

October 2, 2020

Via Email

Ms. Courtney R. Avery  
Administrator  
Illinois Health Facilities and Services Review  
Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Notice of Project Completion and Final Realized Cost Report -  
Physicians Surgical Center (Proj. No. 19-025)**

Dear Ms. Avery:

I am writing to submit the notice of project completion and final realized project cost report for Project No. 19-025. On September 17, 2019, the Illinois Health Facilities and Services Review Board ("State Board") approved Physicians' Surgical Center's application for a certificate of need permit to relocate its ambulatory surgical treatment center ("ASTC") from 311 West Lincoln, Belleville, Illinois to 729 Insight Avenue, O'Fallon, Illinois for the provision of endoscopy services. On October 1, 2020, the Illinois Department of Public Health issued an ambulatory surgical treatment center license to Physicians Surgical Center for the relocation. A copy of the license is attached as Attachment A.

Physicians Surgical Center submits the following information as the final realized cost report for the relocation of the ASTC:

**1. Final Realized Project Costs**

Physicians Surgical Center Final Realized Project Costs		
	Approved	Expended
New Construction Contracts	\$500,000	\$464,116
Contingencies	\$36,900	\$0
A & E Fees	\$53,100	\$35,855
Moveable Equipment	\$200,000	\$181,400
Fair Market Value of Leased Space & Equipment	\$564,300	\$564,300
<b>Estimated Total Project Cost</b>	<b>\$1,354,300</b>	<b>\$1,245,671</b>

**2. Certification of Final Realized Costs and Compliance**

Pursuant to 77 Ill. Admin. Code §1130.770, Physicians Surgical Center certifies the final realized costs, as itemized, are the total costs required to complete the project and that there are no additional associated costs or capital expenditures related to the project. I further certify the ASTC complied with all of the terms of the permit to date and all information submitted in this cost report for the ASTC is true and correct.

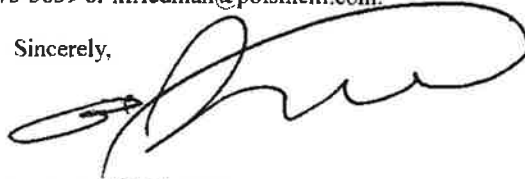
**3. Final Application and Certification for Payment**

Attached as Attachment B is the final Application and Certification for Payment (G702) for the Project.

If you have any questions or need any additional information related to the Project, please

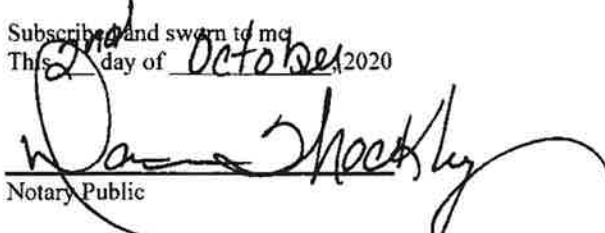
feel free to contact Kara Friedman at 312-873-3639 or [kfriedman@polsinelli.com](mailto:kfriedman@polsinelli.com).

Sincerely,



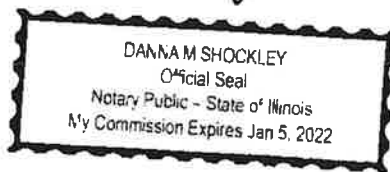
Shakeel Ahmed, M.D.  
Manager

Subscribed and sworn to me  
This 2nd day of October, 2020


  
Notary Public

Attachments

74946318.2



DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

		<b>Illinois Department of PUBLIC HEALTH</b>		HE 121401	
<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>Ngazi O. Ezike, M.D.</b>		<small>Issued under the authority of the Illinois Department of Public Health</small>			
<b>Director</b>					
<small>EXPIRATION DATE</small>	<small>CATEGORY</small>	<small>TO NUMBER</small>			
04/07/2021		7003229			
<b>Ambulatory Surgery Treatment Center</b>					
<b>Effective: 10/01/2020</b>					
<b>Ahmed 15, LLC</b>					
<b>dba Physician's Surgical Centre</b>					
<b>741 Insight Avenue</b>					
<b>O'Fallon, IL 62269</b>					
<small>The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-450-001 10/4/2018</small>					

Exp. Date 04/07/2021  
Lic Number 7003229

Date Printed 09/30/2020

Ahmed 15, LLC  
dba Physician's Surgical Centre  
741 Insight Avenue  
O'Fallon, IL 62269

FEE RECEIPT NO.

## Application and Certificate for Payment

<b>TO OWNER:</b>	Dr. Shahid Ahmed 5023 North Illinois Street Fairview Heights, IL 62208	<b>PROJECT:</b>	Physicians Surgical Centre 741 Insight Ave. C/Frilton, IL 62269	<b>Distribution to:</b>	<input type="checkbox"/> OWNER
<b>FROM CONTRACTOR:</b>	Anir Zulkarnain	<b>VIA ARCHITECT:</b>	Oculus Inc. One South Memorial Drive St Louis, Missouri 63102	<b>APPLICATION NO:</b>	9%
				<b>PERIOD TO:</b>	July 31, 2028
				<b>CONTRACT FOR:</b>	ARCHITECT <input type="checkbox"/>
				<b>CONTRACT DATE:</b>	CONTRACTOR <input type="checkbox"/>
				<b>PROJECT NOS:</b>	FELD <input type="checkbox"/>
					OTHER <input type="checkbox"/>

**CONTRACTOR'S APPLICATION FOR PAYMENT**

Application is made for payment, as shown below, in connection with the Contract.  
AIA Document C703<sup>®</sup>, Confirmation Sheet, is attached

- |  |              |
|--|--------------|
| 1. ORIGINAL CONTRACT SUM   | \$390,648.78 |
| 2. NET CHANGE BY CHANGE ORDERS   | \$0.00       |
| 3. CONTRACT SUM TO DATE (Line 1 + 2)   | \$390,648.78 |
| 4. TOTAL COMPLETED & STORED TO DATE (Column G on Form 3)                     | \$466,116.14 |
| 5. RETAINAGE   | \$0.00       |
| 6. TOTAL EARNED LESS RETAINAGE<br>(Line 4 - 5)                               | \$466,116.14 |
| 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT<br>(Line 6 from prior Certificate) | \$392,519.01 |
| 8. CURRENT PAYMENT DUE   | \$73,597.13  |
| 9. BALANCE TO FINISH, INCLUDING RETAINAGE<br>(Line 5 less Line 6)            | \$28,573.44  |

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current statement shown herein is now due.

CONTRACTOR: 3

85. Amelanchier

State of: Illinois

County of St. Clair

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1997

Library Public Law 96-513

ARCHITECTS OF THE FUTURE

## ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED

**AMOUNT CERTIFIED**  
attach explanation if amount certified differs from the amount applied. Initial all figures on this application and on the Continuation Sheet that are changed to conform with the amount certified.  
53,547.33

ARCHITECT: 242 ROBERT FORNEY, AIA PAULET WATNER

DATE: \_\_\_\_\_

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CLIENTE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total charges approved in previous months by Owner	\$0.00	\$0.00
Total approved this Month	\$0.00	\$0.00
TOTALS	\$0.00	\$0.00
NET CHARGES by Charge Order		

[illegible]