



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

January 27, 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 28 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. Alex Kostiv and Peter G. Allegretti.

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

Alex Kostiv, M.D.
Family Medicine
565 Lakeview Pkwy. # 190
Vernon Hills, Illinois 60048

January 24, 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 28 2020

HEALTH FACILITIES &
SERVICES REVIEW BOARD

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

Dear Ms. Avery:

I am Dr. Alex Kostiv, a Family Medicine physician. The focus of my practice is Family 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 94 patients who would have been candidates for comprehensive rehabilitation care.

Based on my historical referrals, I would anticipate referring 59 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.

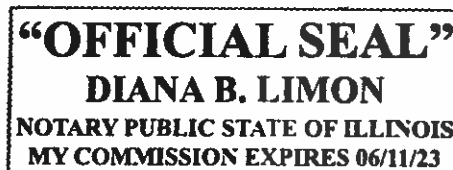
Physician's
Date: 1/24/20

Signature: 

Print Name: Alex Kostiv, M.D.

Notarization:
Subscribed and sworn to before me
This 24th day of January 2020

Signature of Notary: 



Kostiv Referrals

ZIP Code	Number of Patients
60002 - ANTIOCH	4
60010 - BARRINGTON	1
60013 - CARY	1
60015 - DEERFIELD	1
60020 - FOX LAKE	1
60030 - GRAYSLAKE	8
60031 - GURNEE	5
60041 - INGLESIDE	1
60046 - LAKE VILLA	5
60047 - LAKE ZURICH	3
60048 - LIBERTYVILLE	4
60051 - MCHENRY	1
60060 - MUNDELEIN	13
60061 - VERNON HILLS	5
60064 - NORTH CHICAGO	2
60073 - ROUND LAKE	17
60083 - WADSWORTH	2
60084 - WAUCONDA	3
60085 - WAUKEGAN	8
60087 - WAUKEGAN	1
60088 - GREAT LAKES	1
60089 - BUFFALO GROVE	6
60099 - ZION	1
Grand Total	94

Peter G. Allegretti, M.D.
Family Medicine
535 West Park Avenue
Libertyville, Illinois 60048

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 28 2020

HEALTH FACILITIES &
SERVICES REVIEW BOARD

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

Dear Ms. Avery:

I am Dr. Peter Allegretti, a Family Medicine physician. The focus of my practice is Family 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 53 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 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:

1/23/2020

Signature:

P. Allegretti, M.D.

Print Name: Peter G. Allegretti, M.D.

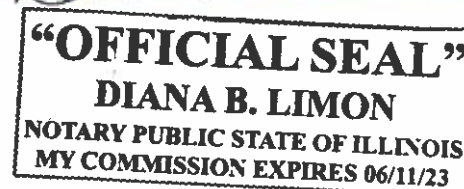
Notarization:

Subscribed and sworn to before me

This 23 day of January 2020

Signature of Notary:

Diana B. Limon



Allegretti Referrals

ZIP Code	Number of Patients
60002 - ANTIOCH	2
60030 - GRAYSLAKE	9
60031 - GURNEE	3
60046 - LAKE VILLA	3
60048 - LIBERTYVILLE	18
60050 - MCHENRY	1
60060 - MUNDELEIN	8
60061 - VERNON HILLS	4
60073 - ROUND LAKE	3
60083 - WADSWORTH	1
60097 - WONDER LAKE	1
Grand Total	53