

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: Ravine Way Surgery Center		
Street Address: 2350 Ravine Way, Suite 500		
City and Zip Code: Glenview 60025		
County: Glenview	Health Service Area: 007	Health Planning Area: 031

Legislators

State Senator Name: Laura Fine
State Representative Name: Jennifer Gong-Gershowitz

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

Exact Legal Name: Ravine Way Surgery Center, LLC
Street Address: 2350 Ravine Way, Suite 500
City and Zip Code: Glenview 60025
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago, Illinois 60604
Name of President: Gregory H. Portland, M.D. (Manager)
President Street Address: 2401 Ravine Way, Suite 200
President City and Zip Code: Glenview 60025
President Telephone Number: (847) 998-5680

Type of Ownership of Applicants

☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship
☐ Other	
- Corporations and limited liability companies must provide an Illinois certificate of good standing. - Partnerships must provide the name of the state in which 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: Melody Winter-Jabeck
Title: Regional Director of Administrative Services
Company Name: Illinois Bone & Joint Institute
Address: 2350 Ravine Way, Suite 500, Glenview, Illinois 60025
Telephone Number: (847) 998-5680
E-mail Address: mwinter@ibji.com
Fax Number: N/A

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Legislators

State Senator Name: Laura Fine
State Representative Name: Jennifer Gong-Gershowitz

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

Exact Legal Name: IBI ASC Ventures, LLC
Street Address: 900 Rand Rd., Suite 300
City and Zip Code: Des Plaines, 60016
Name of Registered Agent: Charmia Zigmond
Registered Agent Street Address: 900 Rand Rd., Suite 300
Registered Agent City and Zip Code: Des Plaines 60016
Name of CEO: Andre Blom
President Street Address: 900 Rand Road, Suite 300
President City and Zip Code: Des Plaines 60016
President Telephone Number: (847) 998-5680

Type of Ownership of Applicants

☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
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Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Charmia Zigmond
Title: General Counsel
Company Name: Illinois Bone & Joint Institute, LLC
Address: 900 Rand Road, Suite 300, Des Plaines, IL 60016
Telephone Number: (847) 998-5680
E-mail Address: Czigmond@ibji.com
Fax Number: N/A

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

Exact Legal Name: Illinois Bone and Joint Institute, LLC
Street Address: 900 Rand Road, Suite 300
City and Zip Code: Des Plaines 60016
Name of Registered Agent: Charmia Zigmond
Registered Agent Street Address: 900 Rand Road, Suite 300
Registered Agent City and Zip Code: Des Plaines 60016
Name of CEO: Andre Blom
CEO Street Address: 900 Rand Road, Suite 300
CEO City and Zip Code: Des Plaines 60016
CEO Telephone Number: (847) 998-5680

Type of Ownership of Applicants

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☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship
☐ Other	
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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: Charmia Zigmond
Title: General Counsel
Company Name: Illinois Bone and Joint Institute, LLC
Address: 900 Rand Road, Suite 300, Des Plaines, IL 60016
Telephone Number: (847) 929-1192
E-mail Address: czigmond@ibji.com
Fax Number: N/A

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: Ravine Way Surgery Center		
Street Address: 2350 Ravine Way, Suite 500		
City and Zip Code: Glenview 60025		
County: Glenview	Health Service Area: 007	Health Planning Area:
031		

Legislators

State Senator Name: Laura Fine
State Representative Name: Jennifer Gong-Gershowitz

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

Exact Legal Name: IBJI Ravine Way ASC, LLC
Street Address: 900 Rand Road, Suite 300
City and Zip Code: Des Plaines 60016
Name of Registered Agent: Charmia Zigmond
Registered Agent Street Address: 900 Rand Road, Suite 300
Registered Agent City and Zip Code: Des Plaines 60016
Name of CEO: Andre Blom
CEO Street Address: 900 Rand Road, Suite 300
CEO City and Zip Code: Des Plaines 60016
CEO Telephone Number: (847) 998-5680

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- Corporations and limited liability companies must provide an Illinois certificate of good standing. - Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.	
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Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Charmia Zigmond
Title: General Counsel
Company Name: Illinois Bone and Joint Institute, LLC
Address: 900 Rand Road, Suite 300, Des Plaines, Illinois 60016
Telephone Number: (847) 929-1192
E-mail Address: czigmond@ibji.com
Fax Number: N/A

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

Name: Mark J. Silberman and Juan Morado Jr.
Title: Partner
Company Name: Benesch Friedlander Coplan & Aronoff LLP
Address: 71 S. Wacker Drive, Suite 1600
Telephone Number: (312) 212-4952
E-mail Address: MSilberman@Beneschlaw.com and JMorado@Beneschlaw.com
Fax Number: (312) 767-9192

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: Melody Winter-Jabeck
Title: Regional Director of Administrative Services
Company Name: Illinois Bone & Joint Institute
Address: 2350 Ravine Way, Suite 500, Glenview, Illinois 60025
Telephone Number: (847) 998-5680
E-mail Address: mwinter@ibji.com
Fax Number: N/A

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: CMK 2350 Ravine Way,LLC
Address of Site Owner: One Town Center Road, Suite 300 Boca Raton, Florida 33486
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.

Current Operating Identity/Licensee

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

Exact Legal Name: Ravine Way Surgery Center, LLC	
Address: 2350 Ravine Way, Suite 500, Glenview, Illinois 60025	
☐ Non-profit Corporation ☐ For-profit Corporation ☒ Limited Liability Company ☐ Other	☐ Partnership ☐ Governmental ☐ Sole Proprietorship

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: Ravine Way Surgery Center, LLC	
Address: 2350 Ravine Way, Suite 500, Glenview, Illinois 60025	
☐ Non-profit Corporation ☐ For-profit Corporation ☒ Limited Liability Company ☐ Other	☐ Partnership ☐ Governmental ☐ Sole Proprietorship
○ 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 <u>ATTACHMENT 3</u>, 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 <u>ATTACHMENT 4</u>, 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.

This Certificate of Exemption ("COE") application addresses the change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.

The current licensee is Ravine Way Surgery Center, LLC located at 2350 Ravine Way Suite 500, Glenview, Illinois. The facility is located in Health Service Area 7 and Planning Service Area 7. The facility is currently owned by IBJI ASC Ventures, LLC who maintains a 67% interest in the facility, Northshore University Health Systems who owns a 27% interest in the facility and two individual physicians (Drs. Robert R. Gray and Seth P. Levitz) who in each maintain a 3% interest in the facility.

IBJI Ravine Way ASC, LLC, will be stepping in as the direct parent company of Ravine Way Surgery Center, LLC. IBJI Ravine Way ASC, LLC will be wholly owned by IBJI ASC Ventures, LLC. There will be no other changes in ownership interest.

The facility will continue to operate without any change in the 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: \$	N/A	
Fair Market Value: \$	N/A	

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.

Not Applicable

Anticipated exemption completion date (refer to Part 1130.570): January 31, 2023

State Agency Submittals

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
- ☐ All reports regarding outstanding permits **NOT APPLICABLE**

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 Illinois Bone and Joint Institute, LLC, IBIJ ASC Ventures, LLC, and IBIJ Ravine Way ASC, 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

Andre Blom

PRINTED NAME

Illinois Bone and Joint Institute, LLC- CEO
IBIJ ASC Ventures, LLC- CEO
IBIJ Ravine Way ASC, LLC- Manager

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 10/2018 Edition

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)(8) - A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility	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 ATTACHMENT 6, 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			
	2018	2019	2020
Net Patient Revenue	\$9,808,261	\$9,486,007	\$10,231,245
Amount of Charity Care (charges)	0 ¹	0	0
Cost of Charity Care	0	\$700	0

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

¹ NOTE: Charitable care has been routinely provided as part of the physician practice but, as such charitable care does not meet the Board's definition of Charity Care for the purposes of the COE application, it is not reflected herein as charity care.

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		16 – 20
2	Site Ownership		21 – 25
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		26 – 27
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		28 – 29
5	Background of the Applicant		30 – 32
6	Change of Ownership		33 – 48
7	Charity Care Information		49

ATTACHMENT 1
Certificate of Good Standing

Included with this attachment are:

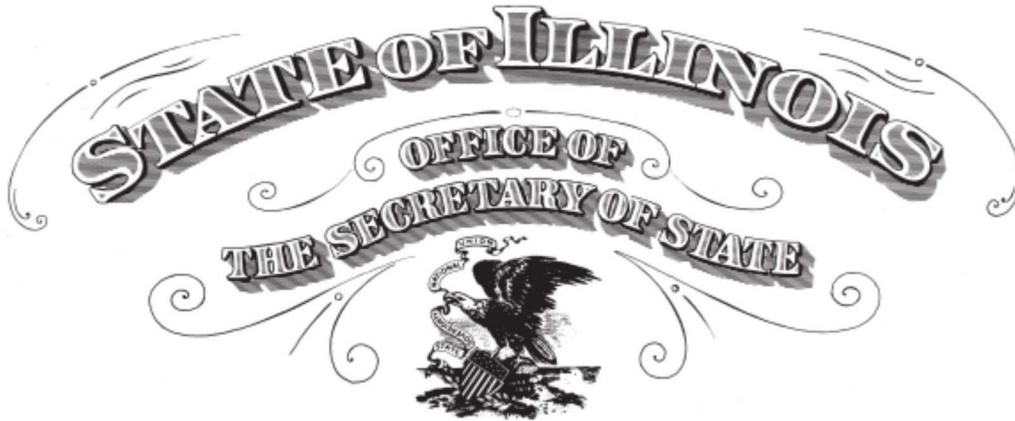
1. The Certificate of Good Standing for Ravine Way Surgery Center, LLC. (License Holder)
2. The Certificate of Good Standing for IBJI ASC Ventures, LLC
3. The Certificate of Good Standing of Illinois Bone and Joint Institute, LLC
4. The Certificate of Good Standing for IBJI Ravine Way ASC, LLC

ATTACHMENT 1

Certificate of Good Standing - Ravine Way Surgery Center, LLC

File Number

0119818-1

***To all to whom these Presents Shall Come, Greeting:***

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

RAVINE WAY SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 24, 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.



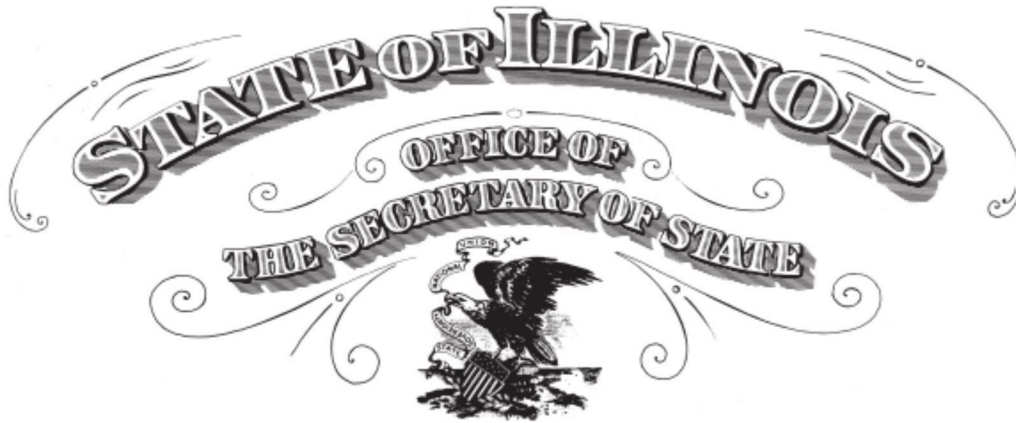
Authentication #: 2121401694 verifiable until 08/02/2022
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 2ND
day of AUGUST A.D. 2021 .***

SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing - IBIJ ASC Ventures, LLC

File Number 1000735-6



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

IBIJ ASC VENTURES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 19, 2021, 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 #: 2121401688 verifiable until 08/02/2022
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of AUGUST A.D. 2021 .

Jesse White

SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing - IBIJ Ravine Way ASC, LLC

File Number 0168922-3



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

ILLINOIS BONE AND JOINT INSTITUTE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 29, 2005, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 2123200698 verifiable until 08/20/2022
Authenticate at: <http://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 20TH
day of AUGUST A.D. 2021 .*

Jesse White

SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing - Illinois Bone and Joint Institute, LLC*File Number* 1000521-3***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

IBJI RAVINE WAY ASC, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 27, 2021, 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 #: 2205503816 verifiable until 02/24/2023
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 24TH
day of FEBRUARY A.D. 2022 .

SECRETARY OF STATE

ATTACHMENT 2
Site Ownership

The site ownership will remain with CMK 2350 Medical Properties, LLC (a successor to Glenview Ravine Way, LLC) following the transaction. The underlying lease between the owner and Ravine Way Surgery Center, LLC will remain in place. Attached as evidence is a copy of the existing lease agreement.

ATTACHMENT 2

**FIRST
LEASE AMENDMENT**

THIS FIRST LEASE AMENDMENT ("First Amendment") is entered into as of August 2014, by and between Glenview Ravine Way LLC ("Landlord") and Ravine Way Surgery Center, LLC ("Tenant").

RECITALS

A. On April 20, 2005, Landlord and Tenant entered into a Multi-Tenant Building Lease (the "Lease") for office space comprising 11,062 rentable square feet and collectively referred to as the "Premises"), in the building commonly known as 2350 Ravine Way, Glenview, Illinois (the "Building").

B. Landlord and Tenant desire to amend the Lease so that commencing effective on the first day after the Building is sold by Landlord ("Amendment Effective Date"), the Lease is amended upon the terms and conditions set forth herein. The Lease and this First Amendment are collectively referred to as the Lease.

NOW THEREFORE, in consideration of the mutual covenants and agreements contained herein, and for other good and valuable consideration, the receipt of which is hereby acknowledged, the parties hereto agree as follows:

1. **Rent.** Effective as of the Amendment Effective Date, the Base Rent for the Premises for the first Lease Year (hereinafter defined) for the remainder of the Term will be \$243,364 per annum (\$22.00 psf) and shall thereafter increase by 2.5% for each successive Lease Year through the Expiration Date. If the first Lease Year after the Amendment Effective Date begins other than the first day of the month, the Base Rent for the partial month will be prorated by the number of days in the partial month from and after the Amendment Effective Date. The term "Lease Year" means (a) the twelve (12) month period commencing on the Amendment Effective Date if the Amendment Effective Date is on the first day of a calendar month, or (b) if the Amendment Effective Date is not the first day of a calendar month, the period commencing on the Amendment Effective Date and ending on the last day of the twelfth (12th) complete calendar month following the Amendment Effective Date, and, in either case, each succeeding twelve (12) month period thereafter which falls in whole or in part during the Term.

2. **Rent Abatement.** Commencing on the Amendment Effective Date, the first six months of Base Rent for the Premises shall be abated.

3. **Extension of Term.** Commencing on the Amendment Effective Date, the expiration date of the Term is changed from December 31, 2017 to September 30, 2026 ("New Expiration Date"). The annual Base Rent from and after the Amendment Effective date through the New Expiration Date shall continue to increase by 2.5% over the previous Lease Year for each year of the Term.

ATTACHMENT 2

4. Tenant Improvement Allowance. Landlord agrees to pay Tenant, within five (5) business days after the Amendment Effective Date an amount equal to Fifty Five Thousand Three Hundred Ten Dollars (\$55,310.00) (\$5.00 psf).

5. Notice. The second sentence in Article 25 is deleted and replaced by the following:

Notices to or demands upon Tenant shall be addressed to Tenant: James Fox, M.D. Illinois Bone and Joint Institute, LLC, 2401 Ravine Way, Glenview, IL 60025 with a copy to Scott Becker, McGuire Woods LLP, 77 W. Wacker Drive, Suite 4100, Chicago, IL 60601 as well as Neal Goldstein, Patzik, Frank & Samotny Ltd., 150 S. Wacker Drive, Suite 1500, Chicago, IL 60606.

6. Renewal Option. Section 27.1 is deleted and replaced by the following new Section 27.1 as follows:

"27.1. Option.

(a) Provided Tenant is not in Default under the terms and conditions of this Lease, and as long as no event of Default has occurred, but for the passage of time or the giving of notice, or both would constitute a Default under this Lease, and subject to the terms and provisions of this Article Twenty-Seven, Landlord hereby grants Tenant the option to extend the Term upon the same terms, conditions and provisions as contained in this Lease (but excluding this Article and Base Rent, for an additional five (5) years ("First Option") and in the event Tenant duly exercises the First Option, Tenant shall have the second option to extend the Term for another five (5) years ("Second Option"). The First Option and Second Option are sometimes collectively referred to as the "Options. The Base Rent during the Options shall be the then prevailing market rental rate for similar buildings with like construction improvements, age, condition, and location per annum, payable in equal monthly installments of Monthly Base Rent. Said Options to renew shall be exercisable by written notice from Tenant to Landlord of Tenant's election to exercise same, given not less than twelve (12) months prior to the expiration of the original Term or First Option, as the case may be. Following receipt of Tenant's notice of its option to extend, Landlord shall designate, by notice in writing to Tenant on or before thirty (30) days following receipt of notice of the exercise of Tenant's First Option (or Second Option, as the case may be), the then "prevailing market rental rate" applicable for the First Option term or Second Option term, as the case may be. In the event Tenant disputes Landlord's determination of the prevailing market rental rate under this Lease, then Tenant must notify Landlord of Tenant's disapproval within ten (10) days after its receipt of Landlord's determination. If the parties cannot mutually agree on the prevailing market rental rate within fifteen (15) days after the expiration of such ten (10) day period, then within the next ten (10) days Tenant may elect by written notice to Landlord (the "Resolution Notice") to submit the matter to the resolution process set forth in subsection (b) below, and if

ATTACHMENT 2

Tenant fails to so elect, Tenant will be deemed to have rescinded its exercise notice.

(b) Within ten (10) days after Tenant has delivered to Landlord the Resolution Notice, Landlord and Tenant shall each designate a commercial real estate broker licensed in the State of Illinois and each being experienced in determining rental rates for office buildings comparable to the Building. If the brokers so designated fail to agree upon the prevailing market rental rate of the Premises within twenty (20) days after their designation, then the two (2) named brokers shall promptly and jointly select a third commercial broker licensed in the State of Illinois and experienced in determining rental rates for office buildings comparable to the Building, and the third broker shall then determine conclusively the then prevailing market rental rate for the Premises, which decision shall be binding on both Landlord and Tenant. If either party fails to designate its respective broker within the time allowed, then the broker designated by the other party shall act alone.

(c) Time is of the essence. If Tenant fails to exercise the Options in a timely manner, or if Tenant rescinds its exercise of an Option, then Tenant's rights under this Article 27 shall cease and terminate and its rights to occupy and possess the Premises shall expire on the last day of the original Term, or First Option, as the case may be.

7. Property Management Fee. Section 5.6 is amended to provide that notwithstanding any provision to the contrary, effective as of the Amendment Effective Date, the Common Area Costs shall include a management fee comparable to management fees charged by independent management companies for similar properties in the area where the building is located, but in no event shall such management fee exceed 3.0% of the net Base Rent.

8. Real Estate Brokers. Landlord represents and warrants to Tenant that no commission, fees or compensation will be paid, by Landlord, to any broker, agent, commission salesman, or other person, in connection with or arising out of this First Amendment.

9. Consent to Sublease. Landlord hereby acknowledges that it has consented to that certain Lease and Space-Sharing Agreement dated October 1, 2011 between Tenant and Illinois Bone and Joint Institute, LLC, as amended by that certain Amendment to Lease and Space-Sharing Agreement dated October 1, 2014 between said parties.

10. Regulatory Compliance. It is the parties intention and good faith belief that the Lease and this Amendment complies with all statutes and regulations applicable to healthcare providers including without limitation the Federal Anti-Kickback Statute (42 U.S.C. § 1320a-7a) and related regulations (including, but not limited to, 42 C.F.R. § 1001.952 (b)) and the Stark Law (42 U.S.C. § 1395nn) and related regulations (including, but not limited to, 42 C.F.R. § 411.357(a) and 73 Fed. Reg. 48714) and that the provisions of this Lease meet the regulatory requirements for the safe harbor for "space rental" under the Federal Anti-Kickback Statute (42 C.F.R. § 1001.952 (b)), the safe harbor for the "rental of office space" exception under the Stark

ATTACHMENT 2

Law (42 U.S.C. §1395nn(e)(1)(A), 42 C.F.R. § 411.357(a)). Landlord and Tenant acknowledge and agree that the rent amounts set forth herein are the parties' good faith determination of the fair market rental value of the Premises for the Term and have been determined by the parties in advance of such term without reference to the volume or value of any referrals or other business generated between the parties. The parties acknowledge and agree that neither party shall have any obligation to refer any of its patients to the other. The Premises covered by the Lease will be used by Tenant for the legitimate business purpose of operating its surgery center and such space does not exceed what is reasonable and necessary for such purpose. Tenant shall have exclusive use of the Premises for the conduct of its surgery center and shall not share use with Landlord. In the event the Lease or this Amendment fails to comply with such statutes and regulations, the parties will work cooperatively and in good faith to promptly correct such non-compliance.

11. Incorporation of the Lease. In all other respects, the Landlord and Tenant incorporate all of the remaining terms and provisions of the Lease as though set forth in full herein. In the event of any conflict between the Lease and this First Amendment, this First Amendment shall control.

12. Counterparts. This First Amendment may be executed in counterparts, each of which shall be deemed an original, which together shall constitute one and the same instrument. Any facsimile signature or e-mail signature of the parties on this First Amendment shall be binding and effective as if an original.

IN WITNESS WHEREOF, the Landlord and Tenant have executed this First Lease Amendment as of the date written above.

TENANT:

RAVINE WAY SURGERY CENTER LLC

By: _____

Manager

LANDLORD:

GLENVIEW RAVINE WAY LLC

By: _____

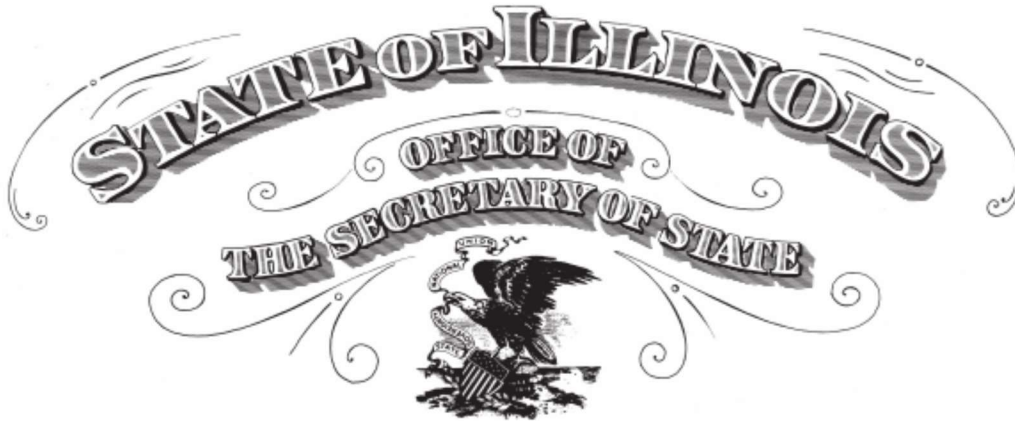
Manager

ATTACHMENT 3
Operating Entity/Licensee

The operating entity and the licensee will continue to be Ravine Way Surgery Center, LLC. Included with this Attachment is the licensee's Certificate of Good Standing. Ravine Way Surgery Center, LLC, is currently owned as a joint venture between Ravine Way Partners, LLC (67% ownership) and NorthShore University Health System (27% ownership). Following approval of the application, Ravine Way Partners, LLC's interest in the facility will be held by IBI Ravine Way ASC, LLC.

ATTACHMENT 3
Certificate of Good Standing - Ravine Way Surgery Center, LLC

File Number 0119818-1



To all to whom these Presents Shall Come, Greeting:

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

RAVINE WAY SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 24, 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.



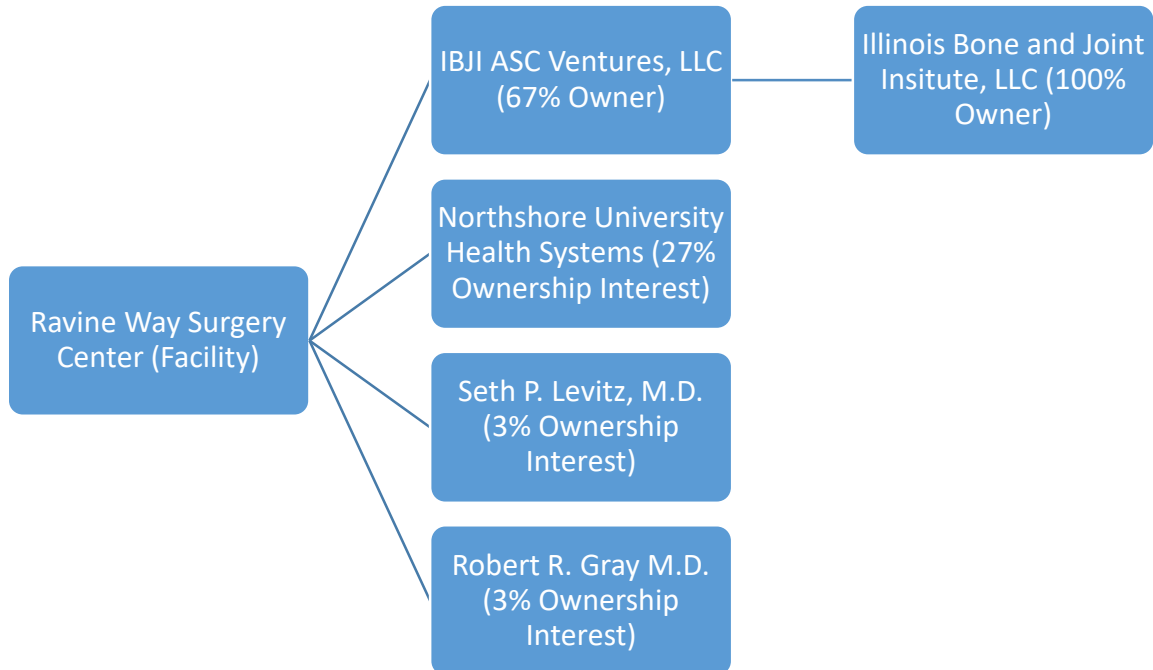
Authentication #: 2121401694 verifiable until 08/02/2022
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 2ND
day of AUGUST A.D. 2021 .***

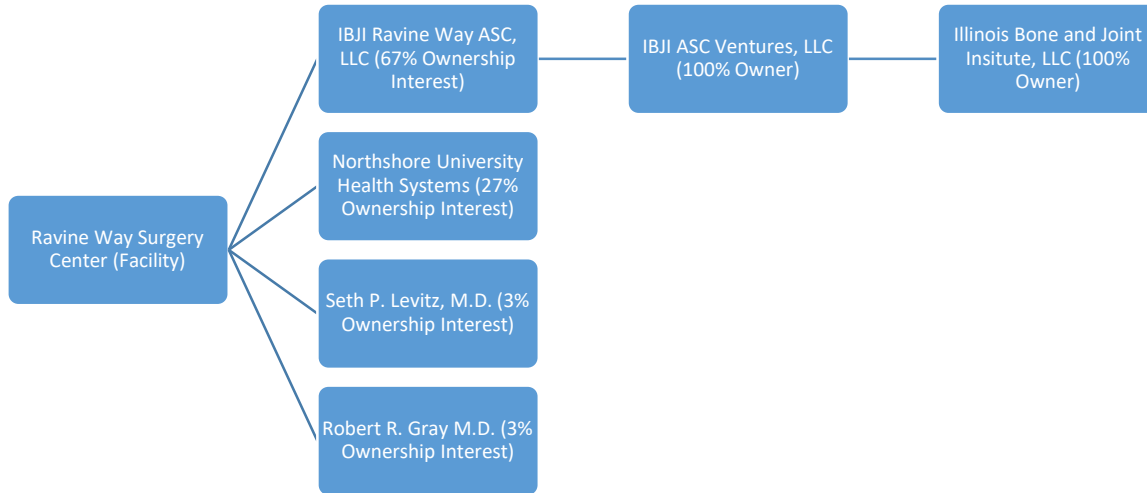
Jesse White

SECRETARY OF STATE

ATTACHMENT 4
Pre-Transactional Organizational Chart



ATTACHMENT 4
Post-Transactional Organizational Chart



ATTACHMENT 5
Background of the Applicant

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

None of the applicants own or operate healthcare facilities other than the facility subject to this application.

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 of the applicants own or operate healthcare facilities other than the facility subject to this application.

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.**

Included with this Attachment are letters from Ravine Way Surgery Center, LLC and IBJI Ravine Way ASC, LLC, IBJI ASC Ventures, LLC, and Illinois Bone and Joint Institute, LLC verifying that no adverse action has taken place in the last three years prior to the filing of this application.

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.**

Included with this attachment is the applicant's authorization permitting HFSRB and IDPH access to any documents necessary to verify the information needed.

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.**

Not applicable.

ATTACHMENT 5
Background of the Applicant –
Letter from Ravine Way Surgery Center, LLC



July 19, 2021

Courtney Avery
Board Administrator
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification and Authorization

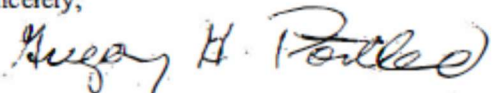
Dear Ms. Avery,

As representative of Ravine Way Surgery Center, LLC, Ravine Way Partners, LLC, I, Gregory H. Portland, M.D., give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies; the licensing or certification records of other states; and the records of nationally recognized accreditation organizations.

I further verify that, Ravine Way Surgery Center, LLC, has no ownership interest in any Illinois healthcare facilities, and as such we no adverse actions to report for the past three (3) years.

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,


Gregory H. Portland, M.D.
Manager
Ravine Way Surgery Center, LLC

ATTACHMENT 5
Background of the Applicant –
Letter from IBJI Surgery Center, LLC



July 15, 2022

John P. Kniery
Board Administrator
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification and Authorization- Ravine Way Surgery Center

Dear Mr. Kniery,

As representative of IBJI Ravine Way ASC, LLC, IBJI ASC Ventures, LLC and Illinois Bone and Joint Institute, LLC, I, Andre Blom, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that IBJI Ravine Way ASC, LLC, through IBJI ASC Ventures, LLC and Illinois Bone and Joint Institute, LLC, will have an ownership interest in the Ravine Way Surgery Center, LLC located at 2350 Ravine Way, Suite 500 Glenview, Illinois 60025. IBJI ASC Ventures, LLC and Illinois Bone and Joint Institute, LLC maintain an ownership interest in other healthcare facilities and there are no adverse actions to report for the past three (3) years at any of these facilities.

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Andre Blom
Illinois Bone and Joint Institute, LLC- CEO
IBJI ASC Ventures, LLC- CEO
IBJI Ravine Way ASC, LLC- Manager

900 Rand Rd, Suite 300
Des Plaines, IL 60016

ibji.com

P 847.324.3060

ATTACHMENT 6
Change of Ownership

Section 1130.520(b)(1)(B)- Names of parties

The application for exemption is subject to approval under Section 1130.560 and shall include the information required by Section 1130.500

The parties involved in this project are:

- IBJI ASC Ventures, LLC
- Ravine Way Surgery Center, LLC (License Holder)
- IBJI Ravine Way ASC, LLC
- Illinois Bone and Joint Institute, LLC

ATTACHMENT 6
Change of Ownership**Section 1130.520(b)(1)(B)- Background of the parties**

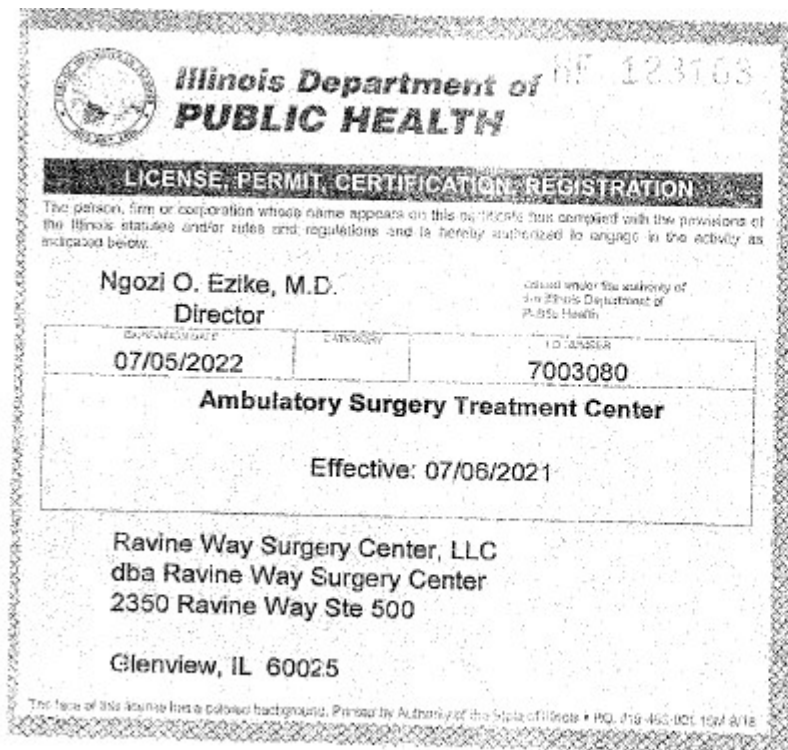
"Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by 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."

IBJI ASC Ventures, LLC- This entity is a wholly owned subsidiary of Illinois Bone and Joint Institute, LLC ("IBJI"). Founded in 1990, IBJI is the largest orthopedic group practice in Illinois. The group has 150 physicians in every orthopedic specialty. The group offers care for children and adults and offers a full range of orthopedic care, including advanced MRI imaging, pain management, non-surgical and surgical treatment plans, rheumatology, physical therapy, occupational therapy, wellness and sports training.

IBJI also maintains OrthoAccess® walk-in clinics that provide same day immediate care for orthopedic injuries. Offering comprehensive care all in one place enables physicians, therapists and staff to work closely together, so that patients and families achieve better outcomes.

IBJI Ravine Way ASC, LLC- This entity is a related party that is 100% owned by IBJI ASC Ventures, LLC. IBJI Ravine Way ASC, LLC will become the immediate corporate parent of the licensee, Ravine Way Surgery Center.

Ravine Way Surgery Center, LLC- This is the corporate entity that holds the license and owns the existing facility. The facility is a joint venture between two premiere healthcare providers in the State of Illinois, the NorthShore University Health System and Illinois Bone and Joint physician practice. There will be no change in the licensee of the facility as shown below.



Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
07/05/2022		7003080

Ambulatory Surgery Treatment Center

Effective: 07/06/2021

Ravine Way Surgery Center, LLC
dba Ravine Way Surgery Center
2350 Ravine Way Ste 500
Glenview, IL 60025

The face of this license has a colored background. Printed by Authority of the State of Illinois • HQ-118-455-001 10/18/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 07/05/2022

Lic Number 7003080

Date Printed 06/04/2021

Ravine Way Surgery Center, LLC
dba Ravine Way Surgery Center
2350 Ravine Way Ste 500
Glenview, IL 60025-7657

PRE RECIPT NO.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 10/2018 Edition

IBJI ASC Ventures, LLC Owned Facility License:

 Illinois Department of PUBLIC HEALTH		HF 123928
LICENSE, PERMIT, CERTIFICATION, REGISTRATION		
The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.		
Ngozi O. Ezike, M.D. Director		Issued under the authority of the Illinois Department of Public Health
EXPIRATION DATE	CATEGORY	LIC. NUMBER
12/30/2022		7003189
Ambulatory Surgery Treatment Center		
Effective: 12/31/2021		
Westmont Surgery Center LLC dba Salt Creek Surgery Center 530 N Cass Avenue Westmont, IL 60559		
The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-433-001 10M 9/18		

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 12/30/2022

Lic Number 7003189

Date Printed 10/5/2021

Westmont Surgery Center LLC
dba Salt Creek Surgery Center
530 N Cass Avenue
Westmont, IL 60559-1503

FEE RECEIPT NO.

ATTACHMENT 6
Change of Ownership

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

The application for exemption is subject to approval under Section 1130.560 and shall include the information required by Section 1130.500.

IBJI Ravine Way ASC, LLC will become the immediate corporate parent of the licensee, Ravine Way Surgery Center. There will be no other ownership change.

ATTACHMENT 6
Change of Ownership**1130.520(b) (1)(D)- Entity to be Licensed after transaction**

"Name of the person who will be the licensed or certified entity after the transaction"

The entity to be licensed after the change of ownership will remain Ravine Way Surgery Center, LLC. There will be no change in the entity currently licensed by the Illinois Department of Public Health to operate the ambulatory surgical treatment center.

ATTACHMENT 6
Change of Ownership**Section 1130.520(b) (1)(E)- List of Ownership**

"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."

IBJI Ravine Way ASC, LLC will become the immediate corporate parent of the licensee, Ravine Way Surgery Center. This transaction involves a change of ownership by related parties which does not result in a license being issued to an entity different from the current licensee.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b) (1)(F)- Fair Market Value of the transaction
"Fair market value of assets to be transferred."

There will no sale or money exchanged in this project.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b) (1)(G)- Purchase price

"The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]"

There will no sale or money exchanged in this project.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b)(2)- Outstanding Permits

"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"

The applicant does not have any projects for which permits have been issued and are still pending completion, thus this submission and the accompanying certifications should be accepted as affirmation of compliance with this requirement.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b)(2)- Hospital Charity Care

"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"

This change of ownership does not involve a hospital; thus this provision is NOT APPLICABLE.

ATTACHMENT 6
Change of Ownership**Section 1130.520(b)(2)- Anticipated Benefits to the Community**

“A statement as to the anticipated benefits of the proposed change in ownership to the community.”

Ravine Way Surgery Center patients will continue to have access to the procedures they need, and the facility will continue to provide care for all patients within their community, including those served by Medicare and the Illinois Medicaid program. The facility has and will continue to provide services to these patients' populations.

ATTACHMENT 6
Change of Ownership**Section 1130.520(b)(2)- Anticipated Cost Savings for the Community and Facility**

"The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership"

This shift in ownership will not negatively impact the continuity of service to the community as this transaction is essentially a corporate reorganization. This continued operation of this surgery center will undoubtedly yield cost savings to the facility and the community which it serves. Those savings result in lower costs to healthcare system and the patients themselves.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b)(2)- Quality Improvement Program

"A description of the facility's quality improvement program mechanism that will be utilized to assure quality control"

Ravine Way Surgery Center's quality improvement program mechanism will remain in place and in the unlikely event that the outcomes being experienced do not meet or exceed those standards, an appropriate quality improvement plan will be initiated.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b)(2)- Facility's Governing Body

"A description of the selection process that the acquiring entity will use to select the facility's governing body"

The transaction will not modify the facility's governing body. The bylaws of the organization will not change, nor will there be change to the individuals currently serving on the facility's governing body.

From a patient, provider, and communal basis the operation of the facility will remain unchanged.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b)(2)- Review Criteria in 77 Ill. Admin. Code 1110.240

"A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility"

A response has been prepared addressing the review criteria in 77 Ill. Admin. Code 1110.240 and is available for public review on the premises of the facility.

ATTACHMENT 6
Change of Ownership**Section 1130.520(b)(2)- Summary of Proposed Changes Within 24 Months**

“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.”

This transaction does not envision any proposed changes to the scope of services or level of care currently provided in the facility. This is a designed part of this undertaking and reflects an effort to ensure minimal disruption to the patients in the facility's area. There is no expectation, as a result of this transaction, of any disruptions with the physicians who currently perform surgeries at the facility, nor will there be changes to the categories of services that are already approved. We do not expect any other changes within 24 months of the acquisition.

ATTACHMENT 7
Charity Care Information

The amount of charity care listed for the last three years provided by the applicant facility are included in the table below.

CHARITY CARE			
	2018	2019	2020
Net Patient Revenue	\$9,808,261	\$9,486,007	\$10,231,245
Amount of Charity Care (charges)	0 ²	0	0
Cost of Charity Care	0	\$700	0

² NOTE: Charitable care has been routinely provided as part of the physician practice but, as such charitable care does not meet the Board's definition of Charity Care for the purposes of the COE application, it is not reflected herein as charity care.

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		16 – 20
2	Site Ownership		21 – 25
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		26 – 27
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		28 – 29
5	Background of the Applicant		30 – 32
6	Change of Ownership		33 – 48
7	Charity Care Information		49