

**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: Surgical Center for Human Reproduction		
Street Address: 680 N. Lakeshore Dr.		
City and Zip Code: Chicago, IL 60611		
County: Cook	Health Service Area: 8	Health Planning Area: A-1

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

Exact Legal Name: Surgical Center for Human Reproduction (SCHR), LLC		
Street Address: 409 W. Huron St., Suite 500		
City and Zip Code: Chicago, IL 60654		
Name of Registered Agent: Thomas B. Shapira		
Registered Agent Street Address: 333 W Wacker Dr Ste 1700		
Registered Agent City and Zip Code: Chicago, IL 60606		
Name of Chief Executive Officer: Andrew Mintz, CEO		
CEO Street Address: 1715 N. Westshore Blvd, Suite 410		
CEO City and Zip Code: Tampa, FL 33607		
CEO Telephone Number: 813.407.7821		

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

Exact Legal Name: IVF Consulting, LLC		
Street Address: 409 W. Huron Street, Suite 500		
City and Zip Code: Chicago, IL 60654		
Name of Registered Agent: Thomas B. Shapira		
Registered Agent Street Address: 333 W Wacker Dr Ste 1700		
Registered Agent City and Zip Code: Chicago, IL 60606		
Name of Chief Executive Officer: Andrew Mintz, CEO		
CEO Street Address: 1715 N. Westshore Blvd, Suite 410		
CEO City and Zip Code: Tampa, FL 33607		
CEO Telephone Number: 813.407.7821		

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

Exact Legal Name: Pinnacle Fertility, Inc.		
Street Address: 1715 N. Westshore Blvd, Suite 410		
City and Zip Code: Tampa, FL 33607		
Name of Registered Agent: The Corporation Trust Company		
Registered Agent Street Address: 1209 Orange St.		
Registered Agent City and Zip Code: Wilmington, DE 19801		
Name of Chief Executive Officer: Andrew Mintz, CEO		
CEO Street Address: 1715 N. Westshore Blvd, Suite 410		
CEO City and Zip Code: Tampa, FL 33607		
CEO Telephone Number: 813.407.7821		

**Type of Ownership of Applicants**

- |                                                                 |                                              |
|-----------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Non-profit Corporation                 | <input type="checkbox"/> Partnership         |
| <input checked="" 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.

\*Pinnacle Fertility, Inc. is a for-profit corporation

\*\* Surgical Center for Human Reproduction (SCHR), LLC and IVF Consulting, LLC are Limited Liability Companies

**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: Ryan Flood
Title: Practice Administrator
Company Name: Institute for Human Reproduction (IHR), S.C.
Address: 409 W. Huron St., Suite 500, Chicago, IL 60654
Telephone Number: 847.561.8216
E-mail Address: RFlood@IHRFertility.com
Fax Number: 312.288.6421

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

Name: Kelly Z. Andrews, Esq.
Title: General Counsel
Company Name: Surgical Center for Human Reproduction (SCHR), LLC
Address: 1715 N. Westshore Blvd, Suite 410, Tampa, FL 33607
Telephone Number: 727.638.1296
E-mail Address: KAndrews@pinnaclefertility.com
Fax Number: NA

**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: Ryan Flood
Title: Practice Administrator
Company Name: Surgical Center for Human Reproduction (SCHR), LLC
Address: 680 N. Lakeshore Dr., Chicago, IL 60611
Telephone Number: 847.561.8216
E-mail Address: RFlood@IHRFertility.com
Fax Number: 312.288.6421

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: LSPOC, LLC
Address of Site Owner: 625 N Michigan Avenue, Suite 2000, Chicago, IL 60611
Street Address or Legal Description of the Site:

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.

APPEND DOCUMENTATION AS **ATTACHMENT 2**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

### Operating Identity/Licensee

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

Exact Legal Name: Surgical Center for Human Reproduction (SCHR), LLC

Address: 409 W. Huron St., Suite 500, Chicago, IL 60654

- ☐ Non-profit Corporation  
☐ For-profit Corporation  
☒ Limited Liability Company  
☐ Other

- ☐ Partnership  
☐ Governmental  
☐ Sole Proprietorship



- 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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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.

There are three applicants to this application for permit as follows: (i) Surgical Center for Human Reproduction, LLC; (ii) IVF Consulting, LLC, which owns 100% of Surgical Center for Human Reproduction, LLC; and (iii) Pinnacle Fertility, Inc., which owns 100% of IVF Consulting, LLC (collectively and individually the "Applicant"). The Applicant seeks authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish an Assisted Reproductive Technology ("ART") ambulatory surgical treatment center with two (2) operating rooms and two (2) procedure rooms, along with twelve (12) recovery stations (the "Surgery Center").

The Surgery Center will be located within an existing building that is currently an abandoned grocery store located at 680 N. Lakeshore Drive, Chicago, Illinois 60610. Accordingly, this project will involve all new construction in that the existing building is not a health care facility.

The Surgery Center medical staff will include board certified physicians in urology, obstetrics and gynecology and reproductive endocrinology and infertility ("REI"). The proposed Surgery Center will consist of approximately 7,054 square feet of the total rentable space of 18,764 square feet, which will also include medical office space, a new and state-of-the-art embryology lab, and non-clinical/administrative space.

The Surgery Center will focus on family building through ART. Gynecological surgical procedures will include removal of polyps, repair of blocked fallopian tubes, hysterosalpingogram, diagnostic evaluations for in vitro fertilization (or IVF), oocyte retrievals, and embryo transfer. Urological surgical procedures include biopsy of the testis and epididymis microsurgical epididymal sperm aspiration (or MESA).

This project constitutes a substantive project because it involves the establishment of a 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.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	\$55,225.00		\$55,250.00
Site Survey and Soil Investigation	\$20,681.00		\$20,681.00
Site Preparation	\$132,724.00		\$132,724.00
Off Site Work	\$0		\$0
New Construction Contracts <sup>1</sup>	\$3,103,320.00		\$3,103,320.00
Modernization Contracts	\$0		\$0
Contingencies	\$0		\$0
Architectural/Engineering Fees	\$460,000.00		\$460,000.00
Consulting and Other Fees	\$0		\$0
Movable or Other Equipment (not in construction contracts)	\$1,400,000.00		\$1,400,000
Bond Issuance Expense (project related)	\$0		\$0
Net Interest Expense During Construction (project related)	\$0		\$0
Fair Market Value of Leased Space or Equipment <sup>2</sup>	\$7,016,277.00		\$7,016,277.00
Other Costs to Be Capitalized	\$0		\$0
Acquisition of Building or Other Property (excluding land)	\$0		\$0
<b>TOTAL USES OF FUNDS</b>	<b>\$12,188,227.00</b>		<b>\$12,188,227.00</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$5,171,950.00		\$5,171,950.00
Pledges	\$0		\$0
Gifts and Bequests	\$0		\$0
Bond Issues (project related)	\$0		\$0
Mortgages	\$0		\$0
Leases (fair market value)	\$7,016,277.00		\$7,016,277.00
Governmental Appropriations	\$0		\$0
Grants	\$0		\$0
Other Funds and Sources	\$0		\$0
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$12,188,227.00</b>		<b>\$12,188,227.00</b>

<sup>1</sup> The proposed project will involve a gut/rehab of an existing building in a space that was previously utilized as a grocery store. Accordingly, the project build-out will be extensive and will involve installment of new mechanical, new electrical, new HVAC, structural reinforcement, reframing, new duct work, and other modifications to make the space ADA compliant and compliant with all State Board standards applicable to ASTCs. Based on discussion with State Board staff on March 8, 2022, the new construction standard is applicable to the project.

<sup>2</sup> This number represents the total cost of the leased space attributable to the Surgery Center over a 15-year period.

**NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

### Related Project Costs

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

Land acquisition is related to project	<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 <b>non-capitalized</b> 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>\$535,906.00</u>		

### Project Status and Completion Schedules

<b>For facilities in which prior permits have been issued please provide the permit numbers.</b>	
Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input checked="" type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>August 1, 2023</u>	
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):	
<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.	
APPEND DOCUMENTATION AS <b>ATTACHMENT 8</b> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. N/A	

### State Agency Submittals [Section 1130.620(c)] **NOT APPLICABLE**

Are the following submittals up to date as applicable?

- ☐ Cancer Registry **NOT APPLICABLE**
- ☐ APORS **NOT APPLICABLE**
- ☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted **NOT APPLICABLE**
- ☐ All reports regarding outstanding permits **NOT APPLICABLE**

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

### Cost Space Requirements

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

**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
<b>REVIEWABLE</b>							
ASTC	\$12,188,227.00	7,054		7,054 <sup>1</sup>			
Total Clinical							
<b>NON-REVIEWABLE</b>							
Administrative							
Parking							
Total Non-clinical							
<b>TOTAL</b>	<b>\$12,188,227.00</b>	<b>7,054</b>		<b>7,054</b>			

**APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

<sup>1</sup> The proposed project will involve a gut/rehab of an existing building in a space that was previously utilized as a grocery store. Accordingly, the project build-out will be extensive and will involve installment of new mechanical, new electrical, new HVAC, structural reinforcement, reframing, new duct work, and other modifications to make the space ADA compliant and compliant with all State Board standards applicable to ASTCs. Based on discussion with State Board staff on March 8, 2022, the new construction standard is applicable to the project.



**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**.

<b>FACILITY NAME:</b>		<b>CITY:</b>			
<b>REPORTING PERIOD DATES:</b>					
		<b>From:</b>		<b>to:</b>	
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
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))					
<b>TOTALS:</b>					

**CERTIFICATION**

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

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

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

SIGNATURE

Andrew Mintz  
PRINTED NAME

CEO  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 9th day of June, 2022

Signature of Notary

Seal



\*Insert the

SIGNATURE

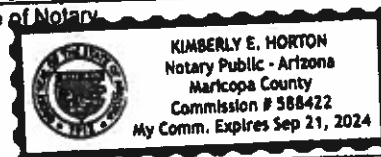
Beth Zoneraich  
PRINTED NAME

COO  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 8th day of June, 2022

Signature of Notary

Seal



#22-025

SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE CON AND FOR TELEGRAM

**PINNACLE FERTILITY, INC.**  
 2041 ROSECRANS AVE., SUITE 355  
 EL SEGUNDO, CA 90245  
 ap@pinnaclefertility.com

**SILICON VALLEY BANK**  
 3003 Tasman  
 Santa Clara, California 95054  
 90-4039/1211



001031

3282024

6/9/2022

COPY

PAY TO THE  
ORDER OF

Illinois Department of Public Health

two thousand five hundred and 00/100\*\*\*\*\*

\$

\$2,500.00

DOLLARS

CON APPLICATION



*Dea Man*  
 AUTHORIZED SIGNATURE



Details on Back Security Features Included

⑈001031⑈ ⑆121140399⑆

3302849391⑈

PINNACLE FERTILITY, INC.

001031

3282024

6/9/2022

Date	Invoice	Description	Orig. Amt.	Amt. Due	Discount	Amount
6/9/2022	RC06092022	CON APPLICATION	\$2,500.00	\$2,500.00		\$2,500.00

PINNACLE FERTILITY, INC.

001031

3282024

6/9/2022

Date	Invoice	Description	Orig. Amt.	Amt. Due	Discount	Amount
6/9/2022	RC06092022	CON APPLICATION	\$2,500.00	\$2,500.00		\$2,500.00

**SECTION II. DISCONTINUATION: NOT APPLICABLE**

This Section is applicable to the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notices listed in Item 7 below MUST be submitted with this Application for Discontinuation** <https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm>

**Criterion 1110.290 – Discontinuation**

READ THE REVIEW CRITERION and provide the following information:

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. **For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.**
8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

**REASONS FOR DISCONTINUATION**

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

**IMPACT ON ACCESS**

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

**Or**  
**APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. NOT APPLICABLE**

### 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?

77 ID ADC 1130

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 V. 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 type="checkbox"/> Gastroenterology
<input type="checkbox"/> Neurological Surgery
<input type="checkbox"/> Nuclear Medicine
<input checked="" 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 checked="" type="checkbox"/> Urology
<input type="checkbox"/> Other

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

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X

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

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

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

## **VI. 1120.120 - AVAILABILITY OF FUNDS**

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

<u>\$5,171,950.00</u>	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated 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;
<u>\$7,016,277.00</u> (FMV of Lease)	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;

<u>                    </u>	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$12,188,227.00	<b>TOTAL FUNDS AVAILABLE</b>
<b>APPEND DOCUMENTATION AS <u>ATTACHMENT 33</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**SECTION VII. 1120.130 - FINANCIAL VIABILITY**

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

**Financial Viability Waiver**

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

1. "A" Bond rating or better
2. All 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 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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

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

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

**Variance**

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

**APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. NOT APPLICABLE as the Applicant qualifies for a Financial Viability Waiver pursuant to Section 1120.130.**

**SECTION VIII.1120.140 - ECONOMIC FEASIBILITY**

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

**A. Reasonableness of Financing Arrangements**

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

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

**B. Conditions of Debt Financing**

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

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

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

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

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

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

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

**E. Total Effect of the Project on Capital Costs**

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

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

**SECTION IX. SAFETY NET IMPACT STATEMENT**

**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			



<b>Medicaid (# of patients)</b>	<b>Year</b>	<b>Year</b>	<b>Year</b>
Inpatient			
Outpatient			
<b>Total</b>			
<b>Medicaid (revenue)</b>			
Inpatient			
Outpatient			
<b>Total</b>			

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

**SECTION X. CHARITY CARE INFORMATION**

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

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

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



APPEND DOCUMENTATION AS **ATTACHMENT 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: Surgical Center for Human Reproduction (SCHR), LLC. 409 W. Huron St., Suite 500  
 (Name) (Address)  
Chicago IL 60654 847.5618216  
 (City) (State) (ZIP Code) (Telephone Number)
2. Project Location: 680 N. Lakeshore Drive, Chicago, IL 60611  
 (Address) (City) (State)  
Cook North Chicago, Streeterville  
 (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? Yes \_\_\_ No X**

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: \_\_\_\_\_

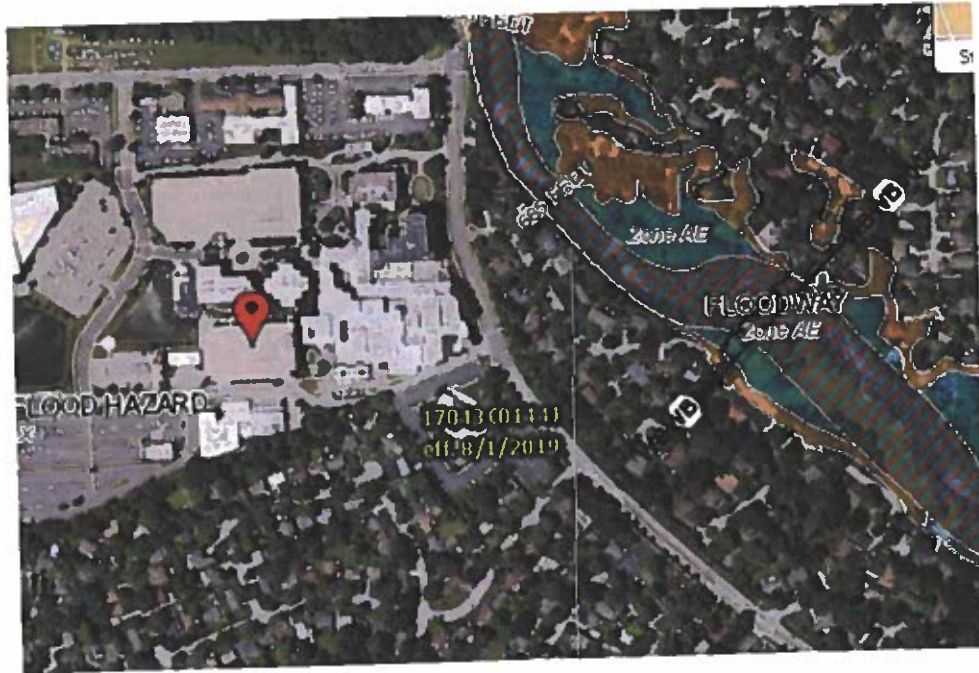
**NOTE:** This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

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

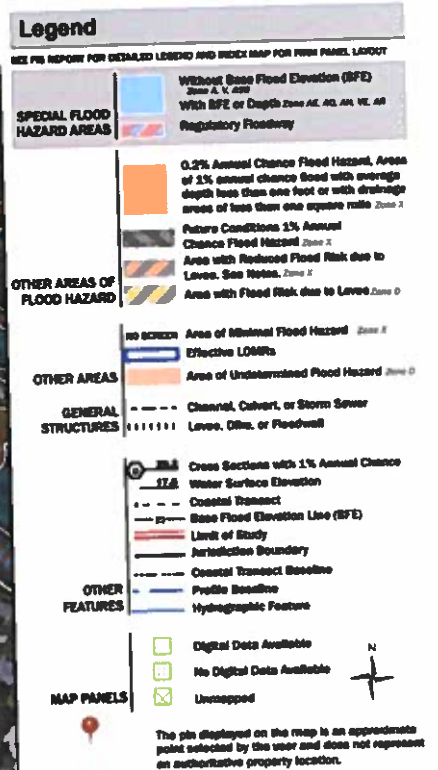
ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
Floodplain Map Example

APPLICATION FOR PERMIT- 06/2021 - Edition

The image below is an example of the floodplain mapping required as part of the IDPH swimming facility construction permit showing that the swimming pool, to undergo a major alteration, is outside the mapped floodplain.



National Flood Hazard Layer FIRMette





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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	31-34
2	Site Ownership [Waiting from LOI from Mike]	35-41
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	42-45
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	46-47
5	Flood Plain Requirements	48-49
6	Historic Preservation Act Requirements	50-52
7	Project and Sources of Funds Itemization	53
8	Financial Commitment Document if required	54
9	Cost Space Requirements	55
10	Discontinuation	56
11	Background of the Applicant	57-71
12	Purpose of the Project	72-75
13	Alternatives to the Project	76-78
14	Size of the Project	79
15	Project Service Utilization	80
16	Unfinished or Shell Space	81
17	Assurances for Unfinished/Shell Space	N/A
	<b>Service Specific:</b>	
18	Medical Surgical Pediatrics, Obstetrics, ICU	N/A
19	Comprehensive Physical Rehabilitation	N/A
20	Acute Mental Illness	N/A
21	Open Heart Surgery	N/A
22	Cardiac Catheterization	N/A
23	In-Center Hemodialysis	N/A
24	Non-Hospital Based Ambulatory Surgery	82-104
25	Selected Organ Transplantation	N/A
26	Kidney Transplantation	N/A
27	Subacute Care Hospital Model	N/A
28	Community-Based Residential Rehabilitation Center	N/A
29	Long Term Acute Care Hospital	N/A
30	Clinical Service Areas Other than Categories of Service	N/A
31	Freestanding Emergency Center Medical Services	N/A
32	Birth Center	N/A
	<b>Financial and Economic Feasibility:</b>	
33	Availability of Funds	105-111

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
34	Financial Waiver	112
35	Financial Viability	113
36	Economic Feasibility	N/A
37	Safety Net Impact Statement	113
38	Charity Care Information	114
39	Flood Plain Information	115

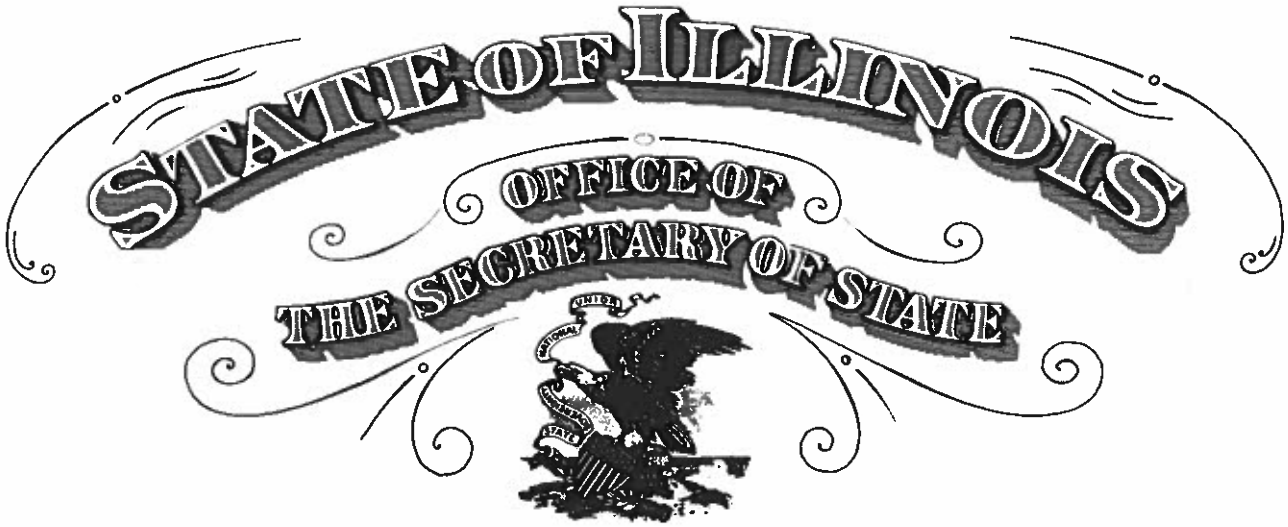
**Attachment 1**

**Section 1: Identification, General Information, and Certification**

**The Certificates of Good Standing for Surgical Center for Human Reproduction, LLC, IVF Consulting, and Pinnacle Fertility, Inc (the "Applicants") are attached as Attachment 1.**

File Number

1140082-5



***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***

SURGICAL CENTER FOR HUMAN REPRODUCTION (SCHR), LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 04, 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.



Authentication #: 2203503550 verifiable until 02/04/2023

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

***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 4TH  
day of FEBRUARY A.D. 2022 .***

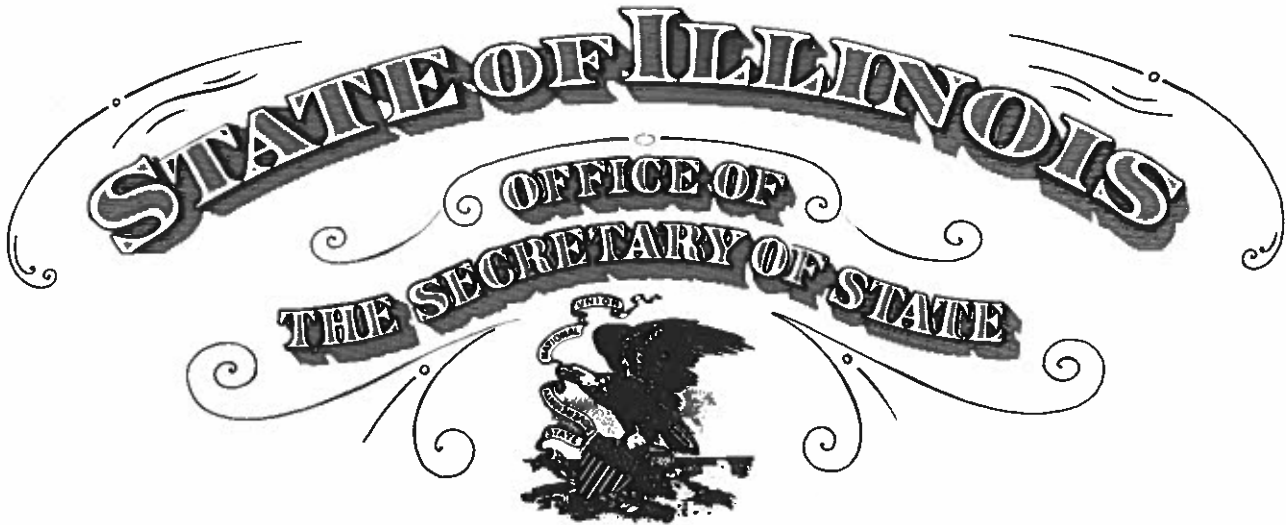
*Jesse White*

SECRETARY OF STATE



File Number

0112825-6



***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***

IVF CONSULTING, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 02, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 16TH  
day of MAY A.D. 2022 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 2213602938 verifiable until 05/16/2023

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

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PINNACLE FERTILITY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF JANUARY, A.D. 2022.

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

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



7692197 8300

SR# 20220176582

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

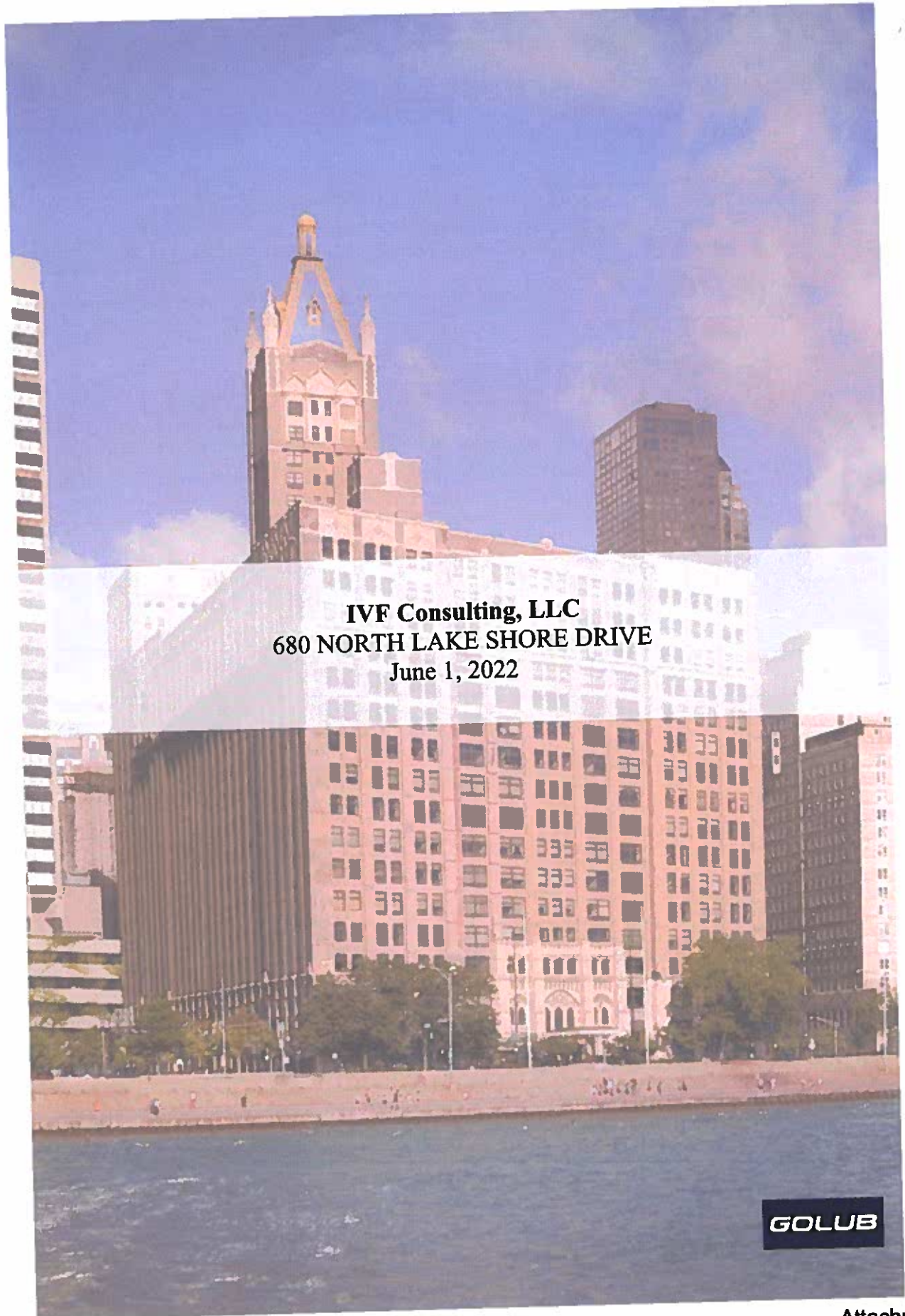
Authentication: 202432978

Date: 01-19-22

**Attachment 2**

**Section 1: Identification, General Information, and Certification  
Applicants:**

The real estate lease letter of intent for the ambulatory surgical treatment center lease between LSPOC, LLC, owners of 680 N. Lakeshore drive, and IVF Consulting, LLC is attached as Attachment 2



680

NORTH LAKE SHORE DRIVE

VIA EMAIL

June 1, 2022

Mr. Michael Caldarazzo  
CARR  
10465 Park Meadows Drive, Suite 205  
Lone Tree, CO 80124

Dear Mike,

On behalf of the Landlord of **680 N. Lake Shore Drive** (hereinafter referred to as "Landlord"), we are pleased to submit the following terms for **IVF Consulting, LLC** (hereinafter referred to as "Tenant") to establish its office at **680 N. Lake Shore Drive, Chicago, IL** (hereinafter referred to as "Building").

Thank you again for your continued interest in 680 North Lake Shore Drive. Please feel free to call with any additional questions.

Sincerely,


GOLUB &amp; COMPANY LLC



Sandy Macaluso  
Senior Vice President



Erica Rogers  
Vice President



Olivia Wirth  
Senior Associate

## Acknowledgement

IVF Consulting, LLC hereby acknowledges the proposed business terms set forth in the attached letter of intent.

IVF Consulting, LLC

DocuSigned by:



Andrew Mintz  
CEO



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NORTH LAKE SHORE DRIVE



**Proposed Business Terms**  
**IVF Consulting, LLC**  
**June 1, 2022**

**Building &  
Management:**

Ownership entity, LSPOC, LLC  
Onsite management services provided by Golub Realty Services.

**Premises:**

Suite 100 consisting of 18,764 rentable square feet ("RSF"), of which **11,710 RSF is anticipated to serve as the Tenant's laboratory, clinical, and office space and the remaining 7,054 RSF is expected to serve as Tenant's Ambulatory Surgery Treatment Center.** Final square footage will be based on a mutually agreed upon space plan which will be attached to the lease as an exhibit.

**Lease Commencement  
Date:**

Provided that a lease is executed no later than August 15, 2022, the Lease Commencement Date will be June 1, 2023. Tenant shall have access to the Premises to ready for occupancy when Landlord's work is completed, which will be no later than four (4) months after lease execution.

**Lease Term:**

Fifteen (15) years.

**Gross Rental Rate:**

\$45.00 Gross per RSF which shall escalate by 2.0% annually.

**Rental Abatement:**

Landlord shall provide ten (10) months of total Gross Rental Abatement to be spread out over the first two years of the lease per the below schedule:

Year 1 – 5 months (June 2023 – October 2023)

Year 2 – 5 months (June 2024 - October 2024)

**Real Estate Taxes &  
Operating Expenses:**

Tenant will be responsible for its proportionate share of any increases in Operating Expenses for the Building, including real estate taxes and CAM that are more than 2023 Base Year. 2022 combined estimates are \$30.41 (Tax Estimate \$16.27 & Operating Estimate \$6.20 & CAM \$7.94).

**Base Building Delivery:**

Landlord shall deliver the Premises per a mutually agreed upon

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NORTH LAKE SHORE DRIVE



demising plan and layout, with adequate utilities and shall demolish the Premises down to shell condition and remove all existing partition walls, previous tenant's property and equipment. A detailed scope of work shall be attached to the Lease.

**Tenant Improvement Allowance:**

Landlord shall provide Tenant with a Tenant Improvement Allowance ("TIA") of ninety-five (\$95.00) per rentable square foot to be applied to the total cost of Improvements. Tenant's general contractor to provide supervision during Tenant buildout. Landlord will only charge for 3<sup>rd</sup> party review costs to be further defined in the Lease

**Electricity:**

Separately metering the Premise shall be part of the construction allowance. Tenant will be responsible for payment of electric bills generated through a separate meter. The building currently provides 800A/480V to the entire Premises with 400 amps.

**Renewal Options:**

Landlord shall provide two (2) five (5) year renewal options at Fair Market Value with twelve (12) months prior notice for 1<sup>st</sup> floor medical/lab/surgery center space.

**Sublet & Assignment:**

Tenant shall have the right to assign or sublease to a related entity without Landlord's approval (the lease shall define the terms of any affiliate entity), Landlord's approval to an assignment or sublease to an unrelated entity shall not be unreasonably withheld or delayed to be further defined in the Lease. Landlord shall address any assignments or subleases at the time Tenant submits them.

**Signage:**

Tenant will receive Building Standard signage in the electronic building directory. Tenant signage may be placed on the interior of the glass entrance to the Premises and the interior of Tenant's exterior windows at Tenant's expense with Landlord's reasonable prior written approval which shall not be unreasonably withheld, conditioned, or delayed and subject to any city code requirements.

**Heating, Ventilation & Air-Conditioning:**

Landlord shall provide heating, ventilation, and air-conditioning ("HVAC") Monday through Friday during the period from 8:00 a.m. to 6:00 p.m. and on Saturdays during the period from 9:00 a.m. to 2:00 p.m. Landlord shall deliver a rate of 1 ton per 400 sf to the Premises. Landlord shall work with Tenant to identify a mutually agreed upon location for Tenant to add a medical-grade backup generator to be further defined in the lease. Tenant shall be responsible for all costs to install and remove the generator at the end of the term and any additional costs to prepare the location for the installation. This shall be further defined in the Lease.

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NORTH LAKE SHORE DRIVE

**Janitorial:**

Landlord shall provide janitorial services five (5) days per week. The cleaning specs are comparable to similar assets located in the Chicago CBD. A cleaning spec scope shall be attached to the lease and any specialty cleaning shall be at Tenant's cost.

**Parking:**

680 North Lake Shore Drive offers a 331-space indoor, heated parking garage on floors 2-5. The parking garage is a 24-hour a day facility allowing maximum productivity and convenience for the Building's

tenants and their guests. Validation programs for medical Tenants are available.

Landlord will provide Tenant with twenty-five (25) unreserved monthly parking spaces at no charge to Tenant and an additional twelve (12) monthly parking spaces at a rate of \$300 per month for the term of the lease. Parking shall be further defined in the lease.

**Building Amenities:****Building Amenities:**

- Indoor Patient/Tenant parking in the building
- Over 400 residential condos in three condo associations within the building
- Walgreens
- Café
- Restaurant
- Hair Salon
- Dry Cleaner
- Farmers Fridge

**Security:**

680 North Lake Shore Drive is monitored by personnel 24 hours per day, 7 days a week.

**Exclusive Use:**

Due to the vast tenant base being offered at the building, Landlord is unable to offer an exclusive use clause.

**Security Deposit:**

To be determined upon a review of the past three (3) years of the historical financials for the entity signing the Lease. Based on review of the financials a guaranty many be required.

**Brokerage:**

Landlord will pay CARR a market fee in accordance with a separate commission agreement.



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NORTH LAKE SHORE DRIVE

The above proposal of suggested business terms is being submitted to Tenant solely for its review and acceptance as a basis for further negotiations of a mutually acceptable lease subject to approval by Landlord and its lender(s). The submission of this proposal does not constitute an offer to enter into a lease, an option to enter into a lease or an agreement by Landlord to cease any efforts to market and lease the subject Premises to third parties. Any lease shall become effective only upon execution and delivery thereof by Landlord and Tenant. Landlord reserves the right to modify or withdraw this proposal at any time prior to the execution and delivery of a lease agreement by the parties. This proposal is valid through August 15, 2022.

We appreciate your consideration of 680 N. Lake Shore Drive, and we look forward to discussing this proposal with you in further detail.

Attachment 3

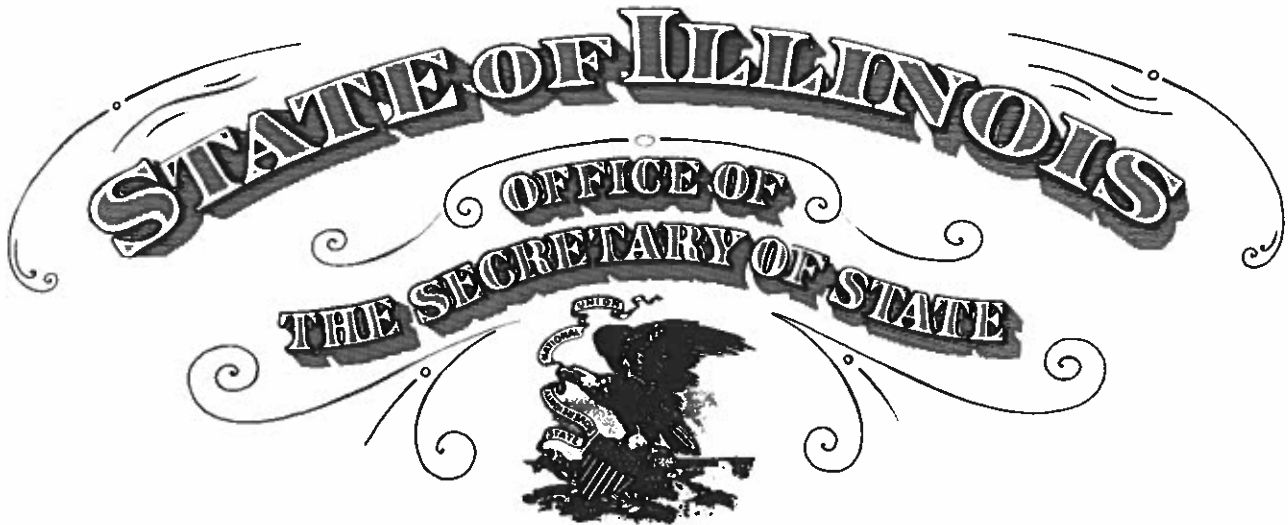
Section 1: Identification, General Information, and Certification  
Operating Identity/ License

The certificates of Good Standing for the following entities are attached again as Attachment 3:

- (i) Surgical Center for Human Reproduction (SCHR), LLC;
- (ii) IVF Consulting, LLC has a 100% interest in the Surgical Center for Human Reproduction (SCHR), LLC; and
- (iii) Pinnacle Fertility, Inc has a 100% interest in IVF Consulting, LLC

File Number

1140082-5



***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***

SURGICAL CENTER FOR HUMAN REPRODUCTION (SCHR), LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 04, 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 4TH  
day of FEBRUARY A.D. 2022 .***

*Jesse White*

SECRETARY OF STATE

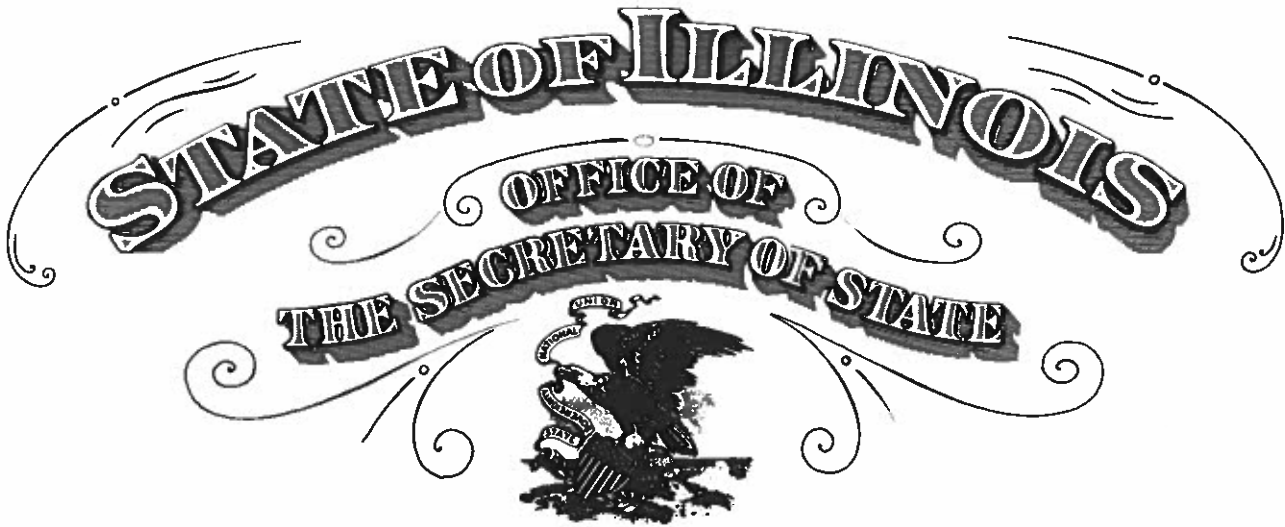
Authentication #: 2203503550 verifiable until 02/04/2023

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

Attachment 3

File Number

0112825-6



***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***

IVF CONSULTING, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 02, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 16TH  
day of MAY A.D. 2022 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 2213602938 verifiable until 05/16/2023  
Authenticate at: <http://www.ilsos.gov>

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PINNACLE FERTILITY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF JANUARY, A.D. 2022.

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

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



7692197 8300

SR# 20220176582

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

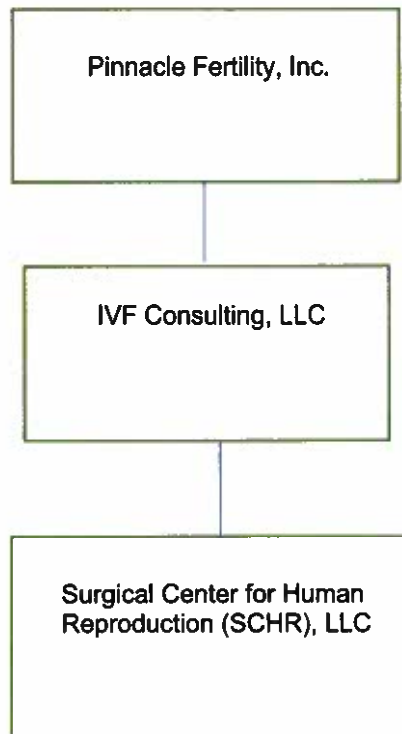
Authentication: 202432978

Date: 01-19-22

**Attachment 4**

**Section 1: Identification, General Information, and Certification  
Organizational Relationships:**

An organizational chart containing the name and relationship of any person or entity who is related as defined by 77 Ill. Adm. Code 1120.140: Surgical Center for Human Reproduction (SCHR), LLC, IVF Consulting, LLC, and Pinnacle Fertility Inc is included as attachment 4.



**Attachment 5**

**Section 1: Identification, General Information, and Certification  
Flood Plan Requirements**

680 N. Lakeshore Drive, Chicago IL is not located in a designated flood plain or flood zone as seen in the FEMA flood plain map that is included as Attachment 5.

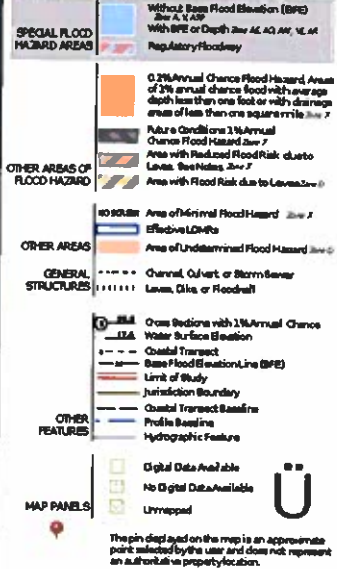


## National Flood Hazard Layer FIRMette



## Legend

SEE THE REPORT FOR DETAILED LEGEND AND MORE MAP PANEL INFORMATION



This map complies with FEMA's standards for the use of digital flood maps (FIRMs) as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 8/2/2022 at 10:17 AM, and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

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

**Attachment 6**

**Section 1: Identification, General Information, and Certification  
Historic Preservation Act Requirements**

A copy of the letter sent by the CEO of the Surgery Center sent to the Illinois department of Natural Resources requesting review of the project to ensure compliance with the requirements of Section 4 of the Illinois State Agency Historic Resources Preservation Act is included as Attachment 6-A.

Attachment 6-A

Surgical Center for Human Reproduction (SCHR), LLC  
409 W. Huron Street  
Suite 500  
Chicago, IL 60654

June 8, 2022

Illinois Department of Natural Resources  
Robert F. Appleman  
Deputy State Historic Preservation Officer  
1 Natural Resources Way  
Springfield, IL 62702-1271

RE: Permit Application / CON to Establish an Ambulatory Surgical Treatment Center at  
680 N. Lakeshore Dr, Chicago, IL 60611

Dear Mr. Appleman,

The purpose of this correspondence is to request your review of the above-described Project to ensure compliance with the requirements of Section 4 of the Illinois State Agency Historic Resources Preservation Act (the "Preservation Act"). The Project will include modernization of the interior of the existing building to establish an Ambulatory Surgery Treatment Center. The Ambulatory Surgery Treatment Center will generally consist of urological, gynecological, and obstetrical/fertility services with a subspecialty of reproductive endocrinology (the "Project").

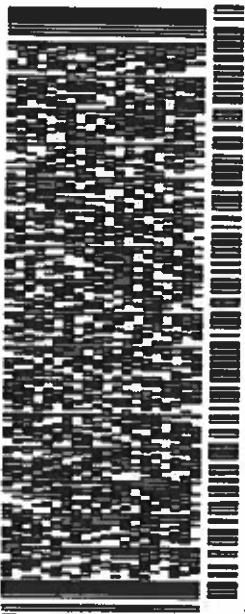


In furtherance of the Project, a permit application to obtain Certificate of Need approval will be filed with the Illinois Health Facilities and Services Review Board. As part of that application, we respectfully request your review of the Project to confirm that there are no historic, architectural, or archeological sites in existence within the Project area. Once that review is completed, we ask that you then please provide a written response to this letter to serve as evidence of compliance with the Preservation Act to the address noted above.

If you have any questions or if there is any additional information you may need, please do not hesitate to contact me at 813.407.7821. Thank you for your attention to this very important matter.

Sincerely,

  
Andrew Mintz  
CEO

Attachment 6-A

ORIGIN DRYCOA (813) 505-2291 LAURA HENITZ PINNACLE FERTILITY 1715 N. WESTSHORE BLVD. SUITE 410 TAMPA, FL 33609 UNITED STATES US		SHIP DATE: 08 JUN 22 ACTWGT: 1.00 LB CWD: 2547480288NET 4480 BILL SENDER
<b>TO ROBERT F. APPLEMAN</b> <b>ILLINOIS DEPT. OF NATURAL RESOURCES</b> <b>1 NATURAL RESOURCES WAY</b>		
SPRINGFIELD IL 62702 (217) 782-6302 REF: CON PO DEPT		
		
		
TRK# 7770 7513 0221 0201	THU - 09 JUN 4:30P STANDARD OVERNIGHT	62702 IL-US STL
		
<b>XN SPIA</b>		

577.0274FFE4A

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

Attachment 7Section 1: Identification, General Information, and Certification  
Project Costs and Sources of Funds

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$55,225.00		\$55,250.00
Site Survey and Soil Investigation	\$20,681.00		\$20,681.00
Site Preparation	\$132,724.00		\$132,724.00
Off Site Work	\$0		\$0
New Construction Contracts <sup>1</sup>	\$3,103,320.00		\$3,103,320.00
Modernization Contracts	\$0		\$0
Contingencies	\$0		\$0
Architectural/Engineering Fees	\$460,000.00		\$460,000.00
Consulting and Other Fees	\$0		\$0
Movable or Other Equipment (not in construction contracts)	\$1,400,000.00		\$1,400,000
Bond Issuance Expense (project related)	\$0		\$0
Net Interest Expense During Construction (project related)	\$0		\$0
Fair Market Value of Leased Space or Equipment <sup>2</sup>	\$7,016,277.00		\$7,016,277.00
Other Costs to Be Capitalized	\$0		\$0
Acquisition of Building or Other Property (excluding land)	\$0		\$0
<b>TOTAL USES OF FUNDS</b>	<b>\$12,188,227.00</b>		<b>\$12,188,227.00</b>
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$5,171,950.00		\$5,171,950.00
Pledges	\$0		\$0
Gifts and Bequests	\$0		\$0
Bond Issues (project related)	\$0		\$0
Mortgages	\$0		\$0
Leases (fair market value)	\$7,016,277.00		\$7,016,277.00
Governmental Appropriations	\$0		\$0
Grants	\$0		\$0
Other Funds and Sources	\$0		\$0

<sup>1</sup> The proposed project will involve a gut/rehab of an existing building in a space that was previously utilized as a grocery store. Accordingly, the project build-out will be extensive and will involve installment of new mechanical, new electrical, new HVAC, structural reinforcement, reframing, new duct work, and other modifications to make the space ADA compliant and compliant with all State Board standards applicable to ASTCs. Based on discussion with State Board staff on March 8, 2022, the new construction standard is applicable to the project.

<sup>2</sup> This number represents the total cost of the leased space attributable to the Surgery Center over a 15-year period.

**Attachment 8**

**Section 1: Identification, General Information, and Certification  
Project Status Completion Schedules**

**This is not applicable because the financial commitment will occur after permit issuance.**

Attachment 9

Section 1: Identification, General Information, and Certification  
 Project Status Completion Schedules

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
ASTC	\$12,188,227.00	7,054		7,054 <sup>1</sup>			
Total Clinical							
<b>NON-REVIEWABLE</b>							
Administrative							
Parking							
Total Non-clinical							
<b>TOTAL</b>	\$12,188,227.00	7,054		7,054			

<sup>1</sup> The proposed project will involve a gut/rehab of an existing building in a space that was previously utilized as a grocery store. Accordingly, the project build-out will be extensive and will involve installment of new mechanical, new electrical, new HVAC, structural reinforcement, reframing, new duct work, and other modifications to make the space ADA compliant and compliant with all State Board standards applicable to ASTCs. Based on discussion with State Board staff on March 8, 2022, the new construction standard is applicable to the project.

**Attachment 10**

**Section 2: Discontinuation**

The proposed ASTC will not result in the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. Therefore, this section is not applicable.



Attachment 11

Section 3: Background, Purpose of Project, and Alternatives- Information Requirements  
Criterion 1110.11(a) – Background of the Applicants

The applicants will provide Assisted Reproductive Technologies (ART) through the proposed Surgery Center are fit, willing, and able, and has the qualifications, background, and character to adequately provide for an elevated standard of healthcare services for the greater community. Pinnacle Fertility, Inc. is the 100% owner of IVF Consulting, LLC. IVF Consulting, LLC is the 100% owner of the Surgical Center for Human Reproduction, LLC and will manage the Surgery Center, as defined below. Pinnacle Fertility's mission is to fulfill dreams by building families and is working towards this mission by setting the standard in fertility care by offering the most comprehensive and personalized services utilizing advanced processes and technologies creating an inclusive environment in which people want to work. The Surgery Center is one of the many projects Pinnacle Fertility, Inc. is focused on to support its mission.

The proposed project establishes an ambulatory surgical treatment center (ASTC) located at 680 N. Lakeshore Drive, Chicago, Illinois 60610. The proposed surgical center will provide urological, obstetrical, and gynecological surgical services with a subspecialty of reproductive endocrinology (the "Surgery Center").

IVF Consulting, LLC will manage the day-to-day operations and provide staffing for the Surgery Center. IVF Consulting, LLC currently works with the physicians employed by Institute for Human Reproduction, SC and its patients undergoing various different types of assisted fertility treatments. -Institute for Human Reproduction (IHR), the associated medical practice of the Surgical Center for Human Reproduction (SCHR), LLC, is one of the leading fertility treatment practices in the United States, providing advanced reproductive endocrinology services in the Chicago area for nearly 20 years. IHR's team of 3 nationally and internationally recognized reproductive physicians treat thousands of patients each year. Patients from across Illinois, the United States, and around the globe seek treatment from IHR's internationally renowned physicians for their complex fertility issues.

The clinical team currently consists of three physicians, two mid-level practitioners, and dozens of fertility specialists who are renowned for their specialized knowledge, high success rates even in difficult cases, and robust contributions to the reproductive field. The provision of ART includes any medical assistance a patient receives in achieving a pregnancy or assisting in a pregnancy. Some of the more sophisticated types of infertility treatments can be identified by their acronyms - IVF, eSET, ICSI, FET, and PGT as defined below.

Patients seeking ART services typically utilize in-vitro fertilization (IVF) with intracytoplasmic sperm injection (ICSI), surrogacy, Conventional IVF without ICSI, intrauterine insemination (IUI), and/or preimplantation genetic testing (PGT). These services are performed using either the patient's own eggs (fresh or frozen), or a donor's eggs (fresh or frozen). Patients who seek fertility treatment through the use of their own eggs accounted for the largest share of the market and also exhibited the highest success rates in the first fertility-treatment attempt.

All forms of fertility treatments are evidencing rapid growth in the market resulting in a continuously increasing demand for fertility services. Improvements in fertility care resulting in higher successful implantation rates, higher live birth rates, higher birth weight, lower miscarriage rates, preimplantation genetic testing, family balancing, and lower ectopic pregnancy rates further increase the demand for fertility services.

ART services were first offered in the world merely 43 years ago, and in a short period of time demonstrated incredible progression from purely experimental to becoming a wide-spread and standard treatment. Today, people with nearly zero chance of procreating have been having children through natural birth and, when medically necessary, using gestational carriers (surrogacy). Tens of thousands of individuals have beaten once insurmountable odds to build families and fulfill their dreams.

ART treatments are the reasons that many parents across the world now have children. In-vitro fertilization (IVF) was originally developed to do an end-run around blocked fallopian tubes. IVF opened the gates to treatment for a range of reproductive difficulties, including: male factor infertility, polycystic ovarian syndrome, low ovarian reserve, and unexplained infertility. Additionally, sociological obstacles, such as age, marital status, and sexual orientation, have been reduced to factors in the reproductive equation, not absolute determinants. Year after year, further developments and new protocols open the dream of children to ever broadening populations.

Today, infertility affects approximately 13-14% of reproductive-aged couples, and this rate, unfortunately, is continuing to increase. Infertility is defined as the inability to conceive after 1 year of properly timed, unprotected intercourse. The number and quality of a woman's oocytes declines with age. The decline in the number of oocytes begins at 20 weeks' gestation when the female fetus has approximately 6-7 million oogonia (the largest lifetime endowment). The number of oocytes decreases to approximately 2-3 million at birth and decreases again to 300,000 by the time of puberty. Interestingly, the human female has lost most of her eggs before she is even capable of reproducing. The pool of eggs is generally considered to be non-regenerable.

In the U.S., for various reasons, many women wait until later in life to have their first baby. Personal choice, career obligations, or health issues may result in delaying pregnancy until a woman is well past her fertility prime (age 32). Over the past four decades, the average age of women at first birth has risen. As discussed more fully below, delaying pregnancy after the age of 34 exponentially reduces the chance of spontaneous pregnancy without the help of reproductive endocrinology or fertility services.

After the onset of puberty and menses, the female human ovary recruits at least 30-50 oocytes during each menstrual cycle. The oocytes compete with one another to become the dominant follicle and eventually ovulate to be released as an egg capable of being fertilized. Prior to the onset of menopause (10-15 years), menstrual cycles shorten and rapid follicular loss occurs because more oocytes are being recruited.

Last year marked the 43rd birthday of the world's first child born of IVF, Louise Brown. This anniversary finds the field of assisted reproductive technology both notably advanced in terms of technique and fragmented in terms of access.

The first successful IVF treatment was performed in a completely natural cycle. Initial inefficacy of laboratory procedures led to the introduction of ovarian stimulation, resulting in an increase in the number of mature oocytes collected, more embryos for transfer, higher pregnancy rates per

started cycle, and higher cumulative pregnancy rates after fresh and frozen transfers, as well as fewer canceled cycles. Ovarian stimulation is associated with such risks as ovarian hyperstimulation and multiple pregnancies. Over the years, experts have emphasized a need for more patient-friendly, safe treatments while keeping in mind that the most important outcome of IVF is a singleton, full-term live birth per treatment. Ovarian stimulation protocols have undergone significant improvements since the late 1990s and many have become less "aggressive." This trend was aided by improved laboratory efficacy which no longer required a high number of oocytes.

When it comes to fertility treatment, experience matters. The Surgery Center will be staffed with board-certified physicians who combined have decades of experience and have helped thousands of individuals and couples become parents.

Unquestionably, one of the most if not the most important determinants of IVF success is the quality of the embryo laboratory. Since the early days of ART, the IHR laboratory directors have been at the forefront of reproductive technology. The embryologists sort the eggs at the retrieval, fertilize them, follow them in their development, assist in pre-implantation genetic diagnosis, prepare the embryo(s) for transfer, and freeze the remaining embryos. The andrology part of the lab is responsible for performing the semen analyses and for preparing the sperm for fertilization in the IVF process. IHR's continuing achievement shows the quality of reproductive services it delivers to patients every day.

Physicians cite a lack of access as a major concern with IVF, even as new approaches emerge to try to boost the chances for creating successful pregnancies. These include improved techniques for extracting sperm, genetic screening, and a move toward implanting a single embryo.

Fortunately for the citizens of Illinois, treatment for infertility is considered an essential benefit. See 215 Ill. Comp. Stat. 5/356m. The law requires fully-insured employer group insurance plans and health maintenance organizations to provide infertility coverage. Plans must cover the diagnosis and treatment of infertility the same as any other condition. This mandated coverage further increases the demand for fertility services in the Illinois market. Accordingly, it is critical that we work to continue to expand patient access to fertility services. The Surgery Center will allow for such increased patient access as well as an increase in the birth rate of healthy babies.

#### **Other Section 1110.110 (a) Requirements**

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
  - Surgical Center for Human Reproduction, LLC does not currently own or operate any health care facilities.
  - IVF Consulting, LLC does not currently own any health care facilities, however it does provide management services to the Institute for Human Reproduction, SC.
  - Pinnacle Fertility, Inc. owns the following health care facilities:
    1. Santa Monica Surgery Center, LLC, located in California;
    2. Advanced Fertility Care, LLC, located in Arizona; and
    3. Arizona Advanced Surgery Center, LLC, located in Arizona.

A copy of the licenses and certifications of the above-named facilities are attached hereto as Attachment 11-A.

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. **None**
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. 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.
    - This section is not applicable as there has been no adverse action taken against any facility owned and/or operated by Pinnacle Fertility, Inc, IVF Consulting, LLC, or the Surgery Center during the three years prior to filing this 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.
    - This section is not applicable as none of the above stated actions have been taken against any applicant to this application.
  - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
    - This section is not applicable as none of the above stated actions have been taken against any applicant to this application.
  - d. A certified listing of each applicant with one or more unsatisfied judgments against him or her.
    - This section is not applicable because none of the applicants have an unsatisfied judgment against them as described above.
  - d. 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.

- This section is not applicable as none of the applicants are in default in the performance or discharge of any duty or obligation as described above.
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.
    - An authorization permitting the State Board and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies and the records of nationally recognized accreditation organizations is attached as Attachment 11-B.
  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.
    - Applicants has not previously submitted an application for permit during this calendar year. Accordingly, this criterion is not applicable.

Source Citations:

- American Association of Tissue Banks. Standards for Tissue Banking; 2002.
- American College of Obstetricians and Gynecologists. Infertility workup for the women's health specialist. ACOG Committee Opinion No. 781.. Obstet Gynecol 2019;133:e377–84.
- The American Society for Reproductive Medicine. 2008 Guidelines for gamete and embryo donation. Fertil Steril 2008;90(Suppl3):S30–44.
- The American Society for Reproductive Medicine. Minimum standards for practices offering assisted reproductive technologies: a committee opinion. Fertility and Sterility Vol. 115, No. 3, March 2021 0015-0282
- The American Society for Reproductive Medicine. Recommended practices for the management of embryology, andrology, and endocrinology laboratories: a committee opinion Fertility and Sterility Vol. 102, No. 4, October 2014 0015-0282
- Blasco L. Clinical tests of sperm fertilizing ability. Fertil Steril 1984;41:177–92.
- Gerrity M. Selection and use of equipment. In: Wolf DP, Bavister BD, Gerrity M, Kopf GS, eds. In vitro fertilization and embryo transfer: a manual of basic techniques. New York: Plenum Press, 1988:7–24. assoc. editors.
- Mayer JF, Jones EL, Dowling-Lacey D, et al. Total quality improvement in the IVF laboratory: choosing indicators of quality. Reproductive BioMedicine Online 2003;7(Comp. 1):192–6.

- Practice Committee of the American Society for Reproductive Medicine. Guidelines for development of an emergency plan for in vitro fertilization programs. Fertil Steril 2008;89:793–5.
- Schrader SM. Safety guidelines for the andrology laboratory. Fertil Steril 1989;51:387-9.
- U.S. Food and Drug Administration. Tissue guidances, rules and related documents. Available at: <http://www.fda.gov/cber/tissue/docs.htm>
- Wolf DP, Sokoloski JE. Characterization of the sperm penetration bioassay. J Androl 1982;3:445–51.
- World Health Organization. In: WHO laboratory manual for the examination of human semen and semen-cervical mucus interaction. 4th ed. Cambridge: Cambridge University Press, 1999:1–128.



PROPERTY OF THE  
**ARIZONA DEPARTMENT OF HEALTH SERVICES**



**Arizona Advanced Surgery Center & Advanced Fertility Care**  
**9819 North 95th Street, Suite 110**  
**Scottsdale, AZ 85258**

**This facility is licensed to operate as an Outpatient Surgical Center**

Operating Rooms = 1  
 Recovery Rooms = Class C = 3  
 Procedure Rooms =

**Effective: March 1, 2021**

**License: OSC3922**

  
 Recommended By: **Odette Colburn, Bureau Chief**

  
 Issued By: **Colby Bower, Assistant Director**

**HEALTH AND WELLNESS FOR ALL ARIZONANS**

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION

THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED

TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

STAPLES



## BUSINESS REGISTRATION LICENSE

CITY OF SCOTTSDALE  
SCOTTSDALE, AZ

LICENSE PERIOD  
01/01/2022 - 12/31/2022

LICENSE NUMBER  
0937104

SERVICE ADDRESS  
9819 N 95TH ST, STE 110

TYPE  
SERVICE  
DATE ISSUED  
November 24, 2021

ARIZONA ADVANCED SURGERY CENTER LLC  
9819 N 95TH ST STE 110  
SCOTTSDALE, AZ 85258-4588

### NON-TRANSFERABLE

THIS LICENSE MUST BE DISPLAYED IN A CONSPICUOUS PLACE

The issuance of this license shall in no way be construed as permission to operate a business activity in violation of any

CITY MANAGER



## BUSINESS REGISTRATION LICENSE

CITY OF SCOTTSDALE  
SCOTTSDALE, AZ

LICENSE PERIOD  
01/01/2022 - 12/31/2022

LICENSE NUMBER  
0937133

SERVICE ADDRESS  
9819 N 95TH ST, STE 105

TYPE  
SERVICE  
DATE ISSUED  
November 24, 2021

ADVANCED FERTILITY CARE PLLC  
ADVANCED FERTILITY CARE  
9819 N 95TH ST STE 105  
SCOTTSDALE, AZ 85258-4588



American Association for Accreditation of  
Ambulatory Surgery Facilities, Inc.

presents this certificate to

*Arizona Advanced Surgery Center, LLC*

for having met the standards of a CLASS C ambulatory surgery facility in which major surgical procedures are performed under intravenous Propofol or general anesthesia with external support of vital organs.

President

William Rosenblatt, MD



Certified: 6/1/2021 to 6/1/2022

Secretary/Treasurer

Lawrence S. Reed, MD



Certification Number: 3829





**ARIZONA DEPARTMENT OF HEALTH SERVICES  
BUREAU OF RADIATION CONTROL  
4814 South 40th Street, Phoenix, AZ 85040**

**Notice of Registration Certificate for Ionizing Radiation Machine**

1. Name of Registrant		2. Facility Address
ARIZONA ADVANCED SURGERY CENTER, L.L.C.		9819 North 95th Street Suite 110 Scottsdale, AZ 85285
3. Type of Facility	4. Expiration Date	5. Registration Number
<b>MEDICAL</b>	<b>JANUARY 31, 2030</b>	<b>M-8294</b>

**Registration Information**



Amendment Number	4	Reference:	REPLACE UNIT		
Unit Number	Manufacturer	Model Name or Model Number	Machine Type & Sub-type	Number of X-Ray Tubes/Unit	Room Number or Note
1	GENORAY	OSCAR CLASSIC	MOBILE C-ARM FLUOROSCOPIC	1	HSG ROOM

**Conditions:**

6. The Registrant shall notify the Bureau of Radiation Control within thirty days of any change which renders the information contained in the application no longer accurate. A change in the ownership or possession of the x-ray source shall terminate this registration
7. No person in any advertisement shall refer to the fact that a source of radiation is registered with the department and no person shall state or imply that any activity under this registration has been approved by this department.
8. This amendment replaces all previously issued registrations under the above registration number.

**POST IN ACCORDANCE WITH R9-7-1002**

The Registrant's source(s) of radiation is(are) hereby duly registered pursuant to A.R.S. § 30-672 and in reliance on statements and representations heretofore made by the registrant in application dated: January 8, 2020.

 Colby Bower, Assistant Director	Date	 Brian D. Goretzki, Bureau Chief
	January 10, 2020	

American Association for Accreditation of  
Ambulatory Surgery Facilities, Inc.

presents this certificate to

***Santa Monica Surgery, LLC.***

for having met the standards of a CLASS C ambulatory surgery facility in which major surgical procedures are performed under intravenous Propofol or general anesthesia with external support of vital organs.

This certificate must be posted in a prominent location, readily visible to patients and staff as a condition for continued accreditation.

President

William Rosenblatt, MD



Secretary/Treasurer

Lawrence S. Reed, MD



Certified: 8/25/2020 to 8/25/2021

Certification Number: 4049



THIS LICENSE IS PROTECTED WITH AN ENCRYPTED NANOCOPY™ PANTOGRAPH

**City of Santa Monica Business License Certificate**

The business listed below is granted this certificate pursuant to the provisions of the City of Santa Monica business license ordinance. The issuance of the certificate does not entitle the holder to operate or maintain a business in violation of any other law or ordinance. The business owner is responsible for obtaining all necessary permits for operation of the business. The certificate is valid until voided, revoked or expired. It becomes void upon any change in ownership, location or business activity. It is the business' obligation to renew this license annually.

**Business Name:** Santa Monica Surgery LLC **DESCRIPTION:** Surgery Center

**Business Location:** 2825 SANTA MONICA BLVD #100B  
SANTA MONICA, CA 90404-2429 **License Number:** 153078

**Owner(s)/Officer(s):** John Kumar Jain **Expiration Date:** 6/30/2022

MOA0128A 5-DIGIT 90404  
7000002504 00.0010.0190 2504/1 **Additional Permit(s):** N/A



MR FLAVIO BEAS  
SANTA MONICA SURGERY LLC  
2825 SANTA MONICA BLVD STE 100B  
SANTA MONICA CA 90404-2429



**IN CITY BUSINESSES - TO BE POSTED IN A CONSPICUOUS PLACE AT BUSINESS LOCATION - NOT TRANSFERABLE**  
Please notify the Business License office in writing of any change in ownership, address or business activity.  
City of Santa Monica, Business License Office, P. O. Box 2200, Santa Monica, CA 90407-2200

PAPER HAS A TRUE WATERMARK. HOLD UP TO LIGHT TO SEE "SAFE" &amp; "VERIFY FIRST"



**CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS  
CERTIFICATE OF WAIVER**

**LABORATORY NAME AND ADDRESS**  
SANTA MONICA SURGERY LLC  
2825 SANTA MONICA BLVD STE 100B  
SANTA MONICA, CA 90404

**CLIA ID NUMBER**  
05D2024339

**EFFECTIVE DATE**  
05/13/2019

**LABORATORY DIRECTOR**  
JOHN K JAIN

**EXPIRATION DATE**  
05/12/2021

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



*Karen W. Dyer*  
Karen W. Dyer, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Clinical Standards and Quality

2107 Certs1\_041819

- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://WWW.CMS.GOV/CLIA)  
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR  
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.  
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

Attachment 11-A

American Association for Accreditation of  
Ambulatory Surgery Facilities, Inc.

presents this certificate to

*Santa Monica Surgery, LLC.*

for having met the standards of a CLASS C ambulatory surgery facility in which major surgical procedures are performed under intravenous Propofol or general anesthesia with external support of vital organs.

This certificate must be posted in a prominent location, readily visible to patients and staff as a condition for continued accreditation.

President

William Rosenblatt, MD



Secretary/Treasurer

Lawrence S. Reed, MD



Certified: 8/25/2020 to 8/25/2021

Certification Number: 4049



## Attachment 11-B

Pinnacle Fertility, Inc,

Surgical Center for Human Reproduction (SCHR), LLC

IVF Consulting, LLC

409 W. Huron Street

Suite 500

Chicago, IL 60654

June 8, 2022

Ms. Debra Savage, Chairwoman  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Re: CON/Permit Application Certification and Assurances; Establishment of an Ambulatory Surgical Treatment Center at 680 N. Lakeshore Dr, Chicago, IL 60611

Dear Chairwoman Savage and Members of the Review Board:

The purpose of this correspondence is to provide certain certifications and authorizations as required by 77 Ill Adm. Code §1110.110(a) in relation to the above-described permit application (the "Application"). I serve as the CEO of each of the three applicants to the Application, which include Pinnacle Fertility, Inc., IVF Consulting, LLC, and the Surgical Center for Human Reproduction, LLC (collectively the "Applicants").

By way of this correspondence, I hereby certify under penalty of perjury as provided in Section 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 Ill Adm. Code §1130.140 has been taken against any ambulatory surgical treatment center owned, operated by, or managed by any of the Applicants in the State of Illinois during the three-year period prior to filing the Application.

Additionally, and in accordance with 77 Ill Adm. Code §1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board (the "Board") and the Illinois Department of Public Health (the "Department") to have access to any documents necessary to verify information submitted as part of the Application. Lastly, I also authorize the Board and the Department to obtain any additional information or documents from other government agencies which the Board or the Department deem pertinent to process the Application.

Thank you in advance for your attention to this matter and please do not hesitate to contact me at (813) 407-7821 if you have any questions.

Sincerely,

  
Andrew Mintz, CEO

Subscribed and sworn to me on this 8th day of June, 2022

  
Notary Public





Attachment 12

Section 3: Background, Purpose of Project, and Alternatives- Information Requirements  
 Criterion 1110.11(b) –Purpose of the Project

The purpose of the proposed Surgery Center is to provide surgical procedures to patients experiencing infertility. The Surgery Center will provide personalized treatment and surgical care to patients, and will assist them throughout their fertility journey. In compliance with IDPH surgery rules, the surgical center will enhance the center of excellence the Institute for Human Reproduction (IHR), SC, (“IHR”) has developed to provide superior infertility solutions and reproductive endocrinology services to patients in the Chicago metropolitan area and throughout the Midwest. The Surgery Center will be a highly specialized surgical center in Cook County, solely dedicated to the diagnosis and treatment of infertility.

Interventions performed at the proposed Surgery Center will include egg retrievals and embryo transfers, hysteroscopic and laparoscopic procedures, x-ray studies of uterine and fallopian tubal anatomy, and urological procedures to extract sperm. The procedure with the most stringent requirements is the In Vitro Fertilization (IVF). This mandates that the facility be available seven days a week to include all weekends and holidays. It provides tremendous scheduling difficulties as the procedure room must be reserved for upcoming IVF procedures which are not known until two days before the procedure is necessary. The IVF egg retrievals provide many challenges as they are incredibly time-sensitive and must be performed within a precise time window to prevent the patient from ovulating.

As background, the Applicants serve as a primary intake point for patients struggling with infertility or seeking fertility preservation. The Applicants also care for males with potential infertility issues and routinely refers those individuals to urology for specialized male infertility diagnosis and treatment. When a patient or couple comes to the Applicant for reproductive health services, they undergo an extensive infertility screening. Annually, many men with identified abnormalities are referred by IHR to outside urologists for diagnosis and a treatment plant. To ensure continuity of care for these couples, it is preferred that these urological procedures are performed at the Surgery Center; however, due to IDPH restrictions on the use of surgical suites only to physicians who are legally affiliated with the medical practice as owners or employees, these urology procedures currently cannot be performed by the Applicant. The establishment of the Surgery Center would permit the Applicant to provide the full complement of female and male reproductive health services to the couples it cares for.

The IVF treatment protocol is one of the primary treatment methods for infertility and will be a main focus of the Surgery Center. Essential components of the treatment process is identified below.

- Individuals and couples struggling to conceive will consult with a physician to discuss the entire process (diagnostic evaluation, ovarian hormone stimulation for treatment including IVF, egg retrieval, anesthesia, the embryo transfer, options for egg donation and sperm donation, gestational surrogacy, and financial considerations) as well as other services such as cryopreservation of eggs and embryos and preimplantation genetic testing.

- During the diagnostic phase several endocrine and infectious disease labs are studied to determine a woman's ovarian reserve, identify potential causes for infertility, and decide the medication dosage and IVF protocol best suited to stimulate her ovaries. The uterine cavity is assessed for abnormalities, such as polyps, fibroids, or adhesions. A physician reviews the results of the various tests to diagnose and develop a custom-tailored care plan for each patient.
- Patients work with a highly specialized IVF nurse coordinator to help individuals and couples understand the IVF process, review the physician-provided treatment options, engage in an informed consent discussion, schedule the IVF stimulation cycle, answer all questions, and sign consent forms.
- During the stimulation cycle, fertility drug injections are self-administered for an average of 10-12 days. During this phase, there may be 6 to 8 office visits for blood tests and ultrasounds to monitor the size and number of egg follicles developing and hormone levels, and fertility medication dosages are adjusted accordingly. Once the largest follicles reach maturity another hormone injection is administered, and the egg retrieval is scheduled 36 hours later.
- After retrieval, the eggs are fertilized with sperm in the IVF embryology lab. The development of the embryos is carefully monitored by embryologists for several days. Depending on the number and quality of the embryos, some may be transferred into the uterus
- Approximately five days later, embryos can also be frozen to preserve or biopsied for pre-implantation genetic testing.
- Two weeks after an embryo transfer, a pregnancy test is performed.

Another issue being addressed through the proposed surgery center in creating the only ASTC located in Cook County is having a specifically dedicated institution to treating advanced fertility issues, is the sensitive and private nature of infertile patients seeking fertility treatment. Our proposed ASTC will provided the greatest amount of privacy and a sense of security in knowing that the other patients there are facing similar issues and understand the discretion and sensitivity surrounding these treatments.

Currently, IHR performs all IVF treatments in one procedure room at a separate third-party surgical center (The Surgical Center at 900 North Michigan Avenue, LLC) which is not associated with IHR's medical practice office. The third-party surgical center is located over a mile from IHR's medical practice office. As described above, IVF is a complex series of procedures used to treat fertility or genetic problems and assist with the conception of a child. The various phases must be precisely timed to increase the chance of pregnancy. Given the cyclical nature of IVF treatment, scheduling at a third-party surgical center is problematic. Due to the cycling, IHR physicians cannot schedule adequate block time for their patients. This creates patient access difficulties and May negatively impact outcomes. Additionally, the current third-party surgical center being at a separate location is inconvenient for patients. Centralizing these services is preferred, safer, and more efficient and will result in better treatment outcomes.

Due to physical size limitations, life safety codes, and city of Chicago code requirements, IHR has been unable to develop a workable solution that would meet the needs of both its physicians and patients in a centralized location. A new Surgery Center enables IHR to centralize its clinical

operations, including the essential embryology and andrology laboratories, to the Surgery Center site for central patient-centered care. The Surgery Center will not only improve scheduling, but it will allow IHR to offer the full spectrum of reproductive services, including male reproductive health and therapeutic surgical procedures and gynecological procedure, to patients at one location.

There are significant limitations to the current space and capacity available to IHR provided by third-party surgical center, The Surgical Center at 900 North Michigan Avenue, LLC. First, IHR is unable to adequately meet their patients' needs and treatment demands. Our patients regularly experience delays in care due the scheduling limitations

Second, the size and limited capacity of our current embryology lab that is inadequate and delays patients from being able to begin a treatment cycle.

The IVF process also requires a unique feature that is not found in a typical ASTC; an attached embryology lab staffed with a team of expert embryologists. This IVF laboratory must be attached to the surgical room with a door or a pass -thru to allow the transfer of samples and ensure proper communication. It is imperative for the eggs to be handled in a rapid and very controlled way. It is also important for the surgery suite and the IVF lab to have a dedicated and controlled air quality system. The surgical suite and IVF lab must be viewed as an indivisible unit and it should be noted that no other medical specialty is subject to these sort of stringent requirements.

In our current configuration, the surgical room we utilize at The Surgical Center at 900 North Michigan Avenue, LLC is more than 200 ft away from the embryology lab. It is dangerously located through a general traffic hallway and four security doors. Additionally, the cryostorage room, where all the tissue specimens are stored, is hazardously separate from embryology lab and through three sets of security doors. The separation between the surgical room and lab, and between the lab and cryostorage room, present the following challenges for the current volume and limitations for future growth:

- Increased staff time and consumables for extra steps in handling oocytes and embryos
- Increased risk for loss and damage of specimens
- Increase risk of miscommunication
- Reduced treatment success because we do not have a pass-thru to the surgical room

There are associated limitations and risks with the current facility. With only two workstations in an embryology lab and a single andrology workstation, the optimal annual number of IVF/ICSI cycles are 600. At IHR, over 700 cycles IVF egg retrieval cycles were completed in 2021 by two physicians, which resulted in frequent over-crowding of the work area and embryo incubation space. IHR has grown significantly and has added a third physician as of January 1, 2022 and will be welcoming a fourth and fifth physicians summer of 2022. With an 85% in physicians joining us in 2022, our projected volume will far exceed the capacity of both our third-party surgical center and our embryology lab. For IHR to increase their treatment capacity to their current demand and expected volume, and to reduce risks of specimen loss/damage, we would need a dedicated ASTC with a larger state of the art embryology lab.

The primary purpose of the Surgery Center is to enhance the Applicant's ability to provide the highest quality of care in compliance with the American Society of Reproductive Medicine (ASRM) guidelines, IDPH requirements.

The Applicant's goal is simple:

- Increase patient access and reduce unnecessary delays in being able to start treatment

- Reduce patient cost
- Minimize any patient inconveniences
- Improve treatment outcomes
- Reduce unnecessary risk
- Preserve the safety of all tissue specimens
- Build a dedicated fertility center that can accommodate patient demand

The proposed Surgery Center will be a highly specialized Surgery Center with a dedicated andrology and embryology lab in the city of Chicago, solely dedicated to the diagnosis and treatment of infertility. Procedures performed at the proposed Surgery Center will include global infertility care, including reproductive endocrinology, as well as male reproductive health (urology) and therapeutic gynecological surgical procedures. Given IHR's experience, it is anticipated that patients from across Illinois, the U.S., and around the world will seek treatment at the Surgery Center for their challenging fertility issues.

#### Source Citations:

- American Association of Tissue Banks. Standards for Tissue Banking; 2002.
- American College of Obstetricians and Gynecologists. Infertility workup for the women's health specialist. ACOG Committee Opinion No. 781.. Obstet Gynecol 2019;133:e377–84.
- The American Society for Reproductive Medicine. 2008 Guidelines for gamete and embryo donation. Fertil Steril 2008;90(Suppl3):S30–44.
- The American Society for Reproductive Medicine. Minimum standards for practices offering assisted reproductive technologies: a committee opinion. Fertility and Sterility Vol. 115, No. 3, March 2021 0015-0282
- The American Society for Reproductive Medicine. Recommended practices for the management of embryology, andrology, and endocrinology laboratories: a committee opinion Fertility and Sterility Vol. 102, No. 4, October 2014 0015-0282
- Blasco L. Clinical tests of sperm fertilizing ability. Fertil Steril 1984;41:177–92.
- Gerrity M. Selection and use of equipment. In: Wolf DP, Bavister BD, Gerrity M, Kopf GS, eds. In vitro fertilization and embryo transfer: a manual of basic techniques. New York: Plenum Press, 1988:7–24. assoc. editors.
- Mayer JF, Jones EL, Dowling-Lacey D, et al. Total quality improvement in the IVF laboratory: choosing indicators of quality. Reproductive BioMedicine Online 2003;7(Comp. 1):192–6.
- Practice Committee of the American Society for Reproductive Medicine. Guidelines for development of an emergency plan for in vitro fertilization programs. Fertil Steril 2008;89:793–5.
- Schrader SM. Safety guidelines for the andrology laboratory. Fertil Steril 1989;51:387-9.
- U.S. Food and Drug Administration. Tissue guidances, rules and related documents. Available at: <http://www.fda.gov/cber/tissue/docs.htm>
- Wolf DP, Sokoloski JE. Characterization of the sperm penetration bioassay. J Androl 1982;3:445–51.
- World Health Organization. In: WHO laboratory manual for the examination of human semen and semen-cervical mucus interaction. 4th ed. Cambridge: Cambridge University Press, 1999:1–128.

Attachment 13

Section 3: Background, Purpose of Project, and Alternatives- Information Requirements  
 Criterion 1110.11(d) –Alternatives

a. Do Nothing:

While the "do nothing" option would result in no project costs. This option was rejected by the Applicants because it fails to meet patient demand, does not contribute to improved outcomes, and increases patient costs to name a few.

b. Expand Surgical Capabilities At The Current Third-Party Surgical Center:

IHR currently performs IVF treatments in one procedure room at a third-party ASTC Due to the cyclical nature and precise timing needed to increase the chance of pregnancy, scheduling block time for physicians is problematic at best. To address the needs of both physicians and patients, the Applicants explored the potential of expanding its surgical capabilities the third-party surgical center. Due to physical space limitations, safety code and City of Chicago code compliance issues, lack of staff at the third-party surgical center, and lack of operating rooms and procedure rooms, the Applicants could not develop a workable solution at the existing third-party surgical center they currently utilize.

The proposed Surgery Center would be centralized and have immediate access to the medical office and embryology laboratory. It will include three procedure rooms for surgical procedures, a separate HSG room to test whether the fallopian tubes are blocked, and an embryology and andrology laboratory connected to the procedure rooms where retrievals and transfers will occur. The Applicants would have the ability to appropriately staff the surgery center to meet the patient demands and align with best practices in fertility care and treatment. The building housing the proposed Surgery Center will meet both life safety code and City of Chicago code requirements. It will have new mechanical systems, new electrical systems, sprinkled, structural reinforcement of the roof, and American Disability Act compliance. Further, unlike IHR's current medical office, the Surgery Center will have sufficient parking for patients. Given the physical space limitations at our third-party surgical center, this option was rejected by the Applicants.

c. Utilize Hospitals and ASTC Providers with Excess Capacity.

The Applicants considered performing surgical procedures at area hospitals and ASTCs with excess capacity. The Applicants identified 26 facilities with surgical capabilities within 10 miles of the proposed Surgery Center. While several facilities have excess capacity to accommodate IHR referrals, none of these facilities are feasible alternatives. An integral component of IVF and the related technologies otherwise known as Assisted Reproductive Technologies (GIFT, ZIFT, Embryo Cryopreservation, Oocyte and Embryo Donation, and Gestational Surrogacy) is having immediate access to the human embryology and andrology laboratory.

The American Society for Reproductive Medicine, which accredits human embryology and andrology laboratories, has established guidelines to ensure the necessary conditions for embryo viability are not compromised. Specifically, the laboratory should be in a low traffic area and



physically isolated from other laboratory activities (a designated area of another lab is not adequate unless it is walled off). The laboratory must be proximately located to the procedure room to allow for direct communication between the physician performing the procedure and the embryologists. As a result, these procedures cannot be performed in other existing ASTCs.

The Applicants seeks to enhance its center of excellence to provide superior infertility solutions and reproductive endocrinology to patients in the Chicago metropolitan area and throughout the Midwest. A key component of this initiative is a seamless care system where patients are treated from initial consultation to embryo transfer and initial pregnancy consultation in one central location. If patients are treated at hospitals and other ASTCs, they will not receive the benefit of the center of excellence and the associated superior outcomes.

Further, the process of human egg retrieval and embryo transfer requires highly trained embryology staff and specialized equipment to avoid exposure of the human eggs to light, temperature and pH changes. It is imperative the Surgery Center is adjacent to an on-site embryology lab furnished with specialized equipment to keep human eggs, sperm and embryos in an environment which is optimized to ensure they are allowed to grow in a dark and moist environment which mimics the human body as closely as possible. Importantly, no Surgery Center in Chicago has the advanced technology available at the proposed Surgery Center while being able to accommodate our patient volume. While this alternative will result in no project costs to the Applicants, there are other costs that must be considered. The actual cost of care to both the payer and the patient would be higher in an acute care hospital setting. Additionally, one of the most important components of the center of excellence, a seamless care system with professionals specializing in infertility, could not be achieved. Accordingly, this is not a feasible alternative.

#### d. Establish an ASTC:

The final option the Applicants considered was to establish an ASTC. As discussed above, the Applicants seeks to enhance its center of excellence. IHR specializes exclusively in the diagnosis and treatment of infertility. Due to their limited focus and high volume of surgical cases, IHR physicians possess the technical proficiency and processes required for optimal care of patients with infertility issues. Importantly, these procedures can be performed in an ASTC setting, which results in shorter wait times and more cost-effective care.

Further, the Surgery Center will be a highly specialized Surgery Center in the City of Chicago solely dedicated to the diagnosis and treatment of infertility. Procedures performed at the proposed Surgery Center will include reproductive endocrinology as well male reproductive health and therapeutic surgical procedures performed by surgeons who are not legally affiliated with IHR. The Surgery Center's receipt of a CON permit to establish a licensed ASTC is necessary to comply with ASTC licensure requirements, which dictate that a medical practice is only exempt from the requirement to obtain a license if the use of its surgical suites is restricted to physicians who are legally affiliated with the medical practice as owners or employees and less than 50% of the activities conducted in its office are surgical in nature.

Providing a seamless care system for infertility procedures is integral to the center of excellence. The proposed ASTC's central location is a key component of this plan. IHR physicians will be accessible from initial evaluation through embryo transfer and initial pregnancy monitoring.

Throughout the process, reproductive endocrinologists, fertility experts and IVF nurse coordinators will be available to assist patients with any concerns or complications.

Importantly, IHR specializes in fertility treatments, and an ASTC is a more appropriate, more efficient, and less costly setting than an acute care hospital. While this is the costliest alternative in terms of project costs, the proposed Surgery Center will result in the highest quality care and best outcomes in the most cost-effective manner for payor and patients. Accordingly, this was the most feasible alternative. The cost of this alternative is \$12,188,227.00.

Attachment 14

Section 4: Project Scope, Utilization, and Unfinished/Shell Space  
Criterion 110.120(a) Size of the Project

The Proposed ASTC will be an ambulatory surgical treatment center with two surgical operating rooms, 2 procedure rooms, and 12 recovery stations.

Pursuant to Section 1110, Appendix B of the Health Facilities and Services Review Board's (HFSRB) rules, the State standard is 2,075 GSF to 2,750 GSF per surgical procedure room, 1,200 GSF Per procedure Room, and 180 GSF per recovery station for a total of 10,060 GSF for two operating rooms, two procedure rooms, and 12 recovery stations.

The gross square footage of the proposed ASTC will be 7,054 GSF. Accordingly, the Proposed ASTC is consistent with the State standard.



Attachment 15

Section 4: Project Scope, Utilization, and Unfinished/Shell Space  
Criterion 110.120(b) Project Services Utilization

By the second year of operation, the proposed 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 room.

As documented in the physician referral letters attached at Appendix - 1, referring physicians' project 2,997 surgeries and 2,514 procedures in the 2nd year following completion of the project. We project at least a 30% increase annually.

Based on historical caseload data, the Applicants estimates the average length of time per procedure will be 60 minutes for surgeries and 75 minutes for procedures. These estimates include preparation time and cleanup time. In total, this equates to a conservative estimate of 6,139.50 surgical hours for the 2 operating rooms and 2 procedure rooms in our second year.

Accordingly, the number of procedure rooms proposed in this Application is necessary to service the projected patient volumes.

**Attachment 16**

**Section 4: Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 110.120(d) Unfurnished 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.

Attachment 24

Section 5: Service Specific Review Criteria  
 Non-Hospital Based Ambulatory Surgical Center  
 Criterion 1110.235(c)(2)(b)- Service to GSA Residents

IVF Consulting, LLC, along with the clinical practice it manages, Institute for Human Reproduction (IHR), SC, (collectively and individually "IHR" or "we") has been an industry-leading provider of assisted reproductive technologies (ART), including in-vitro fertilization (IVF), Preimplantation Genetic Testing (PGT), and all other major fertility treatments since 2004 in the greater Chicago-land area. We are privileged to have served patients from over 2,000 different cities in the United States and abroad. IHR is positioned as an expert fertility clinic providing the most advanced ART procedures facilitated by world renowned physicians known for their specialized knowledge, industry leading success rates even in difficult cases, expeditious diagnostic phase, and through their scientific contributions to the field.

IHR has organically achieved an annual increase in services between 35-60% over the last three years. These numbers are projected to increase exponentially each coming year. Growth in customers extended beyond just our reputation. Increasingly, our patients are women who have waited to have children later in life. Similarly, the increasing acceptance of ART and same-sex marriage have led to an increase in gay and lesbian couples seeking services. Fertility preservation, more commonly known as "egg freezing," has also gained tremendous popularity due to wider spread availability of education related to the impact of aging on egg viability, which furthers the need for our own dedicated surgical center.

As IHR continues to expand and the demand for fertility services continues to grow, the current use of our third-party surgical center has proven to become not only inefficient but a true detriment to our patients and their care. A main issue is the lack of availability for our physicians to operate or perform necessary procedures. For example, each doctor has only been allotted a few hours during one weekday in the afternoon to perform surgeries such as hysteroscopies and laparoscopies. This restriction of time greatly deters the patients' treatment plans as most are scheduled to have the procedure done at least a month out. The patients have expressed an overwhelming sense of frustration with this sort of timeline, many opting to have the procedure done at a different clinic, some threatening to move practices completely. A privately held IHR surgical center would allow the physicians to have more flexibility and availability in their surgical center leading to an improvement in patient's treatment plan timelines and their satisfaction with IHR overall. Furthermore, an unfortunate but common scenario is patients needing last minute emergent surgeries. It is often difficult to add in last minute surgeries, as surgery room availability fluctuates greatly with the 3rd party center managing other clinic physicians' schedules as well.

The goal of IHR is to put patient care paramount, but with the status of patients' treatments being negatively impacted by surgery scheduling, we fail in this area. Having IHR's own Surgery Center would not only greatly benefit patients and our doctors, but treatment plans and communication would be streamlined much more efficiently. IHR currently has significant backlogs for surgical procedures and patients wishing to enter a treatment cycle because of the limitations we currently face. IHR has also hired a new physician as of 1/1/22 which will add over 400 surgical procedures annually and is in negotiations with an additional physician who

would be adding a secondary increase of approximately 400 surgical procedures. The current third-party surgical center is not capable of handling this increased volume.

Currently, IHR performs IVF treatments in one procedure room at a separate surgical center not associated with our medical practice office, and otherwise refers all cases that cannot be timely performed due to room availability constraints to other providers and facilities. As previously described, IVF is a complex series of procedures used to treat fertility or genetic problems and assist with the conception of a child. IHR already struggles to accommodate the volume of patients that we have. We are limited by the fact we are restricted to the use of a third-party surgical center. Building a surgical center will increase patient access, increase patient satisfaction, and reduce costs for patients. There is currently no surgical center in Chicago with an embryology laboratory that can accommodate our current and projected future patient volumes.

The various treatment phases must be precisely timed to increase the chance of pregnancy. Given the cyclical nature of IVF treatment, scheduling at a third-party surgical center is problematic. Due to capacity restrictions, IHR physicians cannot schedule adequate surgical block time for their patients at an existing surgical center. Additionally, the current surgical center is at a separate location increases inconveniences and costs to our patients. Centralizing these services is preferred, safer, and more efficient.

Due to physical size limitations, life safety codes, and city of Chicago code requirements, IHR has been unable to develop a workable solution that would meet the needs of both its physicians and patients in a centralized location. A new Surgery Center enables IHR to move its clinical operations, including the essential embryology laboratories, to the Surgery Center site for centralized care. The Surgery Center will not only improve scheduling, but it will allow IHR to offer the full spectrum of reproductive services, including male reproductive health and therapeutic surgical procedures and gynecological procedure, to patients at one location.

There are significant limitations to the current space and capacity available to IHR outside of patient access and scheduling limitations. The embryology lab is only approximately 160 square feet, with a capacity of two workstations and one cryopreservation station. The andrology lab and desk area is only approximately 130sq feet, with a capacity of a single workstation and five desks. The cryostorage area is currently approximately 75 square feet, and there is only one masturbatorium. In our current configuration, the procedure room is about 100 ft away from the embryology lab, through a general traffic hallway and four security doors. The cryostorage room is separate from embryology lab, through 3 sets of security doors. There are associated limitations and risks with the current facility. With only two workstations in an embryology lab and a single andrology workstation, the optimal annual number of IVF/ICSI cycles are 600. At IHR, 700 cycles were completed in 2021, which resulted in frequent over-crowding of the work area and embryo incubation space. The separation between the procedure room and lab, and between the lab and cryostorage room, present the following challenges for the current volume and limitations for future growth:

- Increased staff time and consumables for extra steps in handling oocytes and embryos
- Increased risk for loss and damage of specimens

To increase volume to 1500 cycles per year, and to reduce risks of specimen loss/damage, we would need a contiguous space of at least 1000 square feet to include embryology, andrology, cryostorage, and two masturbatoriums.

Section 5: Service Specific Review Criteria  
 Non-Hospital Based Ambulatory Surgical Center  
 Criterion 1110.235(c)(2)(b)- Geographical Service Area

1. This criterion is not applicable to the proposed project. The Surgery Center will be the only Surgery Center in the City of Chicago with a dedicated embryology lab solely dedicated to the diagnosis and treatment of infertility. Procedures performed at the proposed Surgery Center will Include reproductive endocrinology as well as male reproductive health and therapeutic surgical procedures. It Is anticipated that patients from across Illinois, the United States and abroad will seek treatment at the Surgery Center for their hard-to-solve fertility issues.
2. Below is a list of zip codes that areas within 10 miles of Surgery Center.

Zip Code	City	Population
60202	Evanston	32,703
60302	Oak Park	31,620
60304	Oak Park	17,782
60305	River Forest	10,970
60402	Berwyn	62,960
60601	Chicago	15,083
60602	Chicago	1,145
60608	Chicago	80,059
60611	Chicago	33,224
60612	Chicago	33,735
60613	Chicago	50,716
60615	Chicago	40,590
60616	Chicago	54,197
60618	Chicago	94,907
60621	Chicago	28,018
60622	Chicago	53,294
60623	Chicago	81,283
60624	Chicago	34,892

60625	Chicago	79,444
60626	Chicago	50,544
60629	Chicago	110,029
60630	Chicago	56,433
60634	Chicago	75,082
60637	Chicago	47,300
60639	Chicago	88,204
60640	Chicago	69,363
60641	Chicago	69,880
60644	Chicago	46,591
60645	Chicago	47,270
60647	Chicago	87,633
60649	Chicago	46,591
60654	Chicago	20,022
60657	Chicago	70,958
60659	Chicago	42,735
60707	Elmwood Park	43,093
60712	Lincolnwood	12,434
<b>TOTAL</b>		<b>1,820,784</b>

Data Pulled from: <https://www.illinois-demographics.com/> Last visited on February 14, 2022.

Data Sourced from:  
 United States Census Bureau. 2019 American Community Survey 5-Year Estimates. U.S. Census Bureau, American Community Survey Office. Web. 10 December 2020.

United States Census Bureau. Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2019. U.S. Census Bureau, Population Division. Web. May 2020. <http://www.census.gov/>.

3. Below is a list of patient origin by zip code for all patients treated by IHR physicians for the last 12-month period.

1364	1	37215	1	46530	1
2906	2	38611	1	46532	1
7755	1	39532	1	46534	1
8088	1	40223	1	46628	1
8816	1	43229	1	46635	1
9130	1	46002	1	47240	1
10025	2	46219	1	47401	1
14195	1	46224	1	47906	1
18466	1	46301	2	47932	2
18974	2	46303	5	47933	1
19038	1	46304	15	48236	1
22182	1	46307	22	48314	1
22201	1	46310	1	48323	1
26003	1	46311	8	49013	1
27020	1	46319	3	49022	1
27615	1	46320	1	49024	1
28277	1	46321	6	49045	1
29466	1	46322	4	49067	2
30061	1	46323	2	49085	8
30082	1	46324	1	49103	1
32117	1	46341	4	49107	1
32503	1	46342	8	49117	1
32819	2	46347	2	49120	2
33029	1	46350	2	49127	1
33131	1	46356	2	49424	2
33138	2	46360	4	49508	1
33156	1	46368	8	50322	1
33331	1	46373	8	52241	1
33408	1	46375	1	52627	1
33432	1	46383	17	53017	1
33478	1	46385	19	53024	1
33606	1	46394	3	53105	2
33704	1	46403	1	53170	1
34110	1	46404	1	53211	1
34228	2	46406	2	53403	1
35652	1	46409	1	53548	2
37013	1	46410	11	54937	1
		46506	1	54963	1

55117	1
55555	1
58103	1
60005	2
60007	4
60008	2
60010	4
60012	1
60013	1
60015	6
60016	10
60018	4
60022	2
60025	7
60026	6
60030	1
60031	1
60035	5
60043	1
60046	2
60047	6
60051	1
60053	10
60056	2
60060	1
60061	5
60062	13
60067	3
60068	7
60073	2
60074	5
60076	2
60077	7
60081	2
60083	1
60084	1
60085	2
60089	6
60090	4
60091	7

60093	2
60099	1
60101	9
60102	1
60103	1
60104	1
60107	6
60108	3
60115	1
60118	2
60121	1
60123	1
60124	3
60126	9
60130	3
60131	3
60133	1
60137	10
60139	3
60145	1
60148	8
60153	3
60154	3
60156	1
60164	1
60169	7
60171	3
60173	3
60175	6
60176	1
60177	1
60181	2
60184	1
60185	3
60187	1
60189	2
60191	2
60192	4
60193	5
60194	3

60201	11
60202	10
60301	5
60302	12
60304	8
60305	1
60401	2
60402	9
60404	3
60406	1
60409	3
60411	5
60415	1
60417	3
60419	5
60422	1
60423	4
60430	2
60433	2
60435	2
60438	3
60439	1
60440	1
60441	2
60443	4
60445	3
60447	4
60448	1
60449	3
60450	2
60451	4
60452	8
60453	12
60455	1
60457	4
60461	1
60462	12
60463	6
60464	1
60465	2

60466	5
60467	9
60469	1
60473	1
60477	3
60478	1
60480	1
60481	1
60482	2
60487	2
60490	4
60491	2
60502	2
60503	3
60504	3
60513	12
60515	4
60516	5
60517	5
60521	7
60523	1
60525	8
60526	3
60527	7
60532	4
60534	4
60540	2
60542	1
60543	3
60546	4
60547	1
60548	1
60558	1
60559	1
60560	2
60561	7
60563	11
60564	3
60565	4
60585	2

60586	2
60601	29
60602	2
60603	2
60604	2
60605	38
60606	2
60607	62
60608	22
60609	13
60610	56
60611	51
60612	22
60613	74
60614	105
60615	13
60616	39
60617	5
60618	68
60619	3
60620	6
60621	2
60622	95
60623	6
60624	2
60625	66
60626	16
60628	3
60629	8
60630	33
60631	5
60632	13
60633	3
60634	26
60636	1
60637	10
60638	15
60639	7
60640	44
60641	17

60642	47
60643	11
60644	2
60645	52
60646	7
60647	113
60649	5
60651	13
60652	1
60653	23
60654	73
60655	4
60656	4
60657	110
60659	18
60660	26
60661	33
60706	6
60707	9
60712	5
60714	5
60803	3
60804	12
60805	1
60827	1
60901	2
60914	1
60915	2
60950	1
60961	1
60970	3
61011	1
61081	1
61108	1
61109	2
61401	1
61528	2
61615	1
61704	1
61761	3



61821	1
61822	1
62295	1
62521	1
63109	1
64041	1
64111	1
68303	2
70815	1
72762	1
75219	1
75503	1
76102	1
80921	1
83616	1
85254	1
87111	1
90046	1
91403	1
91502	1
92688	1
94002	1
94103	1
94107	1
94618	1
95054	1
95060	1
95819	1
95820	1
95821	1
98422	1
99507	1
46304-3061	1
46311-7758	1
46321-3123	1
46322-3349	1
60067-6013	1

60070-1073	1
60091-3112	1
60136-4037	1
60304-2036	1
60471-1367	1
60502-9359	1
60608	1

**Section 5: Service Specific Review Criteria**

**Non-Hospital Based Ambulatory Surgical Center**

**Criterion 1110.235(c)(4) – Service Needs – Expansion of Existing ASTC Services**

This section is not applicable because we are not expanding existing ASTC services, instead, we are adding new services.

Section 5: Service Specific Review Criteria  
Non-Hospital Based Ambulatory Surgical Center  
Criterion 1110.235(c)(5) – Treatment Room Needs Assessment

As noted throughout this Application, the Applicants proposes to establish an ASTC for the limited purpose of providing reproductive endocrinology, surgical gynecology, urology, fertility-related surgical services, through three surgical procedure rooms. The State Board standard is 1,500 annual surgical hours per procedure room.

As documented in this Application, the referring physicians project to perform on an annual basis approximately 2,997 surgeries and approximately 2,514 procedures in the first year following completion of the project. We project at least a 30% increase annually.

Based on historical caseload data, the Applicants estimates the average length of time per procedure will be 60 minutes for surgeries and 75 minutes for other procedures. These estimates include preparation time and cleanup time. In total, this equates to a conservative estimate of 6,139 surgical hours for the two operating rooms and two procedure rooms.

Accordingly, the number of procedure rooms proposed in this Application is necessary to service the projected patient volumes and exceeds the State Board standard of 1,500 annual surgical hours per room.

Section 5: Service Specific Review Criteria  
Non-Hospital Based Ambulatory Surgical Center  
Criterion 1110.235(c)(6) – Service Accessibility

The Applicants acknowledge that there are existing surgery centers and hospitals providing obstetrics and gynecology; however, there is no surgery center in the City of Chicago with a dedicated embryology lab solely dedicated to reproductive health issues. As stated throughout this application, the Applicants seeks to enhance its center of excellence, which exists in the operation of its associated medical practice, IHR, to provide superior infertility solutions and reproductive endocrinology to patients in the Chicago metropolitan area and throughout the Midwest. Procedures performed at the proposed Surgery Center will include reproductive endocrinology as well as male reproductive health and therapeutic surgical procedures.

A key component of this initiative is a seamless care system where patients are treated from initial consultation to embryo transfer and initial pregnancy monitoring in one central location. If patients are treated at hospitals and other ASTCs, they will not receive the benefit of the center of excellence and the associated superior outcomes. In fact, there is no existing hospital or surgery center in the City of Chicago that can accommodate these cases.

Further, ART procedures cannot be performed at existing surgery centers due to the need for highly specialized trained staff, a specialized embryology and andrology laboratory and advanced technology. Embryologists play a vital role in IVF. They are responsible for fertilizing the human eggs with sperm. The fertilized eggs, or zygotes, are then placed into an incubator that has been regulated to control gas mixture, temperature, and several other conditions. Optimal conditions in the embryology laboratory will allow the zygote to progress to the cell division stage, at which point the zygote becomes an embryo. The embryologist monitors the embryos for abnormal cell splitting, which could indicate a genetic abnormality, and change the culture media as needed during the 3 to 5 days before the embryo transfer. Embryologists also perform embryo biopsy procedures on embryos at day 3 or day 5. Embryo biopsy involves the removal of a single cell from an embryo. The embryologist must rely on his/her training and experience to minimize the risk of damage to the embryo. The embryologist works with the laboratory performing the genetic test and coordinates the handling of the cells and test results. The embryologists' skill at performing micromanipulation procedures on embryos can play a vital role in the success of IVF.

Another integral component of IVF and ART is the human embryology and andrology laboratory. The American Society for Reproductive Medicine, which accredits human embryology and andrology laboratories, has established guidelines to ensure the necessary conditions for embryo viability are not compromised. Specifically, the laboratory should be in a low traffic area and physically isolated from other laboratory activities (a designated area of another lab is not adequate unless it is walled off). The laboratory must be proximally located to the procedure room to allow for direct communication between the physician performing the procedure and the lab technicians.

## Section 5: Service Specific Review Criteria

## Non-Hospital Based Ambulatory Surgical Center

## Criterion 1110.235(c)(7)(A) –Unnecessary Duplication/ Maldistribution

1. Unnecessary Duplication of Services

- a. The Surgery Center will be located at 680 N. Lakeshore Drive, Chicago, IL. A list of all zip codes located, in total or in part, within a 10-mile radius of the site of the proposed facility as well as 2019 census figures for each zip code is provided in 1110.235(c)(7)(A).

<b>Zip Code</b>	<b>City</b>	<b>Population</b>
60202	Evanston	32,703
60302	Oak Park	31,620
60304	Oak Park	17,782
60305	River Forest	10,970
60402	Berwyn	62,960
60601	Chicago	15,083
60602	Chicago	1,145
60608	Chicago	80,059
60611	Chicago	33,224
60612	Chicago	33,735
60613	Chicago	50,716
60615	Chicago	40,590
60616	Chicago	54,197
60618	Chicago	94,907
60621	Chicago	28,018
60622	Chicago	53,294
60623	Chicago	81,283
60624	Chicago	34,892
60625	Chicago	79,444
60626	Chicago	50,544
60629	Chicago	110,029
60630	Chicago	56,433
60634	Chicago	75,082
60637	Chicago	47,300
60639	Chicago	88,204
60640	Chicago	69,363
60641	Chicago	69,880

60644	Chicago	46,591
60645	Chicago	47,270
60647	Chicago	87,633
60649	Chicago	46,591
60654	Chicago	20,022
60657	Chicago	70,958
60659	Chicago	42,735
60707	Elmwood Park	43,093
60712	Lincolnwood	12,434
<b>TOTAL</b>		<b>1,820,784</b>

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United States Census Bureau. Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2019. U.S. Census Bureau, Population Division. Web. May 2020. <http://www.census.gov/>.

Section 5: Service Specific Review Criteria  
 Non-Hospital Based Ambulatory Surgical Center  
 Criterion 1110.235(c)(7)(A) –Unnecessary Duplication/ Maldistribution

A list of all existing and approved health care facilities located within the Surgery Center that provide some of the surgical services proposed by the project is attached below.

Hospital/ASTC	Street Address	City	Zip Code	Health Service A	Straight-Line Distance	Operation Room	Surgical Cases	Surgical Hours	Utilization
River North Same Day Surgery Center	1 East Erie Suite 300	Chicago	60611	6	0.55	4	2,172.00	2,991.15	49.65%
The Surgery Center at 900 North Michigan Avenue	60 E Delaware Place, 15th Floor	Chicago	60601	6	0.53	7	3,010.00	7,841.00	74.68%
Grand Avenue Surgical Center	17 W Grand Ave	Chicago	60654	6	0.57	3	408.00	568.50	12.63%
Gold Coast Surgicenter, LLC	845 N. Michigan Ave, Suite 985W	Chicago	60611	6	0.86	4	2,303.00	4,740.78	79.01%
Northwestern Memorial Hospital	211 East Ontario, Suite 1400	Chicago	60611	6	0.86	87	62,106.00	105,698.10	80.89%
Rush University Medical Center	1653 West Congress Parkway	Chicago	60612	6	3.12	45	38,082.00	71,450.00	105.65%
Rush SurgiCenter - Professional Building	1725 W Harrison St	Chicago	60612	6	2.17	4	4,267.00	5,255.50	87.60%
John H. Stroger Hospital of Cook County	1901 West Harrison Street- Suite 5650	Chicago	60612	6	2.31	31	17,553.00	33,502.00	72.05%
University of Illinois Hospital at Chicago	1740 West Taylor Avenue	Chicago	60612	6	3.12	27	20,493.00	44,127.00	108.96%
Advocate Illinois Masonic Medical Center	536 West Wellington	Chicago	60657	6	2.99	28	20,779.00	27,238.00	84.85%
Humboldt Park Health	1044 North Francisco Avenue	Chicago	60622	6	3.33	5	2,815.00	2,074.00	27.65%
Western Ochssey Surgical Center	2744 N. Western Avenue	Chicago	60647	6	3.80	2	624.00	631.25	21.04%
Mercy Hospital & Medical Center	2525 South Michigan Avenue	Chicago	60616	6	3.42	11	5,568.00	8,843.00	53.50%
Thorak Memorial Hospital	650 West Irving Park Road	Chicago	60613	6	4.19	7	1,687.00	1,295.00	12.33%
Pipeline Louis A. Weiss Memorial Hospital	4646 North Marine Drive	Chicago	60640	6	5.03	9	1,842.00	3,731.00	27.64%
Fullerton Surgery Center	4849 W. Fullerton Ave	Chicago	60639	6	5.96	3	630.00	677.25	15.05%
Swedish Covenant Hospital	5145 North California Avenue	Chicago	60625	6	6.34	14	11,918.00	17,618.00	83.89%
Provident Hospital of Cook County	500 East 51st Street	Chicago	60615	6	6.42	11	2,093.00	4,487.00	27.19%
Loretto Hospital	645 South Central Avenue	Chicago	60644	6	6.59	3	330.00	933.00	20.73%
Pipeline West Suburban Medical Center	3 Erie Court	Oak Park	60302	7	7.06	12	6,821.00	5,841.00	32.45%
University Of Chicago Medical Center	5841 South Maryland	Chicago	60637	6	7.40	54	31,528.00	77,084.00	95.14%
Rush Oak Park Hospital	520 South Maple Street	Oak Park	60304	7	8.55	12	7,595.00	7,868.00	43.71%
Advanced Ambulatory Surgical Center	2333 N Harlem Ave	Chicago	60707	6	8.78	3	968.00	1,098.15	24.40%
North Shore Surgical Center	3723 W Touhy Ave	Lincolnwood	60712	7	8.92	3	3,093.00	3,398.50	75.52%
MacNeal Hospital	3249 South Oak Park Avenue	Berwyn	60402	7	9.00	18	12,424.00	16,093.00	59.60%
Total:						407	248,693.00	438,967.16	71.90%



**Section 5: Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgical Center**  
**Criterion 1110.235(c)(7)(B) – Maldistribution**

The proposed Surgery Center will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities and ASTC services characterized by such factors as, but not limited to:

1. ratio of surgical/treatment rooms to population exceeds one and one-half times the state average;
2. historical utilization for existing surgical/treatment rooms for the proposed ASTC services is below the HFSRB's utilization standard; or
3. insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the ratio of operating/procedure rooms to population in the GSA is 114% of the State average, the average utilization of existing facilities is 70%, and sufficient population exists to achieve target utilization. Accordingly, the proposed Surgery Center will not result in a maldistribution of services. In fact, the City of Chicago is generally underserved by ASTCs, and no ASTC capable of providing the proposed scope of services is within the City of Chicago in recent memory.

**b. Ratio of Stations to Population**

As shown in Table the ratio of stations to population is 120% of the State Average.

<b>1110.235(c)(7)(B) Ratio of Stations to Population</b>			
	<b>Population</b>	<b>Operating &amp; Procedures Rooms</b>	<b>Stations to Population</b>
<b>Geographic Service Area</b>	1,833,320	407	1:4,074
<b>State</b>	12,851,684	2,778	1:4,626

**c. Historic Utilization of Existing Facilities**

There are currently 25 hospitals /ASTCs within 10 miles of the proposed Surgery Center. No existing facility in the geographic service area can accommodate IHR's projected case volume. Area hospitals are not feasible as they are less efficient and a higher cost setting for patients. Further, fertility procedures require a specialized embryology and andrology lab proximally located to where the retrieval and transfer procedures will take place. Of the ASTCs in the geographic service area, only two, North Shore Surgery Center and the surgical center at 900 N. Michigan Ave, performs IVF procedures. North Shore Surgery Center is on the periphery of the geographic service area and does not have capacity to accommodate all the IHR projected case volume. The surgical center at 900 N Michigan Ave is where we currently utilize our procedures, but they cannot, nor the current embryology lab,

accommodate our growing volume.

d. **Sufficient Population to Achieve Target Utilization**

The Applicants propose to establish a limited specialty ASTC. To achieve the State Board standard of 1,500 hours per procedure room within the first two years after project completion, the Applicants would need 4,300 patient referrals. As set forth above in 1110.235(c)(7)(B), the referring physicians have historically performed an average of 1,300 procedures individually on annual basis. Once the Surgery Center is operational, the referring physicians anticipate performing an adequate volume of procedures at the Surgery Center to reach target utilization after the second year of project completion.

Section 5: Service Specific Review Criteria  
Non-Hospital Based Ambulatory Surgical Center  
Criterion 1110.235(c)(7)(C) –Impact to Area Providers

- a. The Surgery Center will not have an adverse impact on existing facilities in the GSA. The primary services provided by the Surgery Center are family building and medical services that are not closely related to services provided in a hospital setting. The proposed project does not intersect in any meaningful way with health care services provided by area hospitals.
- b. The proposed facility will not lower the utilization of other area providers that are operating below the occupancy standards.

Section 5: Service Specific Review Criteria  
Non-Hospital Based Ambulatory Surgical Center  
Criterion 1110.235(c)(8) –Staffing

1. The Surgery Center will be staffed in accordance with all State and Joint Commission staffing requirements. Staffing for The Surgery Center will be as follows:

Administration

Administrator  
Office Manager  
Coder/Billers (2 FTE)  
Receptionist (2 FTE)  
Credentialing Supervisor (.5 FTE)

Clinical

Medical Director  
Director of Nursing  
Registered Nurse (6 FTE)  
Surgery Technician (2 FTE)  
Instrument Technician (2 FTE)  
Medical Assistant (2 FTE)  
Surgery Scheduler (1.5 FTE)

2. IHR currently operates at a third-party surgical center. Due to scheduling issues, IHR needs to expand its capacity; however, physical plant limitations make expansion at its current Chicago location unfeasible. The purpose of this project is to relocate IHR surgical services to a location that can accommodate current and future demand as well as offer reproductive health services for both men and women. If surgical services are not provided in the general medical office, it must receive an IDPH license. Upon completion of the project, staff will need to be hired, as we did not previously staff our third-party surgical center.

Section 5: Service Specific Review Criteria  
 Non-Hospital Based Ambulatory Surgical Center  
 Criterion 1110.235(c)(9) –Charge Commitment

a.

- a. A list of the procedures to be performed at the proposed facility with the proposed charge is provided in Table 1110.235(c)(9) below.

CPT Code	Description of Service	Proposed IHR 2022 Fee
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$4,586
49321	Laparoscopy, surgical; with biopsy (single or multiple)	\$6,536
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	\$4,766
54500	Biopsy of testis, needle (separate procedure)	\$2,948
54505	Biopsy of testis, needle (Biopsy of testis, incisional (separate procedure)separate procedure)	\$6,010
54800	Biopsy of epididymis, needle	\$746
58350	Chromotubation of oviduct, including materials	\$3,984
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	\$7,282
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	\$7,339
58551	Laparoscopy, surgical with removal of leiomyomata (single or multiple)	N/A
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$7,411
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	\$7,609
58578	Unlisted laparoscopy procedure, uterus	\$7,000
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	\$7,257
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	\$7,685

58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	\$7,060
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	\$6,906
58672	Laparoscopy, surgical; with fimbrioplasty	\$7,372
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	\$7,096
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	\$7,194
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	\$3,818
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	\$3,230
58555	Hysteroscopy, diagnostic (separate procedure)	\$4,627
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	\$5,967
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	\$6,335
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	\$6,576
58561	Hysteroscopy, surgical; with removal of leiomyomata	\$6,625
58562	Hysteroscopy, surgical; with removal of impacted foreign body	\$5,189
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	\$5,158
58579	Unlisted hysteroscopy procedure, uterus	\$6,500
57800	Dilation of cervical canal, instrumental (separate procedure)	\$1,000
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	\$1,974
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	\$4,341

59820	Treatment of missed abortion, completed surgically; first trimester	\$3,928
58970	Follicle puncture for oocyte retrieval, any method	\$6,764
58974	Embryo transfer, intrauterine	\$5,000
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	\$447
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	\$495
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	\$311
76998	Ultrasonic guidance, intraoperative	\$495
S4028	Microsurgical epididymal sperm aspiration (mesa)	\$6,500
58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach	\$2,950
64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve	\$750
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	\$380
74740	Hysterosalpingography, radiological supervision and interpretation	\$2,400
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	\$2,400

- b. A letter from The Surgical Center for Human Reproduction (SCHR), LLC committing to maintain the charges listed is attached at Attachment 24-A



Attachment 24-A

Surgical Center for Human Reproduction (SCHR), LLC  
409 W. Huron Street  
Suite 500  
Chicago, IL 60654

June 8, 2022

Ms. Debra Savage, Chairwoman  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Re: Charge Commitment

Dear Chairwoman Savage and Members of the Review Board:

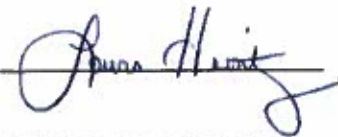
Pursuant to 77 Ill. Admin. Code § 110.235(c)(9)(B), I hereby commit that the attached charge schedule will not be increased, at a minimum, for the first two years of operation of Surgical Center for Human Reproduction (SCHR) unless a permit is first obtained pursuant to 77 Ill. Admin. Code § 1130.310(a). Thank you for your attention to this matter.

Sincerely,

  
Andrew Mintz  
CEO

This 8<sup>th</sup> day of June, 2022

Notary Public





Attachment 24-A

Section 5: Service Specific Review Criteria  
Non-Hospital Based Ambulatory Surgical Center  
Criterion 1110.235(c)(10) –Assurances

A letter from the Surgical Center for Human Reproduction (SCHR), LLC certifying that the proposed facility will achieve target utilization by the end of the second year of operation is attached at Attachment 24-B.

## Attachment 24-B

Pinnacle Fertility, Inc.

IVF Consulting, LLC  
409 W. Huron Street  
Suite 500  
Chicago, IL 60654

June 8, 2022

Ms. Debra Savage, Chairwoman  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Re: CON/Permit Application Certification of Peer Review Program and Utilization; Establishment of an Ambulatory Surgical Treatment Center at 680 N. Lakeshore Dr, Chicago, IL 60611

Dear Chairwoman Savage and Members of the Review Board,

The purpose of this correspondence is to provide certain certifications in furtherance of the above-described permit application ("Application"). By way of background, the Surgery Center for Human Reproduction (SCHR), LLC, is the proposed surgery center to be established through the Application. The surgery center is a wholly owned subsidiary of IVF Consulting, LLC, and IVF Consulting, LLC is a wholly-owned subsidiary of Pinnacle Fertility, Inc. I serve as the CEO of all three entities, each of which is listed as a "applicant" for purposes of the Application.

Pursuant to 77 Ill. Adm. Code §1110.235(c)(10), I hereby certify that a peer review program exists or will be implemented at the proposed surgery center that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for the services provided at an Ambulatory Surgical Treatment Center. Second, I further certify that in the event the patient outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated to improve patient outcomes.

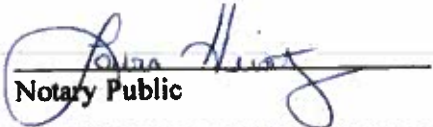
By way of this letter, I also certify that on or before the second year of operation after project completion, the annual utilization of procedure rooms will meet or exceed the utilization standards specified in 77 Ill. Adm. Code §1100.

Thank you for your attention to this matter and please do not hesitate to contact me at (813) 407-7821 with any questions.

Sincerely,

  
Andrew Mintz, CEO

Subscribed and sworn to me on this 8th day of June, 2022

  
Notary Public



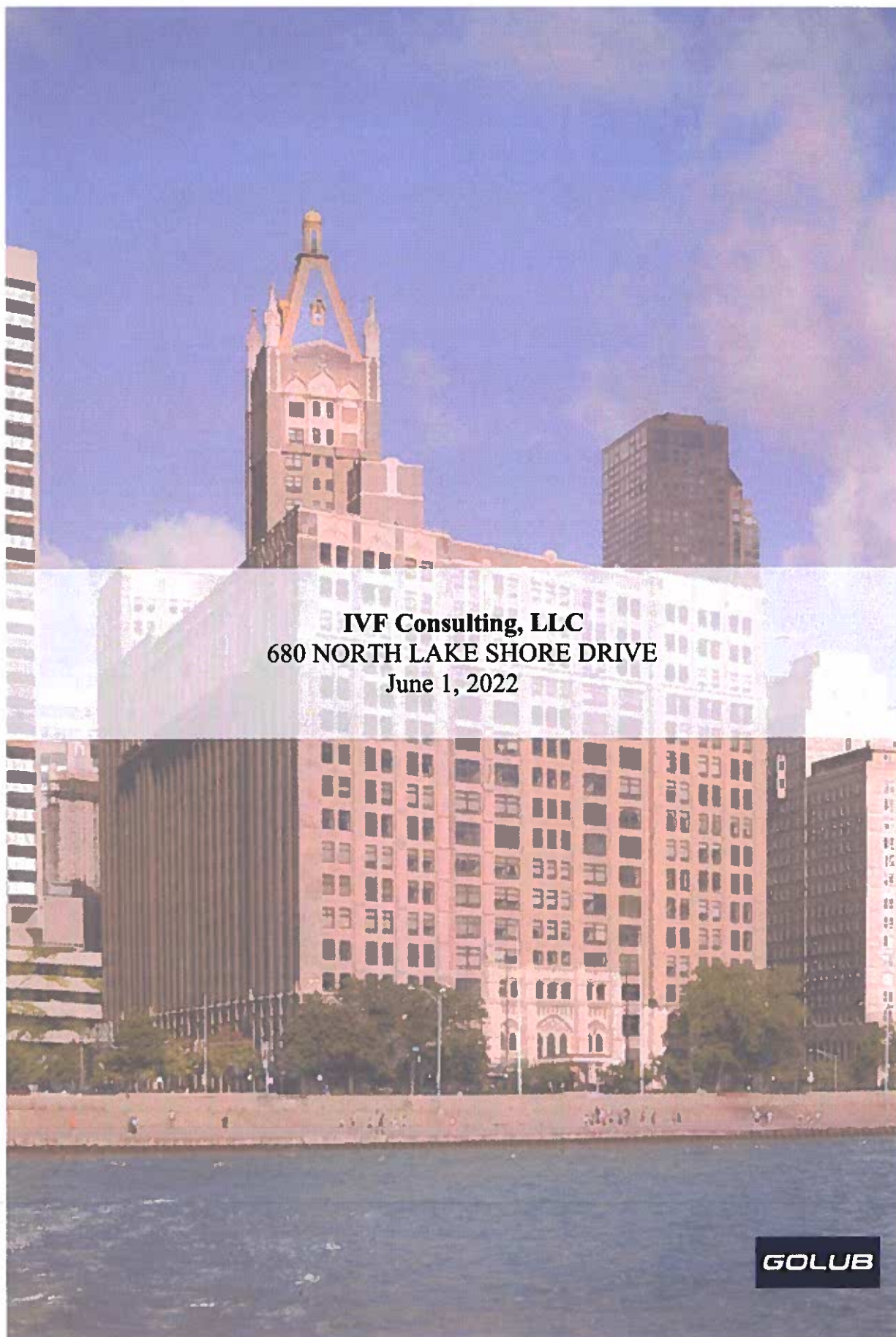
Attachment 24-B

Attachment 33

## Section 6: Availability of Funds

Relevant financial statements for the Applicants ("Financial Statements") have been sent via separate cover for purposes of confidentiality. Specifically, pursuant to the Freedom of Information Act ("Act"), financial information may be exempt from disclosure. See 5 ILCS 140/7(g). In accordance with the Act, the Applicants maintain that the requested financial information is proprietary, privileged, or confidential, the disclosure of which would cause competitive harm to the Applicant. As such, the Applicants have submitted the requested financials to board staff under separate cover.

As set forth in the Financial Statements, Pinnacle Fertility, Inc's cash balance far exceeds the total cost of the proposed Surgery Center and thus the Applicants are capable of funding the entirety capital expenditures associated with the Surgery Center, including without limitation the planning costs, construction costs, equipment costs, and all other costs associated with completing and operationalizing the Surgery Center. In addition and as evidenced in the Financial Statements, the Applicants have significant additional cash from a revolving line of credit available to it from its lender, Capital One Bank.



**IVF Consulting, LLC**  
**680 NORTH LAKE SHORE DRIVE**  
June 1, 2022

**GOLUB**



680

NORTH LAKE SHORE DRIVE

VIA EMAIL

June 1, 2022

Mr. Michael Caldarazzo  
CARR  
10465 Park Meadows Drive, Suite 205  
Lone Tree, CO 80124

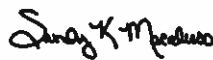
Dear Mike,

On behalf of the Landlord of **680 N. Lake Shore Drive** (hereinafter referred to as "Landlord"), we are pleased to submit the following terms for **IVF Consulting, LLC** (hereinafter referred to as "Tenant") to establish its office at **680 N. Lake Shore Drive, Chicago, IL** (hereinafter referred to as "Building").

Thank you again for your continued interest in 680 North Lake Shore Drive. Please feel free to call with any additional questions.

Sincerely,

GOLUB & COMPANY LLC



Sandy Macaluso  
Senior Vice President



Erica Rogers  
Vice President



Olivia Wirth  
Senior Associate

Acknowledgement

IVF Consulting, LLC hereby acknowledges the proposed business terms set forth in the attached letter of intent.

IVF Consulting, LLC

DocuSigned by:



Andrew Mintz  
CEO



**Proposed Business Terms**  
**IVF Consulting, LLC**  
**June 1, 2022**

**Building &  
Management:**

Ownership entity, LSPOC, LLC  
Onsite management services provided by Golub Realty Services.

**Premises:**

Suite 100 consisting of 18,764 rentable square feet ("RSF"), of which **11,710 RSF is anticipated to serve as the Tenant's laboratory, clinical, and office space and the remaining 7,054 RSF is expected to serve as Tenant's Ambulatory Surgery Treatment Center.** Final square footage will be based on a mutually agreed upon space plan which will be attached to the lease as an exhibit.

**Lease Commencement  
Date:**

Provided that a lease is executed no later than August 15, 2022, the Lease Commencement Date will be June 1, 2023. Tenant shall have access to the Premises to ready for occupancy when Landlord's work is completed, which will be no later than four (4) months after lease execution.

**Lease Term:**

Fifteen (15) years.

**Gross Rental Rate:**

\$45.00 Gross per RSF which shall escalate by 2.0% annually.

**Rental Abatement:**

Landlord shall provide ten (10) months of total Gross Rental Abatement to be spread out over the first two years of the lease per the below schedule:

Year 1 – 5 months (June 2023 – October 2023)

Year 2 – 5 months (June 2024 - October 2024)

**Real Estate Taxes &  
Operating Expenses:**

Tenant will be responsible for its proportionate share of any increases in Operating Expenses for the Building, including real estate taxes and CAM that are more than 2023 Base Year. 2022 combined estimates are \$30.41 (Tax Estimate \$16.27 & Operating Estimate \$6.20 & CAM \$7.94).

**Base Building Delivery:**

Landlord shall deliver the Premises per a mutually agreed upon



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NORTH LAKE SHORE DRIVE



demising plan and layout, with adequate utilities and shall demolish the Premises down to shell condition and remove all existing partition walls, previous tenant's property and equipment. A detailed scope of work shall be attached to the Lease.

**Tenant Improvement Allowance:**

Landlord shall provide Tenant with a Tenant Improvement Allowance ("TIA") of ninety-five (\$95.00) per rentable square foot to be applied to the total cost of Improvements. Tenant's general contractor to provide supervision during Tenant buildout. Landlord will only charge for 3<sup>rd</sup> party review costs to be further defined in the Lease

**Electricity:**

Separately metering the Premise shall be part of the construction allowance. Tenant will be responsible for payment of electric bills generated through a separate meter. The building currently provides 800A/480V to the entire Premises with 400 amps.

**Renewal Options:**

Landlord shall provide two (2) five (5) year renewal options at Fair Market Value with twelve (12) months prior notice for 1<sup>st</sup> floor medical/lab/surgery center space.

**Sublet & Assignment:**

Tenant shall have the right to assign or sublease to a related entity without Landlord's approval (the lease shall define the terms of any affiliate entity), Landlord's approval to an assignment or sublease to an unrelated entity shall not be unreasonably withheld or delayed to be further defined in the Lease. Landlord shall address any assignments or subleases at the time Tenant submits them.

**Signage:**

Tenant will receive Building Standard signage in the electronic building directory. Tenant signage may be placed on the interior of the glass entrance to the Premises and the interior of Tenant's exterior windows at Tenant's expense with Landlord's reasonable prior written approval which shall not be unreasonably withheld, conditioned, or delayed and subject to any city code requirements.

**Heating, Ventilation & Air-Conditioning:**

Landlord shall provide heating, ventilation, and air-conditioning ("HVAC") Monday through Friday during the period from 8:00 a.m. to 6:00 p.m. and on Saturdays during the period from 9:00 a.m. to 2:00 p.m. Landlord shall deliver a rate of 1 ton per 400 sf to the Premises. Landlord shall work with Tenant to identify a mutually agreed upon location for Tenant to add a medical-grade backup generator to be further defined in the lease. Tenant shall be responsible for all costs to install and remove the generator at the end of the term and any additional costs to prepare the location for the installation. This shall be further defined in the Lease.

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NORTH LAKE SHORE DRIVE

**Janitorial:**

Landlord shall provide janitorial services five (5) days per week. The cleaning specs are comparable to similar assets located in the Chicago CBD. A cleaning spec scope shall be attached to the lease and any specialty cleaning shall be at Tenant's cost.

**Parking:**

680 North Lake Shore Drive offers a 331-space indoor, heated parking garage on floors 2-5. The parking garage is a 24-hour a day facility allowing maximum productivity and convenience for the Building's

tenants and their guests. Validation programs for medical Tenants are available.

Landlord will provide Tenant with twenty-five (25) unreserved monthly parking spaces at no charge to Tenant and an additional twelve (12) monthly parking spaces at a rate of \$300 per month for the term of the lease. Parking shall be further defined in the lease.

**Building Amenities:****Building Amenities:**

- Indoor Patient/Tenant parking in the building
- Over 400 residential condos in three condo associations within the building
- Walgreens
- Café
- Restaurant
- Hair Salon
- Dry Cleaner
- Farmers Fridge

**Security:**

680 North Lake Shore Drive is monitored by personnel 24 hours per day, 7 days a week.

**Exclusive Use:**

Due to the vast tenant base being offered at the building, Landlord is unable to offer an exclusive use clause.

**Security Deposit:**

To be determined upon a review of the past three (3) years of the historical financials for the entity signing the Lease. Based on review of the financials a guaranty may be required.

**Brokerage:**

Landlord will pay CARR a market fee in accordance with a separate commission agreement.

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NORTH LAKE SHORE DRIVE

The above proposal of suggested business terms is being submitted to Tenant solely for its review and acceptance as a basis for further negotiations of a mutually acceptable lease subject to approval by Landlord and its lender(s). The submission of this proposal does not constitute an offer to enter into a lease, an option to enter into a lease or an agreement by Landlord to cease any efforts to market and lease the subject Premises to third parties. Any lease shall become effective only upon execution and delivery thereof by Landlord and Tenant. Landlord reserves the right to modify or withdraw this proposal at any time prior to the execution and delivery of a lease agreement by the parties. This proposal is valid through August 15, 2022.

We appreciate your consideration of 680 N. Lake Shore Drive, and we look forward to discussing this proposal with you in further detail.

Attachment 34

## Section 7: Financial Viability

## Financial Viability Waiver

Relevant financial statements for the Applicants ("Financial Statements") have been sent via separate cover for purposes of confidentiality. Specifically, pursuant to the Freedom of Information Act ("Act"), financial information may be exempt from disclosure. See 5 ILCS 140/7(g). In accordance with the Act, the Applicants maintain that the requested financial information is proprietary, privileged, or confidential, the disclosure of which would cause competitive harm to the Applicant. As such, the Applicants have submitted the requested financials to board staff under separate cover.

As set forth in the Financial Statements, Pinnacle Fertility, Inc's cash balance far exceeds the total cost of the proposed Surgery Center and thus the Applicants are capable of funding the entirety capital expenditures associated with the Surgery Center, including without limitation the planning costs, construction costs, equipment costs, and all other costs associated with completing and operationalizing the Surgery Center. In addition and as evidenced in the Financial Statements, the Applicants have significant additional cash from a revolving line of credit available to it from its lender, Capital One Bank.

**Attachment 37****Section 9: Safety Net Impact Statement**

1. Surgical Center for Human Reproduction will not have a material impact on essential safety net services in the community. As documented in the physician referral letters attached, most of the procedures to be performed at Surgical Center for Human Reproduction are currently performed by IHR physicians.
2. The primary services provided by Surgical Center for Human Reproduction are family building and medical services that do not closely relate to services provided in a hospital setting. The proposed project does not intersect in any meaningful way with health care services provided by area hospitals.
3. The project does not involve the discontinuation of a facility or service. Accordingly, this criterion is not applicable.
4. Surgical Center for Human Reproduction is a newly formed entity and has no historical data on Medicaid or charity care. Medicare and Medicaid do not provide reimbursement for fertility treatments, which while not involving the delivery of health care, are lifestyle focused services and not medically necessary services.

Attachment 38

## Section 10: Charity Care

Surgical Center for Human Reproduction is a newly formed entity and has no historical data on net revenue or charity care. Thus, it cannot report charity care data and has no historical payor mix experience.

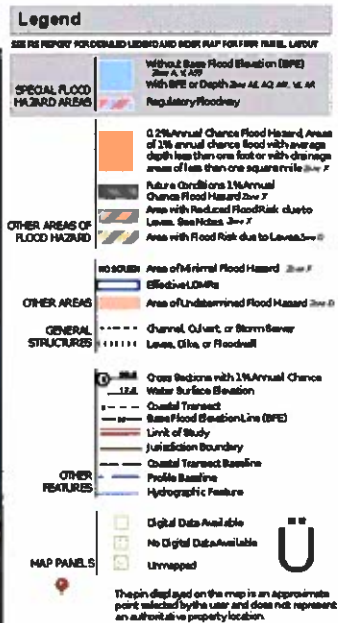
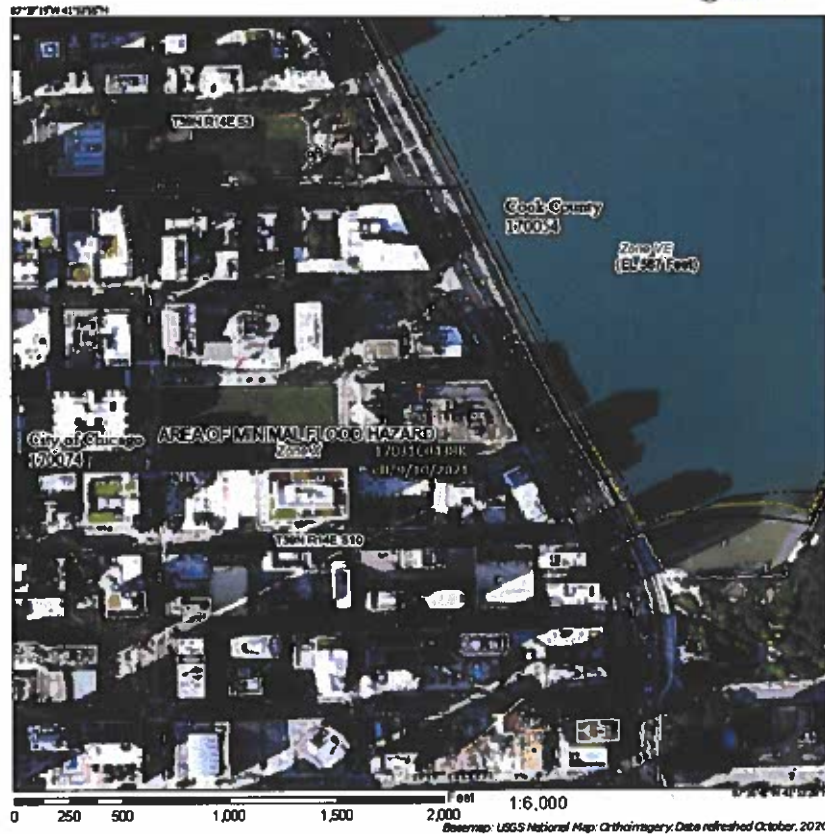
**Attachment 39**

**Section 1: Identification, General Information, and Certification  
Flood Plan Requirements**

680 N. Lakeshore Drive, Chicago IL is not located in a designated flood plain or flood zone as seen in the FEMA flood plain map that is included as Attachment 39.



## National Flood Hazard Layer FIRMette



This map complies with FEMA's standards for the use of digital flood maps. 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 reported on 10/20/2020 at 10:17 AM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

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

Institute for Human Reproduction (IHR), SC  
409 W. Huron Street, Suite 500  
Chicago, IL 60654

June 13, 2022

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

Re: Support for Establishment of an Ambulatory Surgical Treatment Center  
Surgical Center for Human Reproduction (SCHR), LLC  
680 N. Lakeshore Dr, Chicago, IL 60611

Dear Chairwoman Savage and Members of the Review Board,

We are Board certified physicians in Obstetrics and Gynecology and Dr. Cohen is also Board certified in Reproductive Endocrinology and Infertility. We are writing on behalf of our practice, the Institute for Human Reproduction (IHR), S.C., ("IHR") in support of the application submitted by IVF Consulting, LCC, its wholly owned subsidiary Surgical Center for Human Reproduction (SCHR), LLC, and parent, Pinnacle Fertility, Inc. (collectively and individually the "Applicant"), to establish a highly specialized ambulatory surgical treatment center (ASTC). The proposed ASTC will house a dedicated andrology and embryology lab in the city of Chicago and will be solely dedicated to the diagnosis and treatment of infertility. Procedures performed at the proposed ASTC will include global infertility care, In Vitro Fertilization, therapeutic gynecological surgical procedures and male reproductive health (urology) procedures.


As the medical practice affiliated with the Applicant, the proposed surgery center will expand IHR's surgical capabilities and its ability to provide care more efficiently to its patients, many of whom are currently on waiting lists for egg retrievals and embryo transfers. The proposed expansion will therefore increase patient access, reduce unnecessary delays in being able to start treatment, reduce patient cost, minimize patient inconvenience, improve treatment outcomes, reduce unnecessary risk, preserve the safety of all tissue specimens. In summary the proposed new surgical center is uniquely specialized to the comprehensive care of the infertile couple and capable of accommodating the expected growing patient demand.


Over the past twelve (12) months, IHR performed a total of 3141 outpatient procedures. These outpatient procedures are anticipated to increase approximately 30% annually and to constitute the majority of the services IHR will provide in the future. With the opening of the proposed Surgical Center for Human Reproduction, we expect to refer cases as follows:

Hospital/Licensed ASTC	Number of Cases Referred in Past 12 Months	Projected Referrals to Proposed ASTC upon Completion
900 N. Michigan Ave Surgical Center	3041	3968
Northwestern Memorial Hospital	50	50
Total	3091	4018

The referrals noted above have not been used to support another pending or approved certificate of need application. We further certify that the information in this letter is true and correct to the best of our knowledge. Thank you in advance for your attention to this matter and please do not hesitate to contact Ryan Flood, our Practice Administrator at 847-561-8216 if you have any questions.

Sincerely,

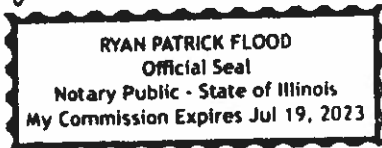
  
 Ilan Tur-Kaspa, MD, President  
 Institute for Human Reproduction (IHR), S.C.


  
 David Cohen, MD, Secretary  
 Institute for Human Reproduction (IHR), S.C.

Subscribed and sworn to me this 13 day of June, 2022

Subscribed and sworn to me this 13 day of June, 2022

  
 Notary Public



  
 Notary Public



Seth Levrant, MD  
505 Fair Oaks Ave  
Oak Park, IL 60402

June 8, 2022

Debra Savage  
Chairwoman  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Re: Support for Establishment of an Ambulatory Surgical Treatment Center  
Surgical Center for Human Reproduction (SCHR), LLC  
680 N. Lakeshore Dr, Chicago, IL 60611

Dear Chairwoman Savage:

I, Dr. Seth Levrant, a Board Certified Physician in Obstetrics & Gynecology and Board Certified in Reproductive Endocrinology & Infertility, am writing in support of IVF Consulting, LCC, which includes its wholly owned subsidiary Surgical Center for Human Reproduction (SCHR), LLC (collectively and individually the "Applicant"), application to establish a highly specialized ambulatory surgical treatment center with a dedicated andrology and embryology lab in the city of Chicago, solely dedicated to the diagnosis and treatment of infertility. Procedures performed at the proposed Surgery Center will include global infertility care, including reproductive endocrinology, as well as male reproductive health (urology) and therapeutic gynecological surgical procedures.

With the establishment of the Applicant's proposed surgery center, I anticipate that approximately 100% of these procedures, which are currently provided at other outpatient surgical facilities would instead be performed at the proposed surgery center.

Over the past twelve (12) months, I have performed a total of 1379 outpatient procedures. Outpatient procedures will continue to constitute a majority of my work in the future and are anticipated to increase approximately 30% annually. Over the past twelve (12) months, my surgical cases were referred as set forth in the below chart, which also shows the number of cases I expect to refer to the Applicant upon completion of the project:

Hospital/Licensed ASTC	Number of Cases Referred in Past 12 Months	Projected Referrals to Proposed ASTC upon Completion
Tinley Wood Surgery Center	1379	1792
Total	1379	1792

The referrals noted above have not been used to support another pending or approved certificate of need application. I further certify that the information in this letter is true and correct to the best of my knowledge. Thank you in advance for your attention to this matter and please do not hesitate to contact me at 708-267-9182 if you have any questions.

Sincerely,

  
Seth Levant, MD

Subscribed and sworn to me on this 8 day of June, 2022

  
Notary Public

RYAN PATRICK FLOOD  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Jul 19, 2023

Mary Wood Molo, MD  
 Center for Reproductive Care  
 1725 W Harrison St #408E  
 Chicago, IL 60612

June 8, 2022

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

Re: Support for Establishment of an Ambulatory Surgical Treatment Center  
 Surgical Center for Human Reproduction (SCHR), LLC  
 680 N. Lakeshore Dr, Chicago, IL 60611

Dear Chairwoman Savage and Members of the Review Board,

I, Dr. Mary Wood Molo, a Board Certified Physician in Obstetrics & Gynecology and Board Certified in Reproductive Endocrinology & Infertility, am writing in support of IVF Consulting, LCC, which includes its wholly owned subsidiary Surgical Center for Human Reproduction (SCHR), LLC (collectively and individually the "Applicant"), application to establish a highly specialized ambulatory surgical treatment center with a dedicated andrology and embryology lab in the city of Chicago, solely dedicated to the diagnosis and treatment of infertility. Procedures performed at the proposed Surgery Center will include global infertility care, including reproductive endocrinology, as well as male reproductive health (urology) and therapeutic gynecological surgical procedures.

With the establishment of the Applicant's proposed surgery center, I anticipate that approximately 100% of these procedures, which are currently provided at other outpatient surgical facilities would instead be performed at the proposed surgery center.

Over the past twelve (12) months, I have performed a total of 1041 outpatient procedures. Outpatient procedures will continue to constitute a majority of my work in the future and are anticipated to increase approximately 30% annually. Over the past twelve (12) months, my surgical cases were referred as set forth in the below chart, which also shows the number of cases I expect to refer to the Applicant upon completion of the project:

Hospital/Licensed ASTC	Number of Cases Referred in Past 12 Months	Projected Referrals to Proposed ASTC upon Completion
Rush University Medical Center	1041	1353
Total	1041	1353

The referrals noted above have not been used to support another pending or approved certificate of need application. I further certify that the information in this letter is true and correct to the best of my knowledge. Thank you in advance for your attention to this matter and please do not hesitate to contact me at (312)-718-2229 if you have any questions.

Sincerely,



Mary Wood Molo, MD

Subscribed and sworn to me on this 8 day of June, 2022



Notary Public

