



Juan Morado, Jr.
71 South Wacker Drive, Suite 1600
Chicago, Illinois 60606-4637
Direct Dial: 312.212.4967
jmorado@beneschlaw.com

October 28, 2019

VIA FEDERAL EXPRESS

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

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OCT 29 2019

HEALTH FACILITIES &
SERVICES REVIEW BOARD

**Re: Encompass Rehabilitation Hospital of Libertyville, Project #19-036 -
Referral Letters**

Dear Ms. Avery:

Enclosed please find referral letters for Project #19-036, Encompass Rehabilitation Hospital of Libertyville from the following:

Jonathan Citow, M.D. - The American Center for Spine & Neurosurgery;

Mohina Gupta, M.D. - Internal Medicine;

Sachin Jain, M.D. - Integra Healthcare, SC; and

John R. Kapoor, M.D. - Internal Medicine.

If you have any questions or need any additional information regarding the project, please feel free to contact me via phone at 312-212-4967 or via email at JMorado@beneschlaw.com. You can also contact my colleague Mark J. Silberman, via phone at 312-212-4952 or via email at MSilberman@beneschlaw.com with any questions.

Very truly yours,

BENESCH, FRIEDLANDER,
COPLAN & ARONOFF LLP

Juan Morado, Jr.

JM:mls
Enclosure

cc: George Roate, Project Reviewer

www.beneschlaw.com

THE AMERICAN CENTER FOR
SPINE & NEUROSURGERY

Excellence in Minimally Invasive Care

712 S. Milwaukee Avenue, Libertyville, IL 60048

Toll-free: (855) 526-1100 Fax: (847) 362-3351

info@ACSNeuro.com

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

October 7, 2019

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: Encompass Health Rehabilitation Hospital of Libertyville, HFSRB Project #19-036

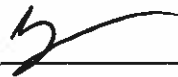
Dear Ms. Avery,

I am Jonathan Citow MD, President of The American Center for Spine and Neurosurgery. The focus of our practice is Neurosurgery and Spine Surgery. This letter contains referral documentation required per Ill. Admin. Code Section 1110.205(b)(3)(A)-(B). Over the past twelve months our practice cared for a total of 181 patients who would have been candidates for comprehensive rehabilitation care.

Based on our historical referrals, we would anticipate referring 92 patients each of the next two years to the Encompass Health Rehabilitation Hospital of Libertyville as proposed by the applicant, if approved. I certify that the patients reference herein reside within the applicant's proposed geographic service area.

I further certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and accurate to the best of my knowledge.

Physician's Signature



Date 10/7/19

(Please Print/Type Name) Jonathan Citow MD

Notarization:

Subscribed and sworn to before me
this 7th day of October 2019

Signature of Notary:



Seal:

ELISSA NISSON
Official Seal
Notary Public - State of Illinois
My Commission Expires Aug 3, 2021

The American Center for Spine & Neurosurgery Referrals

ZIP Code	Number of Patients
60002	8
60010	9
60012	6
60013	4
60014	3
60015	2
60020	2
60021	1
60030	9
60031	11
60033	0
60034	0
60035	2
60040	0
60041	2
60042	2
60044	0
60045	1
60046	10
60047	11
60048	7
60050	1
60051	6
60060	8
60061	7
60064	1
60069	4
60071	0
60072	0
60073	12
60081	3
60083	3
60084	4
60085	20
60087	4
60088	0
60089	7
60096	0
60097	0
60098	1
60099	6
60102	3
60142	1
60152	0
60156	0
60180	0
Total Patients	181

Mohina Gupta, MD
Board Certified /Internal Medicine
1870 W. Winchester Rd. Suite 248
Libertyville, Illinois 60031

October 18, 2019

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

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Board Administrator
Health Facilities & Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

Re: Encompass Health Rehabilitation Hospital of Libertyville, HFSRB Project #19-036

Dear Ms. Avery:

I am Dr. Mohina Gupta an Internal Medicine physician. The focus of my practice is Internal Medicine including inpatient medicine. This letter contains referral documentation required per Ill. Admin. Code Section 1110.205(b)(3)(A)-(B). Over the past twelve months, I cared for a total of 31 patients who would have been candidates for comprehensive rehabilitation care.

Based on my historical referrals, I would anticipate referring 14 patients each of the next two years to the Encompass Health Rehabilitation Hospital of Libertyville as proposed by the applicant, if approved. I certify that the patients I reference herein reside within the applicant's proposed geographic service area.

I further certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and accurate to the best of my knowledge.

Physician's
Date: 10/23/2019

Signature: Mohina Gupta

Print Name: Mohina Gupta, MD

Notarization:
Subscribed and sworn to before me
This 23 day of October

Signature of Notary: Diana B. Limon

"OFFICIAL SEAL"
DIANA B. LIMON
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES 06/11/23

Mohina Gupta Referrals

ZIP Code	Number of Patients
60020	2
60030	4
60031	2
60046	1
60047	2
60048	4
60060	2
60061	2
60069	2
60073	1
60085	4
60096	2
60099	3
Total Patients	31

Integra Healthcare, SC
2504 Washington St. Suite 102
Waukegan, Ill 60085

October 7, 2019

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Board Administrator
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HEALTH FACILITIES &
SERVICES REVIEW BOARD

Re: Encompass Health Rehabilitation Hospital of Libertyville, HFSRB Project #19-036

Dear Ms. Avery,

I am a board certified internal medicine physician. The focus of my practice is inpatient hospital medicine. This letter contains referral documentation required per Ill. Admin. Code Section 1110.205(b)(3)(A)-(B). Over the past twelve months, I cared for a total of 92 patients who would have been candidates for comprehensive rehabilitation care.

Based on my historical referrals, I would anticipate referring 41 patients each of the next two years to the Encompass Health Rehabilitation Hospital of Libertyville as proposed by the applicant, if approved. I certify that the patients I reference herein reside within the applicant's proposed geographic service area.

I further certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and accurate to the best of my knowledge.

Physician's Signature 

Date 10-14-2019

(Please Print/Type Name) Sachin Jain MD, President

Notarization:

Subscribed and sworn to before me
this 14th day of October 2019

Signature of Notary:

Seal:



Sachin Jain Referrals

ZIP Code	Number of Patients
60002	2
60030	3
60031	3
60046	3
60060	2
60064	3
60073	4
60083	2
60085	26
60087	20
60096	2
60099	22
Total Patients	92

John R. Kapoor MD
Board Certified Cardiologist/Internal Medicine
1810 N. Delaney Road, Suite K
Gurnee IL 60031

October 18, 2019

Ms. Courtney Avery
Board Administrator
Health Facilities & Services Review Board
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HEALTH FACILITIES &
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Re: Encompass Health Rehabilitation Hospital of Libertyville, HFSRB Project #19-036

Dear Ms. Avery:

I am John Kapoor, an Internal Medicine/Cardiology physician. The focus of my practice is Internal Medicine/Hospitalist Medicine. This letter contains referral documentation required per Ill. Admin. Code Section 1110.205(b)(3)(A)-(B). Over the past twelve months, I cared for a total of 93 patients who would have been candidates for comprehensive rehabilitation care.

Based on my historical referrals, I would anticipate referring 40 patients each of the next two years to the Encompass Health Rehabilitation Hospital of Libertyville as proposed by the applicant, if approved. I certify that the patients I reference herein reside within the applicant's proposed geographic service area.

I further certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and accurate to the best of my knowledge.

Physician's Signature: John R. Kapoor Date: 10/23/19

Print Name: John Kapoor, MD

Notarization:

Subscribed and sworn to before me

This 23 day of October 2019

Signature of Notary:

Gladys M Grant



John Raveen Kapoor Referrals

ZIP Code	Number of Patients
60002	3
60015	4
60030	5
60031	4
60046	4
60064	3
60073	5
60083	4
60085	34
60087	4
60089	3
60096	2
60099	18
Total Patients	93