

# Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by FedEx

November 7, 2019

Mr. Michael Constantino  
c/o Illinois Health Facilities and  
Services Review Board  
525 West Jefferson  
Springfield, IL 62761

RECEIVED

NOV 12 2019

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

RE: Project 19-032  
Greater Chicago Center for  
Advanced Surgery  
Supplemental Information

Dear Mike:

Please accept the following requested information related to the above-referenced project.

1. American Hip Institute

The American Hip Institute ("AHI") was founded by Dr. Benjamin G. Domb, a highly respected orthopedic surgeon, specializing in sports medicine and hip arthroscopy. The mission of AHI is to "educate, innovate and offer the most advanced treatment options for injuries of the hip joint."

Clinically, AHI's focus is on the development and performance of cutting-edge, minimally-invasive treatment of sports injuries and arthritis of the hip. Patients include professional, Olympic, and elite-level athletes, as well as non-athletes requiring hip surgery. In addition to direct patient care, AHI provides a fellowship program designed primarily for surgeons having completed a sports medicine fellowship, and a research foundation devoted to advancing the field of hip preservation through outcome-based research.

2. Space Allocation

Revised ATTACHMENTS 14 and 36C are enclosed, separating the space allocated to the procedure room from that of the operating rooms.

3. Utilization

Revised ATTACHMENTS 15 and 24c3 are enclosed, adding three additional pain management specialists, and increasing the projected utilization of the planned procedure room, accordingly.

4. Terms of Lease and Debt Financing

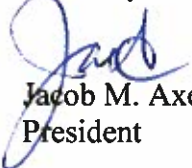
The space to be leased is located in the same building that houses The American Hip Institute's patient evaluation, therapy, and research facilities. The term of the lease, which is contingent upon receipt of a CON Permit is eight years, during which time \$1,601,600 in rent will be paid.

5. Terms of Loan

A letter from Merrill Lynch has been provided as page 90 of the application, noting of the willingness to provide a \$5.5 million loan. The terms of the loan will be set when the loan is secured, with the currently-anticipated terms to be five years and an interest rate of approximately 2.6%.

Should any additional information be required, please don't hesitate to contact me.

Sincerely,



Jacob M. Axel  
President

enclosures

## SIZE

The square footage identified in this CON application for the proposed project, which includes two operating rooms, one procedure room, six Stage 1 recovery stations and three Stage 2 recovery stations, is necessary, not excessive, and consistent with the standards identified in Appendix B to Section 1110, as documented in the table below.

| DEPARTMENT/SERVICE | PROPOSED<br>DGSF | STATE<br>STANDARD | DIFFERENCE | MET<br>STANDARD? |
|--------------------|------------------|-------------------|------------|------------------|
| ORs (2)            | 6,600            | 6,600             | 0          | YES              |
| Procedure Room (1) | 1100             | 1100              | 0          | YES              |
| Recovery           | 2,248            | 2,280             | -32        | YES              |

## UTILIZATION

The applicant fully anticipates that the ASTC's target utilization level of 1,501+ hours of OR utilization, consistent with HFSRB practices, will be reached during the second year of operation, and that utilization will reach that annualized rate in the ASTC's second quarter of operation, following a "ramp-up" period.

Letters, consistent with HFSRB requirements have been secured from seven physicians, and are provided in ATTACHMENT 24c3. Cumulatively, these physicians anticipate referring 1,685 patients to the ASTC during the second year of operation. Please refer to ATTACHMENT 24c3 for the calculation of anticipated OR time required. Of the 1,685 anticipated referrals, 750 will be pain management patients, with the remainder being orthopedic surgery patients. As a result, and assuming the addition of no other physicians to the ASTC's medical staff, 1,730 hours of OR time and 225 hours of procedure room time are anticipated during the second year of operation.

|                | Historical<br>Utilization<br>(hours) | PROJECTED<br>UTILIZATION |        | STATE<br>STANDARD | MET<br>STANDARD? |
|----------------|--------------------------------------|--------------------------|--------|-------------------|------------------|
|                |                                      | YEAR 1                   | YEAR 2 |                   |                  |
| ORs            | N/A                                  | 1,200                    | 1,730  | 1,501             | YES              |
| Procedure Room | N/A                                  | 250                      | 375    | N/A               | YES              |

## SERVICE DEMAND

Following an anticipated “ramp-up” period of approximately three months, it is anticipated that the proposed ASTC will operate at the HFSRB-adopted utilization target of 1,500 annual hours per operating or procedure room.

Letters, consistent with the requirements of Section 1110.235(c)(3), have been secured from seven physicians, and are attached. Three of the physicians are orthopedic surgeons, cumulatively, estimating that during the proposed ASTC’s second year of operation, they will refer 935 patients to the ASTC. Referral letters are also provided from four pain management specialists. It should be noted that 1,203 of the 1,365 procedures performed during 2018 by the pain management specialists were performed in an office setting. With Blue Cross/Blue Shield and Medicare recently eliminating reimbursement/mandating licensure for office-based procedures (and the anticipation that Worker’s Compensation will soon do the same), previously-performed office-based procedures are gravitating to the ASTC setting. As a result, the four pain management specialists are proposing to perform 750 cases a year at the proposed ASTC, with a majority of the patients being referred to the proposed ASTC being patients that previously would have received an office-based procedure.

The projections of 935 orthopedic surgery cases and 750 pain management cases are viewed by the applicant as a conservative estimates of utilization because it is anticipated that, during the proposed ASTC’s first year of operation, additional physicians will seek surgical privileges and, in turn, refer patients.

ATTACHMENT 24c3

In addition, and as noted in ATTACHMENT 12, a number of orthopedic procedures not performed in other ASTCs in the GSA are currently being performed by physicians providing letters, and will be performed at the proposed ASTC. Those procedures include: labral reconstruction, ligamentum teres reconstruction, osteoarticular allograft, peri-acetabular osteotomy, Birmingham hip resurfacing through anterior approach, and robotic hip arthroplasty. Based on the experience of surgeons, it is estimated that these procedures, which are projected to constitute approximately 35% of the caseload, require approximately two and a half hours of operating room time (including room turn-over) as opposed to more commonly-performed orthopedic surgery procedures, which for purposes of projecting the demand for operating rooms, require approximately ninety minutes, consistent with the experience during 2017 at ASTCs located in suburban Cook and DuPage Counties. Accordingly, the calculation below projects the demand of ORs at the proposed ASTC:

|                              |                  |
|------------------------------|------------------|
| 327 cases @ 2.5 hours, each: | 818 hours        |
| 608 cases @ 1.5 hours, each: | <u>912</u> hours |
|                              | 1,730 hours      |

The caseload identified above, and supported by the attached letters, “justifies” the proposed two operating rooms, based on the HFSRB’s standard of 1,500 annual hours per operating room. It is further estimated that, on average, 30 minutes of procedure room time will be required for each pain management procedure. As such, 375 hours of procedure room time (assuming no other pain management specialists join the medical staff) will be required to accommodate the pain management caseload; and therein “supporting” the provision of a single procedure room.

Name (print): Benjamin Domb M.D. \_\_\_\_\_

Specialty: Orthopaedics

TO: Illinois Health Facilities Planning Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the establishment of the proposed surgery center on East Touhy Road in Des Plaines.

During 2017 and 2018 I performed outpatient procedures on approximately the following numbers of patients in the hospitals or licensed ASTCs identified below.

|                                    | <u>2017</u><br>_____ patients | <u>2018</u><br>_____ patients |
|------------------------------------|-------------------------------|-------------------------------|
| Good Samaritan Outpatient          | <u>29</u> patients            | <u>30</u> patients            |
|                                    | _____ patients                | _____ patients                |
| Hinsdale Hospital Outpatient       | <u>225</u> patients           | <u>163</u> patients           |
| Munster Specialty Surgical Ctr.    | <u>338</u> patients           | <u>185</u> patients           |
| Northshore Surgical Suites         | <u>4</u> patients             | <u>41</u> patients            |
| Salt Creek Surgery Center          | <u>141</u> patients           | <u>203</u> patients           |
| Weiss Memorial Hospital outpatient | <u>8</u> patients             | <u>0</u> patients             |
|                                    | <u>745</u>                    | <u>622</u>                    |

I estimate that I will refer 622 patients to the proposed surgery center during its second year following the receipt of the requested Certificate of Need Permit.

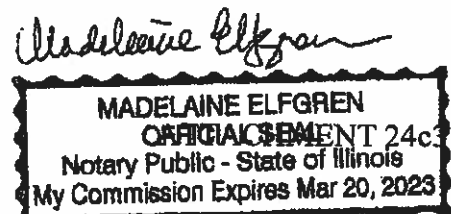
Attached is a patient origin analysis of my 2018 outpatients.

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

Sincerely, B. Domb

Notarized:

49



# American Hip Institute - Dr. Domb Sx Patient Zip Codes

| Doctor | Dr. Domb |
|--------|----------|
|--------|----------|

| Zip   | Count |
|-------|-------|
| 60521 | 14    |
| 60516 | 12    |
| 60517 | 10    |
| 60565 | 10    |
| 60544 | 9     |
| 60525 | 9     |
| 60431 | 9     |
| 60410 | 8     |
| 60490 | 8     |
| 60586 | 8     |
| 60558 | 7     |
| 60543 | 7     |
| 60527 | 7     |
| 60148 | 7     |
| 60441 | 7     |
| 60515 | 7     |
| 60526 | 7     |
| 60126 | 7     |
| 60564 | 6     |
| 60423 | 6     |
| 46307 | 6     |
| 60540 | 6     |
| 60015 | 6     |
| 60435 | 6     |
| 60638 | 6     |
| 60450 | 5     |
| 60446 | 5     |
| 60048 | 5     |
| 60559 | 5     |
| 60514 | 5     |
| 60451 | 5     |
| 60629 | 4     |
| 60187 | 4     |
| 60462 | 4     |
| 60440 | 4     |
| 60585 | 4     |
| 60137 | 4     |
| 60134 | 4     |
| 60004 | 4     |
| 60178 | 4     |
| 60532 | 4     |
| 60067 | 4     |

ATTACHMENT 24c3



| Zip   | Count |
|-------|-------|
| 60534 | 4     |
| 60108 | 4     |
| 60175 | 4     |
| 60047 | 4     |
| 60655 | 4     |
| 60453 | 4     |
| 60448 | 4     |
| 60046 | 3     |
| 60172 | 3     |
| 60654 | 3     |
| 60404 | 3     |
| 60561 | 3     |
| 46373 | 3     |
| 60614 | 3     |
| 46385 | 3     |
| 60538 | 3     |
| 60102 | 3     |
| 60545 | 3     |
| 60458 | 3     |
| 60185 | 3     |
| 60467 | 3     |
| 60188 | 3     |
| 60487 | 3     |
| 60618 | 3     |
| 60504 | 3     |
| 60193 | 3     |
| 60510 | 3     |
| 60403 | 3     |
| 60181 | 2     |
| 60062 | 2     |
| 60605 | 2     |
| 60465 | 2     |
| 60447 | 2     |
| 60421 | 2     |
| 60090 | 2     |
| 60477 | 2     |
| 60622 | 2     |
| 60482 | 2     |
| 61065 | 2     |
| 60436 | 2     |
| 60555 | 2     |
| 60106 | 2     |
| 61704 | 2     |
| 60491 | 2     |
| 46342 | 2     |
| 60438 | 2     |

ATTACHMENT 24c3

| Zip   | Count |
|-------|-------|
| 60455 | 2     |
| 60505 | 2     |
| 60192 | 2     |
| 60068 | 2     |
| 60656 | 2     |
| 46303 | 2     |
| 61373 | 2     |
| 60115 | 2     |
| 60554 | 2     |
| 60118 | 2     |
| 60045 | 2     |
| 60123 | 2     |
| 60560 | 2     |
| 60124 | 2     |
| 60563 | 2     |
| 61401 | 2     |
| 60101 | 2     |
| 60007 | 2     |
| 60189 | 2     |
| 60133 | 2     |
| 60611 | 2     |
| 60013 | 2     |
| 60457 | 2     |
| 60014 | 2     |
| 60191 | 2     |
| 46311 | 2     |
| 60640 | 2     |
| 60084 | 2     |
| 60103 | 2     |
| 60089 | 2     |
| 60657 | 2     |
| 60542 | 2     |
| 61342 | 2     |
| 60174 | 2     |
| 60463 | 2     |
| 60035 | 2     |
| 60523 | 2     |
| 60439 | 2     |
| 61760 | 1     |
| 32255 | 1     |
| 60606 | 1     |
| 60408 | 1     |
| 60304 | 1     |
| 33411 | 1     |
| 85048 | 1     |
| 60415 | 1     |

ATTACHMENT 24c3

| Zip   | Count |
|-------|-------|
| 60625 | 1     |
| 60420 | 1     |
| 60202 | 1     |
| 34203 | 1     |
| 60005 | 1     |
| 34211 | 1     |
| 62711 | 1     |
| 60016 | 1     |
| 52803 | 1     |
| 60020 | 1     |
| 60617 | 1     |
| 60030 | 1     |
| 60630 | 1     |
| 60031 | 1     |
| 60647 | 1     |
| 03301 | 1     |
| 60801 | 1     |
| 60033 | 1     |
| 61341 | 1     |
| 41640 | 1     |
| 61611 | 1     |
| 60443 | 1     |
| 62301 | 1     |
| 43221 | 1     |
| 77024 | 1     |
| 45036 | 1     |
| 98033 | 1     |
| 45249 | 1     |
| 60601 | 1     |
| 60449 | 1     |
| 53818 | 1     |
| 06489 | 1     |
| 54313 | 1     |
| 60051 | 1     |
| 60628 | 1     |
| 60452 | 1     |
| 60632 | 1     |
| 60060 | 1     |
| 60643 | 1     |
| 60061 | 1     |
| 60194 | 1     |
| 21769 | 1     |
| 60707 | 1     |
| 28056 | 1     |
| 60827 | 1     |
| 46319 | 1     |

ATTACHMENT 24c3

| Zip    | Count |
|--------|-------|
| 61115  | 1     |
| 60072  | 1     |
| 61350  | 1     |
| 60074  | 1     |
| 61548  | 1     |
| 60076  | 1     |
| 33131  | 1     |
| 60472  | 1     |
| 61778  | 1     |
| 60475  | 1     |
| 62450  | 1     |
| 60077  | 1     |
| 72012  | 1     |
| 60480  | 1     |
| 77494  | 1     |
| 60481  | 1     |
| 92592  | 1     |
| 60083  | 1     |
| N3A0C2 | 1     |
| 46320  | 1     |
| 53143  | 1     |
| 60087  | 1     |
| 60184  | 1     |
| 46323  | 1     |
| 60609  | 1     |
| 60501  | 1     |
| 53949  | 1     |
| 46327  | 1     |
| 54026  | 1     |
| 28465  | 1     |
| 60623  | 1     |
| 60506  | 1     |
| 60626  | 1     |
| 46350  | 1     |
| 54956  | 1     |
| 60511  | 1     |
| 60631  | 1     |
| 60513  | 1     |
| 55049  | 1     |
| 46356  | 1     |
| 60642  | 1     |
| 30107  | 1     |
| 60646  | 1     |
| 46375  | 1     |
| 60652  | 1     |
| 60109  | 1     |

ATTACHMENT 24c3

| Zip   | Count |
|-------|-------|
| 60201 | 1     |
| 46383 | 1     |
| 60301 | 1     |
| 32162 | 1     |
| 60712 | 1     |
| 60119 | 1     |
| 60803 | 1     |
| 46540 | 1     |
| 60964 | 1     |
| 46614 | 1     |
| 61071 | 1     |
| 47304 | 1     |
| 61329 | 1     |
| 60130 | 1     |
| 60305 | 1     |
| 60131 | 1     |
| 60402 | 1     |
| 48855 | 1     |
| 61517 | 1     |
| 60541 | 1     |
| 61554 | 1     |
| 49085 | 1     |
| 61615 | 1     |
| 49424 | 1     |
| 61727 | 1     |
| 60139 | 1     |
| 61761 | 1     |
| 60140 | 1     |
| 61920 | 1     |
| 60548 | 1     |
| 62353 | 1     |
| 60142 | 1     |
| 62526 | 1     |
| 60143 | 1     |
| 66502 | 1     |
| 60556 | 1     |
| 77018 | 1     |
| 49453 | 1     |
| 77379 | 1     |
| 60156 | 1     |
| 80487 | 1     |
| 60163 | 1     |
| 92078 | 1     |
| 49464 | 1     |
| 95060 | 1     |
| 60173 | 1     |

ATTACHMENT 24c3

| Zip         | Count |
|-------------|-------|
| 98075       | 1     |
| 49506       | 1     |
| 60406       | 1     |
| 52353       | 1     |
| Grand Total | 622   |

ATTACHMENT 24c3

Name (print): Ajay Lall M.D. \_\_\_\_\_

Specialty: Orthopedics

TO: Illinois Health Facilities Planning Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the establishment of the proposed surgery center on East Touhy Road in Des Plaines.

During 2017 and 2018 I performed outpatient procedures on approximately the following numbers of patients in the hospitals or licensed ASTCs identified below.

|                                    | <u>2017</u><br>_____ patients | <u>2018</u><br>_____ patients |
|------------------------------------|-------------------------------|-------------------------------|
| Good Samaritan Outpatient          | _____ patients                | <u>11</u> patients            |
|                                    | _____ patients                | _____ patients                |
| Hinsdale Hospital Outpatient       | _____ patients                | <u>60</u> patients            |
| Munster Specialty Surgical Ctr.    | _____ patients                | <u>63</u> patients            |
| Northshore Surgical Suites         | _____ patients                | <u>15</u> patients            |
| Salt Creek Surgery Center          | _____ patients                | <u>87</u> patients            |
| Weiss Memorial Hospital outpatient | _____ patients                | _____ patients                |

I estimate that I will refer 233 patients to the proposed surgery center during its second year following the receipt of the requested Certificate of Need Permit. 233

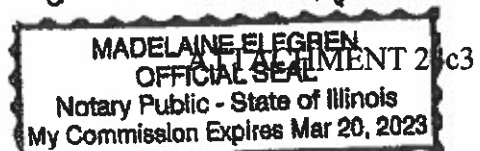
Attached is a patient origin analysis of my 2018 outpatients.

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

Sincerely, \_\_\_\_\_

Notarized:

Madelaine Elfgren



# American Hip Institute - Dr. Lall Sx Patient Zip Codes

| Doctor | Dr. Lall |
|--------|----------|
|--------|----------|

| Zip   | Count |
|-------|-------|
| 60515 | 8     |
| 60491 | 6     |
| 60516 | 5     |
| 60014 | 4     |
| 60543 | 4     |
| 60439 | 4     |
| 60431 | 4     |
| 60544 | 3     |
| 60514 | 3     |
| 60056 | 3     |
| 60067 | 3     |
| 60525 | 3     |
| 60126 | 3     |
| 60559 | 3     |
| 60565 | 3     |
| 60440 | 3     |
| 60074 | 2     |
| 60181 | 2     |
| 60552 | 2     |
| 60189 | 2     |
| 49424 | 2     |
| 60416 | 2     |
| 60048 | 2     |
| 60657 | 2     |
| 60175 | 2     |
| 60803 | 2     |
| 60010 | 2     |
| 60005 | 2     |
| 60521 | 2     |
| 60101 | 2     |
| 60527 | 2     |
| 60115 | 2     |
| 60148 | 2     |
| 60450 | 2     |
| 60554 | 2     |
| 60480 | 2     |
| 60563 | 2     |
| 60007 | 2     |
| 60124 | 2     |
| 60442 | 2     |
| 61525 | 2     |
| 60435 | 2     |

ATTACHMENT 24c3



| Zip   | Count |
|-------|-------|
| 60448 | 2     |
| 60538 | 1     |
| 60914 | 1     |
| 60586 | 1     |
| 53217 | 1     |
| 62558 | 1     |
| 60134 | 1     |
| 60555 | 1     |
| 60140 | 1     |
| 60641 | 1     |
| 60143 | 1     |
| 61455 | 1     |
| 56283 | 1     |
| 60060 | 1     |
| 60155 | 1     |
| 48854 | 1     |
| 60160 | 1     |
| 60561 | 1     |
| 60162 | 1     |
| 60611 | 1     |
| 60169 | 1     |
| 60656 | 1     |
| 60172 | 1     |
| 61350 | 1     |
| 58072 | 1     |
| 61604 | 1     |
| 60176 | 1     |
| 93065 | 1     |
| 60178 | 1     |
| 60061 | 1     |
| 60002 | 1     |
| 60541 | 1     |
| 60185 | 1     |
| 60068 | 1     |
| 60187 | 1     |
| 60084 | 1     |
| 60004 | 1     |
| 49456 | 1     |
| 60193 | 1     |
| 60608 | 1     |
| 60194 | 1     |
| 60617 | 1     |
| 60202 | 1     |
| 60646 | 1     |
| 60203 | 1     |
| 52748 | 1     |

ATTACHMENT 24c3

| Zip   | Count |
|-------|-------|
| 60304 | 1     |
| 61071 | 1     |
| 60404 | 1     |
| 61360 | 1     |
| 60409 | 1     |
| 61546 | 1     |
| 33928 | 1     |
| 61740 | 1     |
| 60421 | 1     |
| 85234 | 1     |
| 60423 | 1     |
| 53097 | 1     |
| 40023 | 1     |
| 60526 | 1     |
| 46060 | 1     |
| 60532 | 1     |
| 60438 | 1     |
| 60540 | 1     |
| 60013 | 1     |
| 60062 | 1     |
| 46311 | 1     |
| 60551 | 1     |
| 60441 | 1     |
| 32065 | 1     |
| 60015 | 1     |
| 60558 | 1     |
| 60447 | 1     |
| 60560 | 1     |
| 06473 | 1     |
| 60093 | 1     |
| 60018 | 1     |
| 60585 | 1     |
| 60451 | 1     |
| 60607 | 1     |
| 60459 | 1     |
| 60609 | 1     |
| 60464 | 1     |
| 60613 | 1     |
| 60467 | 1     |
| 60633 | 1     |
| 60469 | 1     |
| 60642 | 1     |
| 60471 | 1     |
| 60647 | 1     |
| 60477 | 1     |
| 60104 | 1     |

ATTACHMENT 24c3

| Zip         | Count |
|-------------|-------|
| 60030       | 1     |
| 60805       | 1     |
| 60481       | 1     |
| 61065       | 1     |
| 60490       | 1     |
| 61341       | 1     |
| 60033       | 1     |
| 61356       | 1     |
| 60502       | 1     |
| 61373       | 1     |
| 60506       | 1     |
| 60123       | 1     |
| 60510       | 1     |
| 61564       | 1     |
| 60511       | 1     |
| 61615       | 1     |
| 60047       | 1     |
| 62520       | 1     |
| 46565       | 1     |
| 76244       | 1     |
| 60051       | 1     |
| 89052       | 1     |
| 60517       | 1     |
| 97013       | 1     |
| 48301       | 1     |
| 60523       | 1     |
| Grand Total | 233   |

ATTACHMENT 24c3

Name (print): Kevin Tu

Specialty: Orthopaedic Surgery

TO: Illinois Health Facilities Planning Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the establishment of the proposed surgery center on East Touhy Road in Des Plaines.

During 2017 and 2018 I performed outpatient procedures on approximately the following numbers of patients in the hospitals or licensed ASTCs identified below.

|                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <u>Elmhurst Memorial Hospital</u> | <u>2017</u><br><u>80</u> patients | <u>2018</u><br><u>90</u> patients |
| <u>Loyola Ambulatory Center</u>   | <u>120</u> patients               | <u>130</u> patients               |
| _____                             | _____ patients                    | _____ patients                    |

I estimate that I will refer 80 patients to the proposed surgery center during its second year following the receipt of the requested Certificate of Need Permit.

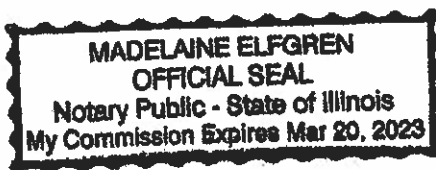
Attached is a patient origin analysis of my 2018 outpatients.

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

Sincerely,

[Signature]

Notarized:



STATE OF Illinois  
COUNTY OF COOK

Sworn to (or affirmed) and subscribed before me  
this 12 day of May, 2019, by Kevin Tu

[Signature]  
Notary Public's Signature  
Personally Known \_\_\_\_\_ OR  
Type of Identification Produced \_\_\_\_\_

MADELAINE ELFGREN  
Notary Name

ATTACHMENT 24c3

Dr. Kevin Tu  
2018 Patient Origin

| ZIP Code | Patients  |
|----------|-----------|
| 60007    | 12        |
| 60088    | 8         |
| 60018    | 10        |
| 60101    | 13        |
| 60104    | 7         |
| 60106    | 7         |
| 60126    | 16        |
| 60143    | 4         |
| 60148    | 18        |
| 60164    | 8         |
| 60173    | 4         |
| 60181    | 10        |
| 60191    | 5         |
| 60193    | 13        |
| 60402    | 22        |
| 60523    | 3         |
| 60623    | 31        |
| 60804    | <u>29</u> |
|          | 220       |

ATTACHMENT 24c3

Name: Michael Rock, MD  
Specialty: Anesthesiology and Pain Medicine

TO: Illinois Health Facilities Planning Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the establishment of the proposed surgery center on East Touhy Road in Des Plaines.

During 2017 and 2018 I performed outpatient procedures on approximately the following numbers of patients in the hospitals or licensed ASTCs identified below.

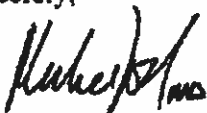
|  | <u>2017</u>  | <u>2018</u>  |
|--|--------------|--------------|
| Hyde Park Surgical Center, LLC                   | 91 patients  | 76 patients  |
| Presence Saint Mary and Elizabeth Medical Center | 22 patients  | 15 patients  |
| Community First Medical Center                   | patients     | 1 patients   |
| Office Procedures                                | 960 patients | 916 patients |

I estimate that I will refer 450 patients to the proposed surgery center during its second year following the receipt of the requested Certificate of Need Permit.

Attached is a patient origin analysis of my 2018 outpatients.

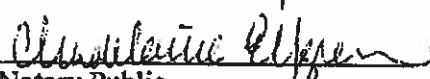
The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

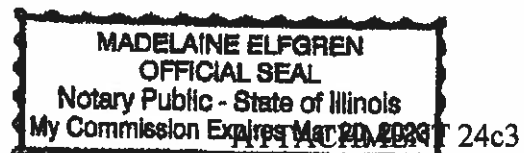
Sincerely,

  
Michael Rock, MD  
Anesthesiology and Pain Medicine

Notarized:  
Subscribed and Sworn to before  
me this

29<sup>th</sup> day of May

  
Notary Public



24c3

Dr. Michael Rock- 2018 procedure date by Office and Zip Code

| Office        | Zip Code | Count of DOS |
|---------------|----------|--------------|
| CFMC          |          |              |
|               | 48079    | 1            |
| CFMC Total    |          | 1            |
| Hyde Park ASC |          |              |
|               | 60016    | 1            |
|               | 60031    | 1            |
|               | 60035    | 1            |
|               | 60053    | 2            |
|               | 60056    | 1            |
|               | 60068    | 2            |
|               | 60069    | 1            |
|               | 60101    | 1            |
|               | 60112    | 2            |
|               | 60119    | 1            |
|               | 60133    | 1            |
|               | 60139    | 1            |
|               | 60154    | 1            |
|               | 60171    | 1            |
|               | 60193    | 1            |
|               | 60402    | 1            |
|               | 60407    | 1            |
|               | 60450    | 1            |
|               | 60458    | 2            |
|               | 60480    | 1            |
|               | 60487    | 1            |
|               | 60516    | 1            |
|               | 60523    | 1            |
|               | 60525    | 1            |
|               | 60527    | 1            |
|               | 60532    | 1            |
|               | 60534    | 1            |
|               | 60546    | 1            |
|               | 60560    | 1            |
|               | 60564    | 1            |
|               | 60615    | 2            |
|               | 60618    | 1            |
|               | 60619    | 1            |
|               | 60629    | 1            |
|               | 60630    | 1            |
|               | 60634    | 5            |
|               | 60638    | 1            |
|               | 60639    | 3            |
|               | 60641    | 4            |
|               | 60647    | 2            |

ATTACHMENT 24c3

Dr. Michael Rock- 2018 procedure date by Office and Zip Code

| Office                     | Zip Code   | Count of DOS |
|----------------------------|------------|--------------|
|                            | 60651      | 4            |
|                            | 60655      | 1            |
|                            | 60656      | 1            |
|                            | 60706      | 2            |
|                            | 60714      | 1            |
|                            | 60804      | 2            |
|                            | 60970      | 1            |
|                            | 61364      | 1            |
|                            | 61938      | 2            |
|                            | 60016-2309 | 1            |
|                            | 60302-2582 | 1            |
|                            | 60634-2656 | 1            |
|                            | 60639-1416 | 1            |
|                            | 60641-5021 | 1            |
|                            | 60656-3608 | 1            |
| <b>Hyde Park ASC Total</b> |            | <b>76</b>    |
| <b>PSMEMC</b>              |            |              |
|                            | 60016      | 2            |
|                            | 60025      | 1            |
|                            | 60068      | 1            |
|                            | 60118      | 1            |
|                            | 60139      | 1            |
|                            | 60154      | 1            |
|                            | 60420      | 1            |
|                            | 60431      | 1            |
|                            | 60516      | 1            |
|                            | 60639      | 1            |
|                            | 60706      | 2            |
|                            | 60914      | 1            |
|                            | 61350      | 1            |
| <b>PSMEMC Total</b>        |            | <b>15</b>    |
| <b>Office</b>              |            |              |
|                            | 34145      | 1            |
|                            | 46349      | 3            |
|                            | 46405      | 2            |
|                            | 60004      | 3            |
|                            | 60007      | 7            |
|                            | 60014      | 10           |
|                            | 60015      | 12           |
|                            | 60016      | 16           |
|                            | 60018      | 1            |
|                            | 60025      | 1            |
|                            | 60031      | 1            |
|                            | 60035      | 11           |

ATTACHMENT 24c3



Dr. Michael Rock- 2018 procedure date by Office and Zip Code

| Office | Zip Code | Count of DOS |
|--------|----------|--------------|
|        | 60045    | 4            |
|        | 60047    | 2            |
|        | 60048    | 1            |
|        | 60051    | 1            |
|        | 60053    | 3            |
|        | 60056    | 2            |
|        | 60062    | 1            |
|        | 60064    | 1            |
|        | 60068    | 20           |
|        | 60069    | 1            |
|        | 60073    | 3            |
|        | 60076    | 2            |
|        | 60077    | 3            |
|        | 60085    | 1            |
|        | 60087    | 2            |
|        | 60093    | 4            |
|        | 60101    | 5            |
|        | 60104    | 4            |
|        | 60107    | 1            |
|        | 60112    | 3            |
|        | 60118    | 2            |
|        | 60119    | 1            |
|        | 60120    | 2            |
|        | 60123    | 1            |
|        | 60130    | 1            |
|        | 60131    | 5            |
|        | 60133    | 2            |
|        | 60139    | 6            |
|        | 60147    | 4            |
|        | 60148    | 4            |
|        | 60152    | 2            |
|        | 60153    | 2            |
|        | 60154    | 2            |
|        | 60155    | 1            |
|        | 60160    | 1            |
|        | 60169    | 2            |
|        | 60171    | 7            |
|        | 60176    | 2            |
|        | 60181    | 5            |
|        | 60189    | 1            |
|        | 60191    | 4            |
|        | 60193    | 6            |
|        | 60202    | 4            |
|        | 60302    | 11           |

ATTACHMENT 24c3

Dr. Michael Rock- 2018 procedure date by Office and Zip Code

| Office | Zip Code | Count of DOS |
|--------|----------|--------------|
|        | 60402    | 14           |
|        | 60411    | 1            |
|        | 60420    | 1            |
|        | 60446    | 3            |
|        | 60451    | 4            |
|        | 60453    | 4            |
|        | 60458    | 8            |
|        | 60459    | 1            |
|        | 60465    | 3            |
|        | 60480    | 1            |
|        | 60501    | 1            |
|        | 60503    | 5            |
|        | 60515    | 4            |
|        | 60516    | 2            |
|        | 60517    | 1            |
|        | 60523    | 1            |
|        | 60525    | 1            |
|        | 60526    | 1            |
|        | 60532    | 1            |
|        | 60534    | 3            |
|        | 60545    | 1            |
|        | 60546    | 2            |
|        | 60560    | 2            |
|        | 60563    | 2            |
|        | 60564    | 1            |
|        | 60607    | 2            |
|        | 60608    | 2            |
|        | 60610    | 1            |
|        | 60611    | 3            |
|        | 60613    | 14           |
|        | 60614    | 8            |
|        | 60615    | 3            |
|        | 60617    | 1            |
|        | 60618    | 27           |
|        | 60619    | 1            |
|        | 60620    | 1            |
|        | 60621    | 5            |
|        | 60622    | 8            |
|        | 60625    | 22           |
|        | 60626    | 2            |
|        | 60629    | 3            |
|        | 60630    | 37           |
|        | 60631    | 28           |
|        | 60632    | 6            |

ATTACHMENT 24c3

Dr. Michael Rock- 2018 procedure date by Office and Zip Code

| Office | Zip Code   | Count of DOS |
|--------|------------|--------------|
|        | 60634      | 76           |
|        | 60637      | 1            |
|        | 60638      | 3            |
|        | 60639      | 35           |
|        | 60640      | 12           |
|        | 60641      | 59           |
|        | 60645      | 8            |
|        | 60646      | 17           |
|        | 60647      | 11           |
|        | 60651      | 13           |
|        | 60652      | 3            |
|        | 60653      | 3            |
|        | 60654      | 2            |
|        | 60655      | 1            |
|        | 60656      | 28           |
|        | 60657      | 12           |
|        | 60659      | 15           |
|        | 60660      | 10           |
|        | 60706      | 30           |
|        | 60707      | 22           |
|        | 60712      | 1            |
|        | 60714      | 10           |
|        | 60804      | 6            |
|        | 60914      | 9            |
|        | 60928      | 1            |
|        | 60970      | 1            |
|        | 61348      | 1            |
|        | 61364      | 1            |
|        | 61938      | 4            |
|        | 60016-2309 | 1            |
|        | 60056-2692 | 1            |
|        | 60087-3901 | 3            |
|        | 60191-1952 | 1            |
|        | 60302-2582 | 4            |
|        | 60585-2782 | 2            |
|        | 60612-1031 | 7            |
|        | 60630-3341 | 1            |
|        | 60631-1323 | 4            |
|        | 60631-1811 | 1            |
|        | 60631-2925 | 1            |
|        | 60631-3812 | 5            |
|        | 60634-2656 | 4            |
|        | 60634-2953 | 2            |
|        | 60634-3134 | 2            |

ATTACHMENT 24c3

Dr. Michael Rock- 2018 procedure date by Office and Zip Code

| Office       | Zip Code   | Count of DOS |
|--------------|------------|--------------|
|              | 60634-3478 | 3            |
|              | 60639-1208 | 3            |
|              | 60639-1416 | 3            |
|              | 60639-1825 | 1            |
|              | 60639-2520 | 1            |
|              | 60641-3250 | 2            |
|              | 60641-3585 | 3            |
|              | 60641-5021 | 2            |
|              | 60644-1646 | 2            |
|              | 60651-1435 | 1            |
|              | 60655-4333 | 1            |
|              | 60656-1616 | 1            |
|              | 60656-3608 | 4            |
|              | 60706-3523 | 1            |
|              | 60706-3528 | 2            |
| Office Total |            | 916          |
| Grand Total  |            | 1008         |

Dr. Michael Rock- 2017 procedure date by Office and Zip Code

| Office        | Zip Code | Count |
|---------------|----------|-------|
| Hyde Park ASC | 60016    | 1     |
|               | 60031    | 4     |
|               | 60051    | 2     |
|               | 60053    | 2     |
|               | 60056    | 1     |
|               | 60068    | 2     |
|               | 60073    | 1     |
|               | 60090    | 1     |
|               | 60123    | 1     |
|               | 60137    | 1     |
|               | 60152    | 1     |
|               | 60174    | 1     |
|               | 60193    | 2     |
|               | 60302    | 1     |
|               | 60402    | 2     |
|               | 60407    | 1     |
|               | 60416    | 1     |
|               | 60440    | 1     |
|               | 60450    | 2     |
|               | 60455    | 5     |
|               | 60458    | 2     |
|               | 60480    | 1     |
|               | 60516    | 1     |
|               | 60521    | 1     |
|               | 60523    | 1     |
|               | 60525    | 1     |
|               | 60526    | 1     |
|               | 60532    | 1     |
|               | 60534    | 2     |
|               | 60554    | 1     |
|               | 60558    | 1     |
|               | 60561    | 1     |
|               | 60564    | 1     |
|               | 60565    | 1     |
|               | 60613    | 2     |
|               | 60614    | 1     |
|               | 60618    | 3     |
|               | 60619    | 1     |
|               | 60630    | 3     |
|               | 60634    | 3     |
|               | 60638    | 1     |
|               | 60639    | 6     |
|               | 60641    | 4     |

ATTACHMENT 24c3

Dr. Michael Rock- 2017 procedure date by Office and Zip Code

| Office                     | Zip Code | Count     |
|----------------------------|----------|-----------|
|                            | 60651    | 2         |
|                            | 60655    | 1         |
|                            | 60656    | 1         |
|                            | 60706    | 4         |
|                            | 60707    | 1         |
|                            | 60714    | 1         |
|                            | 60804    | 2         |
|                            | 60970    | 1         |
|                            | 61350    | 1         |
|                            | 61364    | 2         |
|                            | 61938    | 2         |
| <b>Hyde Park ASC Total</b> |          | <b>91</b> |
| <b>PSMEMC</b>              |          |           |
|                            | 60016    | 1         |
|                            | 60025    | 1         |
|                            | 60068    | 1         |
|                            | 60090    | 1         |
|                            | 60154    | 1         |
|                            | 60420    | 1         |
|                            | 60431    | 1         |
|                            | 60516    | 1         |
|                            | 60525    | 1         |
|                            | 60618    | 3         |
|                            | 60634    | 3         |
|                            | 60639    | 1         |
|                            | 60706    | 3         |
|                            | 60707    | 2         |
|                            | 60914    | 1         |
| <b>PSMEMC Total</b>        |          | <b>22</b> |
| <b>Office</b>              |          |           |
|                            | 46405    | 3         |
|                            | 60004    | 3         |
|                            | 60005    | 4         |
|                            | 60007    | 1         |
|                            | 60014    | 4         |
|                            | 60015    | 6         |
|                            | 60016    | 9         |
|                            | 60018    | 8         |
|                            | 60025    | 7         |
|                            | 60029    | 1         |
|                            | 60030    | 3         |
|                            | 60034    | 2         |
|                            | 60035    | 5         |
|                            | 60045    | 3         |

ATTACHMENT 24c3

Dr. Michael Rock- 2017 procedure date by Office and Zip Code

| Office | Zip Code | Count |
|--------|----------|-------|
|        | 60046    | 1     |
|        | 60047    | 2     |
|        | 60048    | 1     |
|        | 60050    | 4     |
|        | 60051    | 2     |
|        | 60053    | 2     |
|        | 60056    | 6     |
|        | 60061    | 6     |
|        | 60062    | 1     |
|        | 60067    | 1     |
|        | 60068    | 24    |
|        | 60073    | 2     |
|        | 60074    | 1     |
|        | 60077    | 5     |
|        | 60087    | 2     |
|        | 60093    | 3     |
|        | 60099    | 2     |
|        | 60101    | 3     |
|        | 60106    | 2     |
|        | 60119    | 2     |
|        | 60120    | 4     |
|        | 60130    | 3     |
|        | 60131    | 2     |
|        | 60133    | 3     |
|        | 60137    | 4     |
|        | 60147    | 4     |
|        | 60148    | 1     |
|        | 60153    | 5     |
|        | 60155    | 1     |
|        | 60156    | 2     |
|        | 60169    | 4     |
|        | 60171    | 7     |
|        | 60176    | 5     |
|        | 60181    | 2     |
|        | 60191    | 2     |
|        | 60193    | 10    |
|        | 60202    | 2     |
|        | 60301    | 1     |
|        | 60302    | 9     |
|        | 60305    | 2     |
|        | 60402    | 36    |
|        | 60411    | 4     |
|        | 60431    | 1     |
|        | 60432    | 1     |

ATTACHMENT 24c3

Dr. Michael Rock- 2017 procedure date by Office and Zip Code

| Office | Zip Code | Count |
|--------|----------|-------|
|        | 60438    | 2     |
|        | 60440    | 2     |
|        | 60446    | 1     |
|        | 60451    | 2     |
|        | 60452    | 1     |
|        | 60454    | 2     |
|        | 60458    | 4     |
|        | 60459    | 1     |
|        | 60462    | 3     |
|        | 60465    | 5     |
|        | 60478    | 3     |
|        | 60491    | 4     |
|        | 60501    | 5     |
|        | 60503    | 4     |
|        | 60513    | 2     |
|        | 60515    | 2     |
|        | 60517    | 2     |
|        | 60521    | 1     |
|        | 60525    | 1     |
|        | 60527    | 2     |
|        | 60538    | 1     |
|        | 60540    | 2     |
|        | 60543    | 3     |
|        | 60545    | 1     |
|        | 60546    | 7     |
|        | 60555    | 1     |
|        | 60561    | 2     |
|        | 60563    | 4     |
|        | 60565    | 2     |
|        | 60585    | 2     |
|        | 60604    | 1     |
|        | 60607    | 3     |
|        | 60608    | 3     |
|        | 60609    | 2     |
|        | 60610    | 4     |
|        | 60612    | 8     |
|        | 60613    | 9     |
|        | 60614    | 8     |
|        | 60616    | 1     |
|        | 60617    | 1     |
|        | 60618    | 26    |
|        | 60619    | 4     |
|        | 60620    | 1     |
|        | 60621    | 1     |

ATTACHMENT 24c3



Dr. Michael Rock- 2017 procedure date by Office and Zip Code

| Office              | Zip Code | Count       |
|---------------------|----------|-------------|
|                     | 60622    | 4           |
|                     | 60623    | 2           |
|                     | 60624    | 3           |
|                     | 60625    | 15          |
|                     | 60630    | 38          |
|                     | 60631    | 13          |
|                     | 60632    | 10          |
|                     | 60633    | 1           |
|                     | 60634    | 126         |
|                     | 60636    | 2           |
|                     | 60637    | 1           |
|                     | 60638    | 9           |
|                     | 60639    | 53          |
|                     | 60640    | 10          |
|                     | 60641    | 48          |
|                     | 60643    | 1           |
|                     | 60644    | 7           |
|                     | 60645    | 6           |
|                     | 60646    | 23          |
|                     | 60647    | 8           |
|                     | 60651    | 6           |
|                     | 60652    | 1           |
|                     | 60653    | 3           |
|                     | 60655    | 1           |
|                     | 60656    | 23          |
|                     | 60657    | 10          |
|                     | 60659    | 2           |
|                     | 60660    | 3           |
|                     | 60693    | 1           |
|                     | 60706    | 46          |
|                     | 60707    | 37          |
|                     | 60712    | 3           |
|                     | 60714    | 7           |
|                     | 60804    | 25          |
|                     | 60914    | 8           |
|                     | 60928    | 2           |
|                     | 60940    | 1           |
|                     | 60970    | 1           |
|                     | 61065    | 1           |
|                     | 61103    | 5           |
|                     | 61348    | 1           |
|                     | 61938    | 1           |
| <b>Office Total</b> |          | <b>960</b>  |
| <b>Grand Total</b>  |          | <b>1073</b> |

ATTACHMENT 24c3

Dr. Michael Rock- 2017 procedure date by Office and Zip Code

| Office | Zip Code | Count |
|--------|----------|-------|
|--------|----------|-------|

ATTACHMENT 24c3

Name (print): MOHAMMAD AHSAANI, M.D

Specialty: PAIN

**TO: Illinois Health Facilities Planning Board  
Springfield, Illinois**

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the establishment of the proposed surgery center on East Touhy Road in Des Plaines.

During 2017 and 2018 I performed outpatient procedures on approximately the following numbers of patients in the hospitals or licensed ASTCs identified below.

|                          | 2017           | 2018                |
|--------------------------|----------------|---------------------|
| <u>SICKPOINT MEDICAL</u> | _____ patients | <u>123</u> patients |
| <u>NCH</u>               | _____ patients | <u>6</u> patients   |
|                          | _____ patients | _____ patients      |

I estimate that I will refer 100 patients to the proposed surgery center during its second year following the receipt of the requested Certificate of Need Permit.

Attached is a patient origin analysis of my 2018 outpatients.

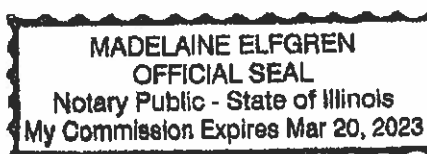
The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

Mohammad AHSAN, M.D Notarized:

DATE OF 2/10/75  
CITY OF Chen

Form (or affirmed) and subscribed before me  
 31st day of Oct, 2019, by Muhammad Aliyan  
Madeleine Elferer MADELINE ELFERER  
 Public's Signature Notary Name  
 Personally Known \_\_\_\_\_ OR  
 Type of Identification Produced 1



ATTACHMENT 24c3

76 A

Name (print): MEGHAN BHAVE

Specialty: PAIN

TO: Illinois Health Facilities Planning Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the establishment of the proposed surgery center on East Touhy Road in Des Plaines.

During 2017 and 2018 I performed outpatient procedures on approximately the following numbers of patients in the hospitals or licensed ASTCs identified below.

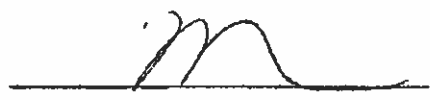
|                 | <u>2017</u>            | <u>2018</u>        |
|-----------------|------------------------|--------------------|
| <u>SKYPOINT</u> | <u>      </u> patients | <u>10</u> patients |
| <u>ABMC</u>     | <u>      </u> patients | <u>31</u> patients |
| <u>NCH</u>      | <u>      </u> patients | <u>5</u> patients  |

I estimate that I will refer 100 patients to the proposed surgery center during its second year following the receipt of the requested Certificate of Need Permit.

Attached is a patient origin analysis of my 2018 outpatients.

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

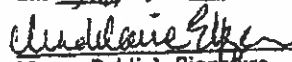
Sincerely,

  
MEGHAN BHAVE, M.D.

Notarized:

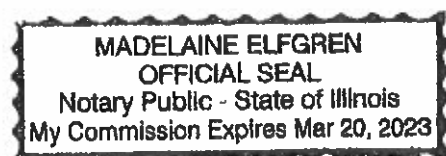
STATE OF Illinois  
COUNTY OF Coate

Sworn to (or affirmed) and subscribed before me  
this 31st day of Oct 2019, by Meghan Bhav

  
Notary Public's Signature

MADELAINE ELFGREN  
Notary Name

Personally Known        OR         
Type of Identification Produced        ☒



ATTACHMENT 24c3

76B

Name (print): YURIY BUKHALO

Specialty: PAIN

TO: Illinois Health Facilities Planning Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the establishment of the proposed surgery center on East Touhy Road in Des Plaines.

During 2017 and 2018 I performed outpatient procedures on approximately the following numbers of patients in the hospitals or licensed ASTCs identified below.

|                         | <u>2017</u>            | <u>2018</u>        |
|-------------------------|------------------------|--------------------|
| <u>SEYPOINT MEDICAL</u> | <u>      </u> patients | <u>54</u> patients |
| <u>ABMC</u>             | <u>      </u> patients | <u>72</u> patients |
| <u>CONDELL</u>          | <u>      </u> patients | <u>64</u> patients |
| <u>NCH</u>              |                        | <u>42</u>          |

I estimate that I will refer 100 patients to the proposed surgery center during its second year following the receipt of the requested Certificate of Need Permit.

Attached is a patient origin analysis of my 2018 outpatients.

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

Sincerely,

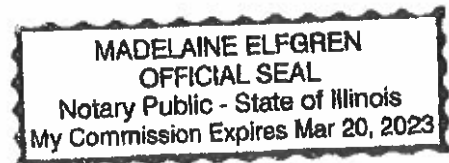
Y. Bukhalo, M.D.

Notarized:

STATE OF Illinois  
COUNTY OF Cook

Sworn to (or affirmed) and subscribed before me  
this 31st day of Oct, 2019, by Yuriy Bukhalo

Madeleine Elfgren MADELAINE ELFGREN  
Notary Public's Signature Notary Name  
Personally Known        OR         
Type of Identification Produced        ✓



ATTACHMENT 24c3

76c

76D

ATTACHMENT 24c3

Northwest Suburban Pain Management Center  
Drs. Ahsan, Bukhalo & Bhawe

|       |          |       |          |       |          |   |
|-------|----------|-------|----------|-------|----------|---|
| 64483 | 60133    | 62321 | 60193    | 22515 | 60014    | 5 |
| 64484 | 60133    | 62321 | 60188    |       |          |   |
| 20550 | 60120    | 96365 | 60007    |       | total 41 |   |
| 64483 | 60140    | 64450 | 60707    |       |          |   |
| 64483 | 60031    | 64450 | 60707    |       |          |   |
| 64484 | 60031    | 64450 | 60707    |       |          |   |
| 64483 | 60133    | 64450 | 60707    |       |          |   |
| 20550 | 60120 x6 | 62323 | 60056    |       |          |   |
| 64510 | 60073    | 64483 | 60015    |       |          |   |
| 64483 | 60107    | 64484 | 60015    |       |          |   |
| 64484 | 60193    | 62321 | 60010    |       |          |   |
| 64493 | 60108    | 64483 | 60005    |       |          |   |
| 64483 | 60118    | 64484 | 60005    |       |          |   |
| 64484 | 60118    | 20552 | 60193    |       |          |   |
| 64493 | 60118    | 62323 | 60666    |       |          |   |
| 64483 | 60056    | 64483 | 60015    |       |          |   |
| 64484 | 60056    | 64484 | 60015    |       |          |   |
| 64483 | 60133    | 62321 | 60010    |       |          |   |
| 64484 | 60133    | 62323 | 60007    |       |          |   |
| 64483 | 60030    | 62323 | 60172    |       |          |   |
| 64484 | 60030    | 62323 | 60005    |       |          |   |
| 64493 | 60118    | 62321 | 60010    |       |          |   |
| 64483 | 60120    | 62323 | 60005    |       |          |   |
| 64484 | 60120    | 62321 | 60172    |       |          |   |
| 62323 | 60008    | 64493 | 60004    | 54    |          |   |
| 62321 | 60051    | 64635 | 60142    |       |          |   |
| 20553 | 60192    | 64640 | 60074    |       |          |   |
| 62321 | 60073    | 64640 | 60056 x4 |       |          |   |
| 64483 | 60193    | 64640 | 60188 x4 |       |          |   |
| 64484 | 60193    | 64510 | 60120    |       |          |   |
| 64483 | 60030    | 64640 | 60062 x4 |       |          |   |

Northwest Suburban Pain Management Center  
Drs. Ahsan, Bukhalo & Bhawe

|       |          |       |          |
|-------|----------|-------|----------|
| 64484 | 60030    | 64633 | 60067    |
| 64483 | 60031    | 64640 | 60089    |
| 64483 | 60031    | 64640 | 60056 x4 |
| 64483 | 60120    | 64640 | 60056 x4 |
| 64484 | 60120    | 64640 | 60035 x4 |
| 64493 | 60056    | 64640 | 60067    |
| 20553 | 60192    | 64640 | 60142 x4 |
| 64450 | 60008    | 64510 | 60120 x4 |
| 64450 | 60008    | 64640 | 60008 x4 |
| 64450 | 60008    | 64640 | 60561    |
| 64450 | 60008    | 64640 | 60008 x4 |
| 64450 | 60008    | 64640 | 60005 x4 |
| 64450 | 60008    | 64510 | 60074    |
| 64483 | 60193    | 64640 | 60010 x4 |
| 64484 | 60193    | 64640 | 60194 x4 |
| 62321 | 60073 x2 | 62264 | 60035    |
| 64483 | 60051    | 64640 | 60008 x4 |
| 64484 | 60051    | 64640 | 60157    |
| 27096 | 60030    | 64640 | 60157 x4 |
| 64483 | 60133    | 64510 | 60120 72 |
| 64484 | 60133    | 64640 | 60070 x4 |
| 62321 | 60192    | 64640 | 60089 x4 |
| 64483 | 60103    | 64640 | 60056 x4 |
| 64484 | 60103    | 64640 | 60056    |
| 27096 | 60014    | 64640 | 60056 14 |
| 64483 | 60056    | 64450 | 60074    |
| 64484 | 60056    | 64450 | 60074    |
| 64483 | 60108    | 64450 | 60074    |
| 64484 | 60108    | 64450 | 60074    |
| 64450 | 60008    | 22514 | 61107    |
| 64450 | 60008    | 62323 | 60004    |

Condell

NCH



Northwest Suburban Pain Management Center  
Drs. Ahsan, Bukhalo & Bhawe

|       |            |       |          |
|-------|------------|-------|----------|
| 64450 | 60008      | 64484 | 60005    |
| 64450 | 60008      | 64483 | 60005    |
| 64483 | 60056      | 64483 | 60010    |
| 64484 | 60056      | 64484 | 60010    |
| 20610 | 60073      | 63650 | 60067    |
| 62323 | 60056      | 64640 | 60056 x4 |
| 62323 | 60013      | 22514 | 60047    |
| 64450 | 60010      | 62323 | 60143    |
| 64450 | 60010      | 62323 | 60487    |
| 64450 | 60010      | 74483 | 60067    |
| 64450 | 60010      | 22513 | 60074    |
| 20610 | 60073      | 22513 | 60110    |
| 20533 | 60192      | 64510 | 60142    |
| 62321 | 60073      | 22514 | 60056    |
| 64483 | 60051      | 22514 | 60007    |
| 64484 | 60051      | 22514 | 60004    |
| 20553 | 60192 x5   | 62323 | 60090    |
|       | total 123  | 63650 | 60110    |
| 62369 | 60192      | 64635 | 60071    |
| 62290 | 60016      | 64530 | 60142    |
| 62290 | 60020 x3   | 62290 | 60084    |
| 62323 | 60193      | 63650 | 60070    |
|       | total 6    | 64510 | 60120    |
|       | total= 129 | 63650 | 60156    |
|       |            | 63650 | 60004    |
|       |            | 62321 | 60056    |
|       |            | 64640 | 60089 x4 |
|       |            | 63650 | 60070    |
|       |            | 22513 | 60008    |
|       |            | 62290 | 60004    |
|       |            | 62321 | 60074 42 |

NCH

ATTACHMENT 24c3

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Northwest Suburban Pain Management Center  
Drs. Ahsan, Bukhalo & Bhav

total 182

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

|               | Cost/Sq. Ft. |      | DGSF  |       | DGSF |       | New Const. \$ |         | Modernization \$ |  | Costs        |  |
|---------------|--------------|------|-------|-------|------|-------|---------------|---------|------------------|--|--------------|--|
|               | New          | Mod. | New   | Circ. | Mod. | Circ. | (A x C)       | (B x E) | (G + H)          |  |              |  |
| ASTC-Surgery  | \$ 255.00    |      | 6,600 |       |      |       | \$ 1,683,000  |         |                  |  | \$ 1,683,000 |  |
| ASTC-Recovery | \$ 255.00    |      | 2,248 |       |      |       | \$ 573,240    |         |                  |  | \$ 573,240   |  |
| Contingency   | \$ 20.00     |      |       |       |      |       | \$ 176,960    |         |                  |  | \$ 176,960   |  |
| Total         | \$ 275.00    |      | 8,848 |       |      |       | \$ 2,433,200  |         |                  |  | \$ 2,433,200 |  |

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