



Juan Morado, Jr.
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November 25, 2020

VIA EMAIL AND FEDEX

Ms. Courtney Avery
Board Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Final Cost Report and Notice of Completion - Illinois Spine Institute, Project #18-044

Dear Courtney:

On March 5, 2019, the Illinois Health Facilities and Services Review Board (HFSRB) approved Project # 18-044 to establish an ambulatory surgical care treatment center to be located at 500 West Golf Road, Schaumburg, Illinois 60195. We are happy to report that the project is now complete and we request that you accept this letter as our final cost report consistent with 77 Ill. Admin Code Section 1130.770.

Enclosed you will find a notarized statement from the permit holder certifying that the final realized costs as itemized are the total costs that were required to complete the project as approved by the HFSRB and there are no additional associated costs. Also enclosed is, a copy of the license, detailed itemization of all project costs and sources of funds which were all expended consistent with the approved application for the project and a signed payment certification.

If you have any questions or need any additional information regarding the project or this permit renewal request, please feel free to contact me at 312-212-4967.

Very truly yours,

BENESCH, FRIEDLANDER,
COPLAN & ARONOFF LLP

A handwritten signature in black ink, appearing to read 'Juan Morado, Jr.', written in a cursive style.

Juan Morado, Jr.

Enclosures

www.beneschlaw.com

**State of Illinois
County of Cook**

Verification Statement

I, Babak Lami, M.D., being first duly sworn, on oath, depose and state as follows:

1. I serve as the Chief Executive Officer for Specialty Surgicare, LTD the permit holders for Illinois Spine Institute.

2. We filed Certificate of Need application to establish an ambulatory surgical treatment center in Schaumburg, Illinois.

3. That application was approved by the Health Facilities and Services Review Board as Project #18-044.

4. The project was completed, the facility was surveyed and licensed by the Illinois Department of Public Health on November 16, 2020 (a copy of the license is enclosed).

5. I certify that the final realized costs, are the total costs required to complete the project and that there are no additional associated costs or capital expenditures related to the project.

6. The final realized costs for the project equaled \$434,791, consistent with what was approved by the Board.

7. The project's cost consist of rent for the leased space and consulting fees. There has been no change in the underlying lease included in the application for the project, and the consultant fees have been paid in full.

8. The source of funds for the project amounted to \$434,791 in cash.

9. The graph below accurately reflects a detailed itemization of all project costs and sources of funds.

Project Uses and Sources of Funds			
Use of Funds	Reviewable	Non Reviewable	Total
Consulting and Other Fees	\$0	\$75,000	\$75,000
Fair Market Value of Leased Space/Equipment	\$261,100	\$98,691	\$359,791
Total Use of Funds	\$261,100	\$173,691	\$434,791
Sources of Funds			
Cash and Securities	\$261,100	\$173,691	\$434,791
Total Source of Funds	\$261,100	\$173,691	\$434,791

Under penalties as provided by law pursuant to § 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

Babak Lami (signature)
Babak Lami

11/30/2020 (date)

On this 30th day of November, 2020, before me the undersigned notary public, personally appeared Babak Lami, M.D., personally known or proved to me through satisfactory evidence of identification, to be the person whose name is signed on the preceding or attached document and acknowledged to me that he signed it voluntarily for its stated purposes.

Signature of Notary

ROSELLA A CHIODO
Official Seal
Notary Public - State of Illinois
My Commission Expires Sep 24, 2021

Notary Stamp



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

November 17, 2020

Christie Martin, Administrator
Specialty Surgicare LTD
500 West Golf Rd Ste 102
Schaumburg, IL 60195

Dear Ms. Martin:

Enclosed is your Illinois Full Ambulatory Surgical Treatment Center (ASTC) License ID No. 7003234. This license is effective 11/16/2020 and expires 11/15/2021. You will receive notification of renewal prior to expiration of the current license. Please remember that you must report any changes in administration, staffing, address etc to Illinois Department of Public Health. **If you are seeking to become Medicare certified, please see the attached instructions.**

If the staff of the Division of Health Care Facilities and Programs can be of any assistance to you in the operation of your (ASTC), please address your concerns to the Central Office Operations Section, 525 West Jefferson Street, 4th Floor, Springfield, Illinois 62761-0001, or feel free to call us at (217) 782-7412. The Departments TTY number is 800-547-0466, for use by the hearing impaired.

Sincerely,

Karen Senger, RN, BSN
Division Chief, Health Care Facilities and Programs
Illinois Department of Public Health

Enclosure



Illinois Department of
PUBLIC HEALTH **HF 121697**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	LD NUMBER
11/15/2021		7003234
Ambulatory Surgery Treatment Center		
Effective: 11/16/2020		

Specialty Surgicare LTD
500 West Golf Rd Ste 102
Schaumburg, IL 60195

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-483-001 10M 9/18

→
**DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 11/15/2021

Lic Number 7003234

Date Printed 11/16/2020

Specialty Surgicare LTD
500 West Golf Rd Ste 102
Schaumburg, IL 60195

FEE RECEIPT NO.