Outpatient | 0 | 1 | 1 |
| Total | 0 | \$6,513.35 | \$900.00 |
| MEDICAID | | : | |
| Med | licaid (# of pa 2015 | tients) 2016 | 2017 |
| | | | |
| Outpatient | 4 | 24 | 44 |
| Outpatient Total | 4 | 24 24 | 44 44 |
| | ··· | - | |
| Total | ··· | - | |

Note: These amounts reflect charity care provided, but not in accordance with the statutory definition.

77 Ill. Admin. Code Section 1120.20(c) Charity Care Information

Attachment 38

This project will have a significant impact on the essential safety net services in the community. Our doctors are either currently Medicare and Medicaid certified physicians (or have pending applications) whose existing patient base will utilize the facility to continue treatments to alleviate chronic pain conditions and address back pain through state of the art spinal interventions procedures.

This facility will complement existing health care facilities and relieve pressure on area hospital surgical suites in the area, while providing patients with a facility dedicated to ensuring they can continue receiving life sustaining treatment.

| CHARITY CARE | | | |
|----------------------------------|------|------------|----------|
| | 2015 | 2016 | 2017 |
| Net Patient Revenue | | | |
| Amount of Charity Care (charges) | 0 | \$6,513.35 | \$900.00 |
| Cost of Charity Care | 0 | \$6,513.35 | \$900.00 |

Note: These amounts reflect charity care provided, but not in accordance with the statutory definition.