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January 16, 2020

RECEIVED

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**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

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

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. Valentina Polyak and Vivek Arora.

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
Enclosures

cc: George Roate, Project Reviewer

Valentina Polyak, MD
Board Certified/ Internal Medicine
45 Tower Ct., Suite C
Gurnee, Illinois 60031

January 10, 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

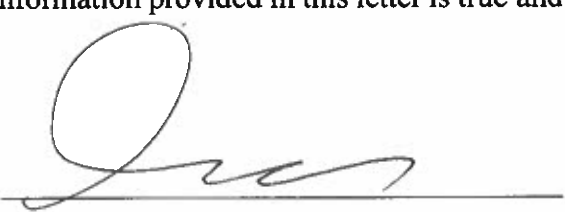
Dear Ms. Avery:

I am Dr. Valentina Polyak, 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 22 patients who would have been candidates for comprehensive rehabilitation care.

Based on my historical referrals, I would anticipate referring 11 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: 1/10/2020

Signature: 

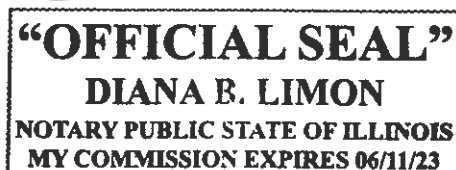
Print Name: Valentina Polyak, MD

Notarization:

Subscribed and sworn to before me

This 10th day of January 2020

Signature of Notary: 



VALENTINA POLYAK, MD Referrals

60087 - WAUKEGAN	1
60031 - GURNEE	2
60099 - ZION	5
60085- WAUKEGAN	10
60064 - NORTH CHICAGO	3
60069- LINCOLNSHIRE	1
Grand Total	22

Vivek Arora, MD
Board Certified/ Internal Medicine
45 Tower Ct., Suite C
Gurnee, Illinois 60031

January 10, 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. Vivek Arora, 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 21 patients who would have been candidates for comprehensive rehabilitation care.

Based on my historical referrals, I would anticipate referring 10 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.

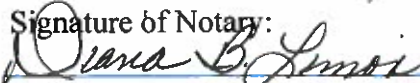
I further certify that the identified referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and accurate to the best of my knowledge.

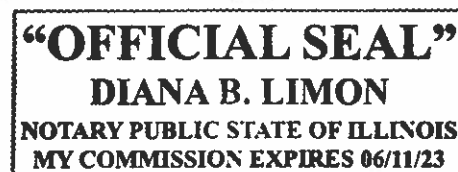
Physician's
Date: 1/10/20

Signature: 

Print Name: Vivek Arora, MD

Notarization:
Subscribed and sworn to before me
This 10th day of January 2020

Signature of Notary: 



Arora Referrals

ZIP Code	Number of Patients
60085 – WAUKEGAN	5
60087 – WAUKEGAN	5
60031 – GURNEE	4
60030 – GRAYSLAKE	3
60099 – ZION	4
Grand Total	21