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November 5, 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

**RECEIVED**

NOV 6 2019

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

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

Dear Ms. Avery:

Enclosed please find a referral letter for Project #19-036, Encompass Rehabilitation Hospital of Libertyville from Josia Henry, M.D. - American Physician Partners.

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](mailto: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](mailto: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



1324 N. Sheridan Rd. Waukegan, IL 60085

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

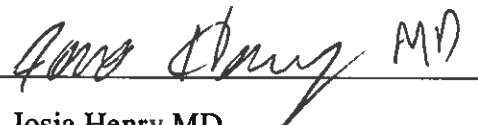
**Re:** Encompass Health Rehabilitation Hospital of Libertyville, HFSRB Project #19-036

**Dear Ms. Avery,**

I am Dr. Josia Henry a leader with American Physician Partners. The focus of our practice is Inpatient 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 our practice cared for a total of 204 patients who would have been candidates for comprehensive rehabilitation care.

Based on our historical referrals, we would anticipate referring 82 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  MD Date 10/16/19  
(Please Print/Type Name) Josia Henry MD

Notarization:

Subscribed and sworn to before me  
this 16 day of October, 2019

Signature of Notary:



Seal:



**Vista Hospitalist Group Referrals**

<b>ZIP Code</b>	<b>Number of Patients</b>
60002	7
60020	1
60031	12
60041	1
60045	3
60046	12
60064	6
60073	13
60083	4
60085	71
60087	31
60096	2
60099	41
<b>Total Patients</b>	<b>204</b>