#20-015

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Winchester Endoscopy
Street Address:	1870 West Winchester Road, Suite 146
City and Zip Code:	Libertyville, Illinois 60048
County: Lake	Health Service Area: 008 Health Planning Area: 097

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

Exact Legal Name:	Winchester Endoscopy, LLC
Street Address:	1870 West Winchester Road, Suite 146
City and Zip Code:	Libertyville, Illinois 60048
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, Illinois 60604-1101
Name of Chief Executive Officer:	Drew Bell, Vice President Operations
CEO Street Address:	510 Lake Cook Road, Suite 400
CEO City and Zip Code:	Deerfield, Illinois 60015
CEO Telephone Number:	847-267-3537

Type of Ownership of Applicants

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- ☒ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- o 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:	Joe Ourth
Title:	Partner
Company Name:	Saul Ewing Arnstein & Lehr LLP
Address:	161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number:	312-876-7100
E-mail Address:	joe.ourth@saul.com
Fax Number:	312-876-6215

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

Name:	
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Winchester Endoscopy
Street Address:	1870 West Winchester Road, Suite 146
City and Zip Code:	Libertyville, Illinois 60048
County: Lake	Health Service Area: 008 Health Planning Area: 097

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

Exact Legal Name:	UnitedHealth Group Incorporated
Street Address:	9900 Bren Road
City and Zip Code:	East Minnetonka, MN 55343
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	1010 Dale Street N
Registered Agent City and Zip Code:	St. Paul, MN 55343
Name of Chief Executive Officer:	David S. Wichmann
CEO Street Address:	9900 Bren Road
CEO City and Zip Code:	East Minnetonka, MN 55343
CEO Telephone Number:	952-936-1300

Type of Ownership of Applicants

- ☐ Non-profit Corporation
- ☒ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ 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.

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Name:	Joe Ourth
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Company Name:	Saul Ewing Arnstein & Lehr LLP
Address:	161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number:	312-876-7100
E-mail Address:	joe.ourth@saul.com
Fax Number:	312-876-6215

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

Name:	
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

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:	Drew Bell
Title:	Vice President, Operations
Company Name:	Surgical Care Affiliates, LLC
Address:	510 Lake Cook Road, Suite 400, Deerfield, IL 60015
Telephone Number:	847-267-3537
E-mail Address:	drew.bell@scasurgery.com
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Winchester Medical Building, Ltd

Address of Site Owner: 1870 West Winchester Road, Suite 146, Libertyville, Illinois 60048

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: Winchester Endoscopy, LLC

Address: 1870 West Winchester Road, Suite 146, Libertyville, Illinois 60048

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- 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.

Winchester Endoscopy, LLC ("Winchester") has operated a single specialty ambulatory surgical center at 1870 West Winchester Road in Libertyville.

Winchester previously provided notice of temporary suspension to the Review Board that because physician owners had shifted their procedures to other sites, procedures were not being performed at Winchester. After exploring options with the referring physicians, the decision was made to discontinue the facility.

This application for a Certificate of Exemption is to discontinue Winchester.

Winchester will formally discontinue immediately upon Review Board approval.

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	$ 0	$ 0	$ 0
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	**$ 0**	**$ 0**	**$ 0**

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:

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ 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.

Indicate the stage of the project's architectural drawings:

☒ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): Following Review Board Approval

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): N/A – No Project Costs

☐ 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 N/A
☒ 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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**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: Winchester Endoscopy Center		**CITY: Libertyville**			
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:	N/A	N/A	N/A	N/A	N/A

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- 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 *UnitedHealth Group Incorporated* * 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

Kuai Leong
PRINTED NAME

Assistant Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 9th day of March 2020

Signature of Notary

Seal

TAMMIE RAE GOTCHER
Notary Public
Minnesota
My Commission Expires
Jan 31, 2022

SIGNATURE

Faraz Choudhry
PRINTED NAME

Assistant Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 9th day of March 2020

Signature of Notary

Seal

TAMMIE RAE GOTCHER
Notary Public
Minnesota
My Commission Expires
Jan 31, 2022

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- 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 *Winchester Endoscopy, 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.

SIGNATURE

Drew Bell
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 16 day of March

Raylynn Johnston
Signature of Notary

Seal

RAYLYNN MAY JOHNSTON
Notary ID #131860823
My Commission Expires
January 18, 2023

SIGNATURE

Matthew J Humbarger
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 25th day of March, 2020

Isabel Delgado
Signature of Notary

Seal

ISABEL DELGADO
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 14, 2022

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility, relocation of a health care facility, or discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notice to the Local Media MUST be submitted with this Application for Discontinuation (20 ILCS 3960/8.7).**

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

IMPACT ON ACCESS

1. Document whether or not the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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	MEET 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.

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

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]:**

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
		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
		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;
_____	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.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	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:
		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;
		2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
		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.;
		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;
		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.
N/A	**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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. 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

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE 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 37.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost In dollars)			
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.

SECTION X. CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 39.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS

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14	Size of the Project	115
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Identification, General Information and Certification

Attachment 1, Type of Ownership of Applicants

An organizational chart showing the current ownership structure of Winchester Endoscopy, LLC ("Winchester") is included in Attachment 4. Good standing certificates for the necessary co-applicants are attached:

1. Winchester Endoscopy, LLC ("Winchester"): Winchester is an Illinois limited partnership owned by Surgical Care Affiliates, LLC (approximately 51%) and the remainder by various physicians. A copy of Winchester's Illinois Good Standing Certificate is attached.

2. Surgical Care Affiliates, LLC ("SCA"): SCA is a Delaware limited liability company registered to do business in Illinois. SCA is a subsidiary of UnitedHealth Group ("UHG") and is the company that conducts surgical care operations for UHG. SCA is not a necessary co-applicant and is included for informational purposes.

3. UnitedHealth Group Incorporated ("UHG"): UHG is a publicly-traded Delaware corporation and the parent of SCA. A copy of UHG's Delaware Good Standing Certificate is attached. Because UHG only holds assets and performs no operations in Illinois, it is not required to obtain authorization to do business in Illinois and, therefore, an Illinois Certificate of Good Standing for a foreign limited liability company is not applicable.

File Number 0482566-7

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

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

WINCHESTER ENDOSCOPY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 30, 2014, 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* 8TH *day of* APRIL ***A.D.*** 2020 .

Authentication #: 2009902944 verifiable until 04/08/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNITEDHEALTH GROUP INCORPORATED" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5777355 8300

SR# 20202696714

Authentication: 202739069

Date: 04-08-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

Identification, General Information and Certification

Attachment 2, Site Ownership

Winchester Medical Building, Ltd. owns the physical plant and leases suite 146 to Winchester Endoscopy, LLC.

A letter attesting to site control is attached.

WINCHESTER ENDOSCOPY

1870 W. Winchester Road, Suite 146
Libertyville, IL 60048

February 5, 2020

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Re: Attestation of Site Control

Dear Ms. Avery:

I hereby attest that Winchester Endoscopy, LLC has control of 1870 W. Winchester Road, Suite 146. The building is owned by Winchester Medical Building, Ltd. Winchester Endoscopy leases space within the building pursuant to a lease dated as of October 7, 2015. The lease remains in effect at this time.

Very truly yours,

Drew Bell
Board Member, Winchester Endoscopy, LLC

Identification, General Information and Certification

Attachment 3, Operating Identity/Licensee

Winchester Endoscopy, LLC ("Winchester") is the licensed entity for the facility and is organized as an Illinois limited liability company.

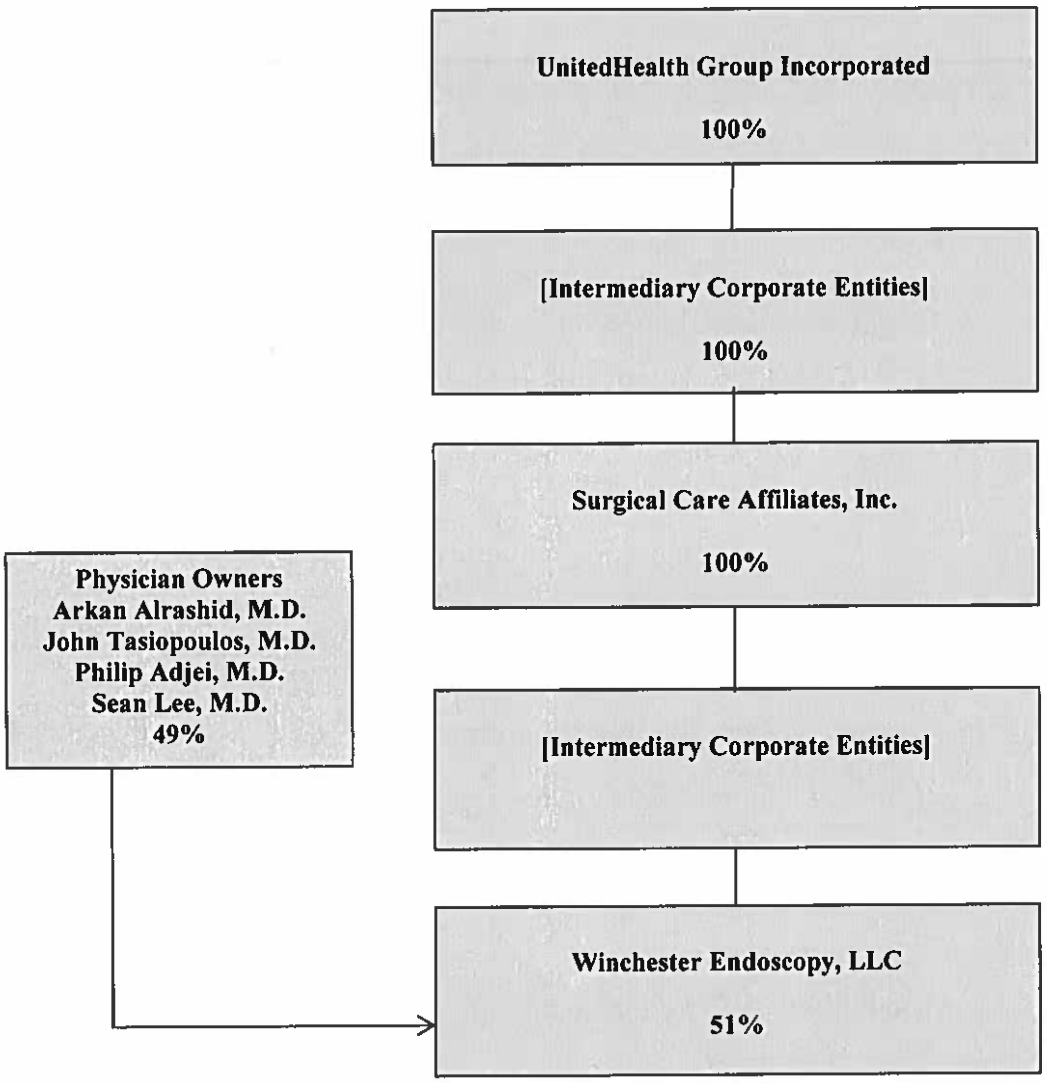
An organizational chart showing the ownership structure of Winchester is included in Attachment 4.

Organization Relationships

Attachment 4, Organization Relationships

An organizational chart showing the ownership structure of Winchester Endoscopy, LLC ("Winchester"), is attached.

Present Ownership Structure
Winchester Endoscopy, LLC



ATTACHMENT 4

Flood Plain Requirements

Attachment 5, General Information Requirement

This application is for Discontinuation only and the Flood Plain Documentation appears inapplicable.

Historic Preservation Act Requirements

Attachment 6, Historic Preservation Documentation

This application is for Discontinuation only and the Historic Preservation documentation appears inapplicable.

Project Costs and Sources of Funds

Attachment 7, Project Costs

There are no project costs associated with this Discontinuation and this Attachment is inapplicable.

Project Status and Completion Schedules

Attachment 8

There are no project costs and thus no Financial Commitment and this Attachment appears inapplicable.

Cost Space Requirements

Attachment 9

There is no construction associated with this Discontinuation project and thus no costs and this Attachment appears inapplicable.

Discontinuation

Attachment 10, General Information Requirement

1. *Identify the categories of service and the number of beds, if any, that are to be discontinued.*

   The entire ambulatory treatment surgery facility will be discontinued.

2. *Identify all of the other clinical services that are to be discontinued.*

   The entire ambulatory treatment surgery facility will be discontinued.

3. *Provide the anticipated date of discontinuation for each identified service or for the entire facility.*

   Discontinuation will occur shortly after approval by the Review Board.

4. *Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.*

   The physical plant is leased and will return to the lessor and the equipment will be sold.

5. *Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.*

   Surgical Care Affiliates, LLC ("SCA") manages the facility and will take responsibility for retaining or disposing of all medical records in accordance with applicable law.

6. *For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.*

   By their signatures to the Certification pages of this application, each of the Applicants certify that all questions required by HFSRB or DPH will be provided within 90 days following the date of discontinuation.

7. *Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.*

   Legal notice was published in the Daily Herald on January 27, 2020. A copy of the legal notice is included.

Winchester Endoscopy, LLC (Winchester) intends to discontinue its ambulatory surgical treatment center located at 1870 West Winchester Road in Libertyville. It expects to officially close upon receiving approval to do so from the Illinois Health Facilities and Services Review Board (IHFSRB). Winchester intends to submit the required Certificate of Need application to the IHFSRB and a copy of it will be available after the application is deemed complete on the IHFSRB website at https://ww2.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx. For further information please contact Joe Ourth at 312.876.7815.
Published in Daily Herald January 27, 2020 (4539608)

CERTIFICATE OF PUBLICATION

Paddock Publications, Inc.

Daily Herald

Corporation organized and existing under and by virtue of the laws of the State of Illinois, DOES HEREBY CERTIFY that it is the publisher of the **DAILY HERALD**. That said **DAILY HERALD** is a secular newspaper and has been circulated daily in the Village(s) of Algonquin,Antioch,Arlington Heights,Aurora,North Aurora,Bannockburn, Barrington,Barrington Hills,Lake Barrington,North Barrington,South Barrington,Bartlett,Batavia,Buffalo Grove,Burlington,Campton Hills, Carpentersville,Cary,Crystal Lake,Deerfield,Deer Park,Des Plaines,Elburn, East Dundee,Elgin,South Elgin,Elk Grove Village,Fox Lake, Fox River Grove,Franklin Park,Geneva,Gilberts,Glenview,Grayslake, Green Oaks,Gurnee,Hainesville,Hampshire,Hanover Park,Hawthorn Woods, Highland Park,Highwood,Hoffman Estates,Huntley,Inverness,Island Lake, Kildeer,Lake Bluff,Lake Forest,Lake in the Hills,Lake Villa,Lake Zurich, Libertyville,Lincolnshire,Lindenhurst,Long Grove,Melrose Park,Montgomery, Morton Grove,Mt.Prospect,Mundelein,Niles,Northbrook,Northfield,Northlake, Palatine,Park Ridge,Prospect Heights,River Grove,Riverwoods, Rolling Meadows,Rosemont,Round Lake,Round Lake Beach, Round Lake Heights,Round Lake Park,Schaumburg,Schiller Park,Sleepy Hollo St. Charles,Streamwood,Sugar Grove,Third Lake,Tower Lakes,Vernon Hills, Volo,Wadsworth,Wauconda,Waukegan,West Dundee,Wheeling,Wildwood, Wilmette
County(ies) of Cook, Kane, Lake, McHenry
and State of Illinois, continuously for more than one year prior to the date of the first publication of the notice hereinafter referred to and is of general circulation throughout said Village(s), County(ies) and State.

I further certify that the DAILY HERALD is a newspaper as defined in "an Act to revise the law in relation to notices" as amended in 1992 Illinois Compiled Statutes, Chapter 715, Act 5, Section 1 and 5. That a notice of which the annexed printed slip is a true copy, was published 01/27/2020 in said DAILY HERALD.

IN WITNESS WHEREOF, the undersigned, the said PADDOCK PUBLICATIONS, Inc., has caused this certificate to be signed by, this authorized agent, at Arlington Heights, Illinois.

PADDOCK PUBLICATIONS, INC.
DAILY HERALD NEWSPAPERS

BY _____
Authorized Agent

Control # 4539608

ATTACHMENT 10

Discontinuation

Attachment 10, Reasons for Discontinuation

Independent physician owners have moved their practices. Because of this shift in referral patterns the surgical center experienced a 100% reduction in procedures and the facility cannot perform procedures without the physicians.

Access

Attachment 10, Impact on Access

1. *Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.*

   All of the physicians who had been part of Winchester Endoscopy Center ("Winchester") had admitting privileges at area hospitals. Existing area surgery centers have excess capacity and can provide access to care.

2. *Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.*

   Copies of letters sent to open area hospitals and ASTCs are attached.

SAUL EWING
ARNSTEIN
& LEHR LLP

Joe Ourth
Phone: 312.876.7815
Fax: 312.876.6215
joe.ourth@saul.com
www.saul.com

January 28, 2020

Via Certified Mail
Return Receipt Requested

Alexian Brothers Health System
Attention: Dia Nichols, Administrator
800 Biesterfield Road
Elk Grove Village, Illinois 60007

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Mr. Nichols:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

On behalf of Winchester, and in accordance with 77 Ill.Admin.Code §1110.110, we are sending this impact letter to inform you of Winchester's plans to file a Certificate of Need (CON) with the Illinois Health Facilities and Services Review Board (Review Board) to discontinue its ASTC. Winchester notified the Review Board that it had temporarily suspended operations at its center effective August 8, 2019. Winchester intends to submit its CON application to the Review Board on or around January 17, 2020. The formal discontinuation will occur after approval is granted by the Review Board.

For your reference, Winchester reported the following number of cases on its Annual Questionnaires filed with the Review Board:

	2016	2017	2018
Procedures	4,417	5,025	4,814

If you wish to provide information about the impact of discontinuation, please provide (as applicable) the following information with your impact statement:

ATTACHMENT 10

161 North Clark • Suite 4200 • Chicago, IL 60601
Phone: (312) 876-7100 • Fax: (312) 876-0288

- capacity to accommodate a portion or all of Winchester's caseload
- explanation of any restrictions or limitations you have that preclude your providing services to the residents of Winchester's market area

If a response is not received within 15 days from the date of delivery, Review Board rules presume that the discontinuation of Winchester will not adversely impact your organization. Any timely information we receive from you will be provided to the Review Board.

Please direct any response to me at the address below:

Joe Ourth
Saul Ewing Arnstein & Lehr LLP
161 N. Clark Street, Suite 4200
Chicago, IL 60601

If you have any questions, please direct them to my attention at 312/876-7815 or to joe.ourth@saul.com.

Sincerely,

Joe Ourth

JRO/eka

cc: Illinois Health Facilities and Services Review Board

SAUL EWING
ARNSTEIN
& LEHR LLP

Joe Ourth
Phone: 312.876.7815
Fax: 312.876.6215
joe.ourth@saul.com
www.saul.com

January 28, 2020

Via Certified Mail
Return Receipt Requested

Northwestern Lake Forest Hospital
Attention: Thomas McAfee, Administrator
1000 North Westmoreland Road
Lake Forest, Illinois 60045

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Mr. McAfee:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

On behalf of Winchester, and in accordance with 77 Ill.Admin.Code §1110.110, we are sending this impact letter to inform you of Winchester's plans to file a Certificate of Need (CON) with the Illinois Health Facilities and Services Review Board (Review Board) to discontinue its ASTC. Winchester notified the Review Board that it had temporarily suspended operations at its center effective August 8, 2019. Winchester intends to submit its CON application to the Review Board on or around January 17, 2020. The formal discontinuation will occur after approval is granted by the Review Board.

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If a response is not received within 15 days from the date of delivery, Review Board rules presume that the discontinuation of Winchester will not adversely impact your organization. Any timely information we receive from you will be provided to the Review Board.

Please direct any response to me at the address below:

Joe Ourth
Saul Ewing Arnstein & Lehr LLP
161 N. Clark Street, Suite 4200
Chicago, IL 60601

If you have any questions, please direct them to my attention at 312/876-7815 or to joe.ourth@saul.com.

Sincerely,

Joe Ourth

JRO/eka

cc: Illinois Health Facilities and Services Review Board

SAUL EWING
ARNSTEIN
& LEHR LLP

Joe Ourth
Phone: 312.876.7815
Fax: 312.876.6215
joe.ourth@saul.com
www.saul.com

January 28, 2020

Via Certified Mail
Return Receipt Requested

Aiden Center for Day Surgery, LLC
Attention: Ali Nili, Administrator
1580 West Lake Street
Addison, Illinois 60101

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Ms. Nili:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

On behalf of Winchester, and in accordance with 77 Ill.Admin.Code §1110.110, we are sending this impact letter to inform you of Winchester's plans to file a Certificate of Need (CON) with the Illinois Health Facilities and Services Review Board (Review Board) to discontinue its ASTC. Winchester notified the Review Board that it had temporarily suspended operations at its center effective August 8, 2019. Winchester intends to submit its CON application to the Review Board on or around January 17, 2020. The formal discontinuation will occur after approval is granted by the Review Board.

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Procedures	4,417	5,025	4,814

If you wish to provide information about the impact of discontinuation, please provide (as applicable) the following information with your impact statement:

161 North Clark • Suite 4200 • Chicago, IL 60601
Phone: (312) 876-7100 • Fax: (312) 876-0288

- capacity to accommodate a portion or all of Winchester's caseload
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If a response is not received within 15 days from the date of delivery, Review Board rules presume that the discontinuation of Winchester will not adversely impact your organization. Any timely information we receive from you will be provided to the Review Board.

Please direct any response to me at the address below:

Joe Ourth
Saul Ewing Arnstein & Lehr LLP
161 N. Clark Street, Suite 4200
Chicago, IL 60601

If you have any questions, please direct them to my attention at 312/876-7815 or to joe.ourth@saul.com.

Sincerely,

Joe Ourth

JRO/eka

cc: Illinois Health Facilities and Services Review Board

SAUL EWING
ARNSTEIN
& LEHR LLP

Joe Ourth
Phone: 312.876.7815
Fax: 312.876.6215
joe.ourth@saul.com
www.saul.com

January 28, 2020

Via Certified Mail
Return Receipt Requested

NorthShore University HealthSystem
Attention: Sean T. O'Grady, Administrator
9600 Gross Point Road
Skokie, Illinois 60076

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Mr. O'Grady:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

On behalf of Winchester, and in accordance with 77 Ill.Admin.Code §1110.110, we are sending this impact letter to inform you of Winchester's plans to file a Certificate of Need (CON) with the Illinois Health Facilities and Services Review Board (Review Board) to discontinue its ASTC. Winchester notified the Review Board that it had temporarily suspended operations at its center effective August 8, 2019. Winchester intends to submit its CON application to the Review Board on or around January 17, 2020. The formal discontinuation will occur after approval is granted by the Review Board.

For your reference, Winchester reported the following number of cases on its Annual Questionnaires filed with the Review Board:

	2016	2017	2018
Procedures	4,417	5,025	4,814

If you wish to provide information about the impact of discontinuation, please provide (as

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January 28, 2020

Via Certified Mail
Return Receipt Requested

Advocate Good Shephard Hospital
Attention: Karen Lambert, Administrator
450 West Highway #22
Barrington, Illinois 60010

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Ms. Lambert:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

On behalf of Winchester, and in accordance with 77 Ill.Admin.Code §1110.110, we are sending this impact letter to inform you of Winchester's plans to file a Certificate of Need (CON) with the Illinois Health Facilities and Services Review Board (Review Board) to discontinue its ASTC. Winchester notified the Review Board that it had temporarily suspended operations at its center effective August 8, 2019. Winchester intends to submit its CON application to the Review Board on or around January 17, 2020. The formal discontinuation will occur after approval is granted by the Review Board.

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January 28, 2020

Via Certified Mail
Return Receipt Requested

Northwestern Grayslake Ambulatory Surgery Center
Attention: Denise Majeski, Administrator
1475 E. Belvidere Road, Suite 211
Grayslake, Illinois 60030

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Ms. Majeski:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

On behalf of Winchester, and in accordance with 77 Ill.Admin.Code §1110.110, we are sending this impact letter to inform you of Winchester's plans to file a Certificate of Need (CON) with the Illinois Health Facilities and Services Review Board (Review Board) to discontinue its ASTC. Winchester notified the Review Board that it had temporarily suspended operations at its center effective August 8, 2019. Winchester intends to submit its CON application to the Review Board on or around January 17, 2020. The formal discontinuation will occur after approval is granted by the Review Board.

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January 28, 2020

Via Certified Mail
Return Receipt Requested

Northwest Community Hospital
Attention: Steve Scogna, Administrator
800 West Central Road
Arlington Heights, Illinois 60005

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Mr. Scogna:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

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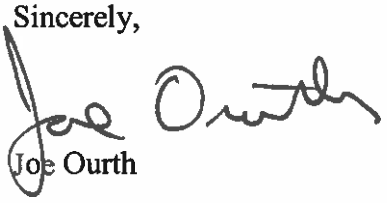

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January 28, 2020

Via Certified Mail
Return Receipt Requested

NorthShore University HealthSystem
Attention: Sean O'Grady, Administrator
2100 Pfingsten Road
Glenview, Illinois 60026

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Mr. O'Grady:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

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January 28, 2020

Via Certified Mail
Return Receipt Requested

Ashton Center for Day Surgery
Attention: Alfonso del Granado, Administrator
1800 McDonough Road, Suite 100
Hoffman Estates, Illinois 60192

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Mr. del Granado:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

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Sincerely,

Joe Ourth

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January 28, 2020

Via Certified Mail
Return Receipt Requested

Advocate Lutheran General Hospital
Attention: Terika Richardson, Administrator
1775 Dempster Street
Park Ridge, Illinois 60068

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Ms. Richardson:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

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Sincerely,

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JRO/eka

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January 28, 2020

Via Certified Mail
Return Receipt Requested

Advocate Condell Medical Center
Attention: Michael Ploszek, Administrator
801 South Milwaukee Avenue
Libertyville, Illinois 60048

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Mr. Ploszek:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

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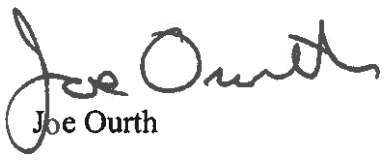

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January 28, 2020

Via Certified Mail
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Alexian Brothers Health System
Attention: Leonard Wilk, Administrator
1555 North Barrington Road
Hoffman Estates, Illinois 60169

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Mr. Wilk:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

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January 28, 2020

Via Certified Mail
Return Receipt Requested

Presence Chicago Hospitals Network
Attention: Robert M. Dahl, Administrator
7435 West Talcott Avenue
Chicago, Illinois 60631

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Mr. Dahl:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

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January 28, 2020

Via Certified Mail
Return Receipt Requested

Hoffman Estates Surgery Center, LLC
Attention: Annamarie C. York, Administrator
1555 Barrington Road, Suite 400
Hoffman Estates, Illinois 60169

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Ms. York:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

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January 28, 2020

Via Certified Mail
Return Receipt Requested

Advocate Surgery Center
Attention: Mark Lieberthal, Administrator
825 South Milwaukee Avenue
Libertyville, Illinois 60048

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Mr. Lieberthal:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

On behalf of Winchester, and in accordance with 77 Ill.Admin.Code §1110.110, we are sending this impact letter to inform you of Winchester's plans to file a Certificate of Need (CON) with the Illinois Health Facilities and Services Review Board (Review Board) to discontinue its ASTC. Winchester notified the Review Board that it had temporarily suspended operations at its center effective August 8, 2019. Winchester intends to submit its CON application to the Review Board on or around January 17, 2020. The formal discontinuation will occur after approval is granted by the Review Board.

For your reference, Winchester reported the following number of cases on its Annual Questionnaires filed with the Review Board:

	2016	2017	2018
Procedures	4,417	5,025	4,814

If you wish to provide information about the impact of discontinuation, please provide (as applicable) the following information with your impact statement:

ATTACHMENT 10

161 North Clark • Suite 4200 • Chicago, IL 60601
Phone: (312) 876-7100 • Fax: (312) 876-0288

- capacity to accommodate a portion or all of Winchester's caseload
- explanation of any restrictions or limitations you have that preclude your providing services to the residents of Winchester's market area

If a response is not received within 15 days from the date of delivery, Review Board rules presume that the discontinuation of Winchester will not adversely impact your organization. Any timely information we receive from you will be provided to the Review Board.

Please direct any response to me at the address below:

Joe Ourth
Saul Ewing Arnstein & Lehr LLP
161 N. Clark Street, Suite 4200
Chicago, IL 60601

If you have any questions, please direct them to my attention at 312/876-7815 or to joe.ourth@saul.com.

Sincerely,

Joe Ourth

JRO/eka

cc: Illinois Health Facilities and Services Review Board

SAUL EWING
ARNSTEIN
& LEHR LLP

Joe Ourth
Phone: 312.876.7815
Fax: 312.876.6215
joe.ourth@saul.com
www.saul.com

January 28, 2020

Via Certified Mail
Return Receipt Requested

Northern Illinois Medical Center d/b/a
Northwestern Medicine
Attention: Rachel Sebastian, Administrator
4201 Medical Center Drive
McHenry, Illinois 60050

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Ms. Sebastian:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

On behalf of Winchester, and in accordance with 77 Ill.Admin.Code §1110.110, we are sending this impact letter to inform you of Winchester's plans to file a Certificate of Need (CON) with the Illinois Health Facilities and Services Review Board (Review Board) to discontinue its ASTC. Winchester notified the Review Board that it had temporarily suspended operations at its center effective August 8, 2019. Winchester intends to submit its CON application to the Review Board on or around January 17, 2020. The formal discontinuation will occur after approval is granted by the Review Board.

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Sincerely,

Joe Ourth

JRO/eka

cc: Illinois Health Facilities and Services Review Board

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& LEHR LLP

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joe.ourth@saul.com
www.saul.com

January 28, 2020

Via Certified Mail
Return Receipt Requested

Northern Illinois Medical Center d/b/a
Northwestern Medicine
Attention: Kumar Nathan, MD, Administrator
10400 Haligus Road
Huntley, Illinois 60142

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Dr. Nathan:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

On behalf of Winchester, and in accordance with 77 Ill.Admin.Code §1110.110, we are sending this impact letter to inform you of Winchester's plans to file a Certificate of Need (CON) with the Illinois Health Facilities and Services Review Board (Review Board) to discontinue its ASTC. Winchester notified the Review Board that it had temporarily suspended operations at its center effective August 8, 2019. Winchester intends to submit its CON application to the Review Board on or around January 17, 2020. The formal discontinuation will occur after approval is granted by the Review Board.

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Sincerely,

Joe Ourth

JRO/eka

cc: Illinois Health Facilities and Services Review Board

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joe.ourth@saul.com
www.saul.com

January 28, 2020

Via Certified Mail
Return Receipt Requested

Northern Illinois Medical Center d/b/a
Northwestern Medicine
Attention: Matt Carlen, Administrator
3701 Doty Road
Woodstock, Illinois 60098

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Mr. Carlen:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

On behalf of Winchester, and in accordance with 77 Ill.Admin.Code §1110.110, we are sending this impact letter to inform you of Winchester's plans to file a Certificate of Need (CON) with the Illinois Health Facilities and Services Review Board (Review Board) to discontinue its ASTC. Winchester notified the Review Board that it had temporarily suspended operations at its center effective August 8, 2019. Winchester intends to submit its CON application to the Review Board on or around January 17, 2020. The formal discontinuation will occur after approval is granted by the Review Board.

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Sincerely,

Joe Ourth

JRO/eka

cc: Illinois Health Facilities and Services Review Board

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joe.ourth@saul.com
www.saul.com

January 28, 2020

Via Certified Mail
Return Receipt Requested

North Shore Endoscopy Center
Attention: Christopher Macalaguin, Administrator
101 S. Waukegan Road, Suite 980
Lake Bluff, Illinois 60044-3013

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Mr. Macalaguin:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

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Sincerely,

Joe Ourth

JRO/eka

cc: Illinois Health Facilities and Services Review Board

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joe.ourth@saul.com
www.saul.com

January 28, 2020

Via Certified Mail
Return Receipt Requested

Golf Surgical Center
Attention: Michelle Kirkman, Administrator
8901 Golf Road
Des Plaines, Illinois 60016

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Ms. Kirkman:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

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Chicago, IL 60601

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Sincerely,

Joe Ourth

JRO/eka

cc: Illinois Health Facilities and Services Review Board

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& LEHR LLP

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Fax: 312.876.6215
joe.ourth@saul.com
www.saul.com

January 28, 2020

Via Certified Mail
Return Receipt Requested

Lindenhurst Surgery Center LLC
Attention: Norman Stephens, Administrator
1050 Rad Oak Lane
Lindenhurst, Illinois 60046

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Mr. Stephens:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

On behalf of Winchester, and in accordance with 77 Ill.Admin.Code §1110.110, we are sending this impact letter to inform you of Winchester's plans to file a Certificate of Need (CON) with the Illinois Health Facilities and Services Review Board (Review Board) to discontinue its ASTC. Winchester notified the Review Board that it had temporarily suspended operations at its center effective August 8, 2019. Winchester intends to submit its CON application to the Review Board on or around January 17, 2020. The formal discontinuation will occur after approval is granted by the Review Board.

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161 N. Clark Street, Suite 4200
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Sincerely,

Joe Ourth

JRO/eka

cc: Illinois Health Facilities and Services Review Board

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& LEHR LLP

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Fax: 312.876.6215
joe.ourth@saul.com
www.saul.com

January 28, 2020

Via Certified Mail
Return Receipt Requested

Algonquin Road Surgery Center, LLC
Attention: Lori Callahan, Administrator
2550 West Algonquin Road
Lake In The Hills, Illinois 60156

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Ms. Callahan:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

On behalf of Winchester, and in accordance with 77 Ill.Admin.Code §1110.110, we are sending this impact letter to inform you of Winchester's plans to file a Certificate of Need (CON) with the Illinois Health Facilities and Services Review Board (Review Board) to discontinue its ASTC. Winchester notified the Review Board that it had temporarily suspended operations at its center effective August 8, 2019. Winchester intends to submit its CON application to the Review Board on or around January 17, 2020. The formal discontinuation will occur after approval is granted by the Review Board.

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Chicago, IL 60601

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Sincerely,

Joe Ourth

JRO/eka

cc: Illinois Health Facilities and Services Review Board

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www.saul.com

January 28, 2020

Via Certified Mail
Return Receipt Requested

Barrington Pain & Spine Institute
Attention: Donna Havemann, Administrator
600 Hart Road, Suite 300
Barrington, Illinois 60010

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Ms. Havemann:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

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Sincerely,

Joe Ourth

JRO/eka

cc: Illinois Health Facilities and Services Review Board

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January 28, 2020

Via Certified Mail
Return Receipt Requested

Illinois Hand & Upper Extremity Center
Attention: Donna Kersting, Administrator
515 West Algonquin Road
Arlington Heights, Illinois 60005

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Ms. Kersting:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

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Sincerely,

Joe Ourth

JRO/eka

cc: Illinois Health Facilities and Services Review Board

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www.saul.com

January 28, 2020

Via Certified Mail
Return Receipt Requested

Northwest Surgicare
Attention: Jennifer Smith-Garman, Administrator
1100 West Central Road
Arlington Heights, Illinois 60005

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Ms. Smith-Garman:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

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Sincerely,

Joe Ourth

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cc: Illinois Health Facilities and Services Review Board

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January 28, 2020

Via Certified Mail
Return Receipt Requested

Ritacca Laser Center, Ltd.
Attention: Grisel Lopez, Administrator
230 Center Drive
Vernon Hills, Illinois 60061

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Ms. Lopez:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

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Sincerely,

Joe Ourth

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www.saul.com

January 28, 2020

Via Certified Mail
Return Receipt Requested

UroPartners Surgery Center
Attention: Catherine McCue, Administrator
2750 South River Road
Des Plaines, Illinois 60018

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Ms. McCue:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

On behalf of Winchester, and in accordance with 77 Ill.Admin.Code §1110.110, we are sending this impact letter to inform you of Winchester's plans to file a Certificate of Need (CON) with the Illinois Health Facilities and Services Review Board (Review Board) to discontinue its ASTC. Winchester notified the Review Board that it had temporarily suspended operations at its center effective August 8, 2019. Winchester intends to submit its CON application to the Review Board on or around January 17, 2020. The formal discontinuation will occur after approval is granted by the Review Board.

For your reference, Winchester reported the following number of cases on its Annual Questionnaires filed with the Review Board:

	2016	2017	2018
Procedures	4,417	5,025	4,814

If you wish to provide information about the impact of discontinuation, please provide (as applicable) the following information with your impact statement:

ATTACHMENT 10

161 North Clark • Suite 4200 • Chicago, IL 60601
Phone: (312) 876-7100 • Fax: (312) 876-0288

- capacity to accommodate a portion or all of Winchester's caseload
- explanation of any restrictions or limitations you have that preclude your providing services to the residents of Winchester's market area

If a response is not received within 15 days from the date of delivery, Review Board rules presume that the discontinuation of Winchester will not adversely impact your organization. Any timely information we receive from you will be provided to the Review Board.

Please direct any response to me at the address below:

Joe Ourth
Saul Ewing Arnstein & Lehr LLP
161 N. Clark Street, Suite 4200
Chicago, IL 60601

If you have any questions, please direct them to my attention at 312/876-7815 or to joe.ourth@saul.com.

Sincerely,

Joe Ourth

JRO/eka

cc: Illinois Health Facilities and Services Review Board

SAUL EWING
ARNSTEIN
& LEHR LLP

Joe Ourth
Phone: 312.876.7815
Fax: 312.876.6215
joe.ourth@saul.com
www.saul.com

January 28, 2020

Via Certified Mail
Return Receipt Requested

The Glen Endoscopy Center
Attention: Beth Mara, Administrator
2551 Compass Road, Suite 115
Glenview, Illinois 60026

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Ms. Mara:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

On behalf of Winchester, and in accordance with 77 Ill.Admin.Code §1110.110, we are sending this impact letter to inform you of Winchester's plans to file a Certificate of Need (CON) with the Illinois Health Facilities and Services Review Board (Review Board) to discontinue its ASTC. Winchester notified the Review Board that it had temporarily suspended operations at its center effective August 8, 2019. Winchester intends to submit its CON application to the Review Board on or around January 17, 2020. The formal discontinuation will occur after approval is granted by the Review Board.

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Saul Ewing Arnstein & Lehr LLP
161 N. Clark Street, Suite 4200
Chicago, IL 60601

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Sincerely,

Joe Ourth

JRO/eka

cc: Illinois Health Facilities and Services Review Board

SAUL EWING
ARNSTEIN
& LEHR LLP

Joe Ourth
Phone: 312.876.7815
Fax: 312.876.6215
joe.ourth@saul.com
www.saul.com

January 28, 2020

Via Certified Mail
Return Receipt Requested

Northwest Community Day Surgery Center
Attention: Raoul Chazaro, MD, PhD, MBA, Administrator
675 West Kirchoff Road
Arlington Heights, Illinois 60005

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Dr. Chazaro:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

On behalf of Winchester, and in accordance with 77 Ill.Admin.Code §1110.110, we are sending this impact letter to inform you of Winchester's plans to file a Certificate of Need (CON) with the Illinois Health Facilities and Services Review Board (Review Board) to discontinue its ASTC. Winchester notified the Review Board that it had temporarily suspended operations at its center effective August 8, 2019. Winchester intends to submit its CON application to the Review Board on or around January 17, 2020. The formal discontinuation will occur after approval is granted by the Review Board.

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Joe Ourth
Saul Ewing Arnstein & Lehr LLP
161 N. Clark Street, Suite 4200
Chicago, IL 60601

If you have any questions, please direct them to my attention at 312/876-7815 or to joe.ourth@saul.com.

Sincerely,

Joe Ourth

JRO/eka

cc: Illinois Health Facilities and Services Review Board

SAUL EWING
ARNSTEIN
& LEHR LLP

Joe Ourth
Phone: 312.876.7815
Fax: 312.876.6215
joe.ourth@saul.com
www.saul.com

January 28, 2020

Via Certified Mail
Return Receipt Requested

Midwest Regional Medical Center
Attention: Pete Govorchin, Administrator
2520 Elisha Avenue
Zion, Illinois 60099

Re: Discontinuation of Winchester Endoscopy, LLC ("Winchester")

Dear Mr. Govorchin:

Winchester Endoscopy, LLC ("Winchester") has determined that it must discontinue its ambulatory surgical treatment center ("ASTC") located at 1870 West Winchester Road in Libertyville, Illinois. With the shift in physician referral practices, Winchester's ongoing operations are not sustainable.

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Please direct any response to me at the address below:

Joe Ourth
Saul Ewing Arnstein & Lehr LLP
161 N. Clark Street, Suite 4200
Chicago, IL 60601

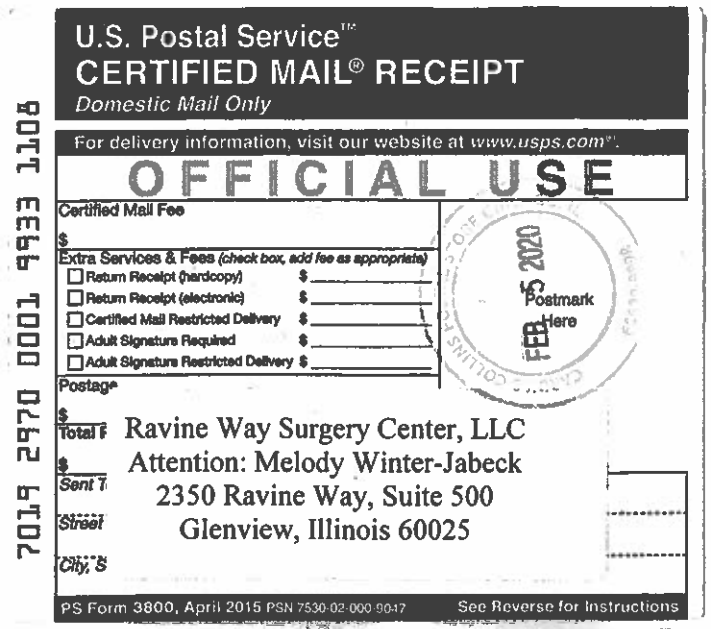
If you have any questions, please direct them to my attention at 312/876-7815 or to joe.ourth@saul.com.

Sincerely,

Joe Ourth

JRO/eka

cc: Illinois Health Facilities and Services Review Board



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Ravine Way Surgery Center, LLC
Attention: Melody Winter-Jabeck
2350 Ravine Way, Suite 500
Glenview, Illinois 60025

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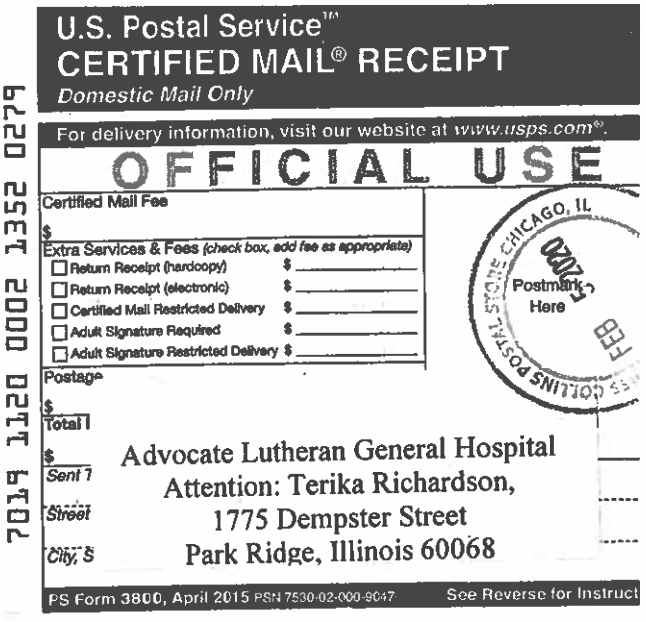
7019 2970 0001 9933 1108



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Advocate Lutheran General Hospital
Attention: Terika Richardson,
1775 Dempster Street
Park Ridge, Illinois 60068

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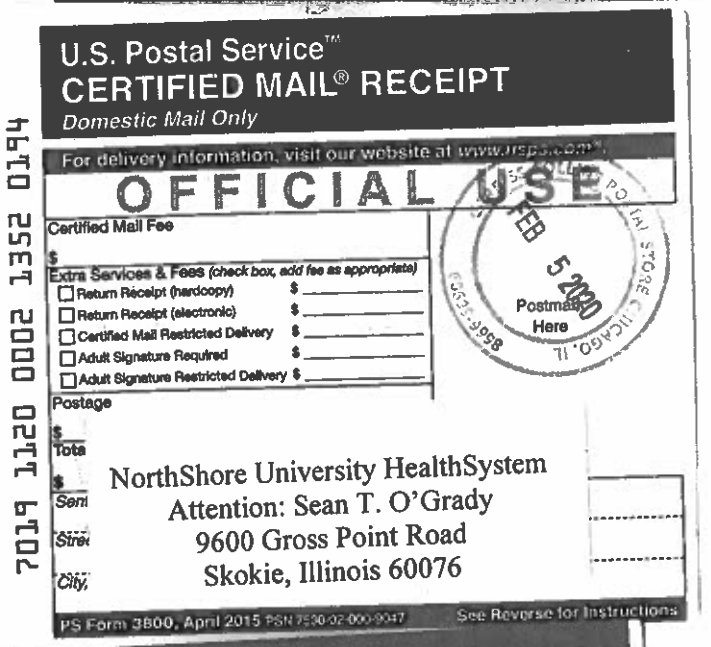
7019 1120 0002 1352 0279



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NorthShore University HealthSystem
Attention: Sean T. O'Grady
9600 Gross Point Road
Skokie, Illinois 60076

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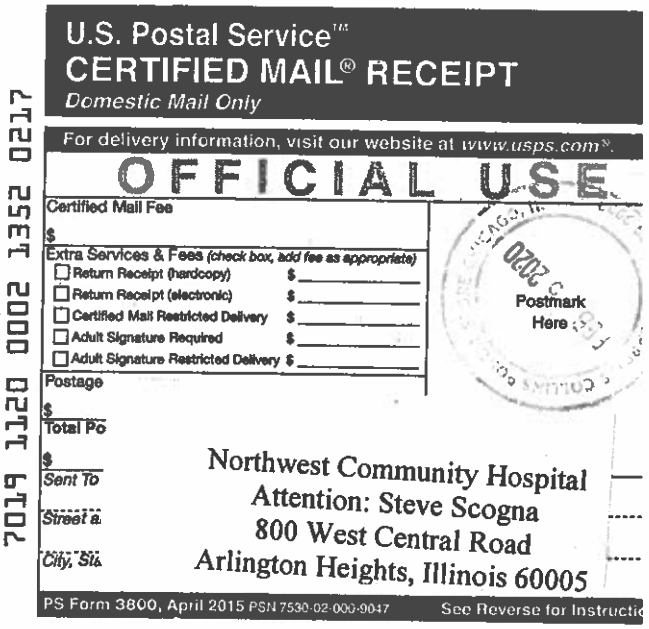
7019 1120 0002 1352 0194



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Northwest Community Hospital
Attention: Steve Scogna
800 West Central Road
Arlington Heights, Illinois 60005

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Attention: Sean O'Grady
2100 Pfingsten Road
Glenview, Illinois 60026

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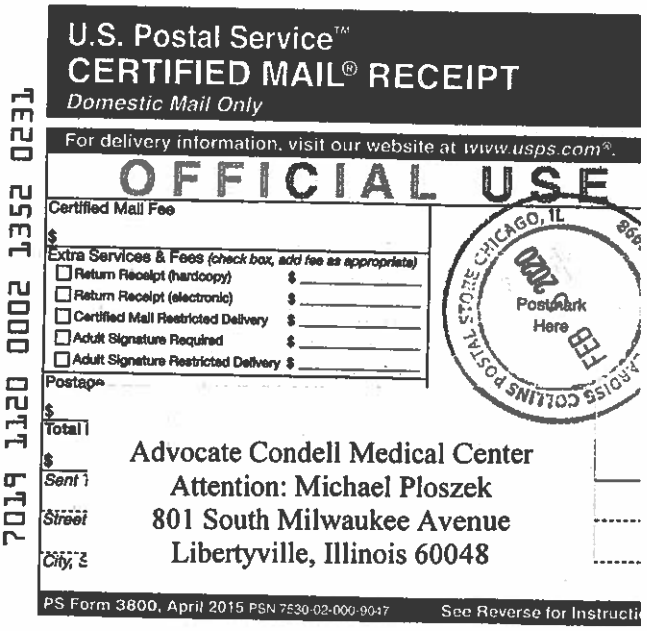

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Advocate Condell Medical Center
Attention: Michael Ploszek
801 South Milwaukee Avenue
Libertyville, Illinois 60048

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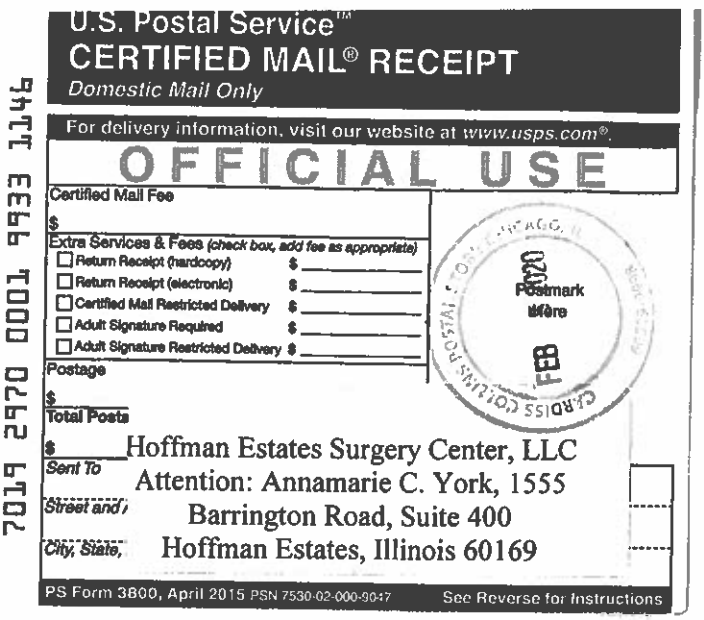
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Hoffman Estates Surgery Center, LLC
Attention: Annamarie C. York, 1555
Barrington Road, Suite 400
Hoffman Estates, Illinois 60169
PS Form 3800, April 2015 PSN 7530-02-000-9047
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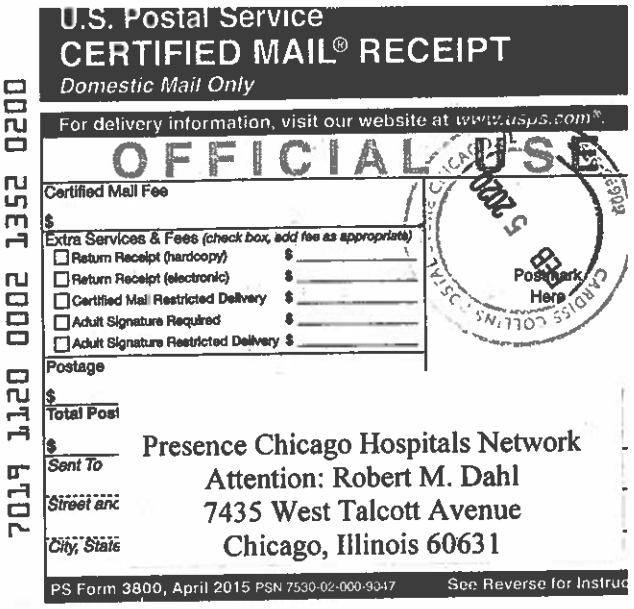
7019 2970 0001 9933 1146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7435 West Talcott Avenue
Chicago, Illinois 60631
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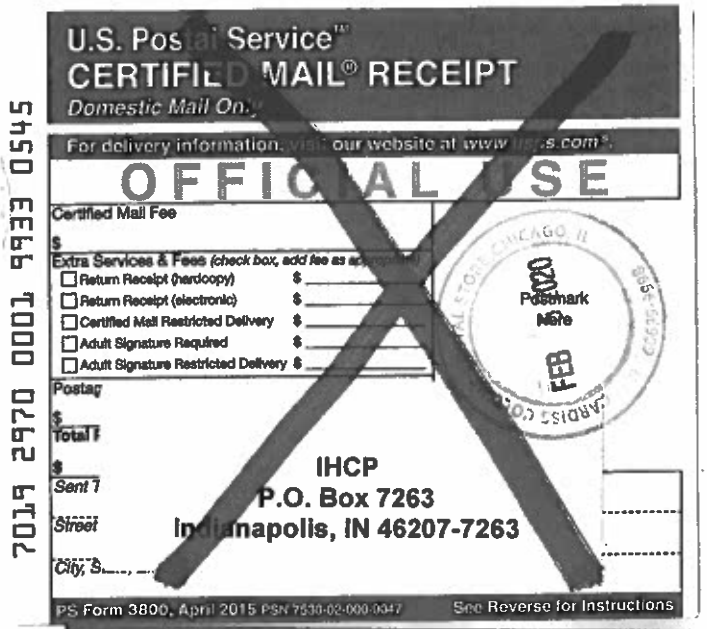
7019 1120 0002 1352 0200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UroPartners Surgery Center
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2750 South River Road
Des Plaines, Illinois 60018
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Advocate Good Shephard Hospital
Attention: Karen Lambert
450 West Highway #22
Barrington, Illinois 60010
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NorthShore University HealthSystem
Attention: Sean T. O'Grady
777 Park Avenue W
Highland Park, Illinois 60035
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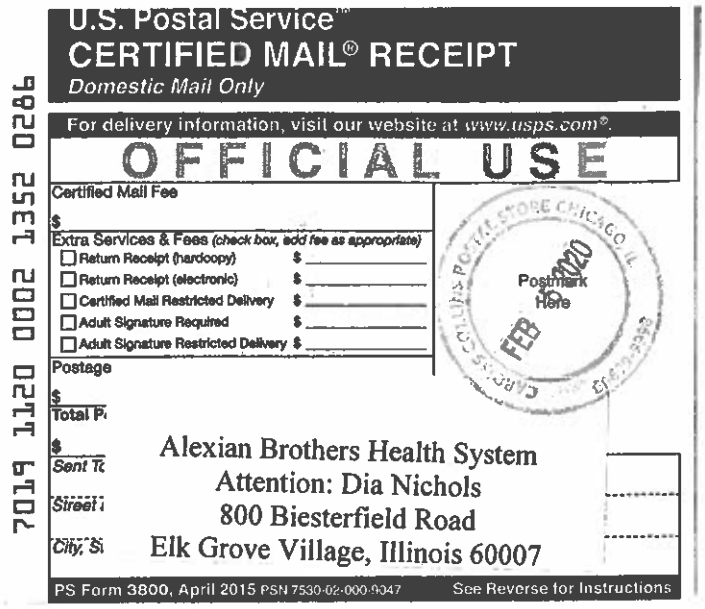
7019 1120 0002 1352 0118



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Alexian Brothers Health System
Attention: Dia Nichols
800 Biesterfield Road
Elk Grove Village, Illinois 60007

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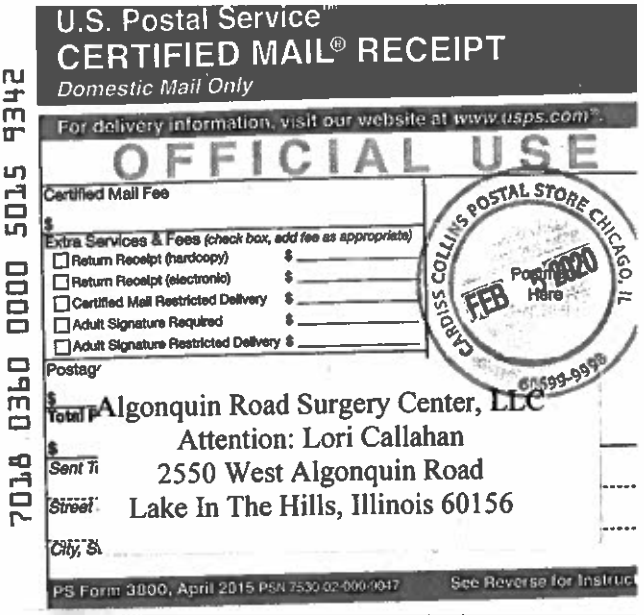
7019 1120 0002 1352 0286



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Algonquin Road Surgery Center, LLC
Attention: Lori Callahan
2550 West Algonquin Road
Lake In The Hills, Illinois 60156

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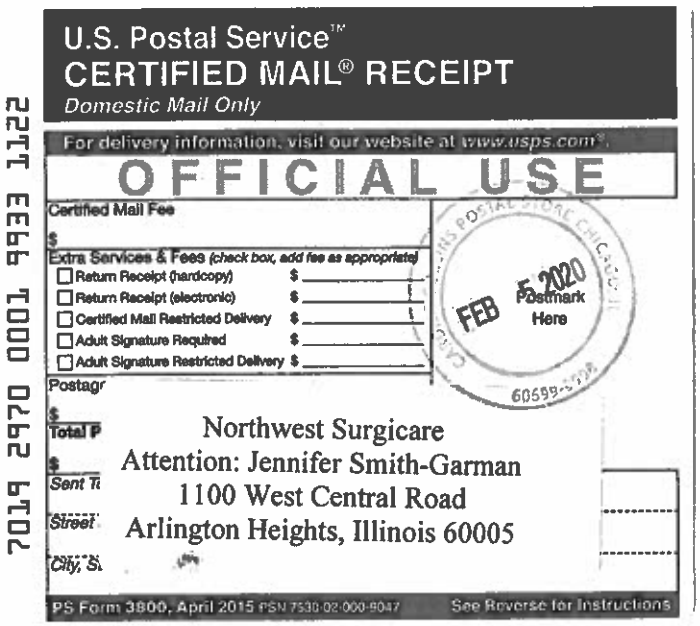
7018 0360 0000 5015 9342



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Northwest Surgicare
Attention: Jennifer Smith-Garman
1100 West Central Road
Arlington Heights, Illinois 60005

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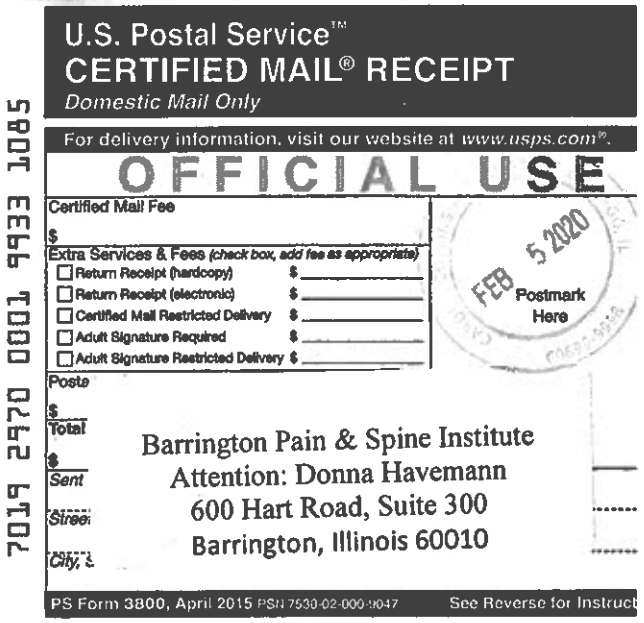
7019 2970 0001 9933 1122



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Barrington Pain & Spine Institute
Attention: Donna Havemann
600 Hart Road, Suite 300
Barrington, Illinois 60010

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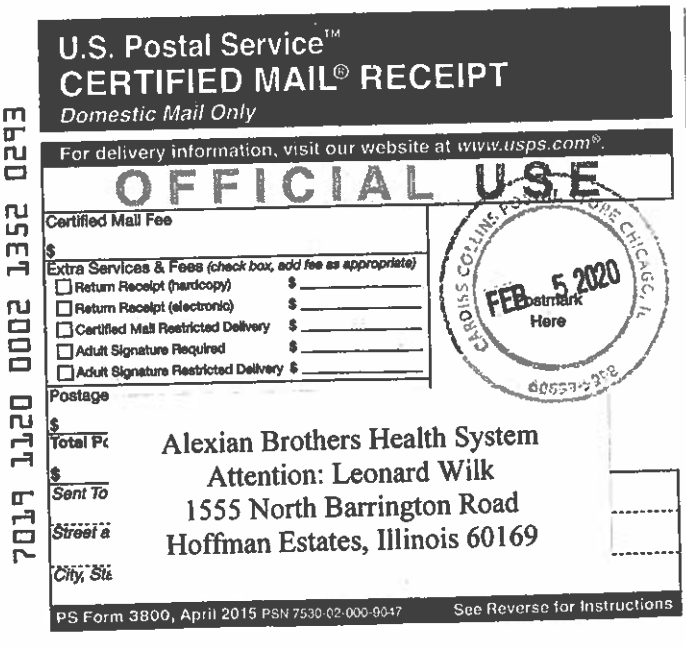
7019 2970 0001 9933 1085



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Alexian Brothers Health System
Attention: Leonard Wilk
1555 North Barrington Road
Hoffman Estates, Illinois 60169

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Northwestern Grayslake ASTC
Attention: Denise Majeski
1475 E. Belvidere Road, Suite 211
Grayslake, Illinois 60030

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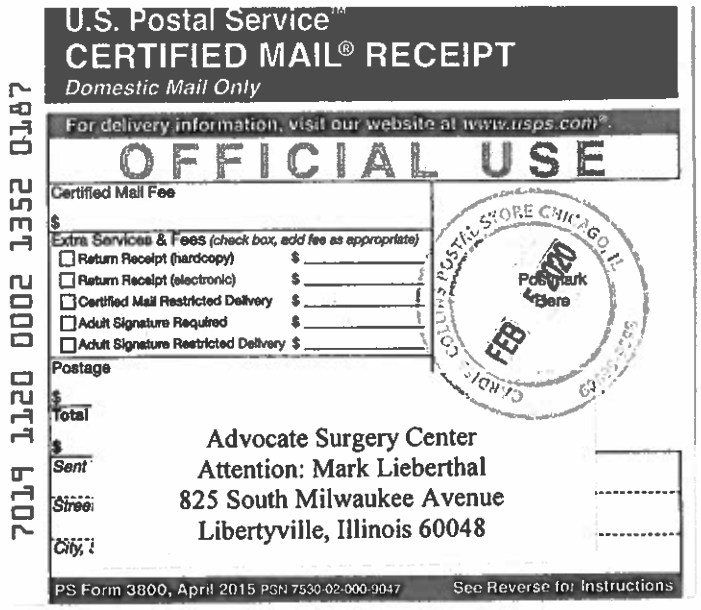

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Advocate Surgery Center
Attention: Mark Lieberthal
Street
825 South Milwaukee Avenue
City, S
Libertyville, Illinois 60048

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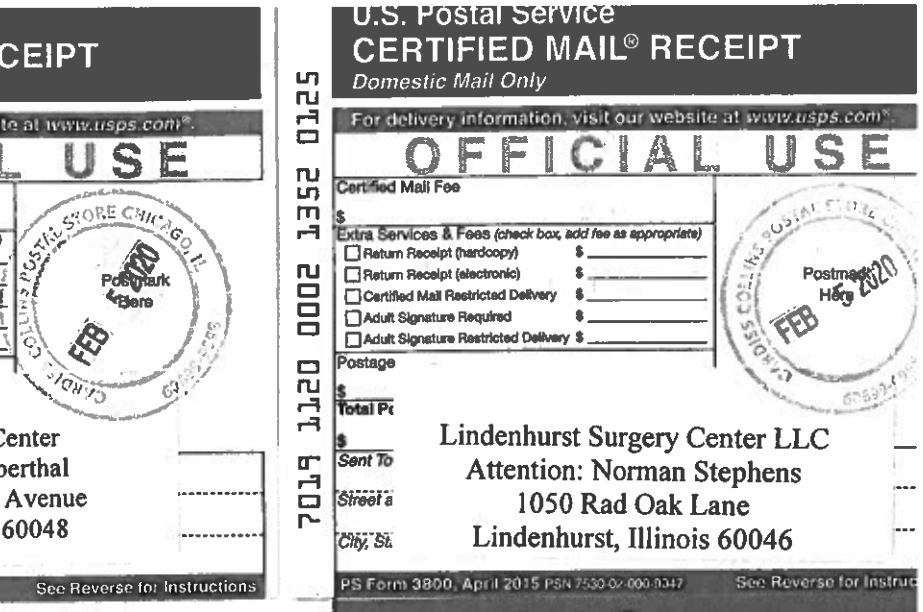
7019 1120 0002 1352 0187



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Lindenhurst Surgery Center LLC
Attention: Norman Stephens
Street a
1050 Rad Oak Lane
City, St
Lindenhurst, Illinois 60046

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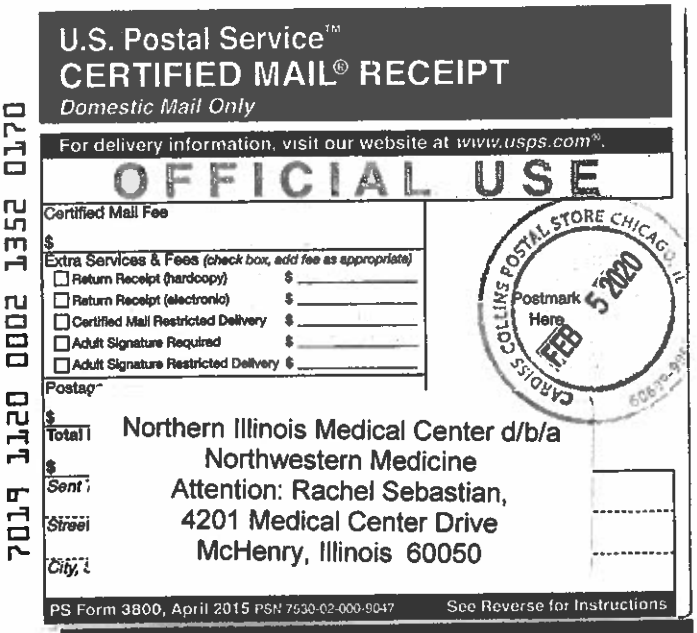

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Northern Illinois Medical Center d/b/a
Northwestern Medicine
Attention: Rachel Sebastian,
Street
4201 Medical Center Drive
City,
McHenry, Illinois 60050

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Se
Golf Surgical Center
Attention: Michelle Kirkman
Str
8901 Golf Road
Ci
Des Plaines, Illinois 60016

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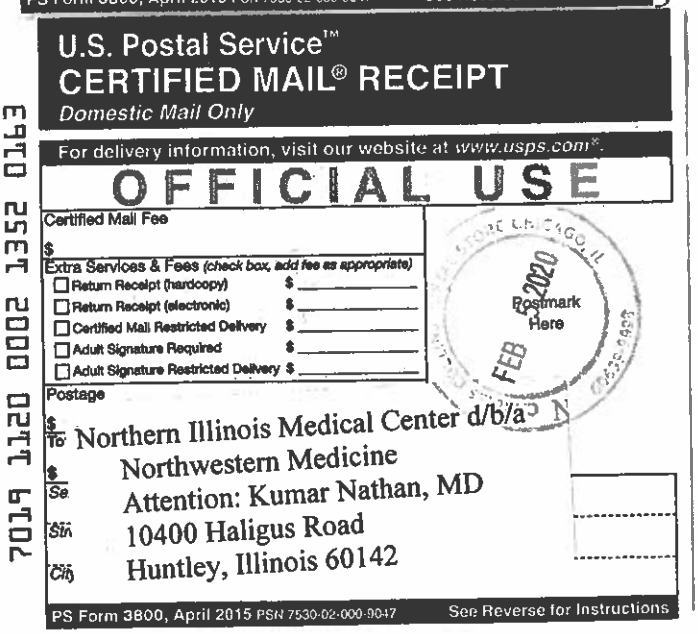
7019 1120 0002 1352 0149



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To
Northern Illinois Medical Center d/b/a
Northwestern Medicine
Se
Attention: Kumar Nathan, MD
Str
10400 Haligus Road
Cit
Huntley, Illinois 60142

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Aiden Center for Day Surgery, LLC
Attention: Ali Nili, Administrator
Street a
1580 West Lake Street
City, Sta
Addison, Illinois 60101

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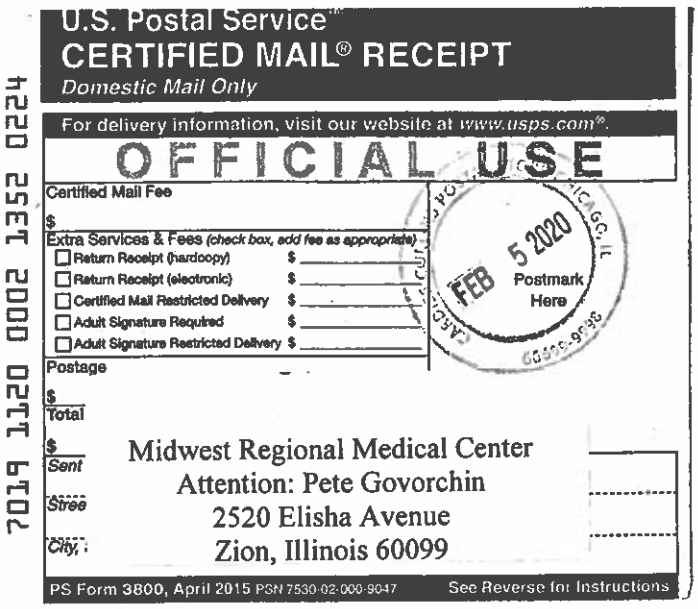

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Stree
City,

Midwest Regional Medical Center
Attention: Pete Govorchin
2520 Elisha Avenue
Zion, Illinois 60099

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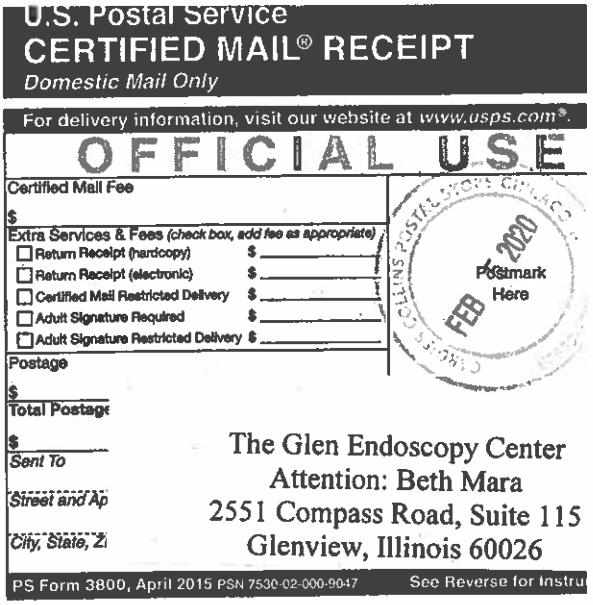

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The Glen Endoscopy Center
Attention: Beth Mara
2551 Compass Road, Suite 115
Glenview, Illinois 60026

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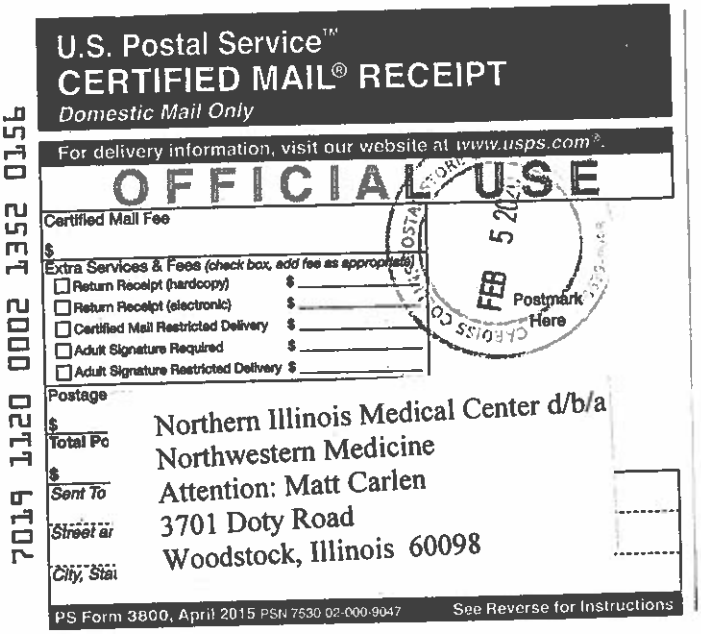

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Northern Illinois Medical Center d/b/a
Northwestern Medicine
Attention: Matt Carlen
3701 Doty Road
Woodstock, Illinois 60098

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Illinois Hand & Upper Extremity
Attention: Donna Kersting
515 West Algonquin Road
Arlington Heights, Illinois 60005

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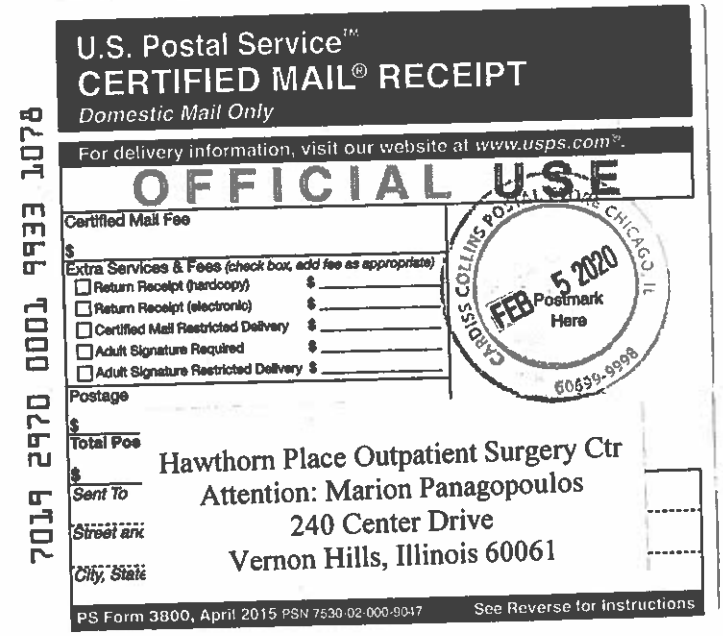

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Hawthorn Place Outpatient Surgery Ctr
Attention: Marion Panagopoulos
240 Center Drive
Vernon Hills, Illinois 60061

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Northwest Community Foot and Ankle
Attention: Stephan Scogna
1455 Golf Road
Des Plaines, Illinois 60016

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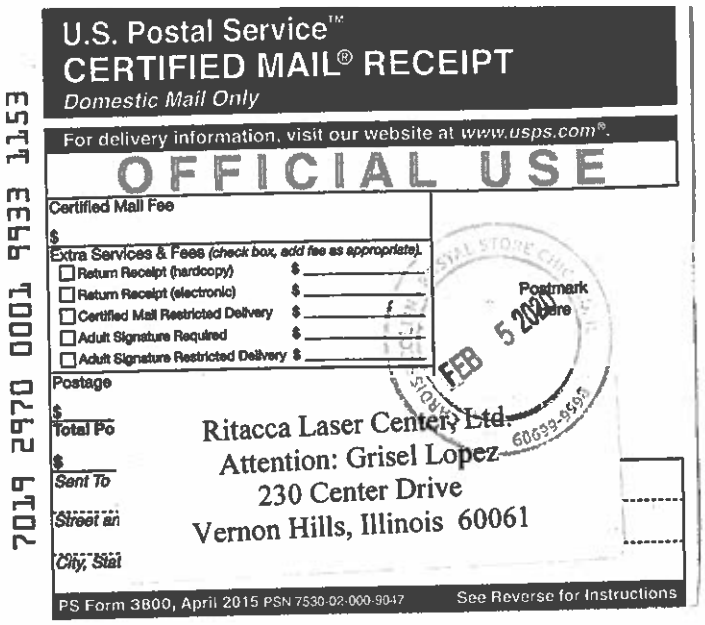
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Ritacca Laser Center, Ltd.
Attention: Grisel Lopez
230 Center Drive
Vernon Hills, Illinois 60061
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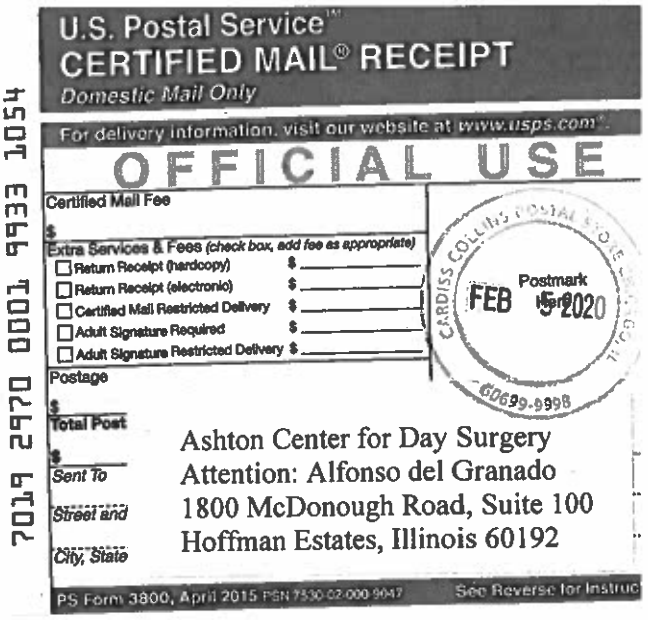
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Ashton Center for Day Surgery
Attention: Alfonso del Granado
1800 McDonough Road, Suite 100
Hoffman Estates, Illinois 60192
PS Form 3800, April 2015 PSN 7530-02-000-9047
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City, Sta
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Northwest Community Day Surg Ctr
Attention: Dr. Raoul Chazaro
675 West Kirchoff Road
Arlington Heights, Illinois 60005
PS Form 3800, April 2015 PSN 7530-02-000-9047
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North Shore Endoscopy Center
Attention: Christopher Macalaguin
101 S. Waukegan Road, Suite 980
Lake Bluff, Illinois 60044-3013
PS Form 3800, April 2015 PSN 7530-02-000-9047
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Background

Attachment 11, Background of Applicant

1. *A listing of all health care facilities owned or operated by the Applicant, including licensing, and certificate if applicable.*

   A list of all the Illinois ambulatory surgery treatment centers "controlled" by UnitedHealth Group Incorporated ("UHG"), through Surgical Care Affiliates, LLC ("SCA"), including licensing and certification information, is included.

2. *A certified listing of any adverse action taken against any facility owned and/or operated by the Applicant during the three years prior to the filing of the application.*

   By their signatures on the Certification pages to this application, each of the Applicants attest that no adverse action has been taken against any facility owned and/or operated by them during the three (3) years prior to the filing of this application.

3. *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.*

   By their signatures to the Certification pages to this application, each of the Applicants authorize HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: (i) official records of DPH or other State agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of nationally recognized accreditation organizations.

SURGICAL CARE AFFILIATES FACILITIES IN ILLINOIS

The licensing, certification and accreditations numbers of each Illinois health facility owned or operated by Surgical Care Affiliates related entities are listed below.

Facility	Location	License No.	Joint Commission Accreditation No.	Other Accreditation No.
Hawthorne Surgery Center	240 Center Dr. Vernon Hills, IL 60061	7003188	452470	N/A
Loyola Ambulatory Surgery Center at Oakbrook Terrace	One South 224 Summit Ave., #201 Oakbrook Terrace, IL 60181	7002181	452472	N/A
Amsurg Surgery Center	998 129th Infantry Dr. Joliet, IL 60435	7003160	452473	N/A
Northwest Surgicare	1100 W. Central Road, Lower Basement L4 Arlington Heights, IL 60005	7000342	N/A	AAAHC #1508
Center for Minimally Invasive Surgery Center	19110 Darvin Dr. Mokena, IL 60448	7003201	N/A	AAAHC #24142
Advocate Condell Ambulatory Surgery Center	825 S. Milwaukee Ave. Libertyville, IL 60048	7003208	N/A	AAAHC #116929
Winchester Endoscopy	1870 W Winchester Rd., #146 Libertyville, IL 60048	7003202	N/A	AAACH #113063
Midwest Center for Day Surgery	311 Highland Avenue, Downers Grove, IL 60515	7001075	409	N/A
Golf Surgical Center	8901 Golf Road Des Plaines, Illinois 60016	7002231	N/A	AAAHC #9E8F4EAA 12918
Tinley Woods Surgery Center	18200 S. LaGrange Road, Tinley Park 60487	7002652	379630	N/A

Naperville Surgical Centre*	1263 Rickert Dr. Naperville, IL 60540	7003205	61274	N/A
Advocate Sherman Ambulatory Surgery Center**	1445 North Randall Road, Elgin, IL 60123-2300	N/A	N/A	N/A

*SCA has a non-controlling interest only.
**Under development and not yet licensed.

Purpose of Project

Attachment 12

As per the Application for Permit, this section is not applicable to projects for Discontinuation with no project cost.

Alternatives

Attachment 13

As per the application for Permit instructions this section is not applicable to projects for Discontinuation with no project costs.

Attachments 14 - 17

This application is for a Discontinuation only with no project costs and Attachments 14 – 17 appear to be inapplicable.

Availability of Funds

Attachment 33

The application is for Discontinuation and there are no project costs associated with the project and consequently the Availability of Funds appears inapplicable.

Financial Viability

Attachment 34

The application is for Discontinuation and there are no project costs associated with the project and consequently the Financial Viability information is inapplicable.

Attachment 35

This application is for Discontinuation only and there are not projects costs associated with the project and consequently Attachment 35 appears inapplicable.

Economic Feasibility
Attachment 36

The application is for Discontinuation and there are no project costs associated with the project and the Economic Feasibility criterion appears inapplicable.

Safety Net Impact

Attachment 37, Safety Net Impact Statement

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.*

The Applicants do not anticipate any material impact on safety net services. The facility had been operating at low utilization and consequently would have limited impact. The physicians previously performing procedures in the facility continue to perform procedures, but at a location different than the applicant.

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.

The Applicants similarly do not anticipate that the discontinuation will impact any other facility's ability to cross-subsidize safety net services.

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.

The Applicants do not believe the discontinuation will impact the remaining safety net providers in the community.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year 2016**	**Year 2017**	**Year 2018**
Inpatient	NA	NA	NA
Outpatient	0	0	0
Total			
Charity (cost In dollars)			
Inpatient	NA	NA	NA
Outpatient	0	0	0
Total			
MEDICAID			
Medicaid (# of patients)	**Year 2015**	**Year 2016**	**Year 2017**
Inpatient	NA	NA	NA
Outpatient			
Total			
Medicaid (revenue)			
Inpatient	NA	NA	NA
Outpatient			
Total	2,679	($149)	($2,635)

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

Charity Care Information

Attachment 38, Charity Care Information

Tinley Woods Surgery Center

CHARITY CARE			
	2016	**2017**	**2018**
Net Patient Revenue	**$10,480,972**	**$7,090,275**	**$7,830,613**
Amount of Charity Care (charges)	$0	$0	$0
Cost of Charity Care	$0	$0	$0

Hawthorn Place Outpatient Surgery Center LP

CHARITY CARE			
	2016	**2017**	**2018**
Net Patient Revenue	**$15,440,746**	**$27,733,066**	**$19,342,431**
Amount of Charity Care (charges)	$0	$0	$0
Cost of Charity Care	$0	$0	$0

Northwest Surgicare

CHARITY CARE			
	2016	**2017**	**2018**
Net Patient Revenue	**$25,595,871**	**$23,350,103**	**$23,350,103**
Amount of Charity Care (charges)	$4,000	$0	$0
Cost of Charity Care	$4,000	$0	$0

Southwest Surgery Center d/b/a
Center for Minimally Invasive Surgery

CHARITY CARE			
	2016	**2017**	**2018**
Net Patient Revenue	**$16,208,670**	**$14,931,415**	**$16,302,019**
Amount of Charity Care (charges)	$0	$0	$0
Cost of Charity Care	$0	$0	$0

Winchester Endoscopy Center, LLC

CHARITY CARE			
	2016	**2017**	**2018**
Net Patient Revenue	**$3,355,278**	**$3,723,766**	**$3,964,498**
Amount of Charity Care (charges)	$0	$0	$0
Cost of Charity Care	$0	$0	$0

Loyola Ambulatory Surgery Center at Oakbrook Terrace

CHARITY CARE			
	2016	**2017**	**2018**
Net Patient Revenue	**$3,911,269**	**$25,679,016**	**$4,751,269**
Amount of Charity Care (charges)	$92,149	$0	$656
Cost of Charity Care	$92,149	$0	$656

Amsurg Surgery Center

CHARITY CARE			
	2016	**2017**	**2018**
Net Patient Revenue	**$11,846,459**	**$13,814,283**	**$12,660,937**
Amount of Charity Care (charges)	$8,563	$3,191	$0
Cost of Charity Care	$8,563	$3,191	$0

Midwest Center for Day Surgery

CHARITY CARE			
	2016	**2017**	**2018**
Net Patient Revenue	**$4,883,439**	**$5,857,543**	**$7,065,334**
Amount of Charity Care (charges)	$0	$0	$0
Cost of Charity Care	$0	$0	$0

Naperville Surgical Centre*

CHARITY CARE			
	2016	**2017**	**2018**
Net Patient Revenue	**$9,162,047**	**$7,223,708**	**$7,275,946**
Amount of Charity Care (charges)	$0	$0	$0
Cost of Charity Care	$0	$0	$0

*SCA has a non-controlling interest only.

Golf Surgery Center

CHARITY CARE			
	2016	**2017**	**2018**
Net Patient Revenue	**$7,688,740**	**$8,407,600**	**$9,870,607**
Amount of Charity Care (charges)	$590	$0	$3,221
Cost of Charity Care	$590	$0	$3,221

Advocate Surgery Center, Libertyville

CHARITY CARE			
	2016	**2017**	**2018**
Net Patient Revenue	**N/A**	**$2,030,367**	**$10,124,415**
Amount of Charity Care (charges)	N/A	$0	$2,961
Cost of Charity Care	N/A	$0	$2,961