

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

AUG 27 2019

Facility/Project Identification

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Facility Name: Midwest Endoscopy Center		
Street Address: 1243 Rickert Drive		
City and Zip Code: Naperville 60540-0954		
County: DuPage	Health Service Area: 007	Health Planning Area:

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Midwest Endoscopy Center, LLC
Street Address: 1243 Rickert Drive
City and Zip Code: Naperville 60540-0954
Name of Registered Agent: Chris Mollet
Registered Agent Street Address: 801 South Washington
Registered Agent City and Zip Code: Naperville 60540
Name of Chief Executive Officer: Dinesh Jain, M.D.
CEO Street Address: 640 South Washington Street
CEO City and Zip Code: Naperville 60540-0954
CEO Telephone Number: 630.527.6450

Type of Ownership of Applicants

- | | | |
|---------------------------------------------------------------|----------------------------------------------|--------------------------------|
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental | |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Julie A. Vaughn
Title: Office Manager
Company Name: Midwest Endoscopy Center, LLC
Address: 1243 Rickert Drive, Naperville, Illinois 60540
Telephone Number: 630.303.5650
E-mail Address: julie@suburbangi.com
Fax Number:

Additional Contact [Person who is also authorized to discuss the application for permit]

Name: Billie J. Paige
Title: Consultant
Company Name: Shea, Paige & Rogal, Inc.
Address: 547 South LaGrange Road, LaGrange, Illinois 60525-6722
Telephone Number: 708.482.4820
E-mail Address: stargazer23@msn.com
Fax Number: 708.482.1091

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

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City and Zip Code: Naperville, IL 60540-0954		
County: DuPage	Health Service Area: 007	Health Planning Area:

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Edward Health Ventures	
Street Address: 801 S. Washington	
City and Zip Code: Naperville, IL 60540	
Name of Registered Agent: Chris Mollet	
Registered Agent Street Address: 801 South Washington	
Registered Agent City and Zip Code: Naperville, IL 60540	
Name of Chief Executive Officer: Joseph Dant	
CEO Street Address: 801 S. Washington	
CEO City and Zip Code: Naperville, IL 60540	
CEO Telephone Number: 630.527.5527	

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
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Facility/Project Identification

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City and Zip Code: Naperville 60540-0954		
County: DuPage	Health Service Area:	Health Planning Area: 9

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Edward-Elmhurst Healthcare
Street Address: 801 S. Washington St.
City and Zip Code: Naperville, IL 60540
Name of Registered Agent: Chris Mollet
Registered Agent Street Address: 801 South Washington
Registered Agent City and Zip Code: Naperville, IL 60540
Name of Chief Executive Officer: Mary Lou Mastro
CEO Street Address: 801 S. Washington St.
CEO City and Zip Code: Naperville, IL 60540
CEO Telephone Number: 630.527.3010

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

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County: DuPage	Health Service Area: 007	Health Planning Area:

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: DJSB, LLC		
Street Address: 1243 Rickert Drive		
City and Zip Code: Naperville, IL 60540-0954		
Name of Registered Agent: Chris Mollet		
Registered Agent Street Address: 801 South Washington		
Registered Agent City and Zip Code: Naperville 60540		
Name of Chief Executive Officer: Dinesh Jain, M.D.		
CEO Street Address: 640 South Washington Street		
CEO City and Zip Code: Naperville 60540-0954		
CEO Telephone Number: 630.527.6450		

Type of Ownership of Applicants

- | | | |
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E-mail Address: stargazer23@msn.com
Fax Number: 708.482.1091

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]

Name: Julie A. Vaughn
Title: Office Manager
Company Name: Midwest Endoscopy Center, LLC
Address: 1243 Rickert Drive, Naperville, IL 60540
Telephone Number: 630.303.5650
E-mail Address: julie@suburbangi.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: DJSB, LLC
Address of Site Owner: 1243 Rickert Drive, Naperville, IL 60540
Street Address or Legal Description of the Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Midwest Endoscopy Center, LLC	
Address: 1243 Rickert Drive, Naperville, IL 60540	
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	
<ul style="list-style-type: none"> Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS **ATTACHMENT 5**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS **ATTACHMENT 6**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

- ☐ Substantive
- ☒ Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Midwest Endoscopy Center (MEC) operates a single specialty Ambulatory Surgical Treatment Center (ASTC) with two procedure rooms. It proposes to add two additional procedure rooms along with related recovery stations and support facilities. The ASTC will remain a single specialty ASTC limited to Gastroenterology. The project includes an expansion of adjacent medical offices.

The cost of the project was originally estimated to be less than the CON threshold. Based on those cost estimates MEC obtained a determination that a CON was not required in November 2016.

After numerous delays construction was started in early 2019. During the delays there were approximately \$225,000 in change orders and additional medical equipment determined to be needed resulting in the project exceeding the CON threshold. This was discussed with staff and it was determined that a CON is required.

The proposed facility will be in a Medical Office Building at 1243 Rickert Drive in Naperville, Illinois. The proposed project is non-substantive because it does not involve the establishment of a health care facility and it does not involve adding additional surgical specialties to the ASTC.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.</p> <p>Estimated start-up costs and operating deficit cost is \$ _____.</p>

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

- | | |
|-------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> None or not applicable | <input type="checkbox"/> Preliminary |
| <input type="checkbox"/> Schematics | <input type="checkbox"/> Final Working |

Anticipated project completion date (refer to Part 1130.140): _____

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

- ☐ Purchase orders, leases or contracts pertaining to the project have been executed.
- ☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
- ☐ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- ☐ Cancer Registry
- ☐ APORS
- ☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- ☐ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS **ATTACHMENT 9**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. Include observation days in the patient day totals for each bed service. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME:		CITY:			
REPORTING PERIOD DATES:					
		From:		to:	
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:					

NOT APPLICABLE - ASTC

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Midwest Endoscopy Center, LLC.* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

Dinesh Jain
SIGNATURE

Dinesh Jain, MD
Managing Member

Scott Berger
SIGNATURE

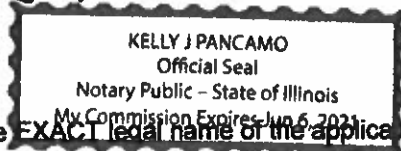
Scott Berger, MD
Managing Member

Notarization:
Subscribed and sworn to before me
this 14 day of Aug 2019

Notarization:
Subscribed and sworn to before me
this 14 day of Aug 2019

Kelly J Pancamo
Signature of Notary

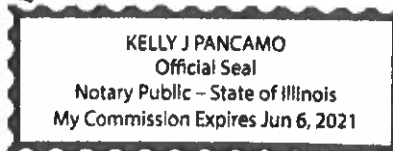
Seal



*Insert the EXACT legal name of the applicant

Kelly J Pancamo
Signature of Notary

Seal





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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Edward Health Ventures. *
In accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

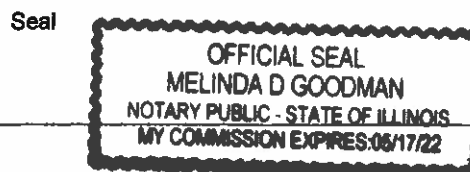
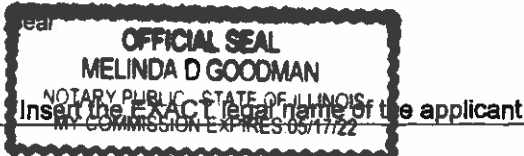
 SIGNATURE) <u>William G. Kottmann</u> PRINTED NAME <u>President + CEO EE Healthcare</u> PRINTED TITLE	 SIGNATURE <u>Joseph C. Dant</u> PRINTED NAME <u>President, EHV</u> PRINTED TITLE
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Notarization:
 Subscribed and sworn to before me
 this 13 day of AUGUST 2019

Notarization:
 Subscribed and sworn to before me
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 Signature of Notary


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- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Edward-Elmhurst Healthcare. *
In accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

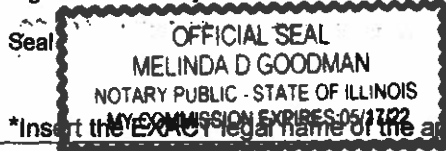

SIGNATURE
William G. Kottmann
PRINTED NAME
Edward Hospital
President + CEO of Healthcare
PRINTED TITLE


SIGNATURE
Joseph C. Dant
PRINTED NAME
EVF, EElHealthcare
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13 day of AUGUST 2019

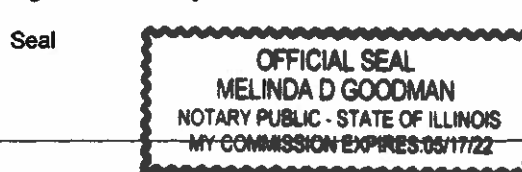
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Signature of Notary



*Insert the EXACT legal name of the applicant


Signature of Notary



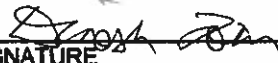
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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
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SIGNATURE

Dinesh Jain, MD
Managing Member


SIGNATURE

Scott Berger, MD
Managing Member

Notarization:
Subscribed and sworn to before me
this 14 day of Aug 2019


Signature of Notary

Seal

KELLY J PANCAMO
Official Seal
Notary Public - State of Illinois
*Insert the EXACT legal name of the applicant

Notarization:
Subscribed and sworn to before me
this 14 day of Aug 2019


Signature of Notary

Seal

KELLY J PANCAMO
Official Seal
Notary Public - State of Illinois
My Commission Expires Jun 6, 2021

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
 - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
 - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.
 - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
 - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
 - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)**PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. This must be a narrative and it shall include the basis used for determining the space and the methodology applied.
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. A narrative of the rationale that supports the projections must be provided.

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.
3. Evidence that the shell space is being constructed due to:
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data is available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

G. Non-Hospital Based Ambulatory Surgery

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service
<input type="checkbox"/> Cardiovascular
<input type="checkbox"/> Colon and Rectal Surgery
<input type="checkbox"/> Dermatology
<input type="checkbox"/> General Dentistry
<input type="checkbox"/> General Surgery
<input checked="" type="checkbox"/> Gastroenterology
<input type="checkbox"/> Neurological Surgery
<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrics/Gynecology
<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Oral/Maxillofacial Surgery
<input type="checkbox"/> Orthopedic Surgery
<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Pain Management
<input type="checkbox"/> Physical Medicine and Rehabilitation
<input type="checkbox"/> Plastic Surgery
<input type="checkbox"/> Podiatric Surgery
<input type="checkbox"/> Radiology
<input type="checkbox"/> Thoracic Surgery
<input type="checkbox"/> Urology
<input type="checkbox"/> Other _____

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	

1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X

APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Financial Information Required

We will prepare from information provided by you

If an applicant has an A Bond Rating some of the forms are not required.

VI. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable [Indicate the dollar amount to be provided from the following sources]:

<p>_____</p>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <p style="padding-left: 40px;">1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</p> <p style="padding-left: 40px;">2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</p>
<p>_____</p>	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
<p>_____</p>	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<p>_____</p>	<p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <p style="padding-left: 40px;">1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</p> <p style="padding-left: 40px;">2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</p> <p style="padding-left: 40px;">3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</p> <p style="padding-left: 40px;">4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</p>

	5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	TOTAL FUNDS AVAILABLE
APPEND DOCUMENTATION AS ATTACHMENT 33. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION VII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. SAFETY NET IMPACT STATEMENT—NOT APPLICABLE –NOT SUBSTANTIVE

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for **ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES** [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 38.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year

Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

APPLICANTS

Midwest Endoscopy Center (MEC) holds the ASTC license. It will pay for equipment purchased or leased as part of the project

Edward Health Ventures owns 51% of MEC

Edward-Elmhurst Healthcare owns 100% of Edward Health Ventures

JDSB, LLC is MEC's landlord. It is paying the costs of construction. JDSB will recover its cost through a lease.

File Number

0115917-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MIDWEST ENDOSCOPY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 09, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 11TH
day of AUGUST A.D. 2019 .***

Jesse White

SECRETARY OF STATE

Authentication #: 1922300364 verifiable until 08/11/2020
Authenticate at: <http://www.cyberdriveillinois.com>

ATTACHMENT NO. 1

File Number

5419-108-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

EDWARD HEALTH VENTURES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 28, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of AUGUST A.D. 2019 .

Jesse White

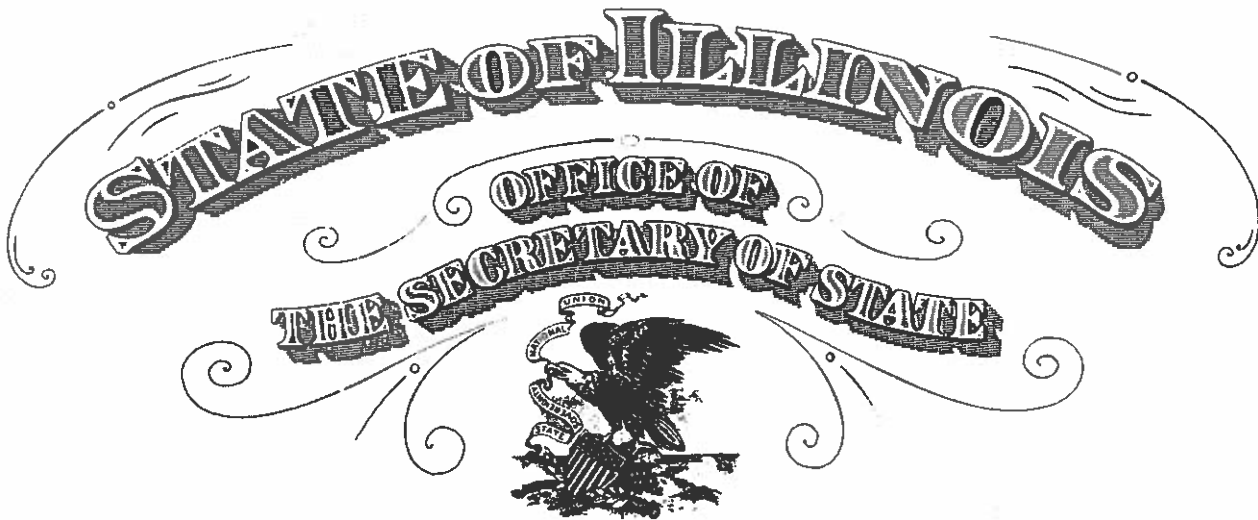
SECRETARY OF STATE

Authentication #: 1922300376 verifiable until 08/11/2020
Authenticate at: <http://www.cyberdriveillinois.com>

ATTACHMENT NO. 1

File Number

5464-307-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

EDWARD-ELMHURST HEALTHCARE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1987, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 12TH
day of AUGUST A.D. 2019 .***

Jesse White

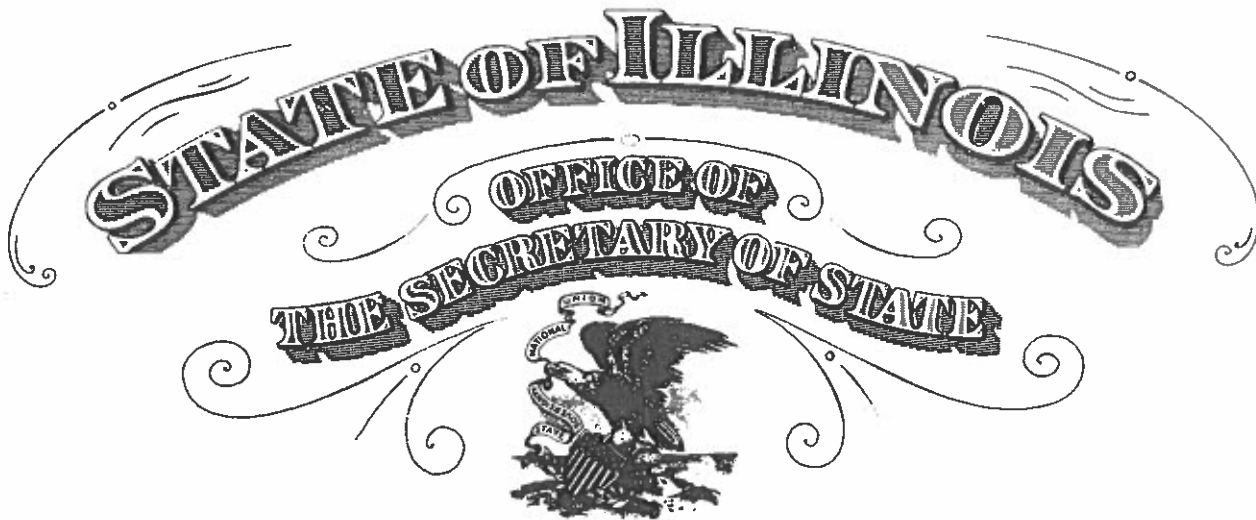
SECRETARY OF STATE

Authentication #: 1922401830 verifiable until 08/12/2020
Authenticate at: <http://www.cyberdriveillinois.com>

ATTACHMENT NO. 1

File Number

0006304-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DJSB, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 25, 1996, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 11TH
day of AUGUST A.D. 2019 .

Jesse White

SECRETARY OF STATE

Authentication #: 1922300368 verifiable until 06/11/2020
Authenticate at: <http://www.cyberdriveillinois.com>

ATTACHMENT NO. 1

FIRST AMENDMENT TO LEASE

This First Amendment to Lease (this "**Amendment**") is dated as of the 14th day of July, 2015 (the "**Effective Date**") by and between **DJSB, LLC**, an Illinois limited liability company ("**Landlord**"), and **MIDWEST ENDOSCOPY CENTER, LLC.**, an Illinois limited liability company ("**Tenant**", which along with Landlord is sometimes singularly referred to herein as a "**Party**" or collectively with Landlord as the "**Parties**").

RECITALS

A. WHEREAS, the Parties entered into that certain lease dated as of January 3, 2014 (the "**Lease**"), wherein Landlord leased to Tenant and Tenant leased from Landlord approximately 5,943 rentable square feet of floor area known as Suite 2 (the "**Premises**") on the first floor of the building (the "**Building**") located at 1243 Rickert Drive, Naperville, Illinois.

B. WHEREAS, Landlord is planning to remodel the Premises depicted in **Exhibit "A"** to the Lease and increasing the rentable square feet of floor area contained in the Premises.

C. WHEREAS, the Parties intend to amend the Lease as provided for in this Amendment.

NOW, THEREFORE, in consideration of the above Recitals which are incorporated into this Amendment, and of the mutual covenants contained in this Amendment and other good and valuable consideration, the receipt and sufficiency of which are acknowledged, the Parties, intending to be legally bound, agree to amend the Lease as of the Effective Date as follows:

1. Interpretation. This Amendment shall supplement the Lease, which together shall be deemed to be one instrument and shall be referred to as the "**Amended Lease**." If there is any inconsistency between the terms of this Amendment and those contained in the Lease, the terms of this Amendment shall, in all instances, control and prevail. Unless otherwise defined in this Amendment, initially capitalized terms in this Amendment shall have the same meaning as set forth in the Lease.

2. Premises. The Premises will be remodeled and expanded by Landlord to include approximately 2,900 square feet of additional rentable square feet of floor area which, after adding to the current rentable floor area of 5,943 square feet, shall result in a revised rentable floor area of 7,843 square feet. An additional 1,000 square feet of rentable storage area will also be built as the basement serving the Premises.

3. Term. The term ("**Initial Term**") as set forth and defined in Section 1.5 of the Lease is hereby amended to the earlier of (i) January 1, 2017; and (ii) the date on which the remodeling and expansion of the Premises to include the additional rentable floor area and additional storage area is completed by Landlord (the "**Commencement Date**") and end at 11:59 pm of the last day of the tenth Lease Year (the "**Expiration Date**"). Tenant shall have the option to renew the Lease for two (2) additional five (5) year terms (each an "**Option Term**") on the same terms in effect as of the Expiration Date of the Initial Term (or the expiration date of the first Option Term) by written notice given to Landlord at least six (6) months prior to and not more than twelve (12) months prior to the Expiration Date of the Initial Term or the expiration

date of the first Option Term, as applicable. The Initial Term, first Option Term and second Option Term shall be collectively referred to in this Lease as the “**Term**”. The first Option Term and the second Option Term shall be collectively referred to as the “**Option Terms**”.

4. **Base Rent.** Commencing as of January 1, 2017, Base Rent during the Initial Term shall be as provided for below:

Lease Period	Monthly Base Rent	Annual Base Rent
01/01/2017 to 12/31/2017	\$36,617.78	\$439,413.38
01/01/2018 to 12/31/2018	\$37,113.03	\$445,356.38
01/01/2019 to 12/31/2019	\$37,608.28	\$451,299.38
01/01/2020 to 12/31/2020	\$38,103.53	\$457,242.38
01/01/2021 to 12/31/2021	\$38,598.78	\$463,185.38
01/01/2022 to 12/31/2022	\$39,094.03	\$469,128.38
01/01/2023 to 12/31/2023	\$39,589.28	\$475,071.38
01/01/2024 to 12/31/2024	\$40,084.53	\$481,014.38
01/01/2025 to 12/31/2025	\$40,579.78	\$486,957.38
01/01/2026 to 12/31/2026	\$41,075.03	\$492,900.38

The monthly and annual Base Rent amounts set forth in the foregoing schedule are based on a Rent Constant of seven percent (7%) of the estimated Landlord expenditure of \$2,202,134.00 to complete the remodeling and expansion of the Premises (the “**Landlord’s Work**”). Upon Landlord’s completion of Landlord’s Work, the actual costs incurred by Landlord shall be determined, and the monthly and annual Base Rent amounts shall be subject to final adjustment based upon seven percent (7%) of the actual costs to complete Landlord’s Work. The actual costs incurred by Landlord shall not include debt service, building expenses or other similar expenses which are unrelated to the Landlord’s Work in the Premises.

Base Rent during the Option Terms shall be adjusted in accordance in the manner set forth in **Exhibit “D”** to the Lease.

5. **Landlord’s Work.** Landlord shall solicit bids/construction estimates from no fewer than three qualified and reputable contractors. The Landlord shall make these bids available for tenant review. The contractor selected shall be the lowest bidder who also fulfils the Landlord’s schedule and quality requirements to the Landlord’s satisfaction.

6. **Miscellaneous.**

(a) The entire agreement of the Parties is set forth in this Amendment, together with the Lease. No other agreement or understanding with respect to this Amendment shall be valid or of any force or effect.

(b) As amended by this Amendment, the Lease is ratified and confirmed in every respect, and is and continues to be in full force and effect.

(c) This Amendment may be executed in any number of counterparts and by each of the Parties in separate counterparts, all such counterparts together constituting but one and the same instrument.

(d) Each of the Parties represents and warrants to the other that this Amendment is a valid and binding obligation of such Party, that each of the terms of this Amendment is enforceable against such Party in accordance with its terms; and that the person signing on behalf of the respective Party is fully and lawfully authorized and directed to execute and deliver this Amendment, without the necessity of the consent or joinder of any other party.

(e) This Amendment shall be governed by and interpreted in accordance with the internal laws of the State of Illinois applicable to agreements made and to be performed entirely within such state, without giving effect to the principles of conflict of laws. If any term of this Amendment (or any portion) or the application of any such provision (or any portion) to any person or circumstance shall be held invalid, illegal or unenforceable in any respect by a court of competent jurisdiction, such invalidity, illegality or unenforceability shall not affect any other provision (or the remaining portion) or the application of such provision to any other persons or circumstances.

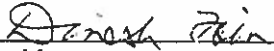
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[Signature Page Follows]

The Parties have executed this Amendment through their duly authorized officers or representatives as of the date first written above.

LANDLORD


DJSB, LLC, an Illinois limited liability company

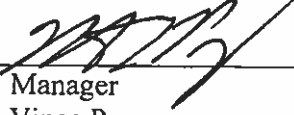
By: 
 Title: President
 Name: Dr. Dinesh Jain

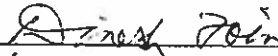
By: 
 Title: Medical Director
 Name: Dr. Scott Berger

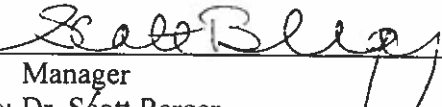
TENANT

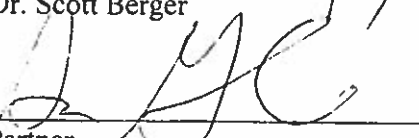
MIDWEST ENDOSCOPY CENTER, LLC, an Illinois limited liability company

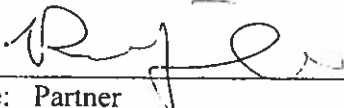
By: 
 Title: Manager
 Name: William Kottmann


By: 
 Title: Manager
 Name: Vince Pryor

By: 
 Title: Manager
 Name: Dr. Dinesh Jain

By: 
 Title: Manager
 Name: Dr. Scott Berger

By: 
 Title: Partner
 Name: Dr. Sushama Gundlapalli

By: 
 Title: Partner
 Name: Dr. Ravi Nadimpalli

By: 
 Title: Partner
 Name: Dr. Gonzalo Pandolfi

By: 
 Title: Manager
 Name: Dr. Darren Kastin

**Persons with 5 percent or greater interest in the licensee
must be identified with the % of ownership.**

The following persons own 5% or more of *Midwest Endoscopy Center, LLC*:

Edward Health Ventures – 51% owner

Dinesh Jain, MD – 10.5% owner

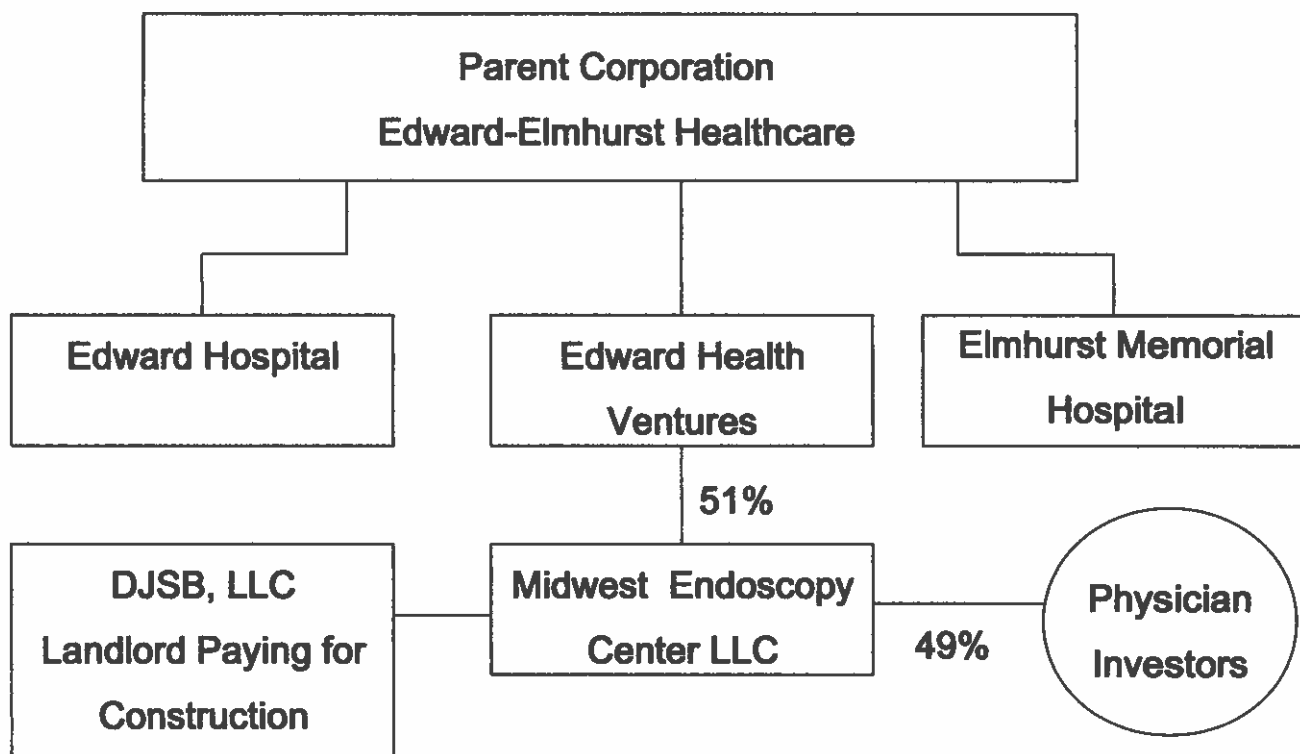
Scott A. Berger, MD – 10.5% owner

Sushama Gundlapalli, MD – 5.334% owner

Darren Kastin, MD – 5.333% owner

Shivani Kiriluk, DO – 5.333% owner

Organizational Relationships



Flood Plain Requirements

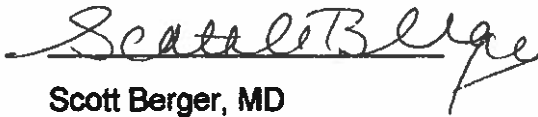
Applicant attests that the project is not in a flood plain and that the location of the proposed project complies with the Flood Plain Rule under Illinois Executive Order #2006-5.

August 15, 2019

Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Springfield, Illinois 62761

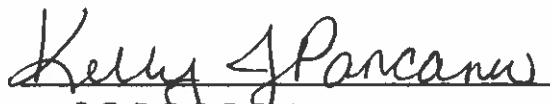
To Whom It May Concern:

I hereby attest that 1243 Rickert Drive, Naperville, Illinois is not located in a flood plain,
and that the ASTC that is the subject of this application is in compliance with the Flood
Plain Rule under Illinois Executive Order #2006-5

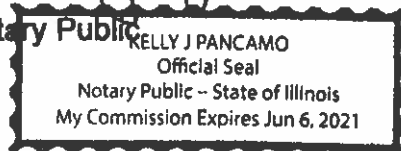

Scott Berger, MD

Subscribed and sworn to me before this

15 day of Aug, 2019



Notary Public

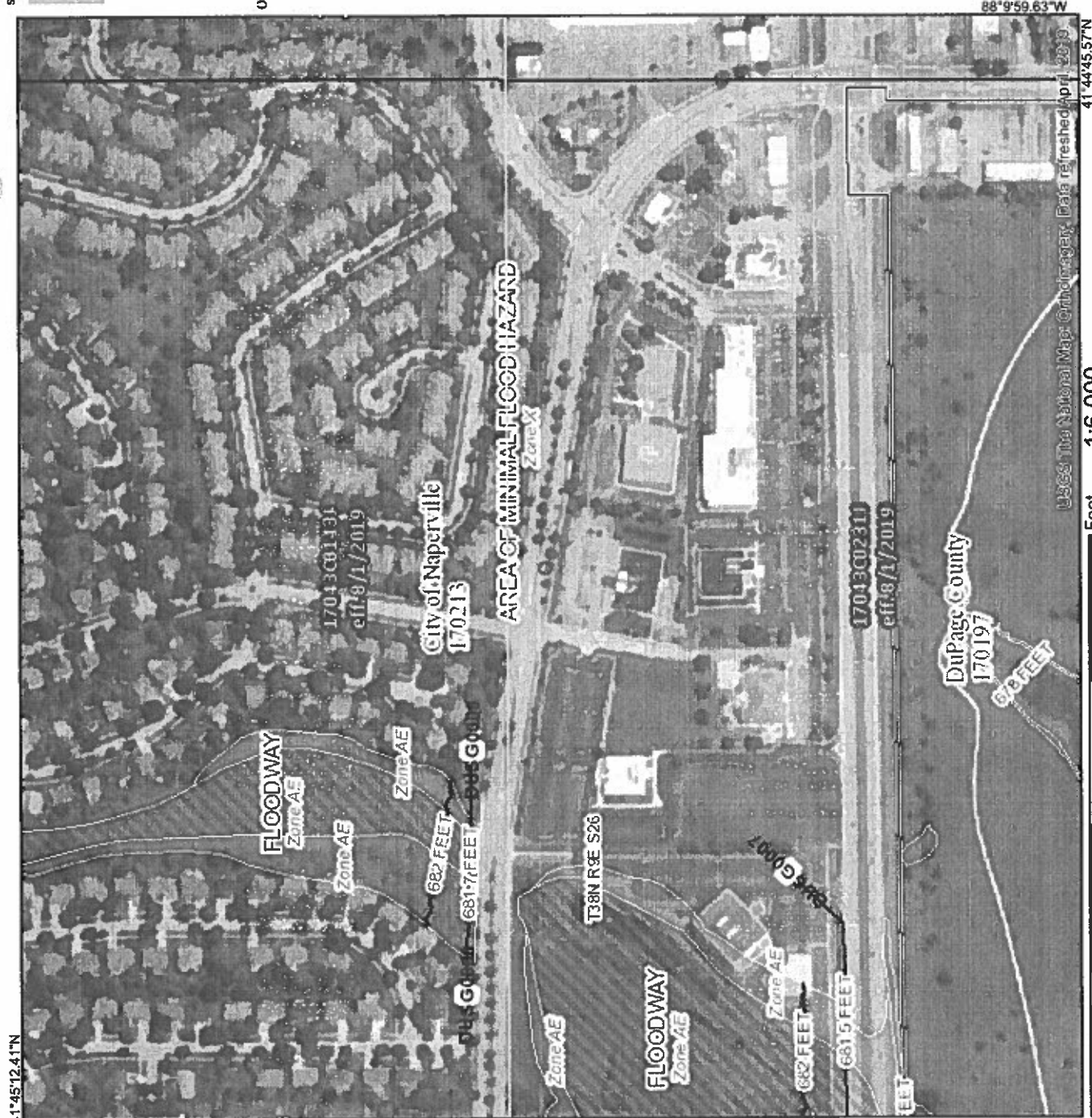


ATTACHMENT NO. 5



41°45'12.41"N

M.80°23.01.68



88°9'59.63"W

41°44'45.57"N

1:6,000

0 250 500 1,000 1,500 2,000 Feet

USGS Top National Map Orthorectified Data refreshed April 2019

Legend

SEE THIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS

Without Base Flood Elevation (BFE)
Zone A, V, AE
With BFE or Depth Zone AE, AD, AH, VE, AP
Regulatory Floodway

OTHER AREAS OF FLOOD HAZARD

0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
Future Conditions 1% Annual Chance Flood Hazard Zone X
Area with Reduced Flood Risk due to Levee, See Notes. Zone X
Area with Flood Risk due to Levee Zone D

OTHER AREAS

Area of Minimal Flood Hazard Zone X
Effective LOMRS
Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES

Channel, Culvert, or Storm Sewer
Levee, Dike, or Floodwall

OTHER FEATURES

Cross Sections with 1% Annual Chance
Water Surface Elevation
Coastal Transect
Base Flood Elevation Line (BFE)
Limit of Study
Jurisdiction Boundary
Coastal Transect Baseline
Profile Baseline
Hydrographic Feature

MAP PANELS

Digital Data Available
No Digital Data Available
Unmapped

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 8/13/2019 at 11:43:42 AM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

#19-039



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271

www.dnr.illinois.gov

Mailing Address: 1 Old State Capitol Plaza, Springfield, IL 62701

#19-039

JB Pritzker, Governor

Colleen Callahan, Director

FAX (217) 524-7525

DuPage County

Naperville

CON - Addition of 2 Procedure Rooms, Midwest Endoscopy Center

1243 Rickert Dr.

SHPO Log #015052419

July 16, 2019

Ira Rogal

Shea, Paige & Rogal, Inc.

547 S. LaGrange Road

LaGrange, IL 60525

Dear Mr. Rogal:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please call 217/782-4836.

Sincerely,

Robert F. Appleman

Deputy State Historic

Preservation Officer

ATTACHMENT NO. 6

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts) FMV	\$1,256,209		\$1,256,209
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$4,661,565	\$1,002,502	\$4,661,565
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$5,917,774	\$1,002,502	\$6,920,276
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$5,917,774	\$1,002,502	\$6,920,276
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$5,917,774	\$1,002,502	\$6,920,276
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Company		Two Rooms
ERBE Cautery	APC 2 Argon Plasma Coagulator	\$ 31,990.00
	• Socket Configuration	\$ 1,990.00
	• Pressure Reducer Sensor	\$ 159.00
	• Ignition Tester	\$ 250.00
	VIO 300D Electrosurgical Unit	\$ 30,990.00
	• EndoCut Upgrade	\$ 2,900.00
	• VIO 2 Pedal Footswitch	\$ 2,258.00
	• 2 Monopolar Connector	\$ 500.00
	• Argon Gas Cylinder	\$ 298.00
	Total	\$ 71,335.00
Medivators	Advantage Plus SS with Compressor	\$ 95,545.00
	Install Advantage BD	\$ 3,460.80
	CO2 Endoscopic Insufflator	\$ 7,000.00
	Irrigation Pump	\$ 3,000.00
	Scope Buddy	\$ 4,500.00
	Veriscan	\$ 9,259.00
	Total	\$ 122,764.80
Dri Scope		\$ 29,500.00
OLYMPUS	CV-190 Video Processor	\$ 52,154.04
	CLV-190 Light Source	\$ 30,088.86
	MAJ-1916 Intervace Convert Device	\$ 1,529.96
	MAJ-1918 Remote Cable	\$ 41.30
	MAJ-1430 Videoscope Cable	\$ 5,496.22
	OEV-262H High Definition LED Monitor	\$ 16,284.00
	OL-0015-08 Tall Rollstand	\$ 2,387.04
	K20022086 Standard Cart with CO2	\$ 17,554.28
	MAJ-1640 Sliding Keyboard Tray	\$ 876.56
	MAJ-132 LCD Monitor Mount	\$ 2,120.00
	GIF-H190 Gastroscope	\$ 211,290.00
	PCF-H190 Pediatric Scopes	\$ 230,360.00
	CF-H190 Adult Scopes	\$ 230,360.00
	55645L10-1 10 CV 140/160/190 Digi File	\$ 294.00
	Total	\$ 800,836.26
LAB	Histology Machine	\$ 71,308.89

\$ 1,095,744.95

\$ 160,464.47

\$ 1,256,209.42

ABT	TV 32" Led 720p Smart	\$ 1,435.20
	TV Acc Mount Fits Tvs 13"-39"	\$ 439.95
	Cable .6 Hdmi	\$ 121.25
	Commercial Labor	\$ 800.00
	Taxes	\$ 194.65
	Sub Total	\$ 2,991.05
IT Lighthouse	Data (computers)	\$ 4,350.00
	Cable (computers/phones)	\$ 10,864.92
	Sub Total	\$ 15,214.92
ATI	Phones	\$ 2,740.00
	Courtesy Ext Licenses	\$ 910.00
	Co-Terminus Support (labor)	\$ 438.00
	Labor to install program and test	\$ 1,175.00
	Taxes	\$ 255.50
	Sub Total	\$ 5,518.50
ALTERNATIVE	6 Stryker M Series Transport Stretchers (refurb)	\$ 13,800.00
ALTERNATIVE	Passport 8, Nellcor (no CO2 connector)	\$ 19,350.00
	Passport 8, Nellcor with CO2	\$ 6,570.00
	Sub Total	\$ 39,720.00
EndoSoft	EndoVault software w/images management (2)	\$ 22,000.00
	EndoVault / ENR software (7)	\$ 50,820.00
	EndoVault images cable	\$ 4,400.00
	Yearly software, service, update contract	\$ 19,800.00
	Total	\$ 97,020.00
		\$ 160,464.47

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100. Estimated start-up costs and operating deficit cost is \$ _____ N/A _____.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers: 06-069
Indicate the stage of the project's architectural drawings: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Schematics <input checked="" type="checkbox"/> Final Working </div>
Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2019</u>
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies <input type="checkbox"/> Financial Commitment will occur after permit issuance. </div>
APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable: <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Cancer Registry <input type="checkbox"/> APORS <input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted <input checked="" type="checkbox"/> All reports regarding outstanding permits None </div> Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
ASTC--FMV	4661565	6055	10533	4478	2608	3447	0
Equipment--FMV	1256209						
Total Clinical	5917774	6055	10533	4478	2608	3447	0
NON REVIEWABLE							
Physician Offices	1002502						0
Total Non-clinical	1002502						0
TOTAL	6920276	6055	10533	4478	2608	3447	0
APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

Building gross square feet.

ATTACHMENT 9

BACKGROUND OF THE APPLICANT

1. Applicant does not own or operate any health care facilities other than the Applicant.
2. No adverse action has been taken against any facility owned or operated by applicant, directly or indirectly during the three years prior to the filing of the application.
3. Applicant authorizes the HFSRB and IDPH to access to any documents necessary to verify the information submitted in this application.

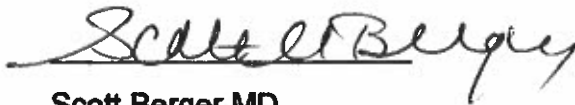
ATTACHMENT 11

August 15, 2019

Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2d Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I certify that no adverse action has been taken against any facility owned or operated by the applicants during the three year prior to filing this application. I also authorize both the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health to access any documents necessary to verify information submitted as part of the application for a permit. I also authorize the Board and Department to obtain any additional information from other government agencies which the Board and Department deem relevant to process this application for a permit.



Scott Berger MD

Managing Member Midwest Endoscopy Center

State of: Illinois

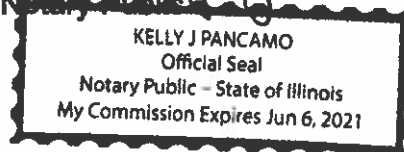
County of: Cook *DUPAGE*

Subscribed and sworn to me

This 15 day of Aug, 2019.



Notary Public



ATTACHMENT NO. 11



Cut on Dotted Line ✂

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3613975

Exp. Date	1/24/2020
Lic Number	7003127

Date Printed 11/5/2018

Midwest Endoscopy Center, LLC
1243 Rickert Drive
Naperville, IL 60540-0954

FEE RECEIPT NO.

Illinois Department of PUBLIC HEALTH

HP116835

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

This person hereby certifies that their name appears on this certificate in compliance with the provisions of the Illinois statutes and ordinances and regulations, and consents to subject to apply in this activity as indicated below.

Giray D. Shah, M.D., FRCG

Director

Included under the authority of:
**The Illinois Department of
Public Health**

EXPIRATION DATE	CATEGORY	CL NUMBER
1/24/2020		20056127

Ambulatory Surgery Treatment Center

Effective: 01/25/2019

Midwest Endoscopy Center, LLC

1243 Rickert Drive

Naperville, IL 60540

It is noted that a license has a colored background identified by Authority of the State of Illinois (PO) issued by AHSP.

Purpose of Project

1. The current two room ASTC is too small. Patients must often wait for months when scheduling a procedure. Adding two procedure rooms will improve the health care of the patients by improving access and providing more timely service. A list of wait times follow this page.
2. The primary market area includes patients within a 10 mile radius of the ASTC.
3. The existing limitations on access to service have been addressed above. The growth in patient demand is addressed below:
 - When the center first opened in 2008 there were 6 physicians. There are now 8 physicians and a 9th physician will be joining in September 2019.
 - The volume of the center has also increased significantly since 2008. In the first full year of operation (2009) 5847 procedures were performed. In 2018 8710 were performed. (Please note that the number of procedures is different than the number of patients. Some patients have more than one procedure at a time.)
 - Average wait time for some doctors to schedule procedures is 3 to 6 months. This length of time should be significantly shorter in order to provide the best quality of care for the patient. The limiting factor is not physician availability but available time in the ASTC.
 - In order to alleviate some of the burden outpatient procedures are being performed at Edward Hospital and one of the local surgical centers. Neither of these alternatives has been satisfactory. The Hospital is very expensive. Both facilities also have considerable wait times to schedule patients.
4. The increased size in the ASTC will be instrumental in providing appropriate endoscopic services and care to our patients in a timely manner.
5. The goal is to decrease wait time for our patients.

Scheduling as of July 2019.

Dr. Berger – January

Dr. Jain – September

Dr. Gundlapalli – December

Dr. Kastin – October

Dr. Pandolfi – September

Dr. Kiriluk – September

Dr. Mettu – September

Dr. Dholakia – end of August

ALTERNATIVES TO THE PROJECT

Applicant considered several alternatives to the project.

1. Do Nothing

This was rejected because it does not improve the care available in the service area. The current ASTC is not large enough to meet the needs of its patients. The two existing procedure rooms are full. They are used far more than the 3000 hours that the Board Rules consider as full.

The wait times for treating patients at the ASTC are unacceptable. Many of the physicians have waiting lists of three months or more.

The Cost of doing nothing is zero.

2. Build a smaller addition

This alternative was considered and rejected. The wait times for treating patients at the ASTC are unacceptable. Many of the physicians have waiting lists of three months or more. Building one additional procedure room would reduce the waiting time but not eliminate it.

The physician practice is adding an additional physician in September. Without the additional physician a single procedure room will be full in the first full year the room is opened. With the additional physician the ASTC utilization will justify the four procedure rooms requested.

The cost of building a one procedure room addition is approximately 50% of the cost of a two room addition.

3 Joint Venture with a Hospital.

This is a joint venture with a hospital. The majority interest in the ASTC is owned by Edward/Elmhurst Hospitals. Most of the outpatient gastroenterology procedures for Edward Hospital patients are performed at Midwest.

There is no current cost to the applicant to maintain this joint venture.

4 Applicant chose to build two additional procedure rooms and related facilities.

SIZE OF PROJECT

The ASTC space meets state standards. The following space is being added:

- Two operating rooms, for a total of 4 (endoscopy procedure rooms)
- Seven additional recovery areas for a total of 9
- Increased patient waiting room
- Increased staff lounge space
- Increased space for cleaning and storage areas
- Increased size of locker facility for staff members
- Addition of a basement for added storage

The ASTC construction plans also call for one of the new rooms to have more traditional operating room capabilities. Some of the newer endoscopic procedures are "hybrid" procedures. Although considered to be endoscopic they are more invasive and require a more traditional operating room process. This may include both sterile areas as well as more prolonged recovery.

The State Standard for Operating Rooms is 2750SF each or 11000SF for the 4 rooms.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC	10533 BGSF	11000	467	Yes

UTILIZATION

The existing ASTC is full according to State Standards and has been full for at least two years.
A letter in attesting that the ASTC will meet the State's utilization standard follows this page.

UTILIZATION					
	DEPT./ SERVICE ASTC	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD 1500 HOURS PER ROOM	MEET STANDARD?
YEAR 1		2017--5702	6500	4501	yes
YEAR 2		2018--6317	6800	4501	yes


ATTACHMENT 15

August 15, 2019

Ms. Courtney Avery, Administrator
Illinois Health Facilities Services and Review Board
525 West Jefferson Street
Springfield, Illinois 62761

Dear Ms. Avery:

Applicant attests that by the second year of operation after project completion, the Applicant will achieve and maintain the utilization standard specified in 77 Ill. Adm. Code 1100.640.

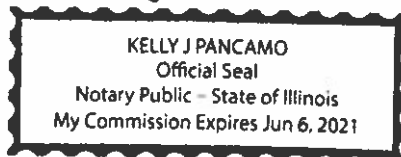


Scott Berger, MD
Managing Member

Subscribed and sworn to me
This 15 day of Aug, 2019.



Notary Public



ATTACHMENT NO. 15

1.SERVICE TO GSA RESIDENTS

The geographic service area for surgery centers in the Chicago metropolitan area is a 10-mile radius from the ASTC's location. Attached are the zip codes of patients using Midwest Endoscopy in 2018. Approximately 65% of the Midwest patients were from the 10-mile GSA in 2018. That is more than the Board's required 50% of the patients being from the GSA.

2.SERVICE DEMAND-EXPANSION OF EXISTING ASTC SERVICE

Midwest is a single specialty ASTC. Its services are limited to gastroenterology.

There are 2 procedure rooms now. This project seeks to add an additional 2 procedure rooms for a total of 4.

Midwest is majority owned by a subsidiary of Edward-Elmhurst Healthcare. Only patients from the physician group of Suburban Gastroenterology perform procedures at Midwest. It is essentially a joint venture with a hospital.

3.TREATMENT ROOM ASSESSMENT

The Board's utilization requirement is 1500 hours of surgery for each procedure room. The requirement for the existing 2 rooms is 3000 hours of surgery. The requirement for full utilization of 4 rooms will be 6000 hours of surgery.

Based upon Applicant's experience the average time for pre-procedure is 10 minutes, for the actual procedure 30 minutes and post-procedure is 15 minutes.

For 2017 the number of hours of surgery was 5702. For 2018 the number of hours of surgery was 6317. Based upon the Board's utilization standard Applicant currently exceeds the hours of surgery required in 2018 and will continue to do so after the project is completed.

4. STAFFING

Based upon ten years of operating a surgery center in Naperville Midwest is not anticipating any difficulty in providing additional staff. Midwest routinely receives inquiries for job openings. As an outpatient center, Midwest offers a very attractive environment for many potential staff members who are looking for part or full time employment without nighttime or weekend call. If that does not result in enough staff recruitment Applicant will advertise or use recruiters to obtain enough staff.

5. CHARGE COMMITMENT

A list of current Midwest charges for procedures follows this page. Applicant attests that those charges will not be increased for at least two years after project completion.

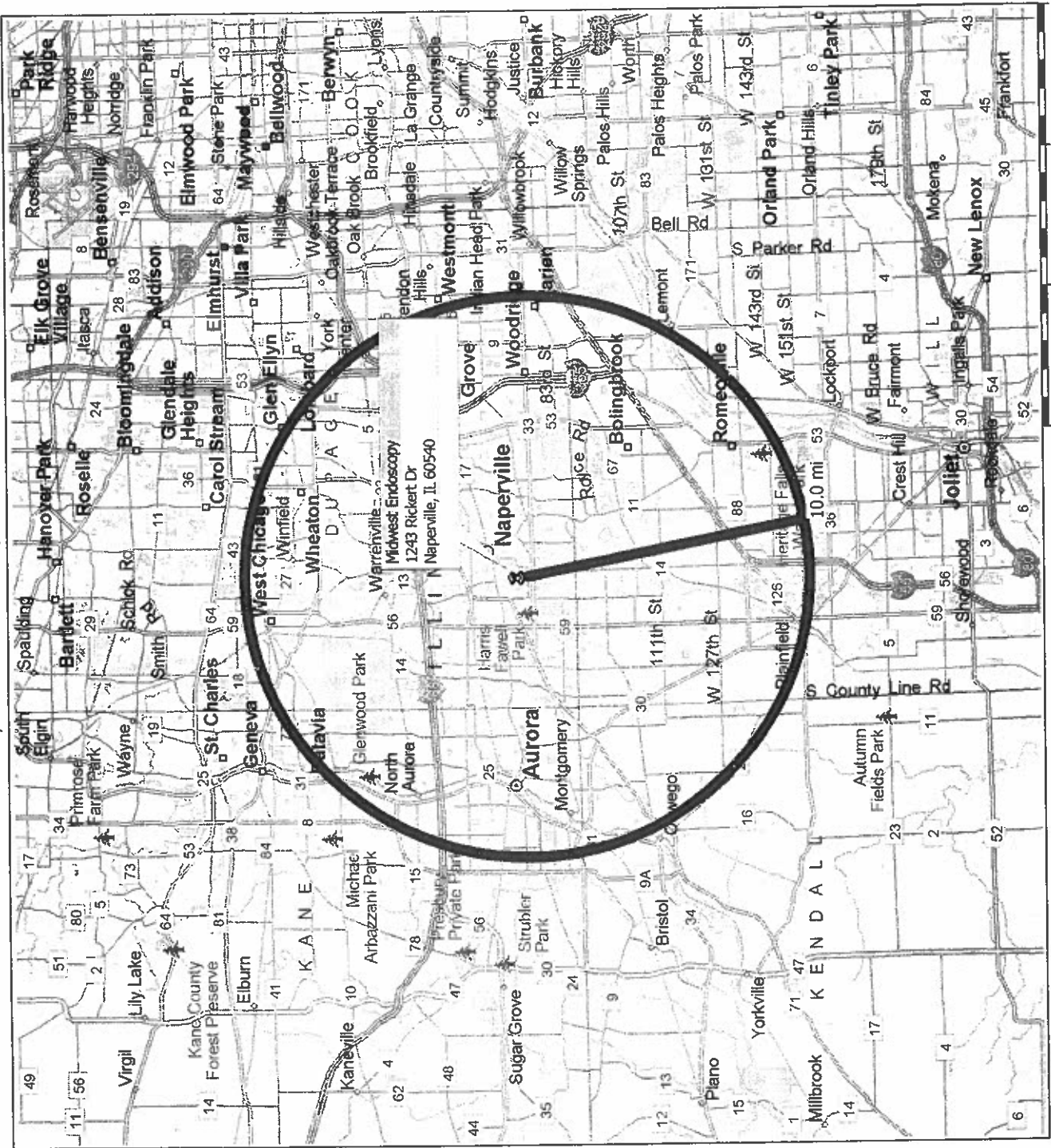
6. ASSURANCES

The applicant attests that a peer review program exists that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for the ASTC services.

Applicant further attests that Dr. Scott Berger will remain as medical director for Midwest. Dr. Berger is Board Certified in gastroenterology.

ATTACHMENT 24

Illinois, United States, North America



Zip Codes of Patients at Midwest
2018

<u>Zip Code</u>	<u>Patients</u>	<u>City</u>	<u>Population</u>
60504	229	Aurora	37919
60532	237	Lisle	27066
60586	246	Plainfield	46251
60490	259	Bolingbrook	20463
60544	288	Plainfield	25955
60585	291	Plainfield	22311
60440	346	Bolingbrook	52911
60563	363	Naperville	35922
60565	725	Naperville	40524
60564	729	Naperville	41302
60540	745	Naperville	23394
Totals:	4,458		374,018

Total Patients: 6,892

Percent of Total: 65%

Non-Hospital Based Ambulatory Surgery

GSA 10 Mile Radius

Facility Name	Address	City	Zip	Travel Distance (Miles)	Travel Time (Minutes)
DMG Center for Pain Management Naperville	2940 Rollingridge	Naperville	60564	5	11
Edward Plainfield Surgery Center	24600 W 127th	Plainfield	60585	9	18
Naperville Fertility Center	3 N. Washington St	Naperville	60540	3	8
Naperville Surgical Center	1263 Rickert	Naperville	60540	1	1
DuPage Vascular Care	7425 James Ave	Woodridge	60517	7	16

Hospitals	Address	City	Zip	Travel Distance (Miles)	Travel Time (Minutes)
Edwards Hospital	801 S. Washington	Naperville	60540	2	5
Central DuPage Hospital	25 N. Winfield Rd.	Winfield	60190	6.4	11
Advocate Good Samaritan Hospital	3815 Highland	Downers Grove	60515	12.2	23

ATTACHMENT NO. 24

August 15, 2019

Courtney Avery
Administrator
Illinois Health Services and Facilities Board
Springfield, Illinois

Re: Midwest Endoscopy Center ("Midwest")

Dear Ms. Avery:

This letter is being provided in support of the proposed expansion of Midwest, a single specialty ASTC located in Naperville. All of the procedures performed at Midwest are performed by members of the adjacent Suburban Gastroenterology, Ltd. ("Suburban"). All members of Suburban are gastroenterologists. The number of patients having procedures performed at Midwest in 2018 by each Suburban physician is listed below.

Dr. Berger	1217
Dr. Dholakia	553
Dr. Gundlapalli	972
Dr. Jain	1138
Dr. Kastin	884
Dr. Kiriluk	677
Dr. Mettu	692
Dr. Pandolfi	<u>759</u>
Total	6892

Attached is a list of zip codes of the patients at Midwest.

Each of the physicians listed above expect to perform the same number or more surgeries at Midwest in 2019 and later years.

The information contained in this letter is true and correct, to the best of my information and belief and has not been used in any similar project.

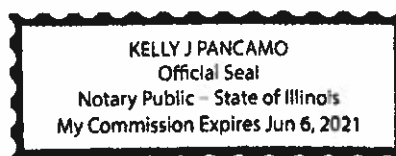
Scott Berger
Scott Berger MD
Managing Member

8/15/19
Date

State of: Illinois
County of: ~~Cook~~ DUPAGE

Subscribed and sworn to me
This 15 day of Aug 2019.

Kelly J Pancamo
Notary Public



ATTACHMENT 24

Step 1. Click on the space below and use the dropdown control to select your facility from the list:

Step 2. Enter your patient totals by zip code area or county of residence, as shown in the examples:

Step 3. Save completed Patient Origin Report to your computer system.

Step 4. Email a copy of your completed report to DPH.FacilitySurvey@illinois.gov. Please put 'ASTC Patient Origin' in the subject line.

	Zip Code	County	Patients
Examples	62701		30
	61801		5
		Tazewell	6
1	7747		1
2	15232		1
3	29681		1
4	30066		1
5	31545		1
6	32806		1
7	33445		1
8	33767		1
9	34293		1
10	34609		1
11	37327		1
12	43614		1
13	46032		1
14	46303		1
15	46307		3
16	46311		1
17	46321		1
18	46366		1
19	46375		1
20	46383		1
21	46410		2
22	49085		1
23	49129		1
24	53115		1
25	53125		1
26	53147		1
27	53191		1
28	53503		1
29	53562		1
30	53965		1
31	54548		1

60004	1
60005	1
60013	1
60014	1
60015	1
60016	2
60018	1
60030	1
60046	1
60060	1
60067	1
60068	1
60074	3
60084	1
60097	1
60101	4
60102	1
60103	5
60107	1
60108	3
60110	1
60112	2
60115	6
60118	1
60119	4
60120	1
60124	4
60126	8
60131	1
60134	12
60135	3
60137	27
60139	2
60143	2
60148	21
60150	1
60151	2
60154	1
60155	1
60160	2

72	60162			1
73	60169			2
74	60172			1
75	60174			7
76	60175			5
77	60177			1
78	60178			20
79	60181			4
80	60184			1
81	60185			17
82	60187			27
83	60188			13
84	60189			46
85	60190			3
86	60191			1
87	60193			2
88	60194			1
89	60195			1
90	60202			2
91	60301			1
92	60402			1
93	60403			64
94	60404			46
95	60408			4
96	60409			1
97	60410			21
98	60416			4
99	60420			1
100	60421			3
101	60423			4
102	60424			1
103	60431			62
104	60432			4
105	60433			5
106	60435			49
107	60436			6
108	60438			1
109	60439			35
110	60440			346
111	60441			37

112	60442		2
113	60443		1
114	60445		1
115	60446		211
116	60447		31
117	60448		7
118	60449		1
119	60450		6
120	60451		7
121	60453		1
122	60455		2
123	60457		2
124	60461		1
125	60462		6
126	60463		1
127	60465		2
128	60467		6
129	60474		1
130	60477		7
131	60304		1
132	60468		1
133	60480		1
134	60481		4
135	60487		1
136	60490		259
137	60491		8
138	60502		145
139	60503		94
140	60504		229
141	60505		44
142	60506		36
143	60510		21
144	60511		1
145	60512		4
146	60513		4
147	60514		5
148	60515		31
149	60516		67
150	60517		167
151	60518		6

152	60520		6
153	60521		4
154	60523		11
155	60525		5
156	60526		1
157	60527		17
158	60531		7
159	60532		237
160	60536		1
161	60537		6
162	60538		48
163	60539		1
164	60540		745
165	60541		8
166	60542		28
167	60543		189
168	60544		288
169	60545		31
170	60546		1
171	60548		81
172	60549		3
173	60550		1
174	60551		18
175	60552		39
176	60554		28
177	60555		60
178	60556		5
179	60558		3
180	60559		13
181	60560		92
182	60561		28
183	60563		363
184	60564		729
185	60565		725
186	60567		10
187	60585		291
188	60586		246
189	60598		1
190	60603		1
191	60610		3

192	60611			3
193	60612			1
194	60613			1
195	60614			2
196	60615			1
197	60616			1
198	60622			2
199	60623			2
200	60625			1
201	60634			2
202	60638			3
203	60643			1
204	60651			1
205	60652			1
206	60654			1
207	60655			2
208	60657			3
209	60661			1
210	60805			1
211	61021			2
212	61028			2
213	61036			1
214	61068			5
215	61081			1
216	61115			1
217	61341			2
218	61350			5
219	61353			5
220	61354			4
221	61360			1
222	61362			1
223	61364			1
224	61372			1
225	61375			1
226	61554			1
227	61761			1
228	61832			1
229	62012			1
230	65203			1
231	78261			1

232	85641			1
233	85718			1
234	89117			1
235	92211			1
236	95602			1
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240				6892
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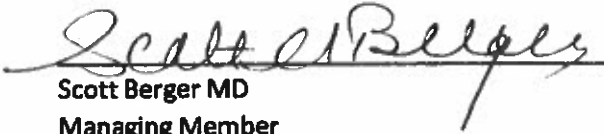
August 15, 2019

Courtney Avery
Administrator
Illinois Health Services and Facilities Board
Springfield, Illinois

Re: Midwest Endoscopy Center

Dear Ms. Avery:

Attached is a list of current charges for Midwest Endoscopy Center. I commit that these charges will not be increased for the first two years of operation after this project is completed.

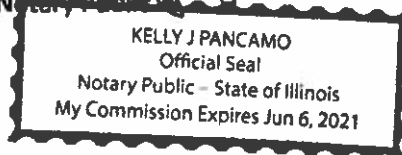

Scott Berger MD
Managing Member

8/15/19
Date

State of: Illinois
County of: ~~Cook~~ DUPAGE

Subscribed and sworn to me
This 15 day of Aug, 2019.


Notary Public



ATTACHMENT 24

Fee	Code	Description
\$ 3,352.00	44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic
	44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum w/bx
	44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
	44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
\$ 3,256.00	43242	EGD including w/ultrasound or transmural fine needle aspiration/biopsy(s)
	43243	EGD w/ injection sclerosis of esophageal and/or gastric varices
	43259	EGD w/ endoscopic ultrasound examination
	45378	Colonoscopy, flexible, rectum to cecum and may include the examination of the terminal ileum or small intestine proximal to an anastomosis
	45379	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body
	45380	Colonoscopy with biopsy, flexible, rectum to cecum and may include the examination of the terminal ileum or small intestine proximal to an anastomosis
	45381	Colonoscopy, flexible, proximal to cecum; with directed submucosal injection
	45382	Colonoscopy, flexible, proximal to cecum; with control of bleeding
	45383	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
	45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
	45385	Colonoscopy with polypectomy to the cecum or colon-small intestine anastomosis due to unforeseen circumstances SNARE
	45386	Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures
	45390	Colonoscopy with endoscopic mucosal resection
	45398	Colonoscopy, flexible, with band ligation(s) (eg, hemorrhoids)
\$ 3,200.00	43236	EGD with directed submucosal injection
	43237	EGD w/endoscopic ultrasound examination limited to esophagus, stomach or duodenum and adjacent structures
	43239	Upper EGD w/BX
	43245	EGD with dilation of gastric/duodenal stricture(balloon/bougie)
	43247	EGD with removal of foreign body
	43248	EGD with insertion of guide wire followed by passage of dilators through esophagus over guide wire
	43249	EGD w/balloon dilation of esophagus, of less than 30 mm diameter
	43250	EGD w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
	43251	EGD with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
	43255	EGD with control of bleeding, any method
	43258	EGD w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot bx forceps, bipolar cautery or snare technique
\$ 9752.00	43201	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance
	43202	Esophagoscopy, rigid or flexible; with biopsy
	43235	EGD including esophagus, stomach, and either the duodenum and/or jejunum
\$ 2,805.00	44388	Colonoscopy through stoma, diagnostic
	44389	Colonoscopy through stoma; with biopsy
	44391	Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
	44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
\$ 2,112.00	45330	Sigmoidoscopy, flexible; diagnostic
	45331	Sigmoidoscopy, flexible; with biopsy
\$ 1,975.00	43231	Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination
	43232	Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
	43238	EGD w/transendoscopic ultrasound fine needle aspiration limited to the esophagus, stomach or duodenum and adjacent structures
	43244	EGD with band ligation of esophageal and/or gastric varices
	43249	EGD w/balloon dilation of esophagus, of less than 30 mm diameter
	44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
	44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
	44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
\$ 1,675.00	43200	Esophagoscopy, flexible; diagnostic
	43216	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
	43217	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
	43220	Esophagoscopy, rigid or flexible; with balloon dilation
\$ 1,200.00	46221	Hemorrhoidectomy, internal, by rubber band ligation(s)

	terms and conditions.
*see below _____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$5,917,774	TOTAL FUNDS AVAILABLE

*FMV of Leased Space: \$4,661,565.

FMV (Cost) of Equipment to be Leased: \$1,256,209.

APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

CO-APPLICANT MIDWEST ENDOSCOPY CENTER, LLC

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:	2016	2017	2018	2021
Current Ratio	1	1.2	1.2	1.1
Net Margin Percentage	82	92	92	92
Percent Debt to Total Capitalization	0	1.7	0	23
Projected Debt Service Coverage	0	1.7	0	23
Days Cash on Hand	428	337	336	325
Cushion Ratio	0	43	0	17

ATTACHMENT 35

CO-APPLICANT JDSB, LLC

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:	2016	2017	2018	2021
Current Ratio	19	12	1034	19
Net Margin Percentage	70	75	75	75
Percent Debt to Total Capitalization	0	0	0	33
Projected Debt Service Coverage	0	0	0	1.5
Days Cash on Hand	44	26	45	45
Cushion Ratio	0	0	0	6

ATTACHMENT 35

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ASTC	739	518.5	4478		2608		\$3,309,242	\$1,352,323	\$4,661,565
Contingency									
TOTALS	739	518.5	4478		2608		\$3,309,242	\$1,352,323	\$4,661,565
* Include the percentage (%) of space for circulation									

FMV of leased space is \$4,661,565 based upon ten years of rent.

Circulation space is included in the gross square footage.

PROJECTED OPERATING COSTS

Year: 2021

Salaries: \$1,031,243

Benefits: \$203,778

Supplies: \$788,992

\$2,024,013

Patients: 6,892 \$294 per patient

EFFECT ON CAPITAL COSTS

Year: 2021

Depreciation: \$369,256

Interest: \$122,438

Total: \$491,694

Patients: 6,892 \$71 per patient

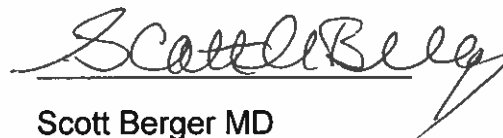
ATTACHMENT NO. 36

Ms. Courtney Avery, Administrator
Illinois Health Facilities Services and Review Board
525 West Jefferson Street
Springfield, Illinois 62761

Dear Ms. Avery:

I attest that the selected of form of debt financing for the project is reasonable and at the lowest net cost available. I also believe that leasing space in the medical office building at 1243 Rickert, Naperville is less expensive than constructing a new building.

I also believe that leasing equipment is less costly than purchasing equipment.



Scott Berger MD

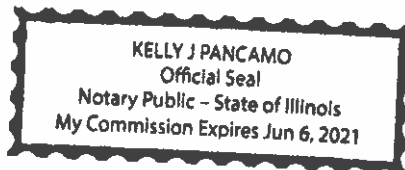
Managing Member

Subscribed and sworn before me

This 22 day of August 2019



Notary Public



ATTACHMENT 36

CHARITY CARE			
	Year 2016	Year 2017	Year 2018
Net Patient Revenue	5353161	6351310	7146734
Amount of Charity Care (charges)	2878	0	0
Cost of Charity Care	671	0	0

ATTACHMENT 38

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	29
2	Site Ownership	34
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	38
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	39
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17	Assurances for Unfinished/Shell Space	
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27	Subacute Care Hospital Model	
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29	Long Term Acute Care Hospital	
30	Clinical Service Areas Other than Categories of Service	
31	Freestanding Emergency Center Medical Services	
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SHEA, PAIGE & ROGAL, INC.
547 S. LAGRANGE ROAD
LAGRANGE, ILLINOIS 60525
(708) 482-4820

FAX (708) 482-1091

SPRINGFIELD OFFICE
421 WEST EDWARDS
SPRINGFIELD, IL 62704
(217) 523-2550
FAX (217) 523-2560

August 26, 2019

Michael Constantino
Supervisor, Project Review Section
Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

RECEIVED

AUG 27 2019

HEALTH FACILITIES
SERVICES REVIEW BOARD

Re: Application for Permit to Expand Midwest Endoscopy Center, LLC
-Overnight-

Dear Mr. Constantino:

Midwest Endoscopy Center, LLC is filing this application to add two procedure rooms to its existing single specialty ASTC. The ASTC will remain a single specialty ASTC limited to gastroenterology.

Enclosed are:

1. Check for \$2,500 for the application processing fee
2. Original and one copy of the attachments

If you have any questions or need any additional information, please feel free to contact Billie Paige or me.

Sincerely,



Ira A. Rogal

IAR/mvh
Attachments