



Juan Morado, Jr.
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January 21, 2020

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

JAN 22 2020

**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 Drs. Mariusz Milejczyk, Rashmikan R. Patel and Gerald A. Frank.

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

Mariusz Milejczyk, M.D.
Internal Medicine
1880 West Winchester Rd.
Suite 106
Libertyville, Illinois 60048

RECEIVED

JAN 22 2020

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

January 14, 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. Mariusz Milejczyk 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.

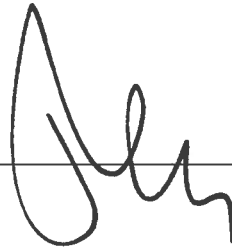
Based on my historical referrals, I would anticipate referring 11 patients each of the next two years to the Encompass Health Rehabilitation Hospital of Libertyville as proposed by the applicant, if approved. I certify that the patients I reference herein reside within the applicant's proposed geographic 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: 1/14/2020

Signature: _____



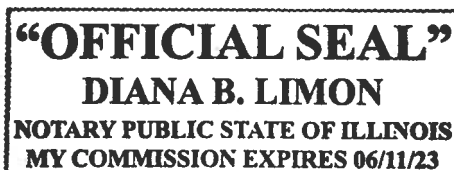
Print Name: Mariusz Milejczyk, M.D.

Notarization:

Subscribed and sworn to before me

This 14th day of January 2020

Signature of Notary: _____



Mariusz Milejczyk, MD Referrals

60087 - WAUKEGAN	5
60031 - GURNEE	3
60099 - ZION	2
60030 - GRAYSLAKE	5
69948 - LIBERTYVILLE	7
Grand Total	22

Rashmikanth R. Patel, M.D.

Internal Medicine Specialist

20 Tower Ct, D

Gurnee, Illinois 60031

RECEIVED

JAN 22 2020

**HEALTH FACILITIES
SERVICES REVIEW BOARD**

January 14, 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. Rashmikanth Patel, 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 61 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

Date:

1/14/2020

Signature:

Rashmikanth Patel

Print Name: Rashmikanth R. Patel, MD

Notarization:

Subscribed and sworn to before me

This 14th day of January 2020

Signature of Notary:

Diana B. Limon

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

Rashmikanth R. Patel, MD Referrals

ZIP Code	Number of Patients
60085 – WAUKEGAN	13
60087 - WAUKEGAN	7
60031 – GURNEE	11
60046 - LINDENHURST	8
60046 - LAKE VILLA	7
60030 - GRAYSLAKE	7
69948 - LIBERTYVILLE	8
Grand Total	61

Gerald A. Frank, M.D.
Internal Medicine/ Geriatric Medicine
15 Tower Court
Suite 255
Gurnee, Illinois 60031

January 14, 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

RECEIVED

JAN 22 2020

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

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

Dear Ms. Avery:

I am Dr. Gerald Frank, an Internal Medicine physician. The focus of my practice is Geriatric 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 12 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.

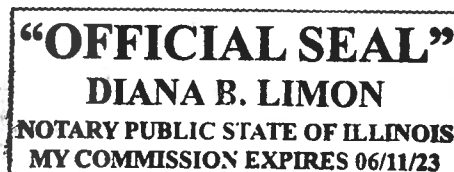
Physician's
Date: 1/14/2020

Signature: Gerald Frank

Print Name: Gerald A. Frank, M.D.

Notarization:
Subscribed and sworn to before me
This 14th day of January 2020

Signature of Notary: Diana B. Limon



Gerald A. Frank, MD Referrals

	Number of Patients
60085 – WAUKEGAN	6
60087 - WAUKEGAN	5
60031 – GURNEE	5
60099 - ZION	4
60030 - GRAYSLAKE	1
60048 - LIBERTYVILLE	1
Grand Total	22