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Emily S. Duncan
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October 13, 2022

Via Electronic Mail:

Mike Constantino

Mike.Constantino@Illinois.gov

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, 2nd Floor

Springfield, Illinois 62761

Re: The Featherstone Partnership, L.P. d/b/a Rockford Ambulatory Surgery Center
CON Exemption Application

Dear Mr. Constantino:

Please find enclosed CON Exemption Application for the change of ownership of The Featherstone Partnership, L.P. d/b/a Rockford Ambulatory Surgery Center, an ambulatory surgical center located at 1016 Featherstone Rd, Rockford, IL 61107 under Certificate of Need Project No. 92-165 (the "Licensee").

Under the proposed transaction (the "Change of Ownership"), Global Vascular Solutions, LLC (the "Buyer") will acquire 71.4% of the stock of the Licensee from general partner Rockford Ambulatory Surgical Treatment Center, Ltd and other minority interest limited partner sellers (the "Sellers").

It is our understanding that under 77 Ill. Admin. Code §§ 1130.140 and 1130.520, the Change of Ownership will require the submission of a CON Exemption Application detailing the applicable changes. Accordingly, please find enclosed:

- CON Exemption Application;
- CON Exemption Application Attachments

A check covering the Application Fee of \$2,500 (check no. 904529) was mailed on September 30, 2022.

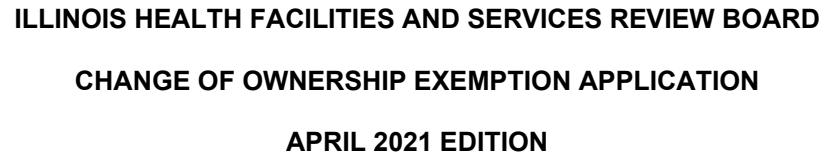
If you have any questions or require additional information in connection with the Change of Ownership, please contact me directly by phone at (615) 850-8466 or via e-mail at Emily.Duncan@wallerlaw.com. Thank you for your assistance.

Sincerely,



Emily S. Duncan

Enclosures:

[illegible]

4878-2210-6160.1

INSTRUCTIONS

GENERAL

- The application for change of ownership (Application) must be completed for all change of ownership transactions.
- The persons preparing the application for exemption are advised to refer to the Illinois Health Facilities Planning Act, as well as the rules promulgated there under (77 Ill. Adm. Code 1130) for more information.
- Applicants should refer to 77 IAC 1130.140 for definitions of a change of ownership and control of a health care facility. Applicants should also refer to 77 IAC 1130.220(a) for information on who the applicant(s) should be.
- 77 IAC 1130.520(a) prohibits any person from acquiring or entering into an agreement to acquire an existing health care facility prior to receiving approval from the State Board.
- All applications for exemption for the change of ownership of a health care facility are subject to the opportunity for a public hearing and public hearing requirements (77 IAC 1130.520(c)).
- **The Application does not supersede any of the above-cited rules and requirements.**
- The Application is organized into several sections. Questions concerning completion of this form may be directed to Health Facilities and Services Review Board staff at (217) 782-3516.
- Copies of the Application form are available on the Health Facilities and Services Review Board website www.illinois.gov/sites/hfsrb.

SPECIFIC

- Use the Application as written and formatted.
- Complete and submit **ONLY** those Sections along with the required attachments that are applicable to the type of project proposed.
- **ALL APPLICABLE CRITERIA** for each applicable section must be addressed. **If a criterion is NOT APPLICABLE, label it as such and state the reason why.**
- **ALL PAGES ARE TO BE NUMBERED CONSECUTIVELY BEGINNING WITH PAGE 1 OF THE APPLICATION. DO NOT INCLUDE INSTRUCTIONS AS PART OF THE APPLICATION OR IN NUMBERING THE PAGES IN THE APPLICATION.**
- Unless otherwise stated, attachments for each Section should be appended after the last page of the Application.
- Begin each attachment on a separate 8 1/2" x 11" sheet of paper and print or type the attachment identification in the lower right-hand corner of each attached page.
- Information to be considered must be included with the applicable Section attachments. References to appended material not included within the appropriate Section will **NOT** be considered.
- The Application must be signed by the authorized representative(s) of each applicant entity.
- Provide an original Application and one copy, both **unbound**. **Label the copy** that contains the original signatures **original (put the label on the Application)**.

Failure to follow these requirements WILL result in the Application being declared incomplete. In addition, failure to provide certain required information (e.g., not providing a site for the proposed project or having an invalid entity listed as the applicant) may result in the Application being declared null and void.

ADDITIONAL REQUIREMENTS

CHARITY CARE INFORMATION

CHARITY CARE INFORMATION must be provided for **ALL** projects. **SEE SECTION IV OF THE APPLICATION.**

FEE

An application-processing fee of \$2,500 **MUST** be submitted with the application. **The application will not be deemed complete and review will not be initiated until the entire processing fee is submitted. Payment may be made by check or money order and must be made payable to the Illinois Department of Public Health.**

APPLICATION SUBMISSION

Submit an original and one copy of all Sections of the application, including all necessary attachments. **The original must contain original signatures in the certification portions of this form.** Submit all copies to:

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.**Facility/Project Identification**

Facility Name: The Featherstone Partnership, L.P.
Street Address: 1016 Featherstone Road
City and Zip Code: Rockford 61107
County: Winnebago County
Health Service Area: Greater Rockford region, northern Illinois and southern Wisconsin
Health Planning Area: Region B-01 designated by the Illinois Health Facilities and Services Review Board includes: Winnebago, Boone, Ogle and DeKalb Counties

Legislators

State Senator Name: Steve Stadelman
State Representative Name: Dave Vella

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

Exact Legal Name: The Featherstone Partnership, L.P. d/b/a Rockford Ambulatory Surgery Center
Street Address: 1016 Featherstone Road
City and Zip Code: Rockford 61107
Name of Registered Agent: Stephen Minore, MD
Registered Agent Street Address: 2202 Harlem Road
Registered Agent City and Zip Code: Love Park 61111
Name of Chief Executive Officer: W Stephen Minore
CEO Street Address: 1016 Featherstone Road
CEO City and Zip Code: Rockford 61107
CEO Telephone Number: 815.877.4848

Exact Legal Name: Dixon Anesthesia Associated, LLC
Street Address: 2202 Harlem Road
City and Zip Code: Loves Park, IL, 61111
Name of Registered Agent: W. Stephen Minore, MD
Registered Agent Street Address: 2202 Harlem Road
Registered Agent City and Zip Code: Love Park 61111
Name of Chief Executive Officer: W. Stephen Minore, MD
CEO Street Address: 2616 Spring Creek Road
CEO City and Zip Code: Rockford, IL 61107
CEO Telephone Number: (815) 877-4848

Exact Legal Name: Global Vascular Solutions, LLC
Street Address: 850 W. Rio Salado Pkwy., #201
City and Zip Code: Tempe, AZ 85281
Name of Registered Agent: Cogency Global Inc.
Registered Agent Street Address: 600 S. Second St., Suite 404
Registered Agent City and Zip Code: Chicago, IL 62704
Name of Chief Executive Officer: Rajiv Poduval, MD
CEO Street Address: 850 W. Rio Salado Pkwy., #201
CEO City and Zip Code: Tempe, AZ 85281

CEO Telephone Number: 877-370-4544

Type of Ownership of Applicants

- | | |
|--|---|
| <input type="checkbox"/> Non-profit Corporation | <input checked="" type="checkbox"/> Partnership |
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Other | |
- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
 - Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Kristen Larremore (partner) Emily Duncan (associate)
 Title: Attorney
 Company Name: Waller Lansden Dortch and Davis
 Address: 1901 Sixth Ave. North, Suite 1400, Birmingham, AL 35203
 Telephone Number: 205-226-5747
 E-mail Address: Kristen.Larremore@wallerlaw.com Emily.Duncan@wallerlaw.com
 Fax Number: (205) 214-8787

Additional Contact [Person who is also authorized to discuss the Application]

Name: Nick Carlucci
 Title: Vice President of Growth and Operations
 Company Name: Global Vascular Solutions, LLC
 Address: 850 W. Rio Salado Pkwy. #201, Tempe, AZ 85281
 Telephone Number: 877-370-4544
 E-mail Address: ncarlucci@panoramichealth.com
 Fax Number: 480-393-0266

Post Exemption Contact

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

Name: Gina Hartman
 Title: Administrator
 Company Name: The Featherstone Partnership, L.P. d/b/a Rockford Ambulatory Surgery Center
 Address: 1016 Featherstone Road, Rockford, IL 61107
 Telephone Number: 815-231-5433
 E-mail Address: ghartman@rockfordambulatory.com
 Fax Number: 815-226-9990

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Dixon Anesthesia Associated, LLC
 Address of Site Owner: 2202 Harlem Road, Loves Park, IL, 61111
 Street Address or Legal Description of the Site: 1016 Featherstone Road, Rockford, IL 61107

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.

Current Operating Identity/Licensee

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

Exact Legal Name: The Featherstone Partnership, L.P. d/b/a Rockford Ambulatory Surgery Center

Address: 1016 Featherstone Road, Rockford IL 61107

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

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: The Featherstone Partnership, L.P. d/b/a Rockford Ambulatory Surgery Center	
Address: 1016 Featherstone Road, Rockford IL 61107	
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<ul style="list-style-type: none"> Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.
APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

In the space below, provide a brief narrative description of the change of ownership. 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.

Global Vascular Solutions is acquiring a 71.43% interest in the facility, The Featherstone Partnership, L.P., comprised of 40 partnership shares (1 GP and 39 LP shares). This is a partnership interest transfer resulting in no change from current licensee.

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No

Purchase Price: \$ _____

Fair Market Value: \$ _____

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes ___ No X. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

Anticipated exemption completion date (refer to Part 1130.570): _____

State Agency Submittals

Are the following submittals up to date as applicable:

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

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

CERTIFICATION

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

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

This Application is filed on the behalf of The Featherstone Partnership, L.P. d/b/a Rockford Ambulatory Surgery Center

Rockford Ambulatory Surgical Treatment Center, Ltd, General Partner and Limited Partner

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.

W. Stephen Minore

SIGNATURE

W. STEPHEN MINORE

PRINTED NAME

President / CEO

PRINTED TITLE

Steven A. Gunderson

SIGNATURE

STEVEN A. GUNDERSON

PRINTED NAME

SECRETARY

PRINTED TITLE

Notarization:

Subscribed and sworn to before me this 6th day of September, 2022

Pamela J. Carroll

Signature of Notary

Seal

OFFICIAL SEAL
PAMELA J. CARROLL
Notary Public, State of Illinois
My Commission Expires 06/25/26

*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me this 6th day of September 2022

Juli L. Strang

Signature of Notary

Seal

OFFICIAL SEAL
JULI L. STRANG
Notary Public, State of Illinois
My Commission Expires 07/09/24

CERTIFICATION

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

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- 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);
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Global Vascular Solutions, 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

Rajiv D. Poduval

PRINTED NAME

Manager

PRINTED TITLE

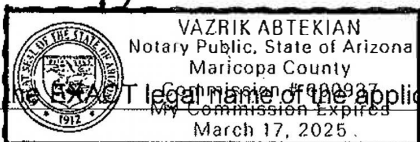
Notarization:

Subscribed and sworn to before me
this 6 day of Oct. 2022

Signature of Notary

Seal

*Insert legal name of the applicant



SIGNATURE

Guy Seay

PRINTED NAME

Manager

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

CERTIFICATION

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

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

This Application is filed on the behalf of The Featherstone Partnership, L. P. d/b/a Rockford Ambulatory Surgery Center

Global Vascular Solutions, 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

Rajiv D. Poduval

PRINTED NAME

Manager

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

SIGNATURE

Guy Seay

PRINTED NAME

Manager

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

SEE ATTACHED
NOTARIZED CERTIFICATE
INITIAL: JS

SECTION II. BACKGROUND.**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. 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. 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.
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, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

SECTION III. CHANGE OF OWNERSHIP (CHOW)**Transaction Type. Check the Following that Applies to the Transaction:**

- ☐ Purchase resulting in the issuance of a license to an entity different from current licensee.
- ☐ Lease resulting in the issuance of a license to an entity different from current licensee.
- ☐ Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- ☐ Stock transfer resulting in no change from current licensee.
- ☐ Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- ☐ Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- ☐ Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- ☐ Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- ☐ Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee
- ☐ Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.
- ☒ Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."

1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	X
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X
APPEND DOCUMENTATION AS <u>ATTACHMENT 6</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION IV.CHARITY CARE INFORMATION

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 7.

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

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		2-9
2	Site Ownership		10-12
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		13
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		14-17
5	Background of the Applicant		18-20
6	Change of Ownership		21-23
7	Charity Care Information		24

Attachment No 1**Applicant Identification including Certificate of Good Standing**

The Featherstone Partnership, L.P.

- | | | | | |
|--------------------------|---------------------------|-------------------------------------|---------------------|--------------------------------|
| <input type="checkbox"/> | Non-profit Corporation | <input checked="" type="checkbox"/> | Partnership | |
| <input type="checkbox"/> | For-profit Corporation | <input type="checkbox"/> | Governmental | |
| <input type="checkbox"/> | Limited Liability Company | <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> Other |
- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
 - Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Attachment No 1
Applicant Identification including Certificate of Good Standing

The Featherstone Partnership, L.P. Partnership Certificate and Ownership

The Featherstone Partnership, L.P. is organized in Illinois.

The Featherstone Partnership, L.P. Pre-Closing Ownership

Partner	Address	Shares
Rockford Ambulatory Surgical Treatment Center, Ltd	2202 Harlem Road, Loves Park IL 61111	1 General Partner Share (1.79%)
Rockford Ambulatory Surgical Treatment Center, Ltd	2202 Harlem Road, Loves Park IL 61111	33 Limited Partner Shares (58.92%)
Plum Orchard Partnership	2202 Harlem Road, Suite 200, Loves Park IL 61111	1 Limited Partner Share (1.79%)
Rainsford Way Partnership	2202 Harlem Road, Suite 200, Loves Park IL 61111	1 Limited Partner Share (1.79%)
C.V.W. Partnership	2202 Harlem Road, Suite 200, Loves Park IL 61111	1 Limited Partner Share (1.79%)
SwedishAmerican Hospital	1401 State Street, Rockford IL 61104	16 Limited Partner Shares (28.55%)
Steven A Gunderson, DO	1623 Red Oak Lane, Rockford, IL 61107	1 Limited Partner Share (1.79%)
Gunderson Trust No. TG 96	1623 Red Oak Lane, Rockford, IL 61107	1 Limited Partner Share (1.79%)
A&M Partnership	2202 Harlem Road, Suite 200, Loves Park IL 61111	1 Limited Partner Share (1.79%)
		56 total shares

The Featherstone Partnership, L.P. Post-Closing Ownership

Partner	Address	Shares
Global Vascular Solutions, LLC	850 W. Rio Salado Pkwy., #201, Tempe, AZ 85281	1 General Partner Share (1.79%)
Global Vascular Solutions, LLC	850 W. Rio Salado Pkwy., #201, Tempe, AZ 85281	39 Limited Partner Shares (69.64%)
SwedishAmerican Hospital	1401 State Street, Rockford IL 61104	16 Limited Partner Shares (28.57%)
		56 total shares



To all to whom these Presents Shall Come, Greeting:

*I, George H. Ryan, Secretary of State of the State of Illinois,
do hereby certify that*

THE FEATHERSONE PARTNERSHIP, L.P.,
HAVING COMPLIED WITH THE PROVISIONS OF THE REVISED UNIFORM LIMITED
PARTNERSHIP ACT OF THE ILLINOIS STATE STATUTES ON 10/13/1992 IS
AUTHORIZED AND EXISTS AS AN ILLINOIS LIMITED PARTNERSHIP.*****



C-260

In Testimony Whereof, *I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois this* _____ *15TH*
day of _____ *AUGUST* *A.D., 19* *94*.

George H Ryan

SECRETARY OF STATE

Attachment No 1**Applicant Identification including Certificate of Good Standing**

Global Vascular Solutions, LLC

- | | | | | |
|-------------------------------------|---------------------------|--------------------------|---------------------|--------------------------------|
| <input type="checkbox"/> | Non-profit Corporation | <input type="checkbox"/> | Partnership | |
| <input type="checkbox"/> | For-profit Corporation | <input type="checkbox"/> | Governmental | |
| <input checked="" type="checkbox"/> | Limited Liability Company | <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> Other |
- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
 - Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Attachment No 1

Applicant Identification including Certificate of Good Standing

Global Vascular Solutions, LLC Certificate of Good Standing

File Number

1220538-4



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

GLOBAL VASCULAR SOLUTIONS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON SEPTEMBER 16, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 2226401358 verifiable until 09/21/2023
Authenticate at: <https://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 21ST day of SEPTEMBER A.D. 2022 .

Jesse White

SECRETARY OF STATE

Attachment No 1
Applicant Identification including Certificate of Good Standing

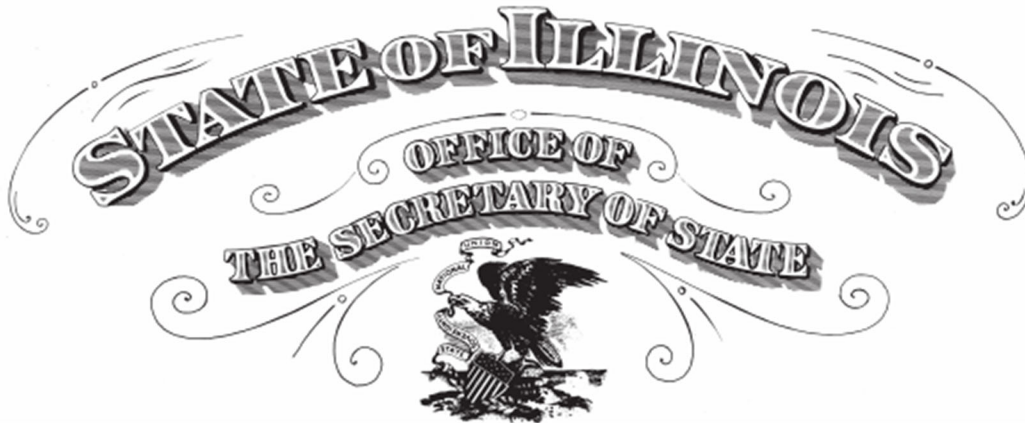
Dixon Anesthesia Associated, LLC

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Non-profit Corporation
<input type="checkbox"/> For-profit Corporation
<input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Partnership
<input type="checkbox"/> Governmental
<input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |
|---|---|--------------------------------|
- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
 - Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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

File Number

0382038-6



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

DIXON ANESTHESIA ASSOCIATED, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 25, 2012, 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 #: 2225701984 verifiable until 09/14/2023
Authenticate at: <https://www.isos.gov>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 14TH
day of SEPTEMBER A.D. 2022 .***

Jesse White

SECRETARY OF STATE

Attachment No 2 - Site Ownership
Letter of Intent to Lease



LETTER OF INTENT

Global Vascular Solutions, LLC
 850 W. Rio Salado Parkway, Suite 201
 Tempe, Arizona 85281
 Attn: Mr. Tim Bogardus

RE: *Global Vascular Solutions, LLC, a Delaware limited liability company ("Tenant") - proposed occupancy of the building known as the Rockford Ambulatory Surgery Center at 1016 Featherstone Road, Rockford, Illinois 61107, owned by Dixon Anesthesia Associated, LLC ("Landlord")*

Dear Mr. Bogardus:

This letter of intent ("Letter of Intent") shall serve as the proposal of Landlord for Tenant to lease the above referenced building, upon the terms and conditions stated below:

Building:	Rockford Ambulatory Surgery Center 1016 Featherstone Road Rockford, Illinois 61107
Premises:	Approximately 19,167 rentable square feet.
Commencement Date:	On or about December 31, 2022
Lease Term and Base Rent:	The lease term shall be 15 years. The Base Rent due under the Lease shall be \$32.00 per rentable square foot per year (\$51,112.00 per month) for the first year of the Lease term, with a fair market value adjustment to be evaluated no more frequently than annually.
Operating Expenses:	The lease shall be on a triple net basis. In addition to the Base Rent as specified in this Lease, Tenant agrees to pay to Landlord as additional rent ("Additional Rent") the Operating Expenses for the Premises (to be further defined in the Lease).
Permitted Use:	Operating and maintaining an ambulatory surgery center.



Should this Letter of Intent be acceptable, please sign where designated below and return it to me at your earliest opportunity. Telecopy immediately followed by overnight delivery of the original signed acceptance will be acceptable. Upon receipt of your signed copy, the parties will work together to prepare a draft lease agreement encompassing these terms. This Letter of Intent shall be non-binding, and shall not require consummation of the transaction contemplated herein, but shall serve as the basis for good faith negotiation toward the execution of the lease and except by mutual consent, shall not be amended or changed.

Should you have any questions, please do not hesitate to call me.

Sincerely,



W. Stephen Minore, MD
President & CEO

ACCEPTED BY TENANT:

<u>Nick Carlucci</u>	10-10-22
Signature	Date

<u>Nicholas Carlucci</u>
Printed Name

Attachment No 3**Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership**

The Featherstone Partnership, L.P. is organized in Illinois.

The Featherstone Partnership, L.P. Pre-Closing Ownership

Partner	Address	Shares
Rockford Ambulatory Surgical Treatment Center, Ltd	2202 Harlem Road, Loves Park IL 61111	1 General Partner Share (1.79%)
Rockford Ambulatory Surgical Treatment Center, Ltd	2202 Harlem Road, Loves Park IL 61111	33 Limited Partner Shares (58.92%)
Plum Orchard Partnership	2202 Harlem Road, Suite 200, Loves Park IL 61111	1 Limited Partner Share (1.79%)
Rainsford Way Partnership	2202 Harlem Road, Suite 200, Loves Park IL 61111	1 Limited Partner Share (1.79%)
C.V.W. Partnership	2202 Harlem Road, Suite 200, Loves Park IL 61111	1 Limited Partner Share (1.79%)
SwedishAmerican Hospital	1401 State Street, Rockford IL 61104	16 Limited Partner Shares (28.55%)
Steven A Gunderson, DO	1623 Red Oak Lane, Rockford, IL 61107	1 Limited Partner Share (1.79%)
Gunderson Trust No. TG 96	1623 Red Oak Lane, Rockford, IL 61107	1 Limited Partner Share (1.79%)
A&M Partnership	2202 Harlem Road, Suite 200, Loves Park IL 61111	1 Limited Partner Share (1.79%)
		56 total shares

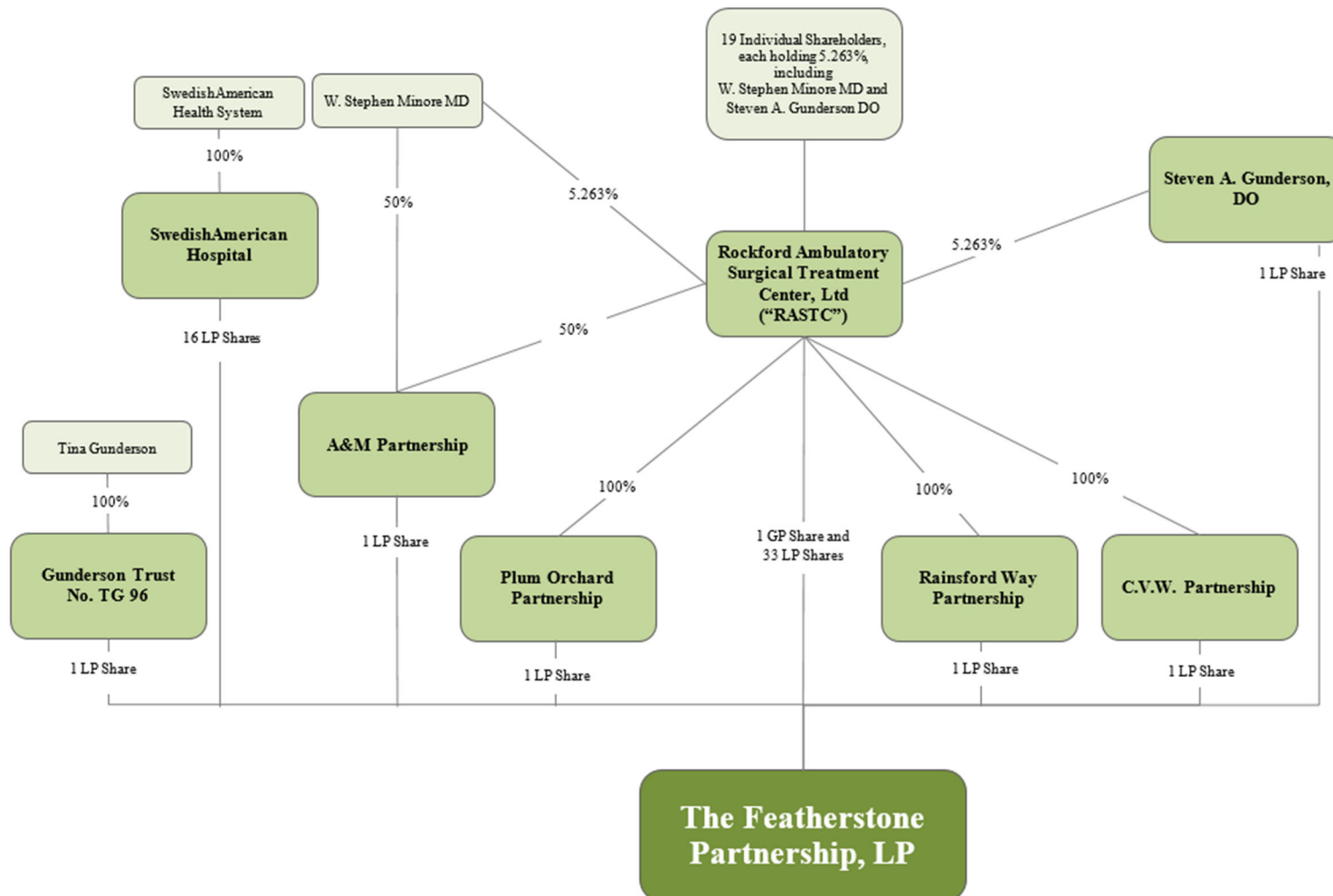
The Featherstone Partnership, L.P. Post-Closing Ownership

Partner	Address	Shares
Global Vascular Solutions, LLC	850 W. Rio Salado Pkwy., #201, Tempe, AZ 85281	1 General Partner Share (1.79%)
Global Vascular Solutions, LLC	850 W. Rio Salado Pkwy., #201, Tempe, AZ 85281	39 Limited Partner Shares (69.64%)
SwedishAmerican Hospital	1401 State Street, Rockford IL 61104	16 Limited Partner Shares (28.57%)
		56 total shares

Attachment No 4
Organizational Relationships (Organizational Chart)

The Featherstone Partnership, L.P. Pre-Closing Ownership

The related persons and entities below are not participating in the development or funding of the project.



Attachment No 4
Organizational Relationships (Organizational Chart)

The Featherstone Partnership, L.P. Post-Closing Ownership

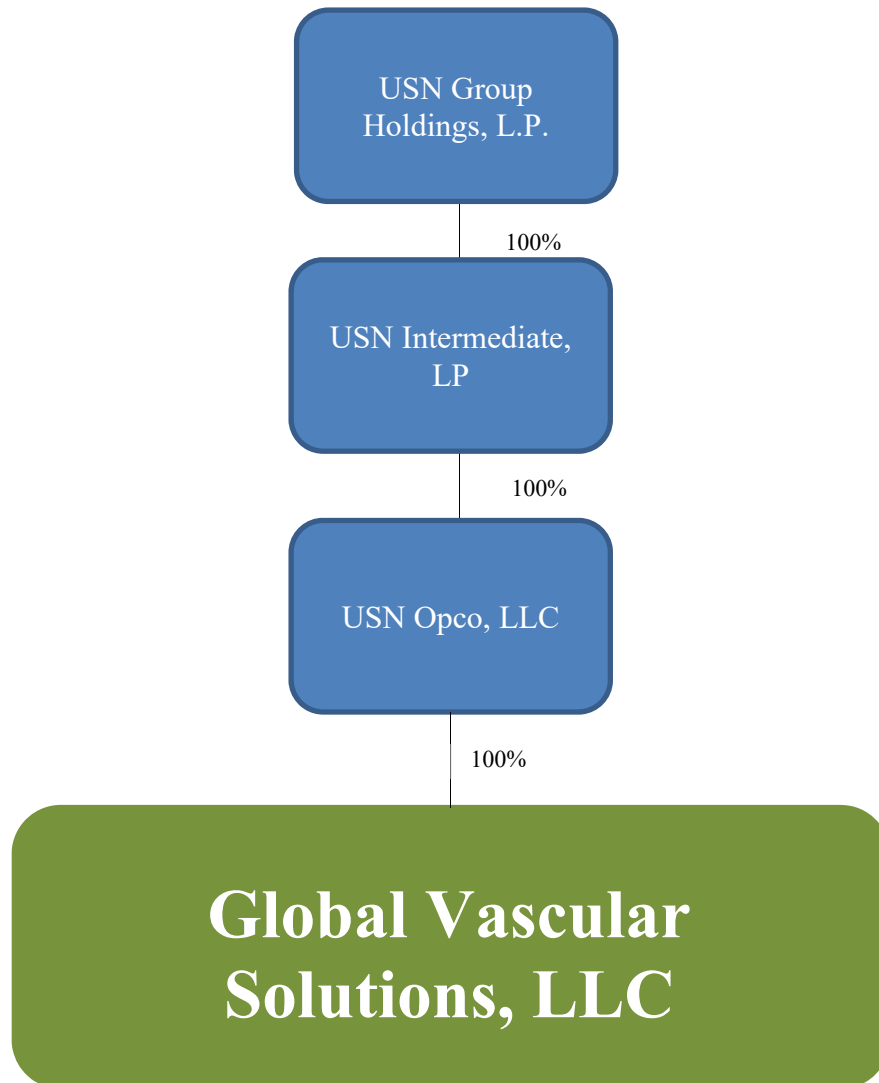
The related persons and entities below are not participating in the development or funding of the project.



Attachment No 4
Organizational Relationships (Organizational Chart)

Global Vascular Solutions, LLC

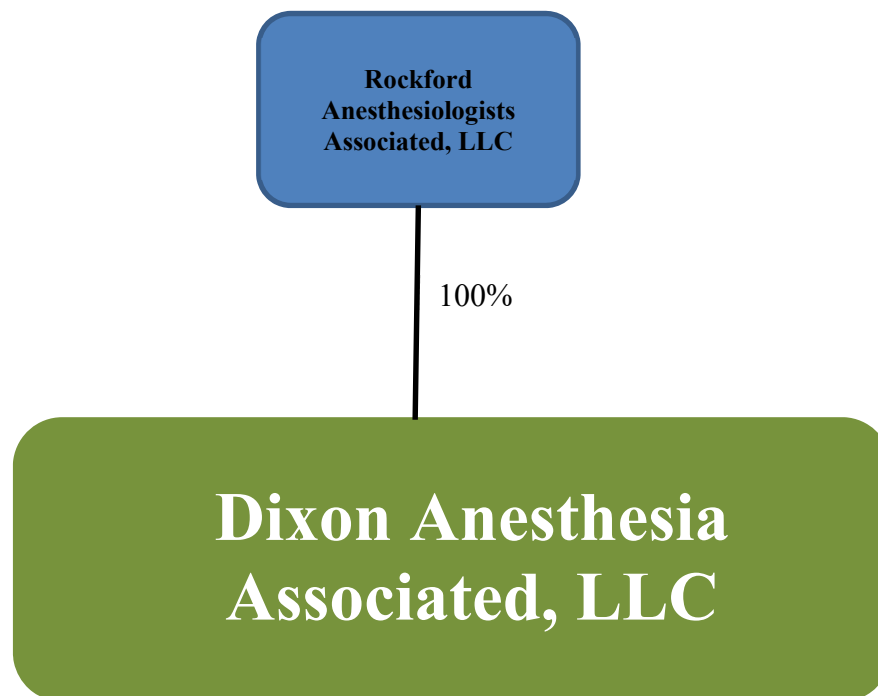
The related entity USN Opco, LLC is not participating in the development or funding of the project.



Attachment No 4
Organizational Relationships (Organizational Chart).

Dixon Anesthesia Associated, LLC

The related persons and entities below are not participating in the development or funding of the project.



Attachment No 5
Background of the Applicant

The Featherstone Partnership, L.P.

BACKGROUND OF APPLICANT

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

None other than the Featherstone Partnership, L.P., d/b/a Rockford Ambulatory Surgery Center, 1016 Featherstone Road, Rockford IL 61107, Ambulatory Surgical Center License number 7001928.

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. 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. 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.

None.

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.**

Authorization granted.

5. If, during a given calendar year, an applicant submits more than one Application, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

Attachment No 5
Background of the Applicant

Global Vascular Solutions, LLC

BACKGROUND OF APPLICANT

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

Global Vascular Solutions, LLC has ownership in SKI Ambulatory Surgery Centers, LLC, an ambulatory surgery center in Arizona. The ambulatory surgery center has three different locations:

- A. Tucson – 325 S. Euclid Ave #109, Tucson, AZ 85719
 - a. Arizona License Number – OSC8347 (Arizona Department of Health Services)
 - b. Joint Commission Number - 603740
- B. Peoria – 7362 W Thunderbird Rd #103, Peoria, AZ 85381
 - a. Arizona License Number – OSC8345(Arizona Department of Health Services)
 - b. Joint Commission Number - 6603738
- C. Tempe – 1100 E. University Drive #102, Tempe, AZ 85281
 - a. Arizona License Number – OSC8431(Arizona Department of Health Services)
 - b. Joint Commission Number - 603739

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. 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. 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.

None.

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.**

Authorization granted.

5. If, during a given calendar year, an applicant submits more than one Application, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

Attachment No 5
Background of the Applicant

Dixon Anesthesia Associated, LLC

BACKGROUND OF APPLICANT

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

None.

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. 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. 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.

None.

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.**

Authorization granted.

5. If, during a given calendar year, an applicant submits more than one Application, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

Attachment No 6
Change of Ownership

The Featherstone Partnership, L.P.

A. 1130.520(b)(1)(A) - Names of the parties

Seller parties Rockford Ambulatory Surgical Treatment Center, Ltd, Plum Orchard Partnership, Rainsford Way Partnership, C.V.W. Partnership, Steven A Gunderson, DO, Gunderson Trust No. TG 96, and A&M Partnership will sell their shares in The Featherstone Partnership, L.P. to Global Vascular Solutions, LLC. SwedishAmerican Hospital will remain a limited partnership in The Featherstone Partnership, L.P.

B. 1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.

The parties hereby certify that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.

C. 1130.520(b)(1)(C) - Structure of the transaction

Global Vascular Solutions, LLC to purchase 40 shares in The Featherstone Partnership, L.P. from seller parties Rockford Ambulatory Surgical Treatment Center, Ltd, Plum Orchard Partnership, Rainsford Way Partnership, C.V.W. Partnership, Steven A Gunderson, DO, Gunderson Trust No. TG 96, and A&M Partnership.

D. 1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction

The Featherstone Partnership, L.P.

E. 1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.

The Featherstone Partnership, L.P. Pre-Closing Ownership

Partner	Shares
Rockford Ambulatory Surgical Treatment Center, Ltd	1 General Partner Share
Rockford Ambulatory Surgical Treatment Center, Ltd	33 Limited Partner Shares
Plum Orchard Partnership	1 Limited Partner Share
Rainsford Way Partnership	1 Limited Partner Share
C.V.W. Partnership	1 Limited Partner Share
SwedishAmerican Hospital	16 Limited Partner Shares
Steven A Gunderson, DO	1 Limited Partner Share
Gunderson Trust No. TG 96	1 Limited Partner Share
A&M Partnership	1 Limited Partner Share
	56 total shares

General Partner Rockford Ambulatory Surgical Treatment Center, Ltd.

The Featherstone Partnership, L.P. Post-Closing Ownership

Partner	Shares
Global Vascular Solutions, LLC	1 General Partner Share
Global Vascular Solutions, LLC	39 Limited Partner Shares
SwedishAmerican Hospital	16 Limited Partner Shares
	56 total shares

General Partner Global Vascular Solutions, LLC.

F. 1130.520(b)(1)(F) - Fair market value of assets to be transferred.

The Enterprise Value was calculated by taking a) Adjusted EBITDA multiplied by b) Industry EBITDA multiple. The Adjusted EBITDA is a "normalized" illustration of the Earnings Before Interest, Tax, Depreciation, and Amortization, removing any non-recurring income or expenses. Financial statements had been provided by the seller for the last three years that gave us a good sample size to evaluate earnings. The multi-specialty Ambulatory Surgery Center (ASC) industry EBITDA multiple from multiple sources based on recent transactions was between a range of 6-8x EBITDA. We arrived at an Adjusted EBITDA of approximately \$714,000 multiplied by 6.3x EBITDA = \$4,500,000 Enterprise Valuation.

G. 1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets.

\$4,500,000.

H. 1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section

Affirmed.

I. 1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction

N/A

J. 1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community

This acquisition will have a positive impact on the Rockford Community by increasing the number of treatment options for patients that suffer from End Stage Renal Disease (ESRD) who require vascular access care. All patients that need dialysis treatment will at some point require a minor surgical procedure that will allow the dialysis machine to connect with the bloodstream. Currently, most patients in the Rockford community who require a vascular access procedure must have them done either in a hospital setting, or a physician office setting both of which have several drawbacks, so having a an ambulatory surgery center as a site of service for vascular access patients is a tremendous asset for the Rockford community.

Having these procedures performed in a hospital setting can add costs to patients and third-party payers, including Medicare and Medicaid (for a more detailed description of cost savings please see below). Additionally, hospitals are much less convenient for patients and because of the nature of their business (i.e. patient acuity, longer waits), actually create more risks for patients in terms of increased post-operative infections and exposure to other illnesses that aren't a factor with outpatient surgery centers.

As previously mentioned, most of the vascular access patients in Rockford are currently receiving their procedures in a physician's office-based procedure room. While offering many of the benefits of an ambulatory surgery center, office-based surgical suites are not without their drawbacks. First, office-based surgical suites are usually only available to patients during physician office hours so it may be more difficult to schedule an emergent procedure. Secondly, studies show that patients that have their surgical procedures performed in an office-based setting are actually more likely to be hospitalized than those patients who have procedures in an ASC setting.

- K. 1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;

As mentioned above, adding an ambulatory surgical center site of service option for vascular access patients will reduce the total cost of care by reducing the number of hospital admissions to this patient population. The parent company of Global Vascular Solutions (GVS) is Panoramic Health, a company who manages over 800 nephrology physicians across the country, was launched to help physicians, practices, patients, and payers navigate through a value-based care service delivery platform specifically designed to decrease the cost of treatment for ESRD patients by treating the "whole" patient, not just the symptoms. We do this by educating patients on preventative measures such as proper diet, exercise, and how to work more closely with their care team at treating their disease before their condition gets bad enough to be admitted to a hospital.

- L. 1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;

The facility maintains an accreditation with a national accreditation association that requires its members to have a quality program in place that monitors patient care, medical necessity, and physician performance.

Though its medical executive committee and governing board, the facility tracks various quality measures through a reporting system that is monitored on a regular basis. The facility also has an extensive policy and process on how it uses certain quality measures to improve patient care by monitoring patient outcomes, patient satisfaction, and clinical standards.

- M. 1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;

The company's operating agreement calls for 5-6 board members that consists of both physicians and employees of Global Vascular Solutions. The physician board members will be elected by the physician members (partners) and the representatives of Global Vascular Solutions will be appointed.

- N. 1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.

The only added services to the facility's current scope of services that is anticipated within 2 months after acquisition will be those procedures of or related to the care of vascular access patients.

Attachment No 7
Charity Care Information

CHARITY CARE of Featherstone Partnership, LP			
	Year 2019	Year 2020	Year 2021
Net Patient Revenue	\$8,626,908	\$6,651,506	\$8,440,903
Amount of Charity Care (charges)	\$0.00	\$0.00	\$0.00
Cost of Charity Care	N/A	N/A	N/A

CHARITY CARE of Global Vascular Solutions, LLC			
	Year 2019	Year 2020	Year 2021
Net Patient Revenue	\$0.00	\$0.00	\$0.00
Amount of Charity Care (charges)	\$0.00	\$0.00	\$0.00
Cost of Charity Care	N/A	N/A	N/A

CHARITY CARE of Dixon Anesthesia Associated, LLC			
	Year 2019	Year 2020	Year 2021
Net Patient Revenue	\$0.00	\$0.00	\$0.00
Amount of Charity Care (charges)	\$0.00	\$0.00	\$0.00
Cost of Charity Care	N/A	N/A	N/A