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January 9, 2020

**VIA FEDERAL EXPRESS**

**RECEIVED**

JAN 13 2020

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

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 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 Drs. Shilpa Bamrolia, Ajay Madhani, and James P. Monaham and Thomas E. Woike.

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  
Enclosures

cc: George Roate, Project Reviewer

**Shilpa Bamrolia, MD**  
Board Certified/ Internal Medicine  
45 Tower Ct., Suite C  
Gurnee, Illinois 60031

January 3, 2020

Ms. Courtney Avery  
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. Shilpa Bamrolia 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 52 patients who would have been candidates for comprehensive rehabilitation care.

Based on my historical referrals, I would anticipate referring 28 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:

1/3/20 SB  
JC

Signature:

*Shilpa Bamrolia*

Print Name: Shilpa Bamrolia, MD

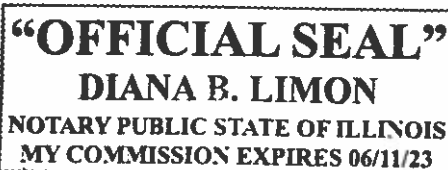
Notarization:

Subscribed and sworn to before me

This 03 day of January 2020

Signature of Notary:

*Diana B. Limon*



### Bamrolia Referrals

ZIP Code	Number of Patients
60085 – WAUKEGAN	10
60087 – WAUKEGAN	6
60031 – GURNEE	9
60030 – GRAYSLAKE	7
60046 – LAKE VILLA	3
60099 – ZION	3
60020 – FOX LAKE	3
60002 – ANTIOCH	2
60041 – INGLESIDE	1
60048 – LIBERTYVILLE	2
60073 – ROUND LAKE	2
60083 – WADSWORTH	2
60096 – WINTHROP HARBOR	1
60061 – VERNON HILLS	1
Grand Total	52

**Ajay Madhani, MD FACPPresident  
Advanced Inpatient Consultants, LLC  
200 Southfield Drive  
Vernon Hills Illinois, 60061**

December 27, 2019

Ms. Courtney Avery  
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, LLC, HFSRB Project #19-036

Dear Ms. Avery:

I am an Internal Medicine physician and the focus of my practice is Hospitalist Medicine. This letter contains referral documentation required per Ill. Admin. Code Section 1110.205(b)(3)(A)-(B). Over the past twelve months, my group has cared for a total of 282 patients who required comprehensive rehabilitation care.

Based on Advanced Inpatient Consultants, LLC historical referrals, I would estimate referring 50 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 identified referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this latter is true and accurate to the best of my knowledge.

Physician's Signature: \_\_\_\_\_

*[Signature]*

Date: \_\_\_\_\_

*1/3/20*

(Please Print/Type Name) Ajay Madhani, MD

Notarization:

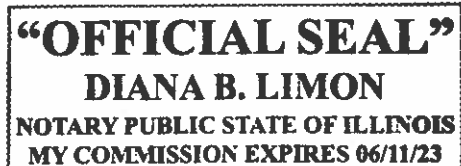
Subscribed and sworn to before me

This 02 day of January 2020

Signature of Notary: \_\_\_\_\_

*[Signature]*

Seal: \_\_\_\_\_



**Eric Chuang/Ajay Mahdani Referrals**

<b>ZIP Code</b>	<b>Number of Patients</b>
60002	6
60015	9
60020	2
60030	46
60031	24
60041	3
60044	2
60045	3
60046	22
60047	5
60048	29
60060	24
60061	24
60064	5
60069	3
60073	39
60083	5
60084	3
60085	8
60087	5
60089	6
60096	2
60099	7
<b>Total Patients</b>	<b>282</b>

**James P. Monahan, M.D.**

45 Tower Court, Suite C  
Gurnee, IL 60031

December 19, 2019

Ms. Courtney Avery  
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. James Monahan, 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 27 patients who would have been candidates for comprehensive rehabilitation care.

Based on historical referrals, I would anticipate referring 15 patients each of the next two years to the Encompass Health Rehabilitation Hospital of Libertyville, LLC as proposed by the applicant, if approved. I certify that the patients referenced 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: 12/19/2019

Print Name: James P. Monahan, M.D.

Notarization:

Subscribed and sworn to before me

This 19th date of December, 2019

Signature of Notary: \_\_\_\_\_

Diana B Limon

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

### Monahan Referrals

ZIP Code	Number of Patients
60085 – WAUKEGAN	9
60087 – WAUKEGAN	7
60031 – GURNEE	4
60099 – ZION	1
60048 – LIBERTYVILLE	2
60083 – WADSWORTH	3
60061 – VERNON HILLS	1
Grand Total	27

**Thomas E. Woike, DO**  
Board Certified/ Internal Medicine  
45 Tower Ct., Suite C  
Gurnee, Illinois 60031

January 3, 2020

Ms. Courtney Avery  
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. Thomas Woike 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 41 patients who would have been candidates for comprehensive rehabilitation care.

Based on my historical referrals, I would anticipate referring 20 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 identified 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: 1/3/2020

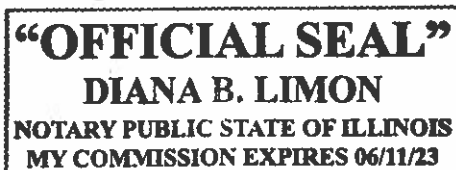
Signature: 

Print Name: Thomas E. Woike, DO

Notarization:  
Subscribed and sworn to before me  
This 03 day of January 2020

Signature of Notary:





### Woike Referrals

ZIP Code	Number of Patients
60085 – WAUKEGAN	14
60087 – WAUKEGAN	12
60031 – GURNEE	2
60099 – ZION	10
60013 - CARY	1
60081 – SPRING GROVE	1
60041 – INGLESIDE	1
Grand Total	41