

**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: Pepper Road Endoscopy Center		
Street Address: 22285 North Pepper Road		
City and Zip Code: Lake Barrington, Illinois 60010		
County: Lake	Health Service Area: 8	Health Planning Area:

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

Exact Legal Name: Pepper Road Endoscopy Center, LLC
Street Address: 22285 North Pepper Road
City and Zip Code: Lake Barrington, Illinois 60010
Name of Registered Agent: Manish Bhuvu, M.D.
Registered Agent Street Address: 9 Polo Drive
Registered Agent City and Zip Code: South Barrington, Illinois 60010
Name of Chief Executive Officer: Manish Bhuvu, M.D.
CEO Street Address: 22285 North Pepper Road
CEO City and Zip Code: Lake Barrington, Illinois 60010
CEO Telephone Number: 847-382-4410

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"> 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: Lisa Coats
Title: Office Administrator
Company Name: Gastroenterology & Internal Medicine Specialists, S.C.
Address: 22285 North Pepper Road, Suite 311, Lake Barrington, Illinois 60010
Telephone Number: 847-382-4410 Ext. 4450
E-mail Address: lcoats@gipartnersofil.com
Fax Number:

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

Name: Manish Bhuvu, M.D.
Title: President
Company Name: Gastroenterology & Internal Medicine Specialists, S.C.
Address: 22285 North Pepper Road, Suite 311, Lake Barrington, Illinois 60010
Telephone Number: 847-382-4410
E-mail Address: mbhuvu@gipartnersofil.com
Fax Number:

Facility/Project Identification

Facility Name: Pepper Road Endoscopy Center		
Street Address: 22285 North Pepper Road		
City and Zip Code: Lake Barrington, Illinois 60010		
County: Lake	Health Service Area: 8	Health Planning Area:

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

Exact Legal Name: Fox Glen, LLC
Street Address: 22285 North Pepper Road, Suite 311
City and Zip Code: Lake Barrington, Illinois 60010
Name of Registered Agent: Manish Bhuvu, M.D.
Registered Agent Street Address: 22285 North Pepper Road, Suite 311
Registered Agent City and Zip Code: Lake Barrington, Illinois 60010
Name of Chief Executive Officer: Manish Bhuvu, M.D.
CEO Street Address: 22285 North Pepper Road
CEO City and Zip Code: Lake Barrington, Illinois 60010
CEO Telephone Number: 847-382-4410

Type of Ownership of Applicants

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

- 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: Lisa Coats
Title: Office Administrator
Company Name: Gastroenterology & Internal Medicine Specialists, S.C.
Address: 22285 North Pepper Road, Suite 311, Lake Barrington, Illinois 60010
Telephone Number: 847-382-4410 Ext. 4450
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Additional Contact [Person who is also authorized to discuss the application for permit]

Name: Manish Bhuvu, M.D.
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Company Name: Gastroenterology & Internal Medicine Specialists, S.C.
Address: 22285 North Pepper Road, Suite 311, Lake Barrington, Illinois 60010
Telephone Number: 847-382-4410
E-mail Address: mbhuvu@gipartnersofil.com
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: Lisa Coats
Title: Office Administrator
Company Name: Gastroenterology & Internal Medicine Specialists, S.C.
Address: 22285 North Pepper Road, Suite 311, Lake Barrington, Illinois 60010
Telephone Number: 847-382-4410 Ext. 4450
E-mail Address: lcoats@gipartnersofil.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Fox Glen, LLC
Address of Site Owner: 22285 North Pepper Road, Suite 311, Lake Barrington, Illinois 60010
Street Address or Legal Description of the Site: 22285 North Pepper Road, Suite __, Lake Barrington, Illinois 60010
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: Pepper Road Endoscopy Center, LLC			
Address: 22285 North Pepper Road, Suite __, Lake Barrington, Illinois 60010			
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input checked="" type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> 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 organized and the name and address of each partner specifying whether each is a general or limited partner. o 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>). **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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.

Pepper Road Endoscopy Center, LLC and Fox Glen, LLC (the "Applicants") seek authority to establish a single-specialty ambulatory surgical treatment center ("ASTC") limited to endoscopy (gastroenterology services) with two procedure rooms and 6 recovery stations to be located at 22285 North Pepper Road, Suite 312, Lake Barrington, Illinois 60010. The ASTC will consist of 4,350 gross square feet of clinical space.

This project is classified as a substantial project because it proposes the establishment of a new health care facility.

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	\$35,000		\$35,000
Contingencies			
Architectural/Engineering Fees	\$5,000		\$5,000
Consulting and Other Fees	\$10,000		\$10,000
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	\$147,357		\$147,357
Other Costs to Be Capitalized ¹	\$186,279	\$50,845	\$234,124
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$383,636	\$50,845	\$431,481
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$50,000	\$0	\$50,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$147,357		\$147,357
Governmental Appropriations			
Grants			
Other Funds and Sources	\$186,279	\$50,845	\$234,124
TOTAL SOURCES OF FUNDS	\$383,636	\$50,845	\$431,481
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

¹ Net book value of existing equipment to be transferred to Pepper Road Endoscopy Center.

Related Project Costs

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

Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100. Estimated start-up costs and operating deficit cost is \$ <u>\$314,457.</u>

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: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Schematics <input type="checkbox"/> Final Working </div>
Anticipated project completion date (refer to Part 1130.140): <u>September 30, 2023</u>
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): <div style="margin-left: 20px;"> <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies <input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance. </div>
APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable? <div style="margin-left: 20px;"> <input type="checkbox"/> Cancer Registry <input type="checkbox"/> APORS N/A <input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted N/A <input type="checkbox"/> All reports regarding outstanding permits N/A </div> <p>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</p>

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.**

Not Reviewable Space [i.e. non-clinical]: means an area for the benefit of the patients, visitors, staff or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

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

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

Facility Bed Capacity and Utilization - NOT APPLICABLE

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


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

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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 for Permit is filed on the behalf of Pepper Road Endoscopy Center, LLC* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.



SIGNATURE

Manish Bhuvra, M.D.

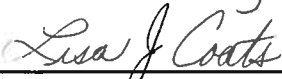
PRINTED NAME

Manager

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 2nd day of May 2022



Signature of Notary

Seal



*Insert EXACT legal name of the applicant



SIGNATURE

Chad Spangler, M.D.

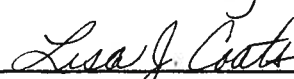
PRINTED NAME

Manager

PRINTED TITLE

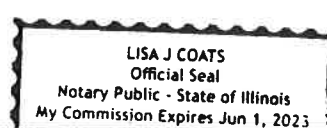
Notarization:

Subscribed and sworn to before me
this 2nd day of May 2022



Signature of Notary

Seal



CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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 for Permit is filed on the behalf of **Fox Glen, 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.



SIGNATURE

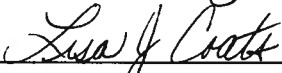
Manish Bhuva, M.D.

PRINTED NAME

Manager

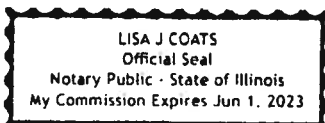
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 4th day of May 2022


Signature of Notary

Seal




SIGNATURE

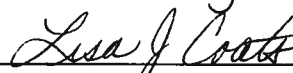
Chad Spangler, M.D.

PRINTED NAME

Manager

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 4th day of May 2022


Signature of Notary

Seal



*Insert EXACT legal name of the applicant

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 can 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** the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
 - 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

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

SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

G. Non-Hospital Based Ambulatory Surgery

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

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

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

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	

1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X
APPEND DOCUMENTATION AS <u>ATTACHMENT 25</u>, 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)

VII. 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]:

\$50,000	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 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 timetable 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 timetable of receipts;
\$147,357	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: <ol style="list-style-type: none"> 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;
<u>\$234,124</u>	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$431,481	TOTAL FUNDS AVAILABLE
<p>APPEND DOCUMENTATION AS <u>ATTACHMENT 34</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>	

SECTION VIII. 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 the project's 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 35, 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 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 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 the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

SECTION X. 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, **including the impact on racial and health care disparities 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)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
Inpatient			

	Outpatient				
	Total				

APPEND DOCUMENTATION AS ATTACHMENT 38, 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 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM


In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is located in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: Pepper Road Endoscopy Center, LLC 2285 Pepper Road
 (Name) (Address)
Barrington Illinois 60010 847-382-4410
 (City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 22285 North Pepper Road Barrington, Illinois
 (Address) (City) (State)
Lake
 (County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go To NFHL Viewer** tab above the map. You can print a copy of the floodplain map by selecting the



icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA:

Yes___ No X

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

Business/Agency: _____ Address: _____

(City) (State) (ZIP Code) (Telephone Number)

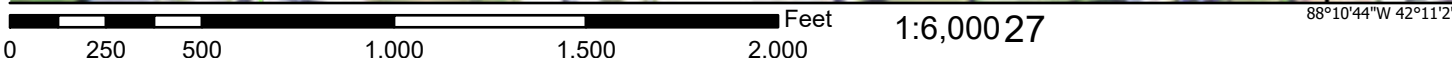
Signature: _____ Date: _____

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

National Flood Hazard Layer FIRMeTte



88°11'21"W 42°11'28"N



Basemap: USGS National Map: Orthoimagery: Data refreshed October, 2020

Legend #22-024

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

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Zone AE, AO, AH, VE, AR
		Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D
OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
GENERAL STRUCTURES		Area of Undetermined Flood Hazard Zone D
		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall
OTHER FEATURES		Cross Sections with 1% Annual Chance Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped



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

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

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 4/14/2022 at 2:29 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

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

Section I, Identification, General Information, and Certification
Applicants

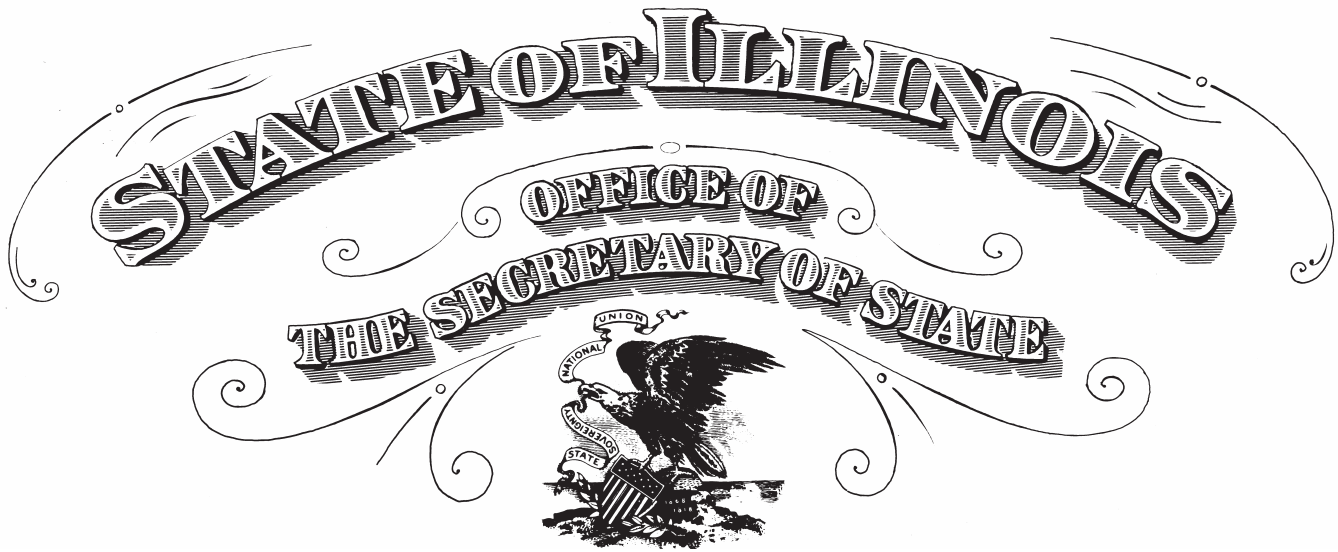
Certificates of good standing for Pepper Road Endoscopy Center, LLC and Fox Glen, LLC are attached at Attachment – 1.

Pepper Road Endoscopy Center, LLC will be the licensee of the ambulatory surgical treatment center.

Fox Glen, LLC is the owner of the site where the proposed ambulatory surgical treatment center will be located.

File Number

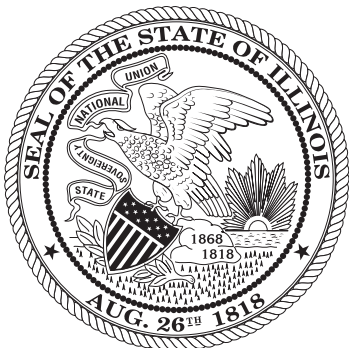
1180792-5



To all to whom these Presents Shall Come, Greeting:

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

PEPPER ROAD ENDOSCOPY CENTER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 10, 2022, 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 10TH
day of JUNE A.D. 2022 .

Jesse White

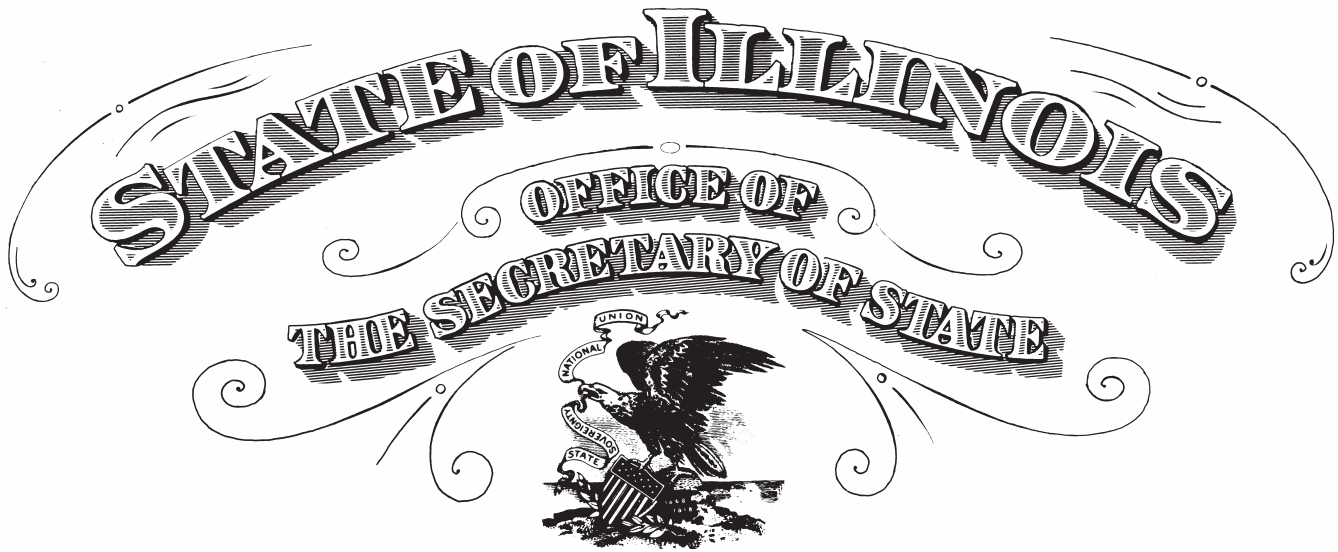
SECRETARY OF STATE

Authentication #: 2216101376 verifiable until 06/10/2023

Authenticate at: <http://www.ilsos.gov>

File Number

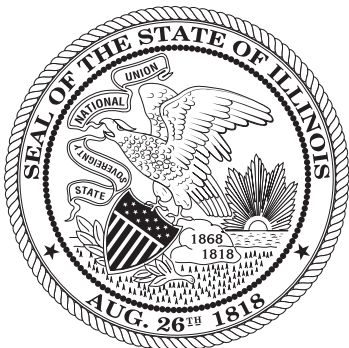
0148451-6



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

FOX GLEN, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 13, 2005, 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 10TH
day of JUNE A.D. 2022 .

Jesse White

SECRETARY OF STATE

Authentication #: 2216101450 verifiable until 06/10/2023

Authenticate at: <http://www.ilsos.gov>

Section I, Identification, General Information, and Certification
Site Ownership

The letter of intent between Fox Glen, LLC and Pepper Road Endoscopy Center, LLC to lease the property located at 22285 Pepper Road, Lake Barrington, Illinois 60010 is attached at Attachment – 2.

COMMERCIAL LEASE LETTER OF INTENT

Pepper Road Endoscopy, LLC
 22285 N Pepper Road, Suite 312
 Lake Barrington, IL 60010

Effective Date: 5/15/22

Fox Glen, LLC
 22285 N Pepper Road, Suite 311
 Lake Barrington, IL 60010

RE: Intent to Lease Commercial Property

I. The Lessee: Pepper Road Endoscopy, LLC (the "Lessee").

II. The Lessor: Fox Glen, LLC (the "Lessor").

III. Address of Premises: 22285 N Pepper Road, Suite 312, Lake Barrington, IL 60010 (the "Premises").

Additional Description: Pepper Road Professional Complex

IV. Lease Term: The term of the lease shall be for a period of ☐ 10 year(s) ☐ month(s) commencing on the 15th day of May, 2022, and expiring on the 14th day of May, 2032.

V. Use of Leased Premises: The Lessee intends to use the Premises for the following purpose:
ASTC providing gastroenterology services with two procedure rooms

VI. Base Rent: The base rent of Eleven Thousand Eight Hundred Forty-seven and eighty nine cents Dollars (\$ 11,847.89) shall be paid monthly on the 1st of each month with the first payment due upon the commencement of the lease (the "Base Rent").

VII. Expenses: In addition to the Base Rent, the Lessee shall be required to pay the following monthly expenses:

Utilities, such as electric, gas, phone, internet, waste removal. General Maintenance to Endo specific items such as, water softner, generator, janitorial service, fire safety inspections, standard repair and general operational maintenance

The Lessor shall be required to pay the following monthly expenses:

VIII. Security Deposit: A security deposit in the amount of No Dollars (\$ \$0) shall be due prior to or upon the signing of a lease.

IX. Lease Renewal: Choose One (1):

☐ - Lessee has the right to renew the lease a total of renewal period(s) which may be exercised by giving written notice to the Lessor no less than 30 days prior to the expiration of the lease or renewal period.

☐ - Lessee may not renew the lease.

X. Rent Increase: Upon a lease renewal, the Base Rent shall:

☐ - Increase by _____ Percent (____%).

☐ - Increase by _____ Dollars (\$_____).

☐ - Increase as calculated by multiplying the Base Rent by the annual change in the Consumer Price Index (CPI) published by the Bureau of Labor Statistics in the most recent publication to the option period start date.

☒ - Not increase.

XI. Subletting: The Lessee may not sublet the Premises without first obtaining the prior written consent of the Lessor.

XII. Late Rent: If the Lessee fails to pay the total rent payment for more than 5 days after it is due, the following penalty may be charged:

☐ - A late fee of _____ Dollars (\$_____) per day until the overdue amount is paid.

☐ - An interest rate of _____ Percent (____%) per annum on a daily basis until the overdue amount is paid.

XIII. Binding Effect: This Letter of Intent shall be considered: (Initial and Check)

_____ - ☐ **Binding** – Therefore, the parties acknowledge that remedies at law will be inadequate for any breach of this Letter of Intent and consequently agree that this Letter of Intent shall be enforceable by specific performance. The remedy of specific performance shall be cumulative of all of the rights at law or in equity of the parties under this Letter of Intent.

_____ - ☒ **Non-Binding** – Therefore, the parties acknowledge that this Letter of Intent is not enforceable by any Party. The terms outlined herein are solely for the purposes of reaching a later agreement in the future, of which the Lessee and Lessor are not bound.

XIV. Additional Provisions: _____

XV. Governing Law: This Letter of Intent shall be governed under the laws of the State of
Illinois.

LESSEE

Lessee's Signature Manish Bhuva Date 5/04/22

Print Name Manish Bhuva, M.D.

LESSOR

Lessor's Signature [Signature] Date 5/04/22

Print Name Chad C Spangler, M.D.



Section I, Identification, General Information, and Certification
Operating Entity/Licensee

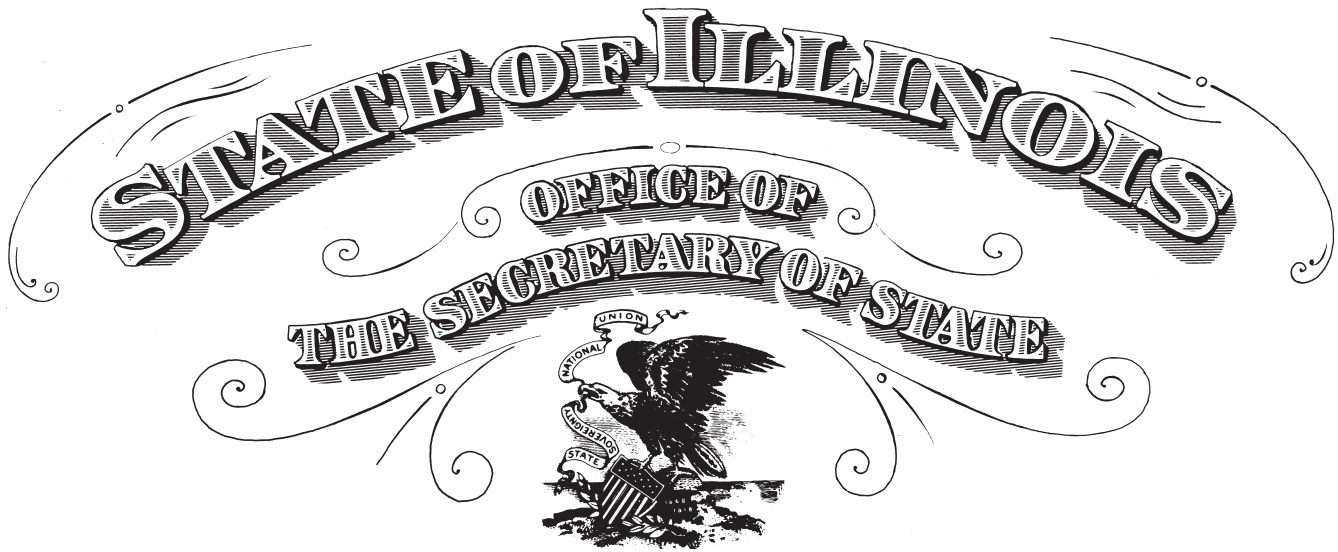
The Illinois Certificate of Good Standing for Pepper Road Endoscopy Center, LLC is attached at Attachment – 3.

The names and percentage of ownership of all persons with five percent or greater ownership in Pepper Road Endoscopy Center, LLC is listed below.

Name	Address	Ownership Interest
Manish Bhuvu, M.D.	22285 North Pepper Road, Suite 311 Lake Barrington, Illinois 60010	18.18%
Dale Coy, M.D.	22285 North Pepper Road, Suite 311 Lake Barrington, Illinois 60010	18.18%
Dafna Gordon, M.D.	22285 North Pepper Road, Suite 311 Lake Barrington, Illinois 60010	9.09%
Amit Shah, M.D.	22285 North Pepper Road, Suite 311 Lake Barrington, Illinois 60010	18.18%
Chad Spanger, M.D.	22285 North Pepper Road, Suite 311 Lake Barrington, Illinois 60010	18.18%
Brant Lutsi, M.D.	22285 North Pepper Road, Suite 311 Lake Barrington, Illinois 60010	18.18%

File Number

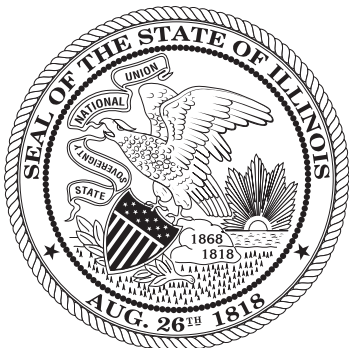
1180792-5



To all to whom these Presents Shall Come, Greeting:

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

PEPPER ROAD ENDOSCOPY CENTER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 10, 2022, 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 10TH
day of JUNE A.D. 2022 .

Jesse White

SECRETARY OF STATE

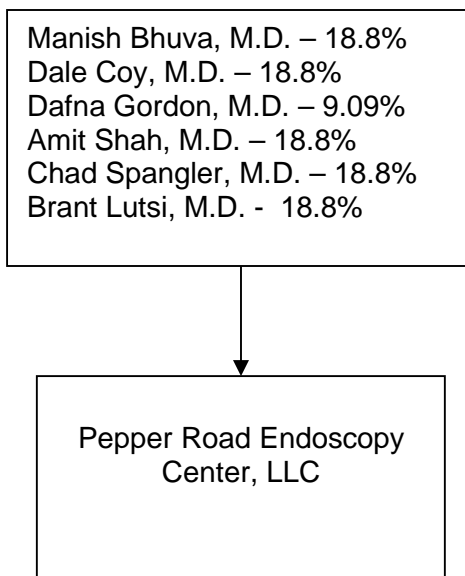
Authentication #: 2216101376 verifiable until 06/10/2023

Authenticate at: <http://www.ilsos.gov>

Section I, Identification, General Information, and Certification
Organizational Relationships

The organizational chart for Pepper Road Endoscopy Center, LLC is attached at Attachment – 4.

Pepper Road Endoscopy Center, LLC Organizational Chart



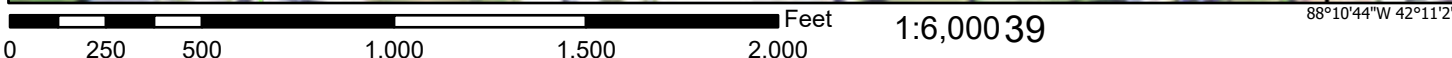
Section I, Identification, General Information, and Certification
Flood Plain Requirements

The site of the proposed Pepper Road Endoscopy Center, LLC complies with the requirements of Illinois Executive Order #2006-5. Pepper Road Endoscopy Center, LLC will be located at 22285 Pepper Road, Lake Barrington, Illinois 60010. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5. The interactive map for Panel 17097CO208K reveals that this area is located in an area of minimal flood hazard.

National Flood Hazard Layer FIRMMette



88°11'21"W 42°11'28"N



Basemap: USGS National Map: Orthoimagery: Data refreshed October, 2020

Legend

#22-024

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

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Zone AE, AO, AH, VE, AR
		Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D
OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
GENERAL STRUCTURES		Area of Undetermined Flood Hazard Zone D
		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall
OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
		17.5 Cross Sections with 1% Annual Chance Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
MAP PANELS		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature
		Digital Data Available
		No Digital Data Available
		Unmapped



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

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

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 4/14/2022 at 2:29 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

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

Section I, Identification, General Information, and Certification
Historic Resources Preservation Act Requirements

The Applicant submitted a request for determination that the proposed location for Pepper Road Endoscopy Center is compliant with the Historic Resources Preservation from the Illinois Historic Preservation Office. A copy of the letter is attached at Attachment – 6.



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606-1599 • 312.819.1900

June 10, 2022

Via E-Mail

Anne M. Cooper
(312) 873-3606
(312) 276-4317 Direct Fax
acooper@polsinelli.com

Carey Mayer
Deputy State Historic Preservation Officer
Illinois State Historic Preservation Office
Attn: Review & Compliance
1 Old State Capitol Plaza
Springfield, Illinois 62701

Re: Historic Preservation Act Determination – Pepper Road Endoscopy Center

Dear Ms Mayer:

This office represents Pepper Road Endoscopy Center LLC. Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act, Requestors seek a formal determination from the Illinois Historic Preservation Agency as to whether Requestors' proposed project to establish a limited- specialty ambulatory surgical treatment center (the "Proposed Project") affects historic resources.

1. Project Description and Address

The Requestor seeks a certificate of need from the Illinois Health Facilities and Services Review Board to establish an ambulatory surgical treatment center to be located on 22285 North Pepper Road, Suite 312, Lake Barrington, Illinois 60010. The Proposed Project will involve minor modifications of the interior of the building. No demolition or physical alteration of the building will occur as a result of the Proposed Project.

2. Topographical or Metropolitan Map

A metropolitan map showing the location of the Proposed Project is attached at Attachment 1.



Ms. Carey Mayer
June 10, 2022
Page 2

3. Historic Architectural Resources Geographic Information System

A map from the Historic Architectural Resources Geographic Information System is attached at Attachment 2. The property is not listed on the (i) National Register, (ii) within a local historic district, or (iii) within a local landmark.

4. Photographs of Site

Photographs of the site of the proposed ambulatory surgical treatment center are attached at Attachment 3.

5. Address for Building/Structure

The Proposed Project will be located at 22285 North Pepper Road, Suite 312, Lake Barrington, Illinois 60010.

Thank you for your time and consideration of our request for Historic Preservation Determination. If you have any questions or need any additional information, please feel free to contact me at 312-873-3606 or acooper@polsinelli.com

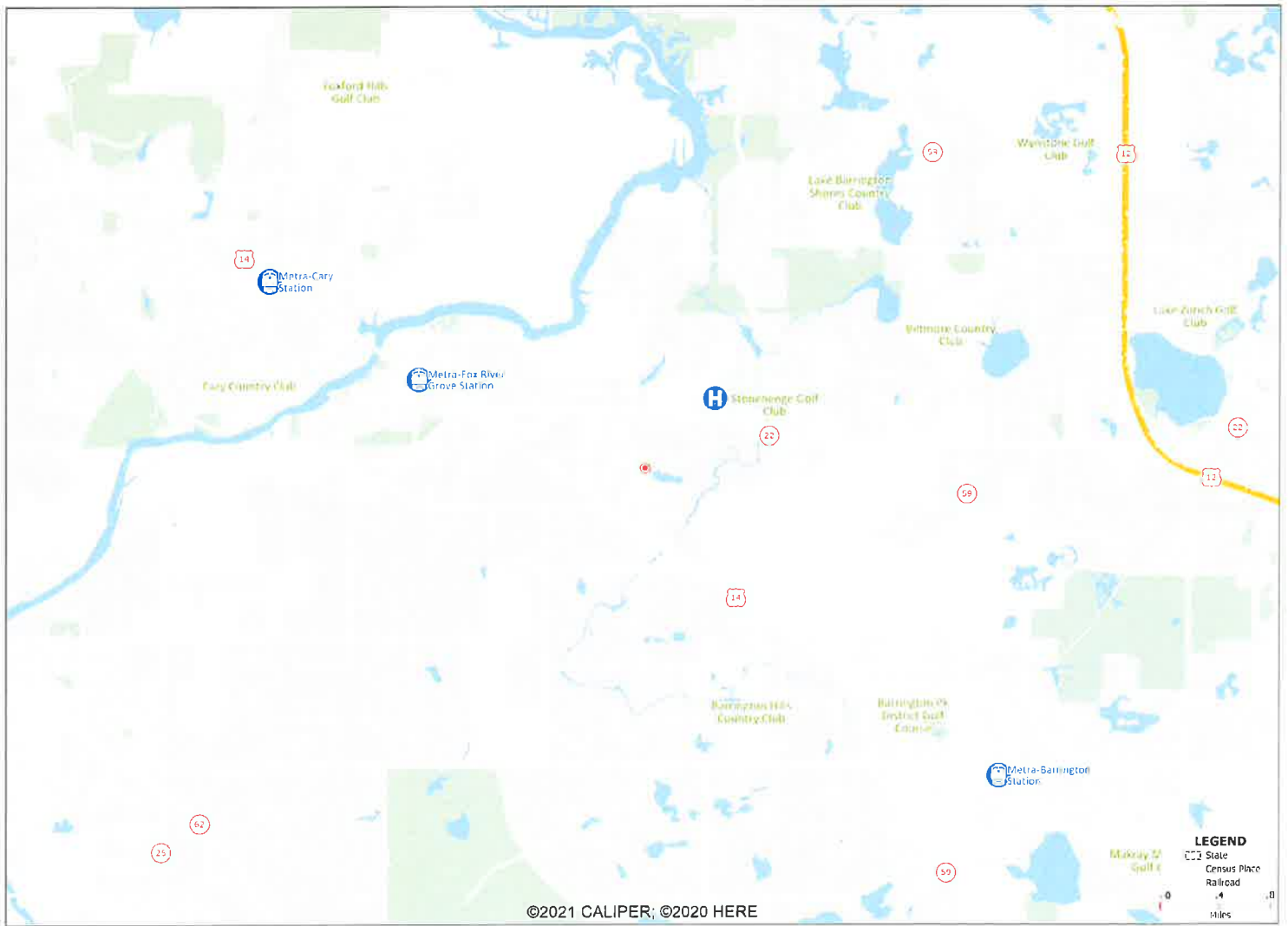
Sincerely,

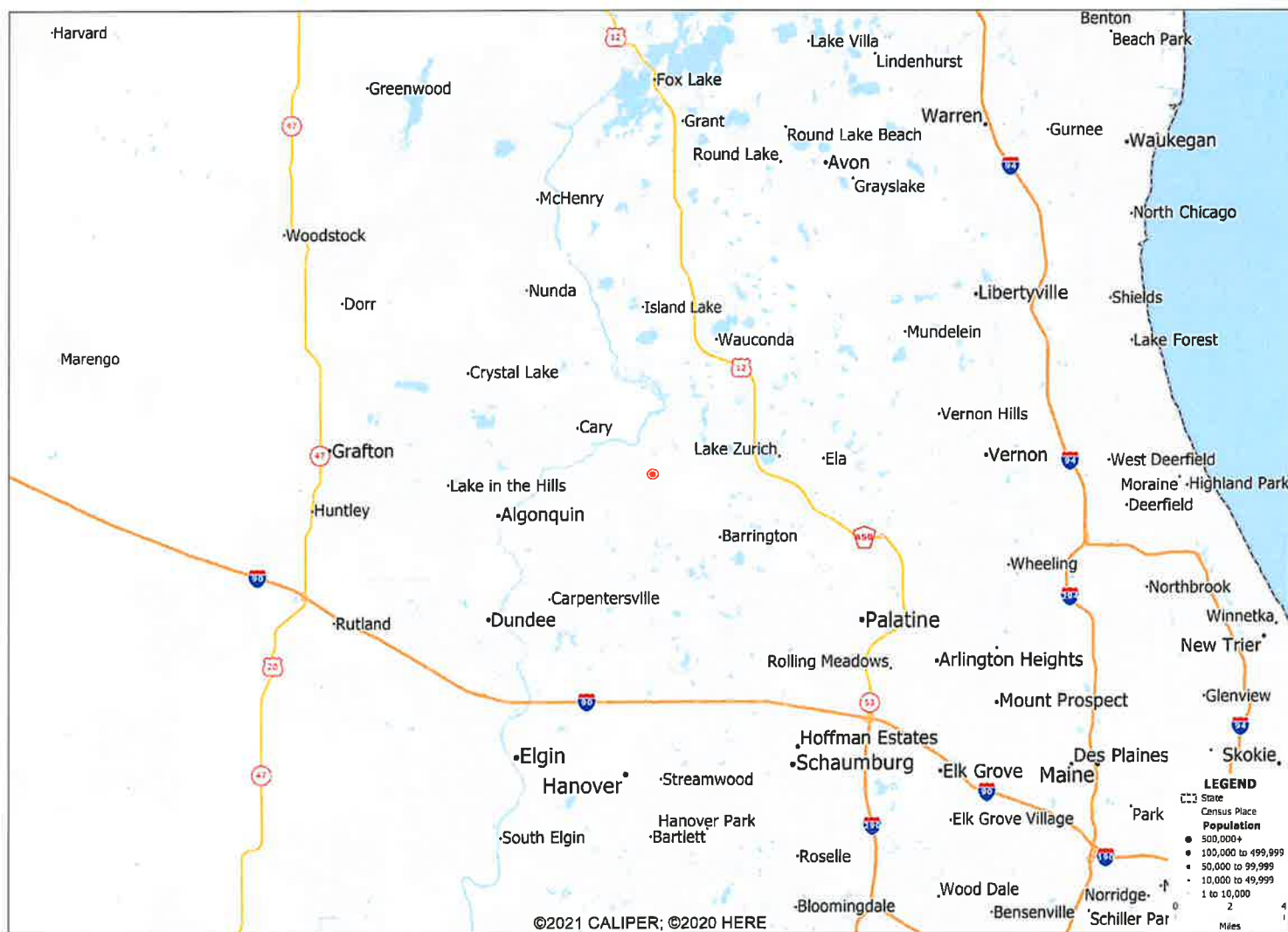
A handwritten signature in blue ink that reads 'Anne M. Cooper'.

Anne M. Cooper

Attachments

ATTACHMENT – 1

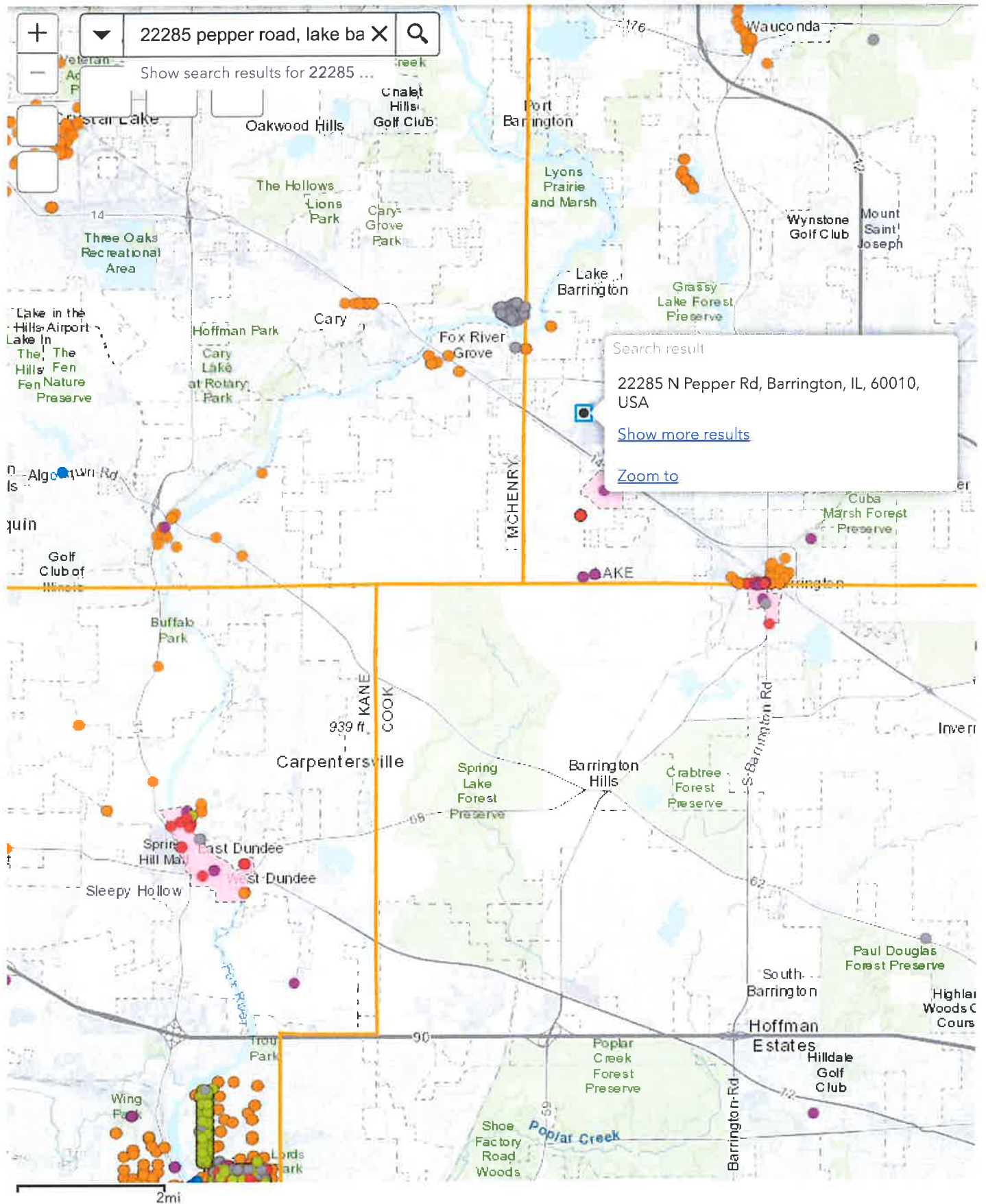




ATTACHMENT – 2



Historic & Architectural Resources Geographic Information System



87.748 42.266 Degrees

ATTACHMENT – 3











Section I, Identification, General Information, and Certification
Project Costs and Sources of Funds

Table 1120.110			
Project Costs	Clinical	Non-Clinical	Total
Pre-Planning Costs			
Site Survey & Soil Investigation			
Site Preparation/Demolition			
Modernization Contracts	\$35,000		\$35,000
Contingencies	\$5,000		\$5,000
Architectural/Engineering Fees			
Consulting and Other Fees	\$10,000		\$10,000
Fair Market Value of Leased Space	\$147,357		\$147,357
Other Costs to be Capitalized ²			
Medical Equipment	\$186,279		
IT and Hardware		\$16,004	
Furniture and Fixtures		\$32,645	
Miscellaneous Equipment		\$2,196	
Total Other Costs to be Capitalized	\$186,279	\$50,845	\$237,124
Total Project Costs	\$383,636	\$50,845	\$434,481

² Net book value of existing equipment to be transferred to Pepper Road Endoscopy Center.

Fair Market Value of Building

As the Project involves an existing building, the fair market value of the existing building is based on the tax assessed value of the property as determined by the Lake County Assessor's Office.

PARID: 1321406056

ASSESSOR #: 049

NBHD: 1421490

ROLL: RP

FOX GLEN LLC

22285 N PEPPER RD UNIT 312

Tax Year: 2021 (Taxes Payable in 2022).

Select **Tax Year** on the right:**Values Summary**

Asmt Year	Pay Year	Class	Land AV	Bldg AV	Total AV	Land MV	Bldg MV	Total MV	Taxable EAV	Reason Code
2021	2022	COM	\$12,196	\$36,918	\$49,114	\$36,592	\$110,765	\$147,357	\$49,114	Value after BOR
2021	2022	COM	\$12,196	\$36,918	\$49,114	\$36,592	\$110,765	\$147,357	\$49,114	SA Equalization
2021	2022	COM	\$12,158	\$36,804	\$48,962	\$36,478	\$110,423	\$146,901	\$48,962	CCAO
2021	2022	COM	\$12,158	\$36,804	\$48,962	\$36,478	\$110,423	\$146,901	\$48,962	Township
2020	2021	COM	\$12,158	\$36,804	\$48,962	\$36,478	\$110,423	\$146,901	\$48,962	BOR Decision

Values Details

1 of 15

Asmt Year:	2021
Roll:	RP
Ag Land	
Residential Land:	
Commercial Land:	\$12,196
Industrial Land:	
Farm Buildings:	
Residential Buildings:	
Industrial Buildings:	
Current Yr Township EQ Factor:	1.0031
Reason for Value Change:	3 – SA Equalization
Current Yr New Construction Value:	\$0

Section I, Identification, General Information, and Certification
Cost Space Requirements

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ASTC	\$434,481	4,350				4,350	
Total Clinical	\$434,481	4,350				4,350	
NON REVIEWABLE							
Total Non-Reviewable							
TOTAL	\$434,481	4,350				4,350	

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.110(a), Project Purpose, Background and Alternatives

1. The Applicant does not currently own or operate any health care facilities in Illinois. Accordingly, this criterion is not applicable.
2. The Applicant has not previously owned or operated any health care facilities. Accordingly, this criterion is not applicable.
3. An authorization permitting HFSRB and the Illinois Department of Public Health (“IDPH”) access to any documents necessary to verify information submitted, including, but not limited to: official records or IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11.
4. The Applicant has not previously submitted an application for permit during this calendar year. Accordingly, this criterion is not applicable.

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 Ill. Admin. Code § 1130.140 has been taken against any health care facility owned or operated by Pepper Road Endoscopy Center, LLC in the State of Illinois during the three-year period prior to filing this application.


Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

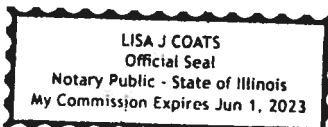


Manish Bhuva, M.D.
Manager
Pepper Road Endoscopy Center, LLC

Subscribed and sworn to me
This 2nd day of May, 2022



Notary Public



Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 Ill. Admin. Code § 1130.140 has been taken against any health care facility owned or operated by Fox Glen, LLC in the State of Illinois during the three-year period prior to filing this application.

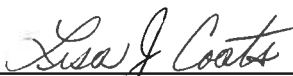
Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

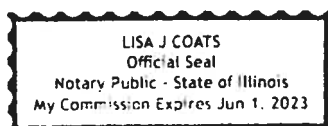


Manish Bhuva, M.D.
Manager
Fox Glen, LLC

Subscribed and sworn to me
This 4th day of May, 2022



Notary Public



Section III, Background, Purpose of the Project, and Alternatives – Information Requirements

Criterion 1110.110(b) – Background, Purpose of the Project, and Alternatives

Purpose of Project

1. The Applicant seeks to convert its existing physician-office based endoscopy practice to an ambulatory surgical treatment center ("ASTC"). Gastroenterology & Internal Medicine Specialists ("GAIMS") operates a medical practice providing gastroenterology and hepatology care. As part of that practice, one of the ancillary services the medical practice provides is endoscopy services. Due to increased endoscopy volumes, GAIMS determined it must segregate the endoscopy care it provides into a separate clinic, which is licensed as an ASTC. This is required because IDPH rules place limits on offering ancillary surgical services in a medical practice setting and this application is required in order to conform with the requirements of the Illinois Ambulatory Surgical Treatment Center Act. The proposed ASTC will be a single-specialty ASTC limited to endoscopy (gastroenterology) services.

Early Detection of Colorectal Cancer

Colorectal cancer is the second leading cause of cancer-related death in the United States³ and Illinois.⁴ In Illinois, there are over 2,200 deaths per year across the state.⁵ Cancer mortality can be reduced by 15 to 25% through recommended screening methods, but only 50% of adults have been properly screened because of a lack of awareness about screening. However, if detected early, it is highly treatable

One of the core functions of an endoscopy service is to provide colonoscopies, which is the gold standard for screening for and detecting colorectal cancer. While there are other screening methods, such as fecal blood, they are a relatively poor marker for colorectal neoplasia. Most cancers and the vast majority of polyps will be missed. For a colonoscopy, the physician uses a thin, flexible tube with a light and camera attached to examine the lining of the large intestine. GAIMS provides such screening to residents of Lake Barrington and surrounding communities. Beyond screening accuracy, unlike other forms of colorectal cancer screening such as fecal blood test, sigmoidoscopy or barium enema, if a colonoscopy reveals a problem, initial treatment can occur simultaneously with the removal of the suspicious polyps. More than 90 percent of colon cancers start as polyps. The great advantage of a colonoscopy over other testing methods is it makes it possible to remove a suspect polyp or cancer immediately. Finding and removing polyps or other areas of abnormal cell growth is one of the most effective ways to prevent colorectal cancer development. Also, colorectal cancer is generally more treatable when it is found early, before it has had a chance to spread. In fact, effective colorectal cancer (CRC) screening can drastically reduce the number of individuals that are diagnosed with advanced colorectal cancer each year. With timely screening and treatment, colorectal cancer can be treated in

³ Centers for Disease Control and Prevention, CANCER DEATHS IN THE UNITED STATES, Feb. 2022 *available at* [https://www.cdc.gov/cancer/dcpc/research/update-on-cancer-deaths/index.htm#:~:text=What %20 were%20the%20leading%20causes,intrahepatic%20bile%20duct%20\(5%25\).](https://www.cdc.gov/cancer/dcpc/research/update-on-cancer-deaths/index.htm#:~:text=What%20were%20the%20leading%20causes,intrahepatic%20bile%20duct%20(5%25).) (last visited Apr. 14, 2022).

⁴ American Cancer Society, ILLINOIS AT A GLANCE *available at* <https://cancerstatisticscenter.cancer.org/#/state/Illinois> (last visited Apr. 14, 2022).

⁵ Illinois State Cancer Registry, Cancer in Illinois Statistics *available at* <http://www.idph.state.il.us/isrstats/statemortbyrace/Show-Statemortbyrace-Table.aspx> (last visited Apr. 14, 2022).

the early stages when the survival rate is 90% compared to advanced stages of the disease where the survival rate drops to 14%.⁶

The U.S. Preventative Services Task Force (USPSTF) recommends screening for colorectal cancer in adults, beginning at age 45 years and continuing until age 75. Colonoscopy, which offers visualization of the colon, is preferred to indirect CRC screening methods. In considering the magnitude of benefit from a colorectal cancer screening program, the USPSTF has noted with high certainty that there are substantial benefits to screening asymptomatic adults.

One of the reasons endoscopy services have increased is because of the payment policies of the Center for Medicare and Medicaid Services ("CMS"), which now cover colorectal cancer screening as a preventative service. There are several barriers to effectively screening the population as a whole, despite expanded coverage. While from a public health perspective, there is still a long way to go to reach a more optimal screening rate, enhancing the availability of colonoscopy services and providing a non-hospital based option for such care is progress toward an important public health care goal and saves the government money in the short term and long-term (by avoiding far more expensive cancer care treatment). In the United States, only 67% of adults between the age of 50 and 75 are up to date with CRC screening, and in Federally Qualified Health Centers, the largest providers of care to the underinsured and uninsured, only 44% of the population is up to date. Both estimates fall short of the National Colorectal Roundtable goal of 80% adherence to CRC screening.⁷ Further, due to COVID-related fears and leading agencies like CMS and the American Cancer Society recommending patients delay all non-urgent procedures, colonoscopies were delayed or cancelled during the COVID-19 pandemic, leading to a 90% reduction in screening by mid-April 2020 compared to the prior year. Nearly six months into the pandemic CRC screening remained approximately 50% below pre-pandemic levels.⁸ According to a recent study, colorectal cancer screening needs to increase by 50% to make up this deficit.⁹ This decrease has raised concerns that COVID-19 related screening delays will lead to missed and advanced stage progression for individuals with undiagnosed cancer and increases in CRC mortality.¹⁰ According to one modeling study, between 2020 and 2023 CRC screening delays will likely result in 6,113 to 9,301 fewer early-stage CRC diagnoses, which are key to increasing the overall chance of patient

⁶ American Cancer Society, *Survival Rates for Colorectal Cancer*, Mar. 2022 available at <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/survival-rates.html> (last visited April 26, 2022).

⁷ Rachel B. Issaka, M.D., MSA et al., *Model-Based Estimation of Colorectal Cancer Screening and Outcomes During the COVID-19 Pandemic*. JAMA NETWORK OPEN 2021 4:e216454 available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2778450> (last visited May 5, 2022).

⁸ *Id.*

⁹ *Id.*

¹⁰ National Colorectal Cancer Center Roundtable, *Reigniting Colorectal Cancer Screening as Communities Face and Respond to the COVID-19 Pandemic* (Jun. 2020) available at [file:///C:/Users/amcoo/Downloads/NCCRT_CRC-Screening-and-COVID19-Playbook_June2020%20\(1\).pdf](file:///C:/Users/amcoo/Downloads/NCCRT_CRC-Screening-and-COVID19-Playbook_June2020%20(1).pdf) (last visited May 4, 2022).

survival.¹¹ Sadly, this burden will likely be borne by low-income individuals, those with a lack of education and those without health insurance.

Current levels of screening in this country lag behind those of other effective cancer screening tests; it has been estimated that attainment of goals for population colorectal cancer screening could save 18,800 lives per year. Colorectal cancer incidence and mortality show health disparities, with a disproportionate burden occurring in certain minority populations, including African Americans, Native Americans and Alaska Natives. The American Cancer Society estimates 151,030 people will be diagnosed and 52,580 will die from colorectal cancer in 2022. Colorectal cancer is second only to lung cancer as a cause of cancer deaths among American men and women.¹² Studies show at least 68% of these deaths could be avoided if people 45 and older received regular screening tests.¹³ Screening helps reduce such deaths in two ways: by finding precancerous polyps that can be removed before they become cancer and by finding colorectal cancer early, when treatment is most effective. Colonoscopy is the “gold standard” for colorectal cancer screening and can be completed in more than 95% of examinations with negligible risk and is cost-effective.

ASTCs play a vital role in ensuring patient access to preventive measures, such as colonoscopies, in a convenient and affordable setting. When these life-saving procedures are performed in ASTCs, both beneficiaries and the Medicare program save money because surgery centers perform the procedures at a lower cost than HOPDs. According to data from IDPH, the median cost of a colonoscopy performed in one of the local hospital outpatient departments ranged from a high of \$13,699.66 to a low of \$5,501;¹⁴ the median cost of a colonoscopy at the proposed Pepper Road Endoscopy Center is \$1,525, which is less than one-third the cost of a colonoscopy at the hospital with the lowest charges. ASTCs are efficient providers of surgical services. ASTCs provide high quality surgical care, excellent outcomes, and high level of patient satisfaction at a lower cost than HOPDs. Surgical procedures performed in an ASTC are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses for patients. Furthermore, patients often report an enhanced experience at ASTCs compared to HOPDs due, in part, to easier access to parking, shorter waiting times, and ease of access into and out of the operating rooms. Finally, surgeons are more efficient due to faster turnover of operating rooms, designated surgical times without risk of delay due to more urgent procedures, and specialized nursing staff. As a result of these efficiencies, more time can be spent with patients thereby improving the quality of care. Given the benefits of ASTCs, this facility will benefit area residents. According to the 2020 U.S. Census, there are over 1.15 million residents in the

¹¹ Isabelle Harber et al., *Colorectal Cancer Screenings: Impact of COVID-19 Pandemic and Possible Consequences*, 11 LIFE 1297 (2021) available at <https://www.mdpi.com/2075-1729/11/12/1297> (last visited May 5, 2022).

¹² American Cancer Society, *Key Statistics for Colorectal Cancer* (Jan. 2022) available at <https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html> (last visited April 26, 2022).

¹³ Centers for Disease Control and Prevention, *Preventing Breast, Cervical, and Colorectal Cancer Deaths: Assessing the Impact of Increased Screening* (Oct. 2020) available at [https://www.cdc.gov/pcd/issues/2020/20_0039.htm#:~:text=Our%20estimate%20of%2068%25%20\(35%2C530,from%2060%25%20to%20100%25](https://www.cdc.gov/pcd/issues/2020/20_0039.htm#:~:text=Our%20estimate%20of%2068%25%20(35%2C530,from%2060%25%20to%20100%25). (last visited April 26, 2022).

¹⁴ Illinois Department of Public Health, *Illinois Hospital Report Card and Consumer Guide to Health Care* available at <http://www.healthcarereportcard.illinois.gov/> (last visited April 26, 2022).

GSA and only 6 ASTCs performing gastroenterology surgical procedures, this ASTC will serve a large number of patients.

2. The Applicant expects the service area of the planned endoscopy center to be identical to the service area of GAIMS. A map of that service area is attached at Attachment – 12. The service area consists of those Illinois areas within 15 miles of Pepper Road Endoscopy Center. The distance to and from Pepper Road Endoscopy Center to the market area borders are as follows:

- East: 15 miles to Lake Michigan
- Southeast: 15 miles to Mount Prospect
- South: 15 miles to Bartlett
- Southwest: 15 miles to Pingree Grove
- West: 15 miles to Hunley
- Northwest: 15 miles to Woodstock
- North: 15 miles to Fox Lake
- Northeast 15 mile to Libertyville

3. This project is needed to ensure the GAIMS' compliance with IDPH requirements relating to the scope of care permitted for a gastroenterologist's medical practice and to improve access to colorectal cancer screening and other gastroenterology procedures to patients residing in Lake Barrington and the surrounding area. People and communities are unlikely to follow medically sound advice unless they have a trusting relationship with the provider giving it. The physicians supporting this project nurture strong relationships with their patients and believe they are most comfortable with the continuity of care provided when the physicians are able to meet their colonoscopy and other endoscopy requirements on site at their Lake Barrington location.

4. Sources.

Centers for Disease Control and Prevention, *CANCER DEATHS IN THE UNITED STATES*, Feb. 2022 available at [https://www.cdc.gov/cancer/dcpc/research/update-on-cancer-deaths/index.htm#:~:text=What%20were%20the%20leading%20causes,intrahepatic%20bile%20duct%20\(5%25\).](https://www.cdc.gov/cancer/dcpc/research/update-on-cancer-deaths/index.htm#:~:text=What%20were%20the%20leading%20causes,intrahepatic%20bile%20duct%20(5%25).) (last visited Apr. 14, 2022).

American Cancer Society, *ILLINOIS AT A GLANCE* available at <https://cancerstatisticscenter.cancer.org/#/state/Illinois> (last visited Apr. 14, 2022).

Illinois State Cancer Registry, *Cancer in Illinois Statistics* available at <http://www.idph.state.il.us/isrstats/statemortbyrace/Show-Statemortbyrace-Table.aspx> (last visited Apr. 14, 2022).

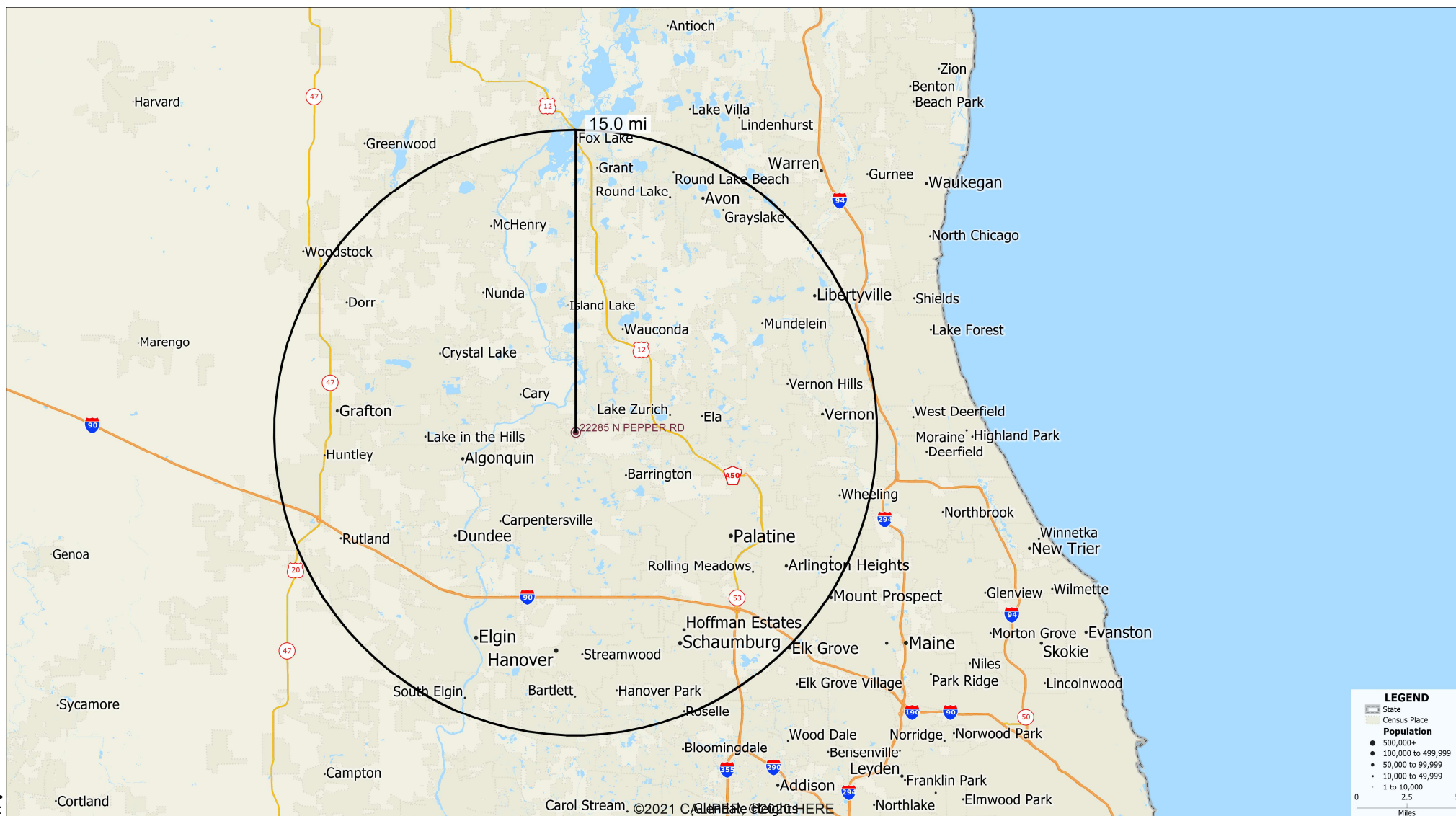
American Cancer Society, *Survival Rates for Colorectal Cancer*, Mar. 2022 available at <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/survival-rates.html> (last visited April 26, 2022).

Centers for Disease Control and Prevention, *Colorectal Cancer Statistics*, June 2021 available at <https://www.cdc.gov/cancer/colorectal/statistics/> (last visited April 26, 2022).

American Cancer Society, *Key Statistics for Colorectal Cancer* (Jan. 2022) available at <https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html> (last visited April 26, 2022).

Centers for Disease Control and Prevention, Preventing Breast, Cervical, and Colorectal Cancer Deaths: Assessing the Impact of Increased Screening (Oct. 2020) available at [https://www.cdc.gov/pcd/issues/2020/20_0039.htm#:~:text=Our%20estimate%20of%2068%25%20\(35%2C530,from%2060%25%20to%20100%25](https://www.cdc.gov/pcd/issues/2020/20_0039.htm#:~:text=Our%20estimate%20of%2068%25%20(35%2C530,from%2060%25%20to%20100%25). (last visited April 26, 2022).

5. The goal of this project is to ensure GAIMS does not exceed the scope of the surgical services it is permitted to provide under Section 205.110 of the Ambulatory Surgical Treatment Center Act (77 IAC 204.110) and to increase access to colonoscopy and other endoscopy services in a cost effective, high quality ASTC setting to patients residing in Lake Barrington and surrounding areas.



Section III, Background, Purpose of the Project, and Alternatives – Information Requirements

Criterion 1110.110(d), Background, Purpose of the Project and Alternatives

Alternatives

The Applicant explored three options prior to determining to establish Pepper Road Endoscopy Center. The options considered are as follows:

- Continue to Perform Endoscopies at GAIMS
- Utilize Existing ASTCs and Hospital Outpatient Facilities; and
- Establish an ASTC.

After exploring these options, which are discussed in more detail below, the Applicant decided to establish the Surgery Center. A review of each of the options considered and the reasons they were rejected follows.

Continue to Perform Endoscopies at GAIMS

As discussed at Attachment – 12, GAIMS operates a medical practice providing exclusively gastroenterology care. As part of that practice, one of the ancillary services the medical practice provides is endoscopy services. Due to increased endoscopy volumes, GAIMS determined that it must segregate the endoscopy care that it provides into a separate clinic which is licensed as an ambulatory surgical treatment center. This is required because IDPH rules place limits on offering ancillary surgical services in a medical practice setting and this application is required in order to conform with the requirements of the Illinois Ambulatory Surgical Treatment Center Act. The proposed ASTC will be a single-specialty ASTC limited to endoscopy (gastroenterology) services.

There is no cost to this alternative.

Utilize Existing ASTCs and Hospitals.

The Applicant considered utilizing existing ASTCs and Hospitals. This is not a viable option for several reasons. These facilities cannot efficiently accommodate the volume of colonoscopies the GAIMS physicians perform and patients would lose the continuity of care they experience with their physicians. If procedures were moved, the physicians would be forced to travel to several facilities using small scheduling blocks, which poses an inconvenience for both the physicians and their patients. Setting aside the inconveniences and lack of consistency in care delivery, the physicians would have to travel some distance from their medical practice office on multiple days of week which would make them far less accessible to their non-surgical patients as well as their staffs and for consultation with each other. By establishing an ASTC adjacent to GAIMS, the Applicant's medical practice, the ASTC will achieve operational efficiencies that cannot be created at other hospitals and ASTCs due to limited scheduling slots and anesthesia services. As the gastroenterologist shortage worsens, it is important to ensure the efficient use of existing gastroenterologists in order to also ensure adequate access to CRC screening.

There is no cost to this alternative.

Establish an ASTC

To better serve the needs of the residents of Lake Barrington and the surrounding area, the Applicant decided to establish a single-specialty ASTC. The estimated cost of this alternative is \$284,124.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(a), Project Scope, Utilization, and Unfinished/Shell Space

Size of the Project

The Project proposes to establish an ASTC with two procedure rooms and 6 recovery stations. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 1,660 to 2,200 gross square feet per procedure room for a total of 3,320 to 4,400 gross square feet for two procedure rooms. The gross square footage of clinical space will be 4,350 gross square feet. Accordingly, the size of the ASTC meets the State standard.

Table 1110.120(a)				
SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC	4,350	3,320 – 4,400	0	Yes

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(b), Project Scope, Utilization, and Unfinished/Shell Space

Project Services Utilization

By the second year after project completion, the ASTC's annual utilization shall meet or exceed HFSRB's utilization standards. Pursuant to Section 1110, Appendix B of the HFSRB's rules, utilization for ambulatory surgical treatment centers is based upon 1,500 hours per operating/procedure room. Based upon historical utilization and projected procedures documented in the physician referral letter attached at Appendix – 1, approximately 5,832 procedures will be performed at the ASTC within the first year after project completion. Based upon current experience, the estimated procedure time, including prep and cleanup, is approximately 45 minutes. As a result, 4,374 surgical hours are projected for the first year after project completion, which is sufficient to support the need for two procedure rooms.

Table 1110.234(b)					
UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	ASTC	N/A	4,374 hours	3,000 hours	Yes
YEAR 2	ASTC	N/A	4,375 hours	3,000 hours	Yes

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(d), Unfinished or Shell Space

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(e), Assurances

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section VI, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(2)(B), Service to Geographic Area Residents

1. Attached at Attachment – 24A is a map outlining the intended geographic service area (“GSA”) for the proposed ASTC. As set forth in Criterion 1110.230, Pepper Road Endoscopy Center will serve residents of Lake Barrington and surrounding communities within 15 miles of the proposed ASTC. Accordingly, the intended GSA consists of those areas within 15 miles of Pepper Road Endoscopy Center.
2. Table 1110.235(c)(2)(B)(i) below lists the zip code areas that comprise the GSA of Pepper Road Endoscopy Center.

Table 1110.235(c)(2)(B)(i) Geographic Service Area Population		
Zip Code	City	Population
60004	Arlington Heights	51,504
60005	Arlington Heights	29,109
60007	Elk Grove Village	32,792
60008	Rolling Meadows	22,007
60010	Barrington	46,326
60012	Crystal Lake	11,456
60013	Cary	26,520
60014	Crystal Lake	46,866
60021	Fox River Grove	5,592
60030	Grayslake	35,440
60041	Ingleside	8,224
60042	Island Lake	8,519
60047	Lake Zurich	42,242
60050	McHenry	32,000
60051	McHenry	23,190
60060	Mundelein	37,268
60061	Vernon Hills	27,105
60067	Palatine	38,660
60069	Lincolnshire	8,218
60073	Round Lake	61,856
60074	Palatine	37,632
60084	Wauconda	16,948
60089	Buffalo Grove	40,749
60090	Wheeling	38,741
60097	Wonder Lake	10,727
60102	Algonquin	32,749
60110	Carpentersville	39,094

Attachment – 24

Table 1110.235(c)(2)(B)(i) Geographic Service Area Population		
Zip Code	City	Population
60118	Dundee	16,040
60120	Elgin	50,319
60123	Elgin	49,765
60133	Hanover Park	37,899
60136	Gilberts	7,941
60142	Huntley	29,206
60156	Lake in the Hills	28,681
60169	Hoffman Estates	33,162
60173	Schaumburg	12,619
60192	Hoffman Estates	15,618
60193	Schaumburg	38,884
60194	Schaumburg	19,314
60195	Schaumburg	4,689
Total		1,155,671

Source: U.S. Census Bureau, Census 2020, 2020 American Community Survey: 5-Year Estimates Data Profile available at <https://data.census.gov/cedsci/table?q=United%20States&tid=ACSDP5Y2020.DP05> (last visited Apr. 25, 2022).

- Table 1110.235(c)(2)(B)(i) lists the patient origin by zip code for all patients treated by GAIMS physicians for the last 12-month period. As documented in in Table 1110.235(c)(2)(B)(i) below 3,521 (or 62.8%) percent of cases were from patients residing in the GSA.

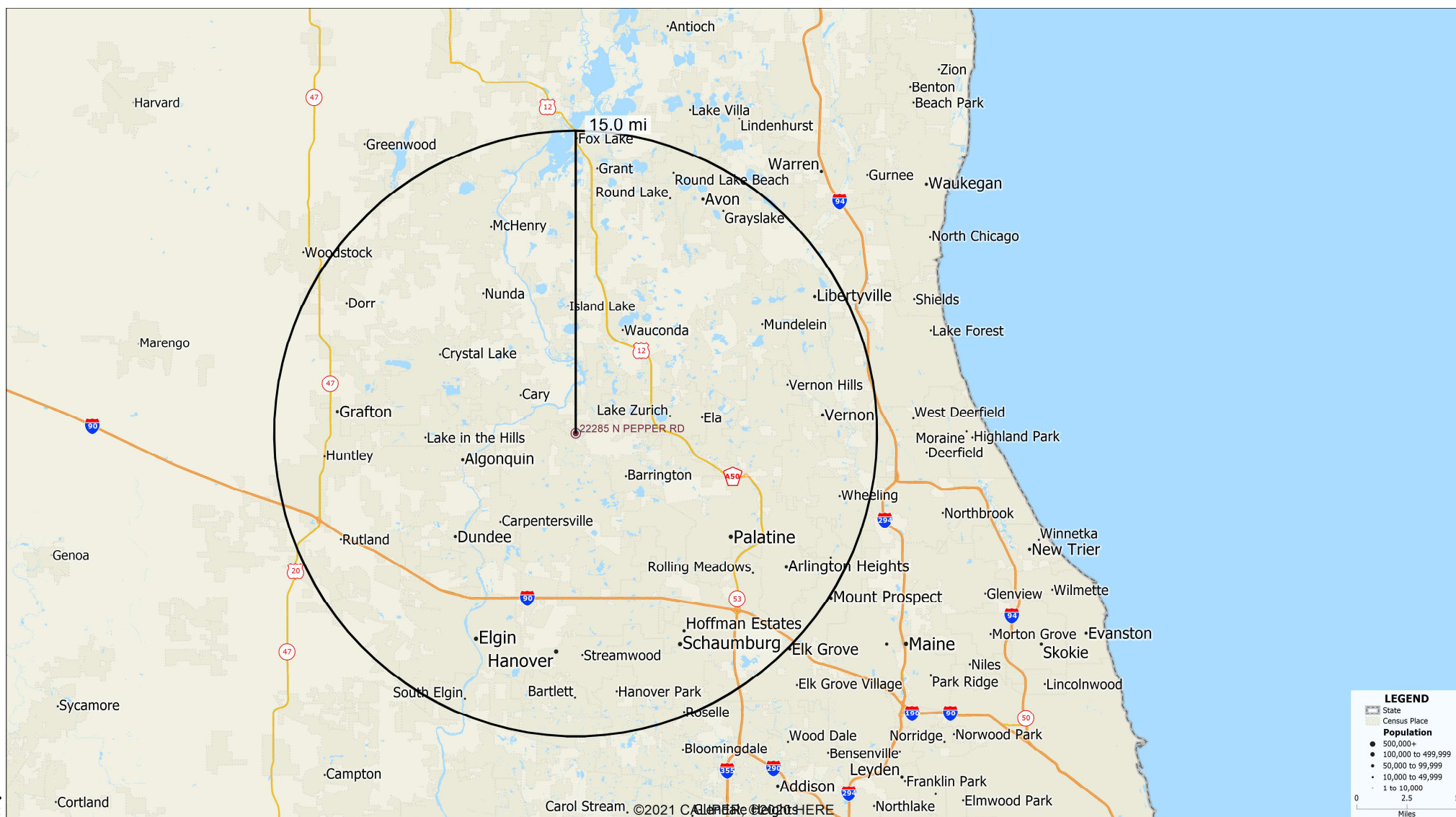
Table 1110.235(c)(2)(B)(i) Patients by Zip Code		
Zip Code	City	Patients
23224	Richmond, VA	1
30041	Cumming, GA	1
32043	Green Cove Springs, FL	1
33040	Key West, FL	1
33418	Palm Beach Gardens, FL	1
33462	Lake Worth, FL	1
33913	Fort Myers, FL	1
33955	Punta Gorda, FL	2
33957	Sanibel, FL	1
34103	Naples, FL	1

Table 1110.235(c)(2)(B)(i) Patients by Zip Code		
Zip Code	City	Patients
34119	Naples, FL	1
34209	Bradenton, FL	1
34217	Bradenton Beach, FL	1
49453	Saugatuck, MI	2
53105	Burlington, WI	6
53114	Darien, WI	1
53115	Delavan, WI	3
53121	Elkhorn, WI	4
53125	Fontana, WI	1
53128	Genoa City, WI	10
53147	Lake Geneva, WI	10
53157	Pell Lake, WI	1
53158	Pleasant Prairie, WI	1
53159	Powers Lake, WI	1
53168	Salem, WI	1
53170	Silver Lake, WI	1
53179	Trevor, WI	4
53181	Twin Lakes, WI	14
53184	Walworth, WI	4
53189	Waukesha, WI	1
53190	Whitewater, WI	1
53191	Williams Bay, WI	2
53405	Racine, WI	1
53525	Clinton, WI	1
53581	Richland Center, WI	1
53585	Sharon, WI	3
53913	Baraboo, WI	1
54532	Heafford Junction, WI	1
54545	Manitowish Waters, WI	1
54915	Appleton, WI	1
57104	Sioux Falls, SD	1
59715	Bozeman, MT	1
60002	Antioch	28
60004	Arlington Heights	10
60005	Arlington Heights	1
60007	Elk Grove Village	2
60008	Rolling Meadows	4
60010	Barrington	279
60011	Barrington	4

Table 1110.235(c)(2)(B)(i) Patients by Zip Code		
Zip Code	City	Patients
60012	Crystal Lake	178
60013	Cary	236
60014	Crystal Lake	567
60015	Deerfield	2
60018	Des Plaines	1
60020	Fox Lake	88
60021	Fox River Grove	58
60030	Grayslake	16
60031	Gurnee	1
60033	Harvard	111
60034	Hebron	40
60035	Highland Park	1
60039	Crystal Lake	4
60041	Ingleside	47
60042	Island Lake	81
60045	Lake Forest	1
60046	Lake Villa	16
60047	Lake Zurich	157
60048	Libertyville	1
60050	McHenry	613
60051	McHenry	433
60056	Mount Prospect	3
60060	Mundelein	8
60061	Vernon Hills	3
60067	Palatine	27
60069	Lincolnshire	1
60071	Richmond	50
60072	Ringwood	21
60073	Round Lake	53
60074	Palatine	10
60081	Spring Grove	123
60084	Wauconda	104
60087	Waukegan	1
60089	Buffalo Grove	7
60097	Wonder Lake	193
60098	Woodstock	558
60102	Algonquin	221
60103	Bartlett	2
60107	Streamwood	5

Table 1110.235(c)(2)(B)(i) Patients by Zip Code		
Zip Code	City	Patients
60108	Bloomingtondale	1
60110	Carpentersville	46
60115	DeKalb	1
60118	Des Plaines	19
60119	Elburn	1
60120	Elgin	8
60123	Elgin	9
60124	Elgin	8
60126	Elmhurst	1
60133	Hanover Park	1
60135	Genoa	2
60136	Gilberts	18
60140	Hampshire	54
60142	Huntley	512
60152	Marengo	116
60153	Maywood	1
60155	Broadview	1
60156	Lake in the Hills	229
60169	Hoffman Estates	2
60171	River Grove	1
60174	Saint Charles	1
60175	Saint Charles	3
60177	South Elgin	4
60178	Sycamore	1
60180	Union	18
60185	West Chicago	1
60192	Hoffman Estates	10
60193	Schaumburg	2
60194	Schaumburg	4
60195	Schaumburg	1
60204	Evanston	1
60515	Downers Grove	1
60527	Willowbrook	2
60540	Naperville	1
60554	Sugar Grove	1
60560	Yorkville	1
60563	Naperville	1
60586	Plainfield	1
60607	Chicago	1

Table 1110.235(c)(2)(B)(i) Patients by Zip Code		
Zip Code	City	Patients
60609	Chicago	1
60613	Chicago	1
60614	Chicago	2
60618	Chicago	1
60619	Chicago	1
60623	Chicago	1
60631	Chicago	1
60638	Chicago	1
60646	Chicago	1
60656	Chicago	1
60660	Chicago	1
61008	Belvidere	11
61010	Byron	1
61011	Caledonia	1
61012	Capron	7
61015	Chana	1
61016	Cherry Valley	2
61019	Davis	1
61032	Freeport	1
61038	Garden Prairie	1
61063	Pecatonica	1
61065	Poplar Grove	4
61072	Rockton	1
61073	Roscoe	1
61104	Rockford	1
61109	Rockford	1
61111	Loves Park	1
61115	Machesney Park	1
61310	Amboy	1
65049	Lake Ozark, MO	1
85086	Phoenix, AZ	1
85201	Phoenix, AZ	1
85375	Sun City West, AZ	1
89123	Las Vegas, NV	1
89130	Las Vegas, NV	1
90807	Long Beach, CA	1
Grand Total		5607



Section VI, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(3), Service Demand

Physician referral letters providing the name and number of patients referred to health care facilities within the past 12 months and the projected number of referrals to the proposed ASTC is attached at Appendix - 1. A summary of the physician referral letters is provided in Table 1110.235(c)(3) below.

Table 1110.235(c)(3)		
Current Provider	Current Volume	Projected Referrals to Pepper Road Endoscopy Center after Project Completion
Advocate Good Shepherd Hospital	1,732	
Northwestern Medicine Huntley Hospital	1,827	
Northwestern Medicine McHenry Hospital	2,330	
Gastroenterology and Internal Medicine Specialists	5,832	5,832
Total	11,721	5,832

Section VI, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(5), Treatment Room Need Assessment

1. As stated throughout this application, the Applicant proposes to establish an ASTC providing gastroenterology services with two procedure rooms. The State Board standard is 1,500 per procedure room, or 3,000 hours for two procedure rooms. As documented in Appendix – 1, the referring physicians project to perform 5,832 surgical procedures by the second year after project completion. The Applicant estimates the average length of time per procedure will be 45 minutes, or 4,374 surgical hours. Accordingly, the proposed number of procedure rooms is necessary to service the projected patient volume.
2. As documented in Appendix – 1, the referring physicians project to perform 5,832 surgical procedures in the first year after project completion. Based upon historical caseload data, the Applicant estimates the average length of time per procedure will be 45 minutes. This estimate includes 15 minutes for prep and clean up.

Section VI, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(6), Service Accessibility

As previously discussed, the Applicant proposes to establish an ASTC with two procedure rooms. By establishing an ASTC adjacent to the Applicant's affiliated physician group, the ASTC will achieve operational efficiencies that cannot be created at other hospitals and ASTCs due to limited scheduling slots and anesthesia services. Improved efficiency will result in increased access to much needed endoscopy services in this community. Increased population and screening rates were the basis for a report by the Lewin Group projecting a shortage of at least 1,050 gastroenterologists in the U.S. by 2020. As the gastroenterologist shortage worsens, it is important to ensure the efficient use of existing gastroenterologists in order to also ensure adequate access to CRC screening.

One of the reasons that endoscopy services have increased is because of the payment policies of the Center for Medicare and Medicaid Services which now cover colorectal cancer screening as a preventative service. Preventative services are covered for a number of reasons but one primary reason from a public health and financing perspective is to avoid the high morbidity and mortality associated with colorectal cancer. Despite expanded coverage, a lack of access is one barrier to effectively screening the population as a whole. From a public health perspective, there is still a long way to go to reach a more optimal screening rate. A recent Centers for Disease Control report found 68.8 percent of Americans reported being up-to-date on CRC screening — a rate significantly lower than the Healthy People 2020 target of 70.5 percent.¹⁵ Individuals who do not get CRC screened at all or as often as recommended include low-income individuals, those with a lack of education and those without health insurance.

Further, HOPDs are more costly, less efficient and less convenient than ASTCs. The ASTC will allow physicians to schedule their surgeries to maximize efficiency. ASTCs provide high quality surgical care, excellent outcomes, and high level of patient satisfaction at a lower cost than HOPDs. Surgical procedures performed in an ASTC are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses for patients. Additionally, patients often report an enhanced experience at ASTCs compared to HOPDs due, in part, to easier access to parking, shorter waiting times, and ease of access into and out of the operating rooms. Finally, surgeons are more efficient due to faster turnover of operating rooms, designated surgical times without risk of delay due to more urgent procedures, and specialized nursing staff. As a result of these efficiencies, more time can be spent with patients thereby improving the quality of care.

The Centers for Medicare and Medicaid Services recognizes the importance of colorectal cancer screening and has even included a specific measure as part of its Shared Savings Program which will reward Accountable Care Organizations that lower growth in health care costs while meeting performance standards on quality of care. As such, the proposed project will not only benefit the community, but could also reduce health care costs through participation in an Accountable Care Organization.

¹⁵ Centers for Disease Control and Prevention, *Colorectal Cancer Statistics*, June 2021 available at <https://www.cdc.gov/cancer/colorectal/statistics/> (last visited April 26, 2022).

Section VI, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(7)(A), Unnecessary Duplication/Maldistribution

1. Unnecessary Duplication of Services

- a. Pepper Road Endoscopy Center will be located at 22285 North Pepper Road, Lake Barrington, Illinois 60010. A map of the proposed facility's market area is attached at Attachment – 24A. A list of all zip codes located, in total or in part, within 15 miles of the site of the proposed facility as well as 2020 census figures for each zip code is provided in Table 1110.235(c)(7).

Table 1110.235(c)(2)(B)(i) Geographic Service Area Population		
Zip Code	City	Population
60004	Arlington Heights	51,504
60005	Arlington Heights	29,109
60007	Elk Grove Village	32,792
60008	Rolling Meadows	22,007
60010	Barrington	46,326
60012	Crystal Lake	11,456
60013	Cary	26,520
60014	Crystal Lake	46,866
60021	Fox River Grove	5,592
60030	Grayslake	35,440
60041	Ingleside	8,224
60042	Island Lake	8,519
60047	Lake Zurich	42,242
60050	McHenry	32,000
60051	McHenry	23,190
60060	Mundelein	37,268
60061	Vernon Hills	27,105
60067	Palatine	38,660
60069	Lincolnshire	8,218
60073	Round Lake	61,856
60074	Palatine	37,632
60084	Wauconda	16,948
60089	Buffalo Grove	40,749
60090	Wheeling	38,741
60097	Wonder Lake	10,727
60102	Algonquin	32,749
60110	Carpentersville	39,094

Table 1110.235(c)(2)(B)(i) Geographic Service Area Population		
Zip Code	City	Population
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60136	Gilberts	7,941
60142	Huntley	29,206
60156	Lake in the Hills	28,681
60169	Hoffman Estates	33,162
60173	Schaumburg	12,619
60192	Hoffman Estates	15,618
60193	Schaumburg	38,884
60194	Schaumburg	19,314
60195	Schaumburg	4,689
Total		1,155,671

Source: U.S. Census Bureau, Census 2020, 2020 American Community Survey: 5-Year Estimates Data Profile available at <https://data.census.gov/cedsci/table?q=United%20States&tid=ACSDP5Y2020.DP05> (last visited Apr. 25, 2022).

- b. A list of all existing and approved health care facilities located within the Pepper Road Endoscopy Center GSA that provide the surgical services proposed by the project is provided below.

Hospital/ASTC	Address	City	Operating/ Procedure Rooms
Advocate Good Shepherd Hospital	450 West Highway 22	Barrington	23
Aghapy Surgery Center, S.C.	200 Fox Glen Court	Barrington	2
Barrington Pain and Spine Institute, LLC	600 Hart Rd	Barrington	3
Algonquin Road Surgery Center, LLC	2550 W Algonquin Road	Lake in the Hills	4
Ashton Center for Day Surgery	1800 McDonough Rd	Hoffman Estates	4
St Alexius Medical Center	1555 Barrington Rd	Hoffman Estates	12
Hoffman Estates Surgery Center, LLC	1555 Barrington Road	Hoffman Estates	6
Northwestern Medicine-McHenry	4201 Medical Center	McHenry	10

Attachment – 24

Hospital/ASTC	Address	City	Operating/ Procedure Rooms
	Drive		
Schaumburg Surgery Center, LLC	929 W Higgins Road	Schaumburg	2
Specialty Surgicare LTD	500 West Golf Rd	Schaumburg	1
Associated Surgical Center, LLC	129 W Rand Rd	Arlington Heights	3
Northwestern Medicine - Huntley	10400 Haligus Road	Huntley	10
Advocate Sherman Hospital	1425 North Randall Road	Elgin	18
Ritacca Laser Center, Ltd.	230 Center Dr	Vernon Hills	2
Hawthorn Surgery Center	240 Center Drive	Vernon Hills	5
Elgin Gastroenterology Endoscopy Center	745 Fletcher Dr	Elgin	2
Northwestern Medicine - Woodstock	3701 Doty Road	Woodstock	0
Northwest Surgicare	1100 W Central Rd	Arlington Heights	5
Northwest Community Day Surgery Center	675 W Kirchhoff Rd	Arlington Heights	10
Northwest Community Hospital	800 W Central Road	Arlington Heights	23
Presence Saint Joseph Hospital - Elgin	77 N Airlite Street	Elgin	12
Advocate Surgery Center - Libertyville	825 S Milwaukee Avenue	Libertyville	2
Advocate Condell Medical Center	801 S Milwaukee Ave	Libertyville	18
Northwestern Grayslake Ambulatory Surgery Center	1475 E Belvidere Rd	Grayslake	4
Northwestern Grayslake Endoscopy Center	1475 E Belvidere Rd	Grayslake	2
Northwest Endo Center LLC	1415 S Arlington Heights Road	Arlington Heights	2
Illinois Hand & Upper Extremity Center	515 West Algonquin Road	Arlington Heights	1
Total			186

2. Maldistribution of Services

Ratio of Stations to Population

As shown in Table 1110.1540(h)(2)(A), the ratio of stations to population is 81.9% of the State Average.

Table 1110.1540(h)(2)(A) Ratio of Stations to Population			
	Population	Operating & Procedures Rooms	Stations to Population
Geographic Service Area	1,155,671	186	1:6,213
State	12,716,164	2,501	1:5,084

Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a single specialty ASTC. To achieve the State Board standard of 1,500 hours per operating room within the first two years after project completion, the Applicants would need 2,000 patient referrals. As set forth above in Table 1110.1540(d), the referring physicians have historically performed 11,721 procedures annually. Once Pepper Road Endoscopy Center is operational, the referring physicians anticipate performing 5,832 procedures (or 4,372 surgical hours) at the facility to reach target utilization after the first year of project completion.

3. Impact to Other Providers

- a. Pepper Road Endoscopy Center will not have an adverse impact on existing facilities in the GSA. As discussed throughout this application, the procedures proposed to be performed at the surgery center are primarily performed by the referring physicians in an office-based setting.
- b. The proposed facility will not lower the utilization of other area providers that are operating below the occupancy standards.

Section VI, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(i), Staffing

Pepper Road Endoscopy Center will be staffed in accordance with all State and Medicare staffing requirements. The Applicant does not anticipate issues with hiring Registered Nurses and Certified Surgical Technologists as needed. GAIMS routinely recruits for various clinical staff and offers fair wages and if necessary, sign-on and referral bonuses for newly hired clinical employees.

The Applicant anticipates that Dr. Manish Bhuvra will be the medical director of Pepper Road Endoscopy Center. Dr. Bhuvra's curriculum vitae is attached at Attachment – 24F.

Manish Bhuva, MD

Cell: (847) 772-4410

Email: mbhuva@gipartnersofil.com

Office Address: GI Partners of IL, LLC
Gastroenterology & Internal Medicine Subdivision (GAIMS)
22285 Pepper Rd, Suite 311
Lake Barrington IL 60010

Work Experience

GI Partners of IL/GAIMS Subdivision August 1997 - Present
Managing Partner

- Advocate Good Shepherd Hospital, 450 W. Highway 22, Barrington, IL 60010
- Northwestern McHenry Hospital, 4201 Medical Center Drive, McHenry, IL 60050
- Northwestern Huntley Hospital, 10400 Haligus Rd, Huntley, IL 60142

Skills – General Gastroenterology & Hepatology, Colonoscopy, Upper GI Endoscopy, Push Enteroscopy, Therapeutic ERCP, Capsule Endoscopy,

Administrative Positions:

- President, GI Partners of IL, LLC. September 2020 - Present
- Member, Executive Board of GI Partners of IL, LLC January 2017 – Sept. 2020
- President and Managing Partner, GAIMS Subdivision/Gi Partners of IL, LLC January. 2017 – Present

Teaching Position:

Rosalind Franklin Internal Medicine Residency Program, McHenry IL, 2016 - Present
Instructor, Gastroenterology Rotation

Medical Training:

Medical Degree – University of Illinois-Chicago September 1987-June 1991

Post Graduate Training

Rush-Presbyterian St. Lukes Medical Center

- Internal Medicine Residency July 1991 – June 1994
- GI Fellowship July 1994 – June 1996

University of Chicago Medical Center July 1996 – June 1997
Advanced GI Fellowship

Board Certifications:

American Board of Internal Medicine
Board Certified in Gastroenterology since November 1997
Current certification expires on December 31, 2027
Unrestricted License to practice medicine in IL since 1994

Memberships:

American Gastroenterology Association
American College of Gastroenterology

Section VI, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(9), Charge Commitment

1. A list of the procedures to be performed at Pepper Road Endoscopy Center with the proposed charges is provided in Table 1110.235(c)(9) below.

Table 1110.235(c)(9) Pepper Road Endoscopy Center		
43235	EGD DX	\$1,100
43236	EGD W/SUBMUC INC	\$1,712
43239	EGD W/BIOPSY	\$1,150
43244	EGD W/VARICES BANDING	\$1,440
43245	EGD DILATE STRICTURE	\$1,500
43247	EGD W/REMOVAL OF FB	\$1,500
43248	EGD GUIDE WIRE INSERTION	\$1,175
43249	EGD W/DILATION	\$1,175
43251	EGD SNARE BX	\$1,210
43255	EGD W/CONTROL OF BLEED	\$1,375
44388	COLON ENDOSCOPY	\$1,450
44389	COLONOSCOPY WITH BIOPSY	\$1,480
45330	DIAGNOSTIC SIGMOIDOSCOPY	\$500
45331	SIGMOIDOSCOPY AND BIOPSY	\$750
45335	SIGMOIDOSCOPE W/SUBMUC ING	\$825
45338	SIGMOIDOSCPY W/REMOVAL OF TUMOR	\$915
45340	SIG W/BALLOON DILATION	\$825
43350	SUGICAL OPENING, ESOPHAGUS	\$1,000
45378	DIAGNOSTIC COLONOSCOPY	\$1,450
45379	COLONOSCOPY W/FB REMOVAL	\$1,510
45380	COLONOSCOPY AND BIOPSY	\$1,480
45381	COLONOSCOPE, SUBMUCOUS INJ	\$1,525
45382	COLONOSCOPY/CONTROL BLEEDING	\$1,880
45384	COLONOSCOPY, FLEXIBLE WITH REMOVAL OF TUMOR(S), POLYP(S) OR OTHER LESION(S)	\$1,480
45385	LEISION REMOVAL COLONOSCOPY	\$1,745
45386	COLONOSCOPY W/DILATION	\$1,900
45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIGATION(S)	\$1,800
45905	DILATION OF ANAL SPHINCTER	\$500
45910	DILATION OF RECTAL NARROWING	\$500
45915	REMOVAL RECTAL OBSTRUCTION	\$650
46221	LIGATION OF HEMORRHOID(S)	\$980
99214	HPI ASSESSMENT	\$175
99354	OPD PROCEDURE	\$300
A4550	STERILE TRAY	\$500
G0104	COLOREC CANCER SCREENING; FLEXSIG	\$500
G0105	COLOREC CANCR SCR; COLNSCPY HI RISK	\$1,450
G0121	COLOREC CNCR SCR; COLNSCPY NO HI RISK	\$1,450

2. A letter from Pepper Road Endoscopy Center committing to maintain the above charges for the first two years of operation is attached at Attachment – 24G.

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Charge Commitment

Dear Chair Savage:

Pursuant to 77 Ill. Admin Code §1110.235(c)(9)(B), I hereby commit that the charge schedule included in the certification of need application, which is a non-exhaustive list of the procedures typically performed within the new surgical specialty, will not be increased, at a minimum, for the first two years after the addition of the surgical specialty at Pepper Road Endoscopy Center, LLC, unless a permit is first obtained pursuant to 77 Ill. Admin. Code §1130.310(a).

Sincerely,

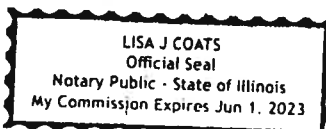


Manish Bhuva, M.D.
Manager
Pepper Road Endoscopy Center, LLC

Subscribed and sworn to me
This 2nd day of May, 2022



Notary Public



Section VI, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(1), Assurances

Attached at Attachment – 24H is a letter from Pepper Road Endoscopy Center certifying that the proposed facility will achieve target utilization by the end of the second year of operation.

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Peer Review Program

Dear Chair Savage:

Pursuant to 77 Ill. Admin Code §1110.235(c)(10), I hereby certify that a peer review program exists or will be implemented that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for the ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.


I further certify that by the second year of operation after project completion, the annual utilization of procedure rooms will meet or exceed the utilization standard specified in 77 Ill. Admin. Code §1100.

Sincerely,

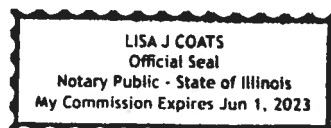


Manish Bhuva, M.D.
Manager
Pepper Road Endoscopy Center, LLC

Subscribed and sworn to me
This 2nd day of May, 2022



Notary Public



Section VII**Criterion 1120.120, Availability of Funds**

The Project will be funded through internal resources (cash on hand and net book value of existing equipment). To support the fact that there are sufficient funds to cover the cost of the proposed project, the Applicant provides the enclosed letter from Barrington Bank & Trust Company, N.A. noting the sufficiency of cash available for the Project.

BARRINGTON BANK

& TRUST COMPANY, N.A.*

A WINTRUST COMMUNITY BANK

June 16, 2022

Pepper Road Endoscopy Center, LLC
Dr. Manish Bhuva, MD
22285 N Pepper Rd, Suite 312
Lake Barrington, IL 60010

To Whom it May Concern,

This letter serves to clarify that Pepper Road Endoscopy Center, LLC. maintains a checking account at Barrington Bank & Trust Company and maintains a balance of \$50,000.

Should you require any additional information, please feel free to call me directly at 847-304-5933.

Sincerely,



Burke Groom
Executive Vice President

Section VIII

Criterion 1120.130, Financial Viability

1. Pro forma financial statements for the second full fiscal year after the project achieves target utilization are attached at Attachment – 35.
2. Financial viability worksheets for the second full fiscal year after the project achieves target utilization are attached at Attachment – 35.

Pepper Road Endoscopy Center, LLC

FINANCIAL PRO FORMA

Prepared by:



May 11, 2022

Manish Bhuvra, MD
Pepper Road Endoscopy Center, LLC

We have compiled the accompanying forecasted balance sheet, statements of income, retained earnings, and cash flows of Pepper Road Endoscopy Center, LLC for the first two years of operations, in accordance with attestation standards established by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of a forecast, information that is representation of management and does not include evaluation of the support for the assumptions underlying the forecast. We have not examined the forecast and, accordingly, do not express an opinion or any other form of assurance on the accompanying statements or assumptions. Furthermore, there will usually be differences between the forecasted and actual results, because events and circumstances frequently do not occur as expected, and those differences may be material. We have no responsibility to update this report for events and circumstances occurring after the date of this report.



May 11, 2022

CPT	Year 1 - Volume											Year 1 - Reimbursement											Annual
	Medicare	BCBS	United	Advocate	Aetna	Cigna	Commercial	Humana	IDPA	Self Pay	Total	Medicare	BCBS	United	Advocate	Aetna	Cigna	Commercial	Humana	IDPA	Self Pay	Total	Revenue
Payor Mix																							
43235	34	20	7	-	-	1	3	1	-	3	68	335.47	553.53	402.56	285.15	335.47	419.34	352.24	335.47	-	1,100.00	-	29,626
43236	-	1	1	1	1	-	-	-	-	-	5	335.47	553.53	402.56	285.15	335.47	419.34	352.24	335.47	-	-	-	2,058
43239	418	933	299	42	154	94	68	64	12	35	2,118	335.47	553.53	402.56	285.15	335.47	419.34	352.24	335.47	207.72	1,150.00	-	968,372
43244	-	-	-	-	-	3	-	-	-	-	3	498.70	822.86	598.44	423.90	498.70	623.38	523.64	498.70	-	-	-	1,627
43247	3	3	-	-	-	-	-	-	-	-	5	498.70	822.86	598.44	423.90	498.70	623.38	523.64	498.70	-	-	-	3,450
43249	9	7	-	-	-	-	-	-	-	-	16	498.70	822.86	598.44	423.90	498.70	623.38	523.64	498.70	-	-	-	9,927
43251	1	1	-	-	1	-	-	-	-	-	4	498.70	822.86	598.44	423.90	498.70	623.38	523.64	498.70	-	-	-	2,376
43255	-	-	-	-	1	-	-	-	-	-	1	498.70	822.86	598.44	423.90	498.70	623.38	523.64	498.70	-	-	-	651
44388	1	-	-	-	-	-	-	-	-	1	3	372.00	613.80	446.40	316.20	372.00	465.00	390.60	372.00	-	-	-	2,378
44389	1	-	-	-	-	-	-	-	-	-	1	372.00	613.80	446.40	316.20	372.00	465.00	390.60	372.00	-	-	-	486
45330	5	18	8	-	3	-	1	-	-	-	35	103.42	170.64	124.10	87.91	103.42	129.28	108.59	103.42	-	-	-	5,042
45331	4	3	3	1	1	-	1	3	-	-	16	226.17	373.18	271.40	192.24	226.17	282.71	237.48	226.17	-	-	-	4,015
45335	-	5	-	-	-	-	-	-	-	-	5	226.17	373.18	271.40	192.24	226.17	282.71	237.48	226.17	-	-	-	1,948
45338	-	4	-	-	-	-	-	-	-	-	4	385.04	635.32	462.05	327.28	385.04	481.30	404.29	385.04	-	-	-	2,488
45340	-	1	-	-	-	-	-	-	-	-	1	385.04	635.32	462.05	327.28	385.04	481.30	404.29	385.04	-	-	-	829
45378	70	441	149	27	80	51	37	27	8	18	908	372.00	613.80	446.40	316.20	372.00	465.00	390.60	372.00	220.02	1,450.00	-	478,096
45380	330	929	363	43	150	106	67	84	17	29	2,117	372.00	613.80	446.40	316.20	372.00	465.00	390.60	372.00	207.72	1,480.00	-	1,077,000
45381	17	27	8	4	7	4	1	3	-	-	70	372.00	613.80	446.40	316.20	372.00	465.00	390.60	372.00	-	-	-	33,601
45385	40	82	29	7	16	5	5	12	1	3	200	372.00	613.80	446.40	316.20	372.00	465.00	390.60	372.00	544.26	1,745.00	-	100,339
45386	-	-	-	-	1	-	-	-	-	-	1	372.00	613.80	446.40	316.20	372.00	465.00	390.60	372.00	-	-	-	486
45905	4	12	3	3	4	1	-	1	-	-	27	688.14	1,135.43	825.77	584.92	688.14	860.18	722.55	688.14	-	-	-	24,431
45915	-	1	-	-	-	17	-	-	-	-	18	688.14	1,135.43	825.77	584.92	688.14	860.18	722.55	688.14	-	-	-	16,078
46221	-	3	3	-	1	-	3	-	-	-	9	179.12	295.55	214.94	152.25	179.12	223.90	188.08	179.12	-	-	-	2,057
G0104	1	-	-	-	-	-	-	-	-	-	1	103.42	170.64	124.10	87.91	103.42	129.28	108.59	103.42	-	-	-	135
G0105	94	-	-	-	-	-	-	4	-	1	99	329.19	543.16	395.03	279.81	329.19	411.49	345.65	329.19	-	-	-	34,158
G0121	86	-	-	-	-	-	-	7	-	1	94	329.19	543.16	395.03	279.81	329.19	411.49	345.65	329.19	-	-	-	32,400
TOTALS	1,120	2,492	871	128	420	282	185	205	38	91	5,832												2,834,057

CPT	Year 2 - Volume											Year 2 - Reimbursement											Annual
	Medicare	BCBS	United	Advocate	Aetna	Cigna	Commercial	Humana	IDPA	Self Pay	Total	Medicare	BCBS	United	Advocate	Aetna	Cigna	Commercial	Humana	IDPA	Self Pay	Total	Revenue
Payor Mix																							
43235	36	21	7	-	-	1	3	1	-	3	71	335.47	553.53	402.56	285.15	335.47	419.34	352.24	335.47	-	1,100.00	-	31,108
43236	-	1	1	1	1	-	-	-	-	-	5	335.47	553.53	402.56	285.15	335.47	419.34	352.24	335.47	-	-	-	2,161
43239	439	980	314	44	162	99	71	67	12	37	2,224	335.47	553.53	402.56	285.15	335.47	419.34	352.24	335.47	207.72	1,150.00	-	1,016,791
43244	-	-	-	-	-	3	-	-	-	-	3	498.70	822.86	598.44	423.90	498.70	623.38	523.64	498.70	-	-	-	1,709
43247	3	3	-	-	-	-	-	-	-	-	5	498.70	822.86	598.44	423.90	498.70	623.38	523.64	498.70	-	-	-	3,623
43249	10	7	-	-	-	-	-	-	-	-	16	498.70	822.86	598.44	423.90	498.70	623.38	523.64	498.70	-	-	-	10,423
43251	1	1	-	-	1	-	-	-	-	-	4	498.70	822.86	598.44	423.90	498.70	623.38	523.64	498.70	-	-	-	2,495
43255	-	-	-	-	1	-	-	-	-	-	1	498.70	822.86	598.44	423.90	498.70	623.38	523.64	498.70	-	-	-	683
44388	1	-	-	-	-	-	-	-	-	1	3	372.00	613.80	446.40	316.20	372.00	465.00	390.60	372.00	-	-	-	2,497
44389	1	-	-	-	-	-	-	-	-	-	1	372.00	613.80	446.40	316.20	372.00	465.00	390.60	372.00	-	-	-	510
45330	5	19	8	-	3	-	1	-	-	-	37	103.42	170.64	124.10	87.91	103.42	129.28	108.59	103.42	-	-	-	5,294
45331	4	3	3	1	1	-	1	3	-	-	16	226.17	373.18	271.40	192.24	226.17	282.71	237.48	226.17	-	-	-	4,216
45335	-	5	-	-	-	-	-	-	-	-	5	226.17	373.18	271.40	192.24	226.17	282.71	237.48	226.17	-	-	-	2,046
45338	-	4	-	-	-	-	-	-	-	-	4	385.04	635.32	462.05	327.28	385.04	481.30	404.29	385.04	-	-	-	2,612
45340	-	1	-	-	-	-	-	-	-	-	1	385.04	635.32	462.05	327.28	385.04	481.30	404.29	385.04	-	-	-	871
45378	74	463	156	29	84	53	38	29	8	19	954	372.00	613.80	446.40	316.20	372.00	465.00	390.60	372.00	220.02	1,450.00	-	502,001
45380	347	976	381	45	158	111	70	88	18	30	2,223	372.00	613.80	446.40	316.20	372.00	465.00	390.60	372.00	207.72	1,480.00	-	1,130,850
45381	18	29	8	4	7	4	1	3	-	-	74	372.00	613.80	446.40	316.20	372.00	465.00	390.60	372.00	-	-	-	35,281
45385	42	86	30	7	16	5	5	12	1	3	210	372.00	613.80	446.40	316.20	372.00	465.00	390.60	372.00	544.26	1,745.00	-	105,356
45386	-	-	-	-	1	-	-	-	-	-	1	372.00	613.80	446.40	316.20	372.00	465.00	390.60	372.00	-	-	-	510
45905	4	12	3	3	4	1	-	1	-	-	29	688.14	1,135.43	825.77	584.92	688.14	860.18	722.55	688.14	-	-	-	25,653
45915	-	1	-	-	-	18	-	-	-	-	19	688.14	1,135.43	825.77	584.92	688.14	860.18	722.55	688.14	-	-	-	16,882
46221	-	3	3	-	1	-	3	-	-	-	10	179.12	295.55	214.94	152.25	179.12	223.90	188.08	179.12	-	-	-	2,160
G0104	1	-	-	-	-	-	-	-	-	-	1	103.42	170.64	124.10	87.91	103.42	129.28	108.59	103.42	-	-	-	142
G0105	99	-	-	-	-	-	-	4	-	1	104	329.19	543.16	395.03	279.81	329.19	411.49	345.65	329.19	-	-	-	35,866
G0121	90	-	-	-	-	-	-	7	-	1	99	329.19	543.16	395.03	279.81	329.19	411.49	345.65	329.19	-	-	-	34,020
TOTALS	1,176	2,616	914	134	441	296	195	215	40	96	6,124												2,975,760

Assumptions:

Volume increase in year 2	5%
Rate increase in year 2	0%

Pepper Road Endoscopy Center, LLC
Projected Volume and Reimbursement by Procedure

<u>CPT</u>	<u>Year 1 - Volume</u>					<u>Year 1 - Reimbursement</u>				<u>Annual</u>
	<u>Medicare</u>	<u>BCBS</u>	<u>United</u>	<u>Aetna</u>	<u>Total</u>	<u>Medicare</u>	<u>BCBS</u>	<u>United</u>	<u>Aetna</u>	<u>Revenue</u>
71260			-	-	-	254.77	457.00	356.68	254.77	-
74177			-	-	-	378.52	719.00	529.93	378.52	-
TOTALS	-	-	-	-	-					-

<u>CPT</u>	<u>Year 2 - Volume</u>					<u>Year 2 - Reimbursement</u>				<u>Annual</u>
	<u>Medicare</u>	<u>BCBS</u>	<u>United</u>	<u>Aetna</u>	<u>Total</u>	<u>Medicare</u>	<u>BCBS</u>	<u>United</u>	<u>Aetna</u>	<u>Revenue</u>
71260	-	-	-	-	-	254.77	457.00	356.68	254.77	-
74177	-	-	-	-	-	378.52	719.00	529.93	378.52	-
TOTALS	-	-	-	-	-					-

Assumptions:

Volume increase in year 2	100%
Rate increase in year 2	0%

Pepper Road Endoscopy Center, LLC**Expense Assumptions**

	Year 1	<i>Annual Increase</i>	Year 2	Assumptions
Leased employee costs	346,177	3.0%	356,562	Per management
Endoscopy drug and supply costs (per case)	42	2.0%	43	Based on management amount of \$20,412 per month / cases
Rent and real estate taxes	121,920	3.0%	125,578	Per management
General liability insurance	5,334	2.5%	5,467	Per management
Utilities	175,260	2.5%	179,642	Per management
Outside Services	9,144	2.5%	9,373	Per management
Lease Payments	355,414	0.0%	355,414	Per management
Other	-		-	miscellaneous

Assets/liabilities

Initial Cash balance	45,000
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Pepper Road Endoscopy Center, LLC
PROJECTED STATEMENT OF OPERATIONS
Accrual Basis

	<u>Year 1</u>	<u>Year 2</u>
Number of Cases-Endoscopy	5,832	6,124
Number of Cases-CT	-	-
 Revenues-Endoscopy & CT	 \$ 2,834,057	 \$ 2,975,760
 Operating Expenses		
Leased employee costs	346,177	356,562
Drugs and supplies-endoscopy	244,944	262,335
Facility Rent and RE taxes	121,920	125,578
Insurance	5,334	5,467
Utilities	175,260	179,642
Outside Services	9,144	9,373
Lease Payments	355,414	355,414
Other	-	-
Total Operating Expenses	<u>1,258,192</u>	<u>1,294,370</u>
 Depreciation	 -	 -
Net Income (loss)	<u><u>\$ 1,575,865</u></u>	<u><u>\$ 1,681,390</u></u>

Pepper Road Endoscopy Center, LLC
PROJECTED STATEMENT OF CASH FLOWS

	<u>Year 1</u>	<u>Year 2</u>
Cash From Operating Activities		
Net Income	\$ 1,575,865	\$ 1,681,390
Add (subtract):		
Depreciation and Amortization	-	-
(Inc.) dec. in Accounts Receivable	(354,257)	(17,713)
Change in Accounts Payable	104,849	3,015
Cash from (used for) Operations	<u>1,326,457</u>	<u>1,666,692</u>
Cash from Investing & Financing Activities		
Owner Cash Contributions	45,000	
Owner Distributions	<u>(1,100,000)</u>	<u>(1,650,000)</u>
Cash (used for) from Invest. & Finance Activities	<u>(1,055,000)</u>	<u>(1,650,000)</u>
Beginning Cash	<u>-</u>	<u>271,457</u>
Ending Cash	<u><u>\$ 271,457</u></u>	<u><u>\$ 288,149</u></u>

Pepper Road Endoscopy Center, LLC
PROJECTED BALANCE SHEET

	<u>Year 1</u>	<u>Year 2</u>
<u>ASSETS</u>		
Current Assets:		
Cash and equivalents	\$ 271,457	\$ 288,149
Accounts Receivable	354,257	371,970
Total Current Assets	<u>625,714</u>	<u>660,119</u>
 Total Assets	 <u>\$ 625,714</u>	 <u>\$ 660,119</u>
 <u>LIABILITIES & SHAREHOLDERS' EQUITY</u>		
Current Liabilities		
Accounts Payable	\$ 104,849	\$ 107,864
Total Current Liabilities	<u>104,849</u>	<u>107,864</u>
Member's Equity		
Paid in capital	45,000	45,000
Net Income	1,575,865	1,681,390
Owner distributions	(1,100,000)	(1,650,000)
Retained Earnings	-	475,865
Total Member's Equity	<u>520,865</u>	<u>552,255</u>
 Total Liabilities and Equity	 <u>\$ 625,714</u>	 <u>\$ 660,119</u>

Pepper Road Endoscopy Center, LLC
Monthly Cash Flow Statement
Year 1

Month	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Year 1
Cases/Month-Endoscopy	486	486	486	486	486	486	486	486	486	486	486	486	5,832
Revenues	\$ 236,171	\$ 236,171	\$ 236,171	\$ 236,171	\$ 236,171	\$ 236,171	\$ 236,171	\$ 236,171	\$ 236,171	\$ 236,171	\$ 236,171	\$ 236,171	\$ 2,834,057
CASH - BEGINNING	\$ 45,000	\$ 58,236	\$ 189,558	\$ 320,880	\$ 452,203	\$ 583,525	\$ 164,847	\$ 296,169	\$ 427,491	\$ 558,813	\$ 690,135	\$ -	-
Collections	\$ 118,086	\$ 236,171	\$ 236,171	\$ 236,171	\$ 236,171	\$ 236,171	\$ 236,171	\$ 236,171	\$ 236,171	\$ 236,171	\$ 236,171	\$ 236,171	\$ 2,479,800
Operating Expenses													
Leased employee costs	28,848	28,848	28,848	28,848	28,848	28,848	28,848	28,848	28,848	28,848	28,848	28,848	317,329
Drugs and supplies-endoscopy	20,412	20,412	20,412	20,412	20,412	20,412	20,412	20,412	20,412	20,412	20,412	20,412	224,532
Facility Rent and RE Taxes	10,160	10,160	10,160	10,160	10,160	10,160	10,160	10,160	10,160	10,160	10,160	10,160	111,760
Insurance	445	445	445	445	445	445	445	445	445	445	445	445	4,890
Utilities	14,605	14,605	14,605	14,605	14,605	14,605	14,605	14,605	14,605	14,605	14,605	14,605	160,655
Outside Services	762	762	762	762	762	762	762	762	762	762	762	762	8,382
Lease Payments	29,618	29,618	29,618	29,618	29,618	29,618	29,618	29,618	29,618	29,618	29,618	29,618	325,796
Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Operating Expenses	\$ -	\$ 104,849	\$ 104,849	\$ 104,849	\$ 104,849	\$ 104,849	\$ 104,849	\$ 104,849	\$ 104,849	\$ 104,849	\$ 104,849	\$ 104,849	\$ 1,153,343
NET CASH PROFIT	\$ -	\$ 13,236	\$ 131,322	\$ 131,322	\$ 131,322	\$ 131,322	\$ 131,322	\$ 131,322	\$ 131,322	\$ 131,322	\$ 131,322	\$ 131,322	\$ 1,326,457
Owner contribution	45,000	0	0	0	0	0	0	0	0	0	0	0	45,000
Less: owner distributions							(550,000)					(550,000)	(1,100,000)
CASH - ENDING	45,000	58,236	189,558	320,880	452,203	583,525	164,847	296,169	427,491	558,813	690,135	271,457	271,457

Pepper Road Endoscopy Center, LLC
Monthly Cash Flow Statement
Year 2

Month	Month 13	Month 14	Month 15	Month 16	Month 17	Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24	Year 2
Cases/Month-Endoscopy	510	510	510	510	510	510	510	510	510	510	510	510	6,124
Revenues	\$ 247,980	\$ 247,980	\$ 247,980	\$ 247,980	\$ 247,980	\$ 247,980	\$ 247,980	\$ 247,980	\$ 247,980	\$ 247,980	\$ 247,980	\$ 247,980	\$ 2,975,760
CASH - BEGINNING	\$ 271,457	\$ 402,779	\$ 536,991	\$ 677,107	\$ 817,222	\$ 957,338	\$ 272,454	\$ 412,570	\$ 552,686	\$ 692,802	\$ 832,918	\$ 973,033	\$ 271,457
Collections	\$ 236,171	\$ 242,076	\$ 247,980	\$ 247,980	\$ 247,980	\$ 247,980	\$ 247,980	\$ 247,980	\$ 247,980	\$ 247,980	\$ 247,980	\$ 247,980	\$ 2,958,047
Operating Expenses													
Leased employee costs	28,848	29,713	29,713	29,713	29,713	29,713	29,713	29,713	29,713	29,713	29,713	29,713	355,696
Drugs and supplies-endoscopy	20,412	21,861	21,861	21,861	21,861	21,861	21,861	21,861	21,861	21,861	21,861	21,861	260,886
Facility Rent and RE taxes	10,160	10,465	10,465	10,465	10,465	10,465	10,465	10,465	10,465	10,465	10,465	10,465	125,273
Insurance	445	456	456	456	456	456	456	456	456	456	456	456	5,456
Utilities	14,605	14,970	14,970	14,970	14,970	14,970	14,970	14,970	14,970	14,970	14,970	14,970	179,276
Outside Services	762	781	781	781	781	781	781	781	781	781	781	781	9,354
Lease Payments	29,618	29,618	29,618	29,618	29,618	29,618	29,618	29,618	29,618	29,618	29,618	29,618	355,414
Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Operating Expenses	\$ 104,849	\$ 107,864	\$ 107,864	\$ 107,864	\$ 107,864	\$ 107,864	\$ 107,864	\$ 107,864	\$ 107,864	\$ 107,864	\$ 107,864	\$ 107,864	\$ 1,291,355
NET CASH PROFIT	\$ 131,322	\$ 134,212	\$ 140,116	\$ 140,116	\$ 140,116	\$ 140,116	\$ 140,116	\$ 140,116	\$ 140,116	\$ 140,116	\$ 140,116	\$ 140,116	\$ 1,666,692
Less: owner distributions						(825,000)						(825,000)	(1,650,000)
CASH - ENDING	402,779	536,991	677,107	817,222	957,338	272,454	412,570	552,686	692,802	832,918	973,033	288,149	288,149

Pepper Road Endoscopy Center, LLC

Ratio Analysis - Year 2

	Ratio	Calculation		Actual	Target
1	Current Ratio	Current Assets / Current Liabilities			
		<i>Current assets</i> 660,119		6.12	> 1.5
		<i>Current liabilities</i> 107,864			
2	Net Margin Percentage	Net Income / Net operating revenue			
		<i>Net Income</i> 1,681,390		57%	> 3.5%
		<i>Net operating revenue</i> 2,975,760			
3	Debt to Total Capitalization	Long-term debt / (long-term debt + net assets)			
		<i>Long-term debt</i> -		NA	< 80%
		<i>Net Assets</i> 552,255			
4	Debt Service Coverage	(Net income + Depreciation + Interest) / (Current Year Principal + Interest)			
		<i>Net Income + Depreciation + Interest</i> 1,681,390		NA	> 1.75
		<i>Current Year Principal + Interest</i> -			
5	Days Cash on Hand	Cash / ((Operating Expenses - Depreciation)/365)			
		<i>Cash</i> 288,149		81	> 45 days
		<i>Operating Expenses - Depreciation / 365</i> 3,546			
6	Cushion Ratio	Cash / (Current Year Principal + Interest)			
		<i>Cash</i> 288,149		NA	> 3.0
		<i>Current Year Principal + Interest</i> -			

Section IX Economic Feasibility

Criterion 1120.140(a) Reasonableness of Financing Arrangements

A letter from Pepper Road Endoscopy Center certifying the estimated project costs and related costs will be funded entirely with cash and existing equipment Attachment – 36A.

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

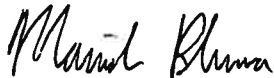
Re: Reasonableness of Financing Arrangements

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that there will be no long-term debt associated with the project and all project costs and related costs will be funded with cash on hand and existing equipment.

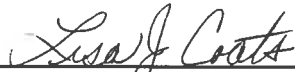
This project also involves leasing the facility from a third-party landlord. Leasing the facility is the least costly alternative when compared to other alternatives.

Sincerely,

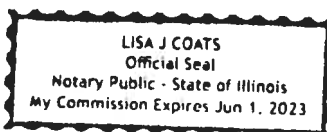


Manish Bhuva, M.D.
Manager
Pepper Road Endoscopy Center, LLC

Subscribed and sworn to me
This 2nd day of May, 2022



Notary Public



Section IX Economic Feasibility
Criterion 1120.140(b), Conditions of Debt Financing

The Project will be funded in total with cash and existing equipment. Accordingly, this criterion is not applicable.

Section IX Economic Feasibility**Criterion 1120.140(c), Reasonableness of Project and Related Costs**

1. The Applicant seeks to establish an ASTC. There will be no construction or modernization associated with the proposed Project. Accordingly, this criterion is not applicable.
2. As shown in Table 1120.140(c) below, the project costs are below the State Standard.

Table 1120.310(c)			
	Proposed ASTC	State Standard	Above/Below State Standard
Modernization Costs	\$35,000	$\$316.27 \times 4,350 \text{ GSF} = \$1,375,774.50$	Below
Architectural/ Engineering Fees	\$5,000	$10.76\% - 16.16\% \times$ Modernization Contracts = $10.76\% - 16.16\% \times \$35,000$ \$3,766 - \$5,656	Below
Consulting & Other Fees	\$10,000	No State Standard	No State Standard
Fair Market Value of Leased Space	\$147,357	No State Standard	No State Standard
Other Costs to be Capitalized	\$234,124	No State Standard	No State Standard

Section IX, Economic Feasibility Review Criteria
Criterion 1120.140(d), Projected Operating Costs

Operating Expenses:	\$618,897
Procedures:	5,832 procedures
Operating Expense per Procedure:	\$106.12 per procedure

Section IX, Economic Feasibility Review Criteria
Criterion 1120.140(e), Total Effect of Project on Capital Costs

Capital Costs:	\$0
Procedures:	5,832 procedures
Capital Costs per Procedure:	\$0 per procedure

Section X. Safety Net Impact Statement

1. Pepper Road Endoscopy Center will not have a material impact on essential safety net services in the community. As documented in the physician referral letters attached at Appendix – 1, the procedures to be performed at Pepper Road Endoscopy Center are currently performed by GAIMS in their offices. No procedures will be transferred to Pepper Road Endoscopy Center from existing hospitals and surgery centers.
2. The establishment of the ASTC will not impact the ability of other providers or other health care facilities to cross-subsidize safety net services. As noted above, no procedures will be transferred from existing hospitals and surgery centers to Pepper Road Endoscopy Center. Accordingly, the proposed project will not impact the ability of other providers to cross-subsidize safety net services.

By establishing an ASTC proximately located to GAIMS, the Applicant's medical practice, the ASTC will achieve operational efficiencies that cannot be created at other hospitals and ASTCs due to limited scheduling slots and anesthesia services.

3. The Applicant is proposing to establish a limited-specialty ASTC. Thus, this criterion does not apply.

Section XII, Charity Care Information

Pepper Road Endoscopy Center is newly formed entity and has no historical data on net revenue or charity care. Thus, it cannot report historical charity care data; however, it anticipates its payor mix will be as follows:

Payor Source	Percentage of Patients
Medicare	35.3%
Medicaid	0.5%
Private Insurance	63.5%
Self-Pay	0.4%
Other Public	0.3%

Appendix 1
Physician Referral Letters

Attached as Appendix 1 are physician referral letters projecting 5,832 procedures will be performed at Pepper Road Endoscopy Center by the second year after project completion.

GASTROENTEROLOGY AND INTERNAL MEDICINE SPECIALISTS

**22285 N Pepper Road, Suite 311
 Lake Barrington, IL 60010
 847-382-4410 Office 847-382-4451 Fax**

Debra Savage
 Chair
 Illinois Health Facilities and Services Review Board
 525 West Jefferson Street, 2nd Floor
 Springfield, Illinois 62761

Dear Ms Savage:

I am writing on behalf of my practice, Gastroenterology and Internal Medicine Specialists ("GAIMS"), a practice of board-certified gastroenterologists located in Lake Barrington, Illinois. GAIMS supports the proposed establishment of Pepper Road Endoscopy Center and submits this letter to verify the anticipated case volumes that will be performed at Pepper Road Endoscopy Center.

Over the past twelve months (from January 1, 2021 to December 31, 2021, for the zip codes listed on Exhibit 1, GAIMS physicians performed a total of 5,608 outpatient surgical procedures and those physicians referred those cases to the following hospitals and surgery centers. Referrals to existing surgery centers and hospitals over the past 12 months by physician are attached at Exhibit 2.

With the establishment of Pepper Road Endoscopy Center, we expect our employed physicians to refer these cases as noted below.

Hospital / Licensed ASTC	Hospital and Licensed ASTC (number of cases) Most recent 12 months	Projected Referrals to Pepper Road Endoscopy Center after Project Completion
Advocate Good Shepherd Hospital	1732	
Northwestern Medicine Huntley Hospital	1827	
Northwestern Medicine McHenry Hospital	2330	
Gastroenterology and Internal Medicine Specialists	5832	6,800
Total	11721	

Ms. Debra Savage
Page 2

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

GAIMS supports the proposed establishment of Pepper Road Endoscopy Center.

Sincerely,



Manish Bhuva, M.D.
Gastroenterology
Gastroenterology and Internal Medicine Specialists, S.C.
22285 North Pepper Road, Suite 311
Lake Barrington, Illinois 60010

Subscribed and sworn to me
This 2nd day of May, 2022



Notary Public

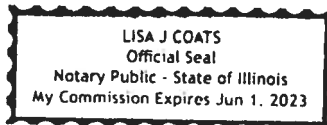


Exhibit 1**Patients by Zip Code of Residence**

Zip Code	City	Patients
23224	Richmond, VA	1
30041	Cumming, GA	1
32043	Green Cove Springs, FL	1
33040	Key West, FL	1
33418	Palm Beach Gardens, FL	1
33462	Lake Worth, FL	1
33913	Fort Myers, FL	1
33955	Punta Gorda, FL	2
33957	Sanibel, FL	1
34103	Naples, FL	1
34119	Naples, FL	1
34209	Bradenton, FL	1
34217	Bradenton Beach, FL	1
49453	Saugatuck, MI	2
53105	Burlington, WI	6
53114	Darien, WI	1
53115	Delavan, WI	3
53121	Elkhorn, WI	4
53125	Fontana, WI	1
53128	Genoa City, WI	10
53147	Lake Geneva, WI	10
53157	Pell Lake, WI	1
53158	Pleasant Prairie, WI	1
53159	Powers Lake, WI	1
53168	Salem, WI	1
53170	Silver Lake, WI	1
53179	Trevor, WI	4
53181	Twin Lakes, WI	14
53184	Walworth, WI	4
53189	Waukesha, WI	1
53190	Whitewater, WI	1
53191	Williams Bay, WI	2
53405	Racine, WI	1
53525	Clinton, WI	1
53581	Richland Center, WI	1
53585	Sharon, WI	3
53913	Baraboo, WI	1

Zip Code	City	Patients
54532	Heafford Junction, WI	1
54545	Manitowish Waters, WI	1
54915	Appleton, WI	1
57104	Sioux Falls, SD	1
59715	Bozeman, MT	1
60002	Antioch	28
60004	Arlington Heights	10
60005	Arlington Heights	1
60007	Elk Grove Village	2
60008	Rolling Meadows	4
60010	Barrington	279
60011	Barrington	4
60012	Crystal Lake	178
60013	Cary	236
60014	Crystal Lake	567
60015	Deerfield	2
60018	Des Plaines	1
60020	Fox Lake	88
60021	Fox River Grove	58
60030	Grayslake	16
60031	Gurnee	1
60033	Harvard	111
60034	Hebron	40
60035	Highland Park	1
60039	Crystal Lake	4
60041	Ingleside	47
60042	Island Lake	81
60045	Lake Forest	1
60046	Lake Villa	16
60047	Lake Zurich	157
60048	Libertyville	1
60050	McHenry	613
60051	McHenry	433
60056	Mount Prospect	3
60060	Mundelein	8
60061	Vernon Hills	3
60067	Palatine	27
60069	Lincolnshire	1
60071	Richmond	50
60072	Ringwood	21

Zip Code	City	Patients
60073	Round Lake	53
60074	Palatine	10
60081	Spring Grove	123
60084	Wauconda	104
60087	Waukegan	1
60089	Buffalo Grove	7
60097	Wonder Lake	193
60098	Woodstock	558
60102	Algonquin	221
60103	Bartlett	2
60107	Streamwood	5
60108	Bloomington	1
60110	Carpentersville	46
60115	DeKalb	1
60118	Des Plaines	19
60119	Elburn	1
60120	Elgin	8
60123	Elgin	9
60124	Elgin	8
60126	Elmhurst	1
60133	Hanover Park	1
60135	Genoa	2
60136	Gilberts	18
60140	Hampshire	54
60142	Huntley	512
60152	Marengo	116
60153	Maywood	1
60155	Broadview	1
60156	Lake in the Hills	229
60169	Hoffman Estates	2
60171	River Grove	1
60174	Saint Charles	1
60175	Saint Charles	3
60177	South Elgin	4
60178	Sycamore	1
60180	Union	18
60185	West Chicago	1
60192	Hoffman Estates	10
60193	Schaumburg	2
60194	Schaumburg	4

Zip Code	City	Patients
60195	Schaumburg	1
60204	Evanston	1
60515	Downers Grove	1
60527	Willowbrook	2
60540	Naperville	1
60554	Sugar Grove	1
60560	Yorkville	1
60563	Naperville	1
60586	Plainfield	1
60607	Chicago	1
60609	Chicago	1
60613	Chicago	1
60614	Chicago	2
60618	Chicago	1
60619	Chicago	1
60623	Chicago	1
60631	Chicago	1
60638	Chicago	1
60646	Chicago	1
60656	Chicago	1
60660	Chicago	1
61008	Belvidere	11
61010	Byron	1
61011	Caledonia	1
61012	Capron	7
61015	Chana	1
61016	Cherry Valley	2
61019	Davis	1
61032	Freeport	1
61038	Garden Prairie	1
61063	Pecatonica	1
61065	Poplar Grove	4
61072	Rockton	1
61073	Roscoe	1
61104	Rockford	1
61109	Rockford	1
61111	Loves Park	1
61115	Machesney Park	1
61310	Amboy	1
65049	Lake Ozark, MO	1

Zip Code	City	Patients
85086	Phoenix, AZ	1
85201	Phoenix, AZ	1
85375	Sun City West, AZ	1
89123	Las Vegas, NV	1
89130	Las Vegas, NV	1
90807	Long Beach, CA	1
Grand Total		5607

Exhibit 2**Referrals by Physician**

Manish Bhuva, M.D.	
Hospital / Licensed ASTC	Hospital and Licensed ASTC (number of cases) Most recent 12 months
Advocate Good Shepherd Hospital	229
Northwestern Medicine Huntley Hospital	347
Northwestern Medicine McHenry Hospital	548
Gastroenterology and Internal Medicine Specialists	953
Total	2077

Dale Coy, M.D.	
Hospital / Licensed ASTC	Hospital and Licensed ASTC (number of cases) Most recent 12 months
Advocate Good Shepherd Hospital	290
Northwestern Medicine Huntley Hospital	392
Northwestern Medicine McHenry Hospital	313
Gastroenterology and Internal Medicine Specialists	1205
Total	2200

Dafna Gordon, M.D.	
Hospital / Licensed ASTC	Hospital and Licensed ASTC (number of cases) Most recent 12 months
Advocate Good Shepherd Hospital	327
Northwestern Medicine Huntley Hospital	-
Northwestern Medicine McHenry Hospital	-
Gastroenterology and Internal Medicine Specialists	750
Total	1077

Amit Shah, M.D.	
Hospital / Licensed ASTC	Hospital and Licensed ASTC (number of cases) Most recent 12 months
Advocate Good Shepherd Hospital	218
Northwestern Medicine Huntley Hospital	270
Northwestern Medicine McHenry Hospital	379
Gastroenterology and Internal Medicine Specialists	885
Total	1752

Chad Spanger, M.D.	
Hospital / Licensed ASTC	Hospital and Licensed ASTC (number of cases) Most recent 12 months
Advocate Good Shepherd Hospital	215
Northwestern Medicine Huntley Hospital	10
Northwestern Medicine McHenry Hospital	461
Gastroenterology and Internal Medicine Specialists	1271
Total	1957

Brant Lutsi, M.D.	
Hospital / Licensed ASTC	Hospital and Licensed ASTC (number of cases) Most recent 12 months
Advocate Good Shepherd Hospital	225
Northwestern Medicine Huntley Hospital	646
Northwestern Medicine McHenry Hospital	364
Gastroenterology and Internal Medicine Specialists	599
Total	1834

Nicole M Gentile, M.D.	
Hospital / Licensed ASTC	Hospital and Licensed ASTC (number of cases) Most recent 12 months
Advocate Good Shepherd Hospital	228
Northwestern Medicine Huntley Hospital	162
Northwestern Medicine McHenry Hospital	264
Gastroenterology and Internal Medicine Specialists	169
Total	823

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

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